

AN EXAMINATION OF THE DYADIC RELATIONSHIP OF
OFFENDER COMMUNITY SUPERVISION

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By

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ABSTRACT

Given the emphasis on the relationship between probation officers (POs) and probationers in community supervision (Bourgon, Bonta, Rugge, Scott, & Yessine, 2009), the present study provided a more comprehensive examination of this working alliance and the individuals involved. Research objectives included an examination of PO care and control supervisory orientations, the relationship between individual PO and probationer characteristics and the alliance, a comparison between PO and probationer assessments of the alliance, the impact of interactions between PO and probationer characteristics on the alliance, and the relationship between the alliance and recidivism outcome. Participants included 100 probationers and 27 POs who completed a variety of measures including the Dual-role Relationship Inventory, Revised (DRI-R) and the Working Alliance Inventory – Short, Revised. Additionally, probationer recidivism data were collected after an 8- to 11-month follow-up period.

Correlational analyses indicated that PO care and control orientations were not inversely related as suggested in the literature. Probationer criminal attitudes were negatively related to PO- and probationer-rated alliance measures. Probationer self-reported psychopathy scores negatively related to probationer alliance ratings, while probationer's motivation to change was positively related to PO alliance ratings. With respect to between-rater agreement, PO and probationer ratings were positively correlated after accounting for PO response biases. Results from hierarchical linear modelling analyses indicated the alliance was largely dyadic in nature. A number of significant interactions were found between PO and probationer variables. In terms of outcome, the DRI-R and WAI-SR were not significantly related to probationer recidivism during follow-up. Results are discussed in the context of a model of specific responsivity. Findings suggest that the reciprocal influence of each individual should be considered with respect to the development of a positive working alliance and that supervision approaches should be tailored to the individual probationer.

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DEDICATION

This dissertation is dedicated to my family and friends - past and present, near and far. You have all helped me along this winding path. For this, I am ever grateful.

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An Examination of the Dyadic Relationship of Offender Community Supervision

Chapter 1. Literature Review

On any given day in Canada, there are over 100,000 offenders under community supervision (Statistics Canada, 2015), with the majority under the supervision of a provincial probation officer. Probation sentences provide an inexpensive sanction for less serious crimes (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008). Probation officers (POs) supervise offenders who have been sentenced to up to three years of probation (83% of offenders under community supervision) or a conditional sentence (11%; Statistics Canada, 2015). Offenders sentenced to probation (i.e., *probationers*) live in the community under conditions imposed by the court. Certain conditions apply to all probationers, such as reporting to a PO. Other conditions vary individually and can include avoiding associations with certain individuals, maintaining a job, abstaining from substances, or engaging in treatment (Bonta et al., 2008). POs monitor probationers' compliance with such conditions; probationers' failure to comply may result in legal consequences, such as issuing an arrest warrant for a breach of probation charge. These violations can result in criminal charges with a maximum sentence of two years of incarceration (Statistics Canada, 2015).

Although the nature of community supervision appears fairly straightforward, Bonta et al. (2008) referred to community supervision as a “black box”, referencing the lack of knowledge about the inner workings of these sentences. Furthermore, there has been a shift in the purpose of probation sentences. Bourgon, Gutierrez, and Ashton (2011) argued that community supervision is moving from a case management approach to a *change agent* approach, which involves a therapeutic role to facilitate client change in a prosocial direction and understanding the fundamentals of cognitive-behavioural interventions. Similarly, Taxman (2008) noted the metamorphosis in community supervision from a strict focus on surveillance and control to the inclusion of intervention and treatment strategies developed in the general correctional treatment literature. With this expansion in the role of POs, the relationship between PO and probationer has also transformed and has become more meaningful in the facilitation of client change. Indeed, this complex alliance has become a salient aspect of community supervision.

1.1 General Offender Treatment

1.1.1 Risk-Need-Responsivity (RNR). Research on general offender treatment has indicated that rehabilitative interventions can increase their effect on recidivism by adhering to

the principles of the Risk-Need-Responsivity (RNR) model of correctional treatment. These three principles were first put forth by Andrews, Bonta, and Hoge in 1990. The *risk* principle involves matching the level of service to the offender's level of risk (i.e., more intensive interventions for higher risk offenders). Thus, it is necessary to assess offenders' risk of recidivism by examining factors related to reoffending. These factors can be divided into static risk factors that do not change over time (e.g., criminal history) and dynamic risk factors, which are potentially changeable (e.g., antisocial attitudes and education).

The *need* principle involves targeting criminogenic needs, the majority of which are dynamic risk factors. Researchers informed by social learning theory have proposed that criminal behaviour is reinforced when needs are met through antisocial means (Ogloff & Davis, 2004). The central eight criminogenic needs include antisocial associates, antisocial cognitions, antisocial personality pattern, history of antisocial behavior, substance abuse, and circumstances in the domains of family-marital, school-work, and leisure-recreation (Andrews & Bonta, 1995).

The third principle, *responsivity*, has been divided into general and specific responsivity. General responsivity involves the use of social learning and cognitive behavioural methods to change offenders' behaviour (Andrews & Bonta, 2010). Overall effective strategies include modeling, reinforcement, skill building, and cognitive restructuring. Specific responsivity involves adapting the style and mode of service to the setting and relevant characteristics of the individual, including factors that are internal and external to the individual (Andrews & Bonta, 2010). For example, strategies should be modified to internal factors including the individual's strengths, preferences, intellectual functioning, personality, cultural identification, age, gender, and mental status. Additional variables that have been suggested include anxiety, motivation, and psychopathy; addressing other noncriminogenic needs may increase treatment adherence and reduce distractions (Andrews & Bonta, 2010). External factors include staff characteristics, the therapeutic relationship, and program content (Ogloff & Davis, 2004).

In summary, the risk principle outlines for *whom* treatment should be provided, the needs principle asserts *what* to target in treatment, and the responsivity principle focuses on *how* to do so. The largest decreases in recidivism have been observed for offender interventions that adhere to all three principles. Andrews and Bonta (2010) completed a review of 374 effect sizes that provided evidence for the effectiveness of the RNR model. Treatments based on the model

were associated with an average of an eight percentage point reduction in recidivism. Furthermore, the greater the adherence to the principles, the greater the decrease in recidivism. Interventions that did not adhere to any of the principles were actually associated with a small increase in recidivism ($r = -0.02$). Interventions that adhered to at least one of the principles demonstrated a small decrease in recidivism ($r = 0.02$), while treatment programs adhering to two principles had a larger reduction ($r = 0.18$). Finally, interventions that adhered to all three of the principles had the largest effect on reducing recidivism ($r = 0.26$).

Compared to research on the risk and need principles, the responsivity principle is often neglected in the literature (Birgden, 2004). Andrews and Bonta (2010) noted that only a few of the potential responsivity variables have been studied in detail, and personality and crime theories suggest a number of factors that have hardly been considered in correctional research. The authors reviewed a few early studies that examined the effect of the match between treatment approach and offender characteristics on offender outcomes, an important aspect of specific responsivity. For example, Grant (1965) found that amenable offenders (i.e., based on verbal skills, anxiety levels, and motivation to change) had better outcomes than unamenable offenders when assigned to psychodynamic casework, whereas no differences were found between amenable and unamendable offenders who were in the untreated group. Grant also found that offenders with higher levels of maturity (e.g., perceptive, reflective) responded better to a less structured approach to treatment, while less mature offenders responded better to a more structured approach.

1.1.2 Expanded RNR model. Although the three RNR principles remain at the core of the model, it was later expanded to include additional principles, which have been grouped into the following categories: overarching principles, structured assessment, program delivery, and organizational factors (Bonta & Andrews, 2007). The four ‘overarching principles’ are as follows: *Respect for the person* proposes that treatment should be provided in an ethical, legal, and decent manner. *Theory* implies that treatment should come from the perspective of general personality and cognitive social learning theory. Third, the focus should be on *human service* delivery as opposed to relying on the severity of the punishment. The final principle asserts that the theoretical and empirical bases of RNR-interventions should be widely disseminated in order to enhance *crime prevention*.

There are also four principles regarding structured assessment (Bonta & Andrews, 2007): The first principle, known as ‘*assess RNR*’, encourages the use of structured and validated instruments to assess the principles of risk, need, and responsivity. The *strengths* principle calls for assessment of the offenders’ personal strengths and to incorporate these factors into the intervention. The *breadth* principle asserts that, although the focus of treatment should be on RNR factors, professionals should also assess non-criminogenic needs that may inhibit prosocial change. Finally, the model suggests that *professional discretion* should be used to deviate from the RNR principles for specified reasons.

There are three principles relating to program delivery (Bonta & Andrews, 2007): *Dosage* calls for treatment providers to engage higher risk offenders and minimize dropout from RNR programs. There are also two principles that relate specifically to staff practices: *Relationship skills* involve being respectful, collaborative, and caring; these skills should be focused on during the early stages of treatment. *Structuring skills* are utilized more often in the middle to late treatment stages, and involve the use of prosocial modeling, appropriate reinforcement and disapproval, cognitive restructuring, and motivational interviewing.

The final group of principles refers to organizational factors (Bonta & Andrews, 2007): The *Community-based* principle suggests that RNR interventions are more effective when delivered in the community. However, RNR-based residential or institutional programs can also be effective in reducing recidivism. Next, *continuity of service* refers to providing services and ongoing progress monitoring. The *agency management* principle encourages managers to hire and train staff according to their relational and structuring skills mentioned previously, and provide clinical supervision in accordance with the RNR principles. Additionally, organizational mechanisms should be put in place to maintain the monitoring, evaluation, and integrity of assessments and interventions. Finally, the *community linkages* principle suggests that the program agency should maintain positive relationships with other organizations or agencies. Overall, the RNR model is a comprehensive framework of correctional treatment. Given the effectiveness of the RNR model for formal, mainly group-based interventions, researchers have examined the model’s relevance for one-on-one community supervision of offenders.

1.2 Community Supervision

1.2.1 A brief history of community supervision. Prior to the 1970s, community supervision officers had a primarily social worker orientation; this brokerage model of supervision was primarily focused on connecting probationers with resources in the community (e.g., alcohol and drug treatment, mental health services, etc.; Taxman, 2002, 2008). Although there were a few exceptions in which officers ran group intervention sessions, at this time offender prosocial change was considered the realm of the professionals providing the rehabilitative services in the community (Taxman, 2002). POs were generally not trained to directly provide such services to probationers and parolees.

However, the 1970s “nothing works” philosophy of correctional programming (Martinson, 1974) brought about the disillusion of rehabilitative efforts and the emergence of retributive justice models with an emphasis on punishment (Taxman, 2008a, 2008b). Courts and parole boards increased sentence conditions and requirements for offenders, and agencies utilized various programs such as drug testing, electronic monitoring, and intensive supervision programs (ISPs; Taxman, 2008a). ISPs were considered an intermediate sanction between incarceration and typical probation, and included increased number of supervision meetings, house arrests, curfews, and boot camps (Petersilia, 1998). These models challenged the traditional social work approach, and led to a more surveillance and control-oriented approach to supervision; less emphasis was placed on providing services to address offender needs (Taxman, 2002). POs had an enforcer role, as this orientation stressed the importance of monitoring compliance and strict enforcement of conditions of the court or parole board (Taxman, 2008).

However, this control-oriented or enforcer approach to supervision has not been supported by empirical evidence. Petersilia and Turner (1993) found that offenders in an ISP program that increased surveillance had the same rates of new convictions as offenders under traditional probation. Furthermore, the rate of technical violations was 65% in the ISP group compared to 38% in the control group. Although these programs focused on increasing the number of supervision meetings, studies have demonstrated that supervision models that increase the quantity of supervision contacts do not lower recidivism (see Taxman, 2002 for review). More recently, Drake, Aos, and Miller (2009) found that surveillance-oriented intensive supervision programs (ISPs) were not effective in reducing recidivism. In contrast, ISPs that were more treatment-oriented were associated with a 17% reduction in recidivism.

In the 1990s, community supervision once again underwent a shift from the focus on punishment to a focus on balancing punishment and rehabilitation (Taxman, 2008b). ISPs still dominated the field at this time, although the role of POs included both monitoring compliance and referring offenders to intervention services. Treatment was incorporated into corrections, including the use of drug courts and prison services with links to post-release treatment in the community (Taxman, 2008a). There was an emphasis on increasing supervision contacts, reducing PO caseload sizes, and offender accountability. Taxman (2008b) noted that this model was a slight improvement over the previous supervision approaches, as the increase in session contacts was believed to help monitor supervision goal achievement and lead to higher involvement in services. This generation of community supervision represented a bridge between the prior rehabilitative and punitive models (Taxman, 2008a). Research on the integration of treatment services (e.g., substance abuse interventions) into traditional supervision approaches found mixed results, and often pointed to the difficulties in this model (Klag, O’Callaghan, & Creed, 2005; Malowe, 2003; Taxman & Thanner, 2003).

As previously noted, more recently there has been a shift from the traditional case management approach to a change agent approach that helps to facilitate prosocial change in the offender (Taxman, 2002; Bourgon et al., 2011). This approach has also been referred to as a behavioural management model, which integrates the law enforcement and social work models (Taxman, 2008a). This approach differs from previous models in that POs no longer only refer or link offenders with intervention services, but also directly intervene to assist offenders in making prosocial behavioural change. As Gleicher, Manchak, and Cullen (2013) stated, “the goal is to transform such meetings from a time for offenders to merely ‘report’ or ‘check in’ to a time that is used productively to impact recidivism” (p. 24).

1.2.2 Effective community supervision. Indeed, the overall purpose of community supervision is to facilitate successful community integration of offenders while lessening the criminogenic effects of imprisonment, with the expectation that such sentences will lower recidivism (Bonta et al., 2008). However, Bonta et al. (2008) examined 15 studies that compared the effectiveness of community supervision to alternative sentences and concluded that “on the whole, community supervision does not appear to work very well” (p. 251). On average, the authors found that rates of recidivism for offenders on community supervision were only two

percentage points lower than offenders with alternate criminal sanctions (e.g., prison sentence, fine).

In attempt to explain such dismal findings, Bonta and colleagues (2008) conducted a study in which they examined audiotaped supervision sessions of POs in Manitoba. The authors found that adherence to the principles of RNR was low; offenders risk level was only mildly related to the frequency of supervision sessions and only one third of the POs focused on offenders' criminogenic needs for a significant amount of time. Results also indicated that when the PO focused the sessions on reviewing the sentence conditions (i.e., spending 15 minutes or more on the topic), the rate of three-year probationer recidivism (42.3%) was higher than the rate for probationers supervised by POs who engaged in less discussion of compliance issues (18.9%). Regarding the responsively principle, indicators of positive relationships (e.g., warmth, openness, encouragement) were noted in only half of the sessions and utilizing interpersonal influence in a directive sense (e.g., prosocial modelling or altering antisocial attitudes) was noted in a minority of sessions. The POs often offered praise for positive behaviour, but failed to take advantage of opportunities to change antisocial expressions. This lack of adherence to the responsivity principle is important given the expanded RNR model's recognition of the staff practices of relational and structuring skills (Bonta & Andrews, 2007).

1.2.2.1 Core Correctional Practices (CCPs). The CCPs are designed to enhance the effectiveness of offender intervention by means of the RNR principles (Dowden & Andrews, 2004). The five components of the CCPs include effective use of authority, anticriminal modelling and reinforcement, problem solving, use of community resources, and quality of interpersonal relationships between staff and clients. The final CCP component of relationship factors is "arguably the most important" (Dowden & Andrews 2004, p. 205). This approach suggests that the development of mutual respect, along with the increased interpersonal influence of staff that exhibit openness and enthusiastic communication, will lead to more effective correctional programs (Dowden & Andrews, 2004). The CCP training includes strategies for developing a supportive relationship with clients, including active listening, using appropriate feedback, awareness of non-verbal cues (e.g., maintaining eye contact), and effective behaviour reinforcement. Chadwick, Dewolf, and Serin (2015) conducted a meta-analysis of ten studies that compared CCP-trained community supervision officers with control group officers who

supervised 8,335 offenders. Overall, results indicated that offenders supervised by CCP training officers had a 13% lower rate of recidivism than offenders supervised by the control group.

1.2.2.2 Strategic Training Initiative in Community Supervision (STICS). Another training program developed to increase adherence to the RNR principles is the STICS program (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010). STICS consists of 3-day training for officers, as well as on-going maintenance for the newly acquired skills. Fifty-two POs in three Canadian provinces (i.e., British Columbia, Saskatchewan, and Prince Edward Island) were randomly assigned to either the STICS-training group or a control group that did not participate in training (Bonta et al., 2010). POs were asked to recruit only medium to high-risk clients, adhering to the risk principle of RNR. Training also included information on the identification of criminogenic needs, and emphasized strategies to change procriminal attitudes. With regards to the responsivity principle, Bourgon, Bonta, Rugge, Scott, and Yessine (2009) considered four factors to be critical: the officer-client relationship, cognitive behavioural techniques, concepts and skills relevant for clients under community supervision, and structuring of individual supervision sessions. The inclusion of the officer-client relationship demonstrates the importance of establishing rapport in this setting, especially early on in the supervisory period. Skills included expressions of warmth, demonstrations of flexibility, active listening skills, and constructive feedback. Within supervision sessions, POs were encouraged to incorporate role clarification and collaborative goal setting, which also fostered positive working relationships. Additionally, POs used simple terms when facilitating behaviour change in the probationers in order to aid in comprehension of these concepts.

Supervision sessions were audio-recorded to assess the use of the learned skills, and trained coders rated the sessions on a variety of factors (Bonta et al., 2010). POs in the STICS group showed significantly higher quality scores on structuring skills, relationship building skills, cognitive techniques, and the overall effective correctional skills. STICS officers discussed procriminal attitudes approximately six times more frequently than the controls (39.1% vs. 6.7%) and engaged in fewer discussions of non-criminogenic needs. With respect to two-year outcomes, probationers supervised by the STICS POs had a recidivism rate of 25.3%, while the control probationers had a rate of 40.5% (Bonta et al., 2010; Bonta et al., 2011). This difference of approximately 15% is consistent with general RNR treatment studies (Andrews & Bonta, 2010). Additionally, the more frequently POs discussed the sentence conditions, the

higher the recidivism rate ($r = .25$); a high emphasis on conditions appeared to have a negative influence on outcome.

These positive findings are especially important given that the average length of a supervision session was only 26 minutes long (Andrews & Bonta, 2010). The practicality of longer, more frequent meetings may be questionable, as POs have additional responsibilities that require time (e.g., meeting with probationer family members, report writing, paperwork). Furthermore, Trotter (1996) demonstrated that 25-minute (on average) sessions could be sufficient if the time was used properly. Australian POs that were trained in prosocial modelling and problem-solving had a 46% rate of recidivism for their supervisees at the four-year follow-up, while probationers supervised by untrained POs had a rate of 64%. Thus, researchers have demonstrated that supervision meeting quality is more important than quantity.

1.2.2.3 Staff Training Aimed at Reducing Re-arrest (STARR). There have also been additional training programs developed based on the RNR principles, including the STARR program for federal probation officers in the United States (US; Robinson, VanBenschoten, Alexandert, & Lowenkamp, 2011). STARR involves three and a half days of classroom training designed to teach the theory, goals, and skills of the program. Skills include active listening, role clarification, effective use of authority, effective disapproval, effective reinforcement, effective punishment, problem solving, and how to apply the cognitive model. Officers submitted audio-recordings of meetings with probationers to obtain feedback. Robinson et al. (2011) found that STARR-trained officers used reinforcement, disapproval, and cognitive techniques, and targeted antisocial cognitions, peers, and impulsivity more often than the control group. Robinson et al. (2012) examined the effectiveness of STARR and found that the difference in probation failure rates for offenders supervised by trained versus untrained officers was nine percentage points, reflecting a reduction in relative risk of approximately 25%. For moderate-risk clients, risk reductions approached 50%. The authors noted that these results were achieved with 40 total hours of training, no caseload reductions, and no additional work hours. These supervision meetings were relatively short (i.e., less than 20 minutes on average), suggesting that CCPs can be used effectively without significant increases in the length of supervision meetings.

1.2.2.4 Effective Practices in Community Supervision (EPICS). EPICS is another training program developed by the University of Cincinnati Corrections Institute (UCCI). The program is also based on RNR principles and CCPs (Smith, Schweitzer, Labrecque, & Latessa,

2012). EPICS consists of three to four days of training, monthly meetings with supervisors and peers, and feedback for the POs based on recorded supervision meetings. Smith et al. (2012) found that EPICS-trained officers were more likely to target criminogenic needs and reinforce prosocial behaviours in sessions compared to the control group.

1.2.2.5 Proactive Community Supervision (PCS).

Taxman (2008a) examined the PCS model, which was developed based on evidence-based practices in the literature (i.e., RNR). The model includes the use of risk-need assessment tools and case plans that are responsive to the criminogenic needs of moderate- and high-risk offenders, appropriate services and controls (i.e., social learning or cognitive-behavioural interventions), and an environment in which probationers can learn prosocial skills to successfully complete their sentence. Officers were trained in cognitive behavioural strategies and motivational interviewing skills with an emphasis on addressing criminogenic needs. Participation in the PCS reduced the rates of recidivism by 42% and reduced the likelihood of technical violations by 20%.

Taxman (2002) also noted the importance of developing rapport and effective communication skills to build a trusting relationship with offenders and increase self-efficacy. The author noted that the transformation of the PO-probationer interaction is key. Such skills include using eye contact to provide respect and interpret body language, using social graces (e.g., shaking hands, being punctual, other signs of mutual respect), an honest review of information without blaming the offender, and the use of empathy and active listening skills to acknowledge the offender's perspective and experience while maintaining rules (Taxman, 2002). Taxman (2002) found that a minority of officers used these communication skills. Officers are also encouraged to avoid arguing with the offender and to *roll with resistance* by recognizing that negative attitudes and behaviours may be defensive in nature and signs of ambivalence as the offender proceeds through the process of change. Taxman (2011) also argued the importance of establishing a relationship of trust, caring, and fairness. Given researchers' consistent emphasis on the importance the PO-probationer relationship, a review of the literature on the working alliance both in a general intervention context and in forensic settings follows below.

1.3 Working Alliance

1.3.1 History of the working alliance. The influence of the therapist-client relationship on therapeutic outcome has been a longstanding theme in the psychotherapy literature (Horvath, Del Re, Fluckiger, and Symonds, 2011). This relationship has been referred to by various terms throughout the years (e.g., therapeutic alliance, therapeutic bond, helping alliance, working alliance). According to Horvath and Luborsky (1993), this concept had its roots in psychodynamic theory, with Freud's (1958) concept of transference. Freud asserted that when the therapist conveyed a supportive attitude towards the client, beneficial transference was developed as the client projected feelings from previous, positive relationships onto the therapist. Although transference was regarded as a distortion of the relationship, in his later works, Freud also acknowledged the possible existence of a positive attachment to the therapist that is grounded in reality (Horvath & Luborsky, 1993). Another influential clinician, Carl Rogers, emphasized the importance of the real relationship in therapy, rather than Freud's transference relationship (Rogers, 1957). Greenson (1965) first used the term *working alliance* to describe this concept of a reality-based, collaborative relationship between therapist and client.

Luborsky (1976) refined the concept of the alliance based on psychotherapy transcripts; he classified the alliance into two types. The first type, often found in the early phases of therapy, depended on the client's perception of the therapist as supportive and helpful. In order to develop this type of alliance, the client must feel respected and valued, perceive rapport with the therapist, and believe that the treatment will be successful. The second type, often found in later phases of therapy, involves a sense of working collaboratively with the therapist towards the client's goals. The client should agree with the therapist's understanding of the client's presenting problem and perceive a joint effort aimed at achieving the objectives of therapy.

Although the concept of the working alliance originated in psychodynamic theories, it was later expanded by Bordin (1979) to allow for application to any therapeutic approach. Bordin's conceptualization of the working alliance consisted of three essential elements: goals, tasks, and bond. The first element is agreement on the goals of treatment. Although therapeutic objectives vary within different client-therapist relationships, the aims need to be supported and valued by both the therapist and the client. Secondly, the therapy must include mutually agreed upon tasks that are designed to achieve such goals. Both parties must accept responsibility for activities and assignments within the therapeutic process and see them as relevant and beneficial.

The final element is the bond between the client and the therapist. The bond is the positive attachment between the client and the therapist, including the values of mutual trust, acceptance, and confidence (Horvath & Greenberg, 1989). Bordin (1979) suggested that a positive working alliance allowed the client to accept, follow, and believe in the treatment.

1.3.2 Development of the working alliance. Some researchers have examined the process of alliance development, and have theorized two phases in the alliance within the context of short-term psychotherapy (Ardito & Rebellino, 2011). The first phase corresponds to the initial development of the alliance, which takes place during the first five sessions and peaks during the third session. During the second phase, the therapist begins to challenge the client's maladaptive thoughts, affects, and behaviour. Although the purpose of this phase is to bring about positive change for the client, the client may instead interpret the therapist's behaviour as less supportive and empathic, in turn weakening the alliance (Ardito & Rebellino, 2011). Randeau and Wampold (1991) found that clients who had high quality alliance with their therapists were more likely to respond to therapist's challenges with statements that reflected involvement in the treatment, whereas clients with low quality alliances responded with avoidance strategies.

More recent researchers have also examined patterns in alliance development. For example, based on the first four sessions of short-term therapy, Kivlighan and Shaughnessy (2000) found three distinct patterns: stable alliance, linear alliance growth, and quadratic (i.e., U-shaped pattern) alliance. Furthermore, Stiles et al. (2004) analyzed 8- to 16-session therapies and found four patterns: stable alliance growth, linear alliance growth with high variability between sessions, negative growth with low variability, and positive growth with low variability. However, there were no significant relationships between alliance pattern and outcome (Stiles et al., 2004). Roten et al. (2004) found only two patterns (i.e., linear and stable) in brief (i.e., four-session) psychodynamic therapy. Indeed, there does not appear to be consensus on the nature of alliance development.

According to Ardito and Rebellino's (2011) review of the literature, there are several models of the alliance that consider a temporal dimension. They found that the models could be divided into two categories: the first consisting of models that focus on transitional fluctuations in the alliance, and the second consisting of models that are concerned with more global dynamics of alliance development. The differences in research findings may be due to the

various treatment orientations examined and a general focus on short-term psychotherapy. Thus, it is important to note that the results may not generalize to all types of intervention, such as forensic treatment that is more relevant to the current study. Furthermore, while some theorists emphasize a more dynamic nature of the alliance over the course of treatment, most researchers have used static measures of the working alliance to examine the concept (Ardito & Rebellino, 2011), as is the case in the current study.

1.3.3 Measurement of the working alliance. Given the increased interest in the concept of the working alliance over the past few decades, researchers have developed a number of measures designed to assess the construct (see Ardito & Rebellino, 2011 for review). Cecero, Fenton, Nich, Frankforter, and Carroll (2001) compared six measures of the alliance (i.e., California Psychotherapy Alliance Scale, Penn Helping Alliance Rating Scale, Vanderbilt Therapeutic Alliance Scale, and Working Alliance Inventory-Client, -Observer, and -Therapist). The authors found that the measures demonstrated internal consistency, $r = .92$ to $.98$, $p < .01$ and had inter-rater reliability of $.69$ to $.81$. These measures vary in terms of the number of items, theoretical concept of the alliance, and number of alliance dimensions measured (Ardito & Rebellino, 2011). Although these instruments differ in design, they are often correlated with each other, suggesting that the measures assess the same underlying construct (Martin, Garske, & Davis, 2000).

Although the majority of the measures of the alliance were initially designed for assessment from one individual's perspective (i.e., client, therapist, or observer), other versions were later added to account for the other individuals' perspectives (Ardito & Rebellino, 2011). However, research has demonstrated that these individuals do not necessarily agree on the quality of the alliance. In a meta-analysis of 52 studies, Tryon, Blackwell, and Hammel (2007) found a moderate correlation of $\bar{r} = .36$ between client and therapist ratings of the alliance when controlling for the internal consistency of alliance measures. They found an overall medium effect size for the difference between client and therapist ratings ($\bar{d} = .63$), which indicated that clients generally rated the alliance more favourably than clinicians. This discrepancy is important, as researchers have found that convergent perspectives were related to better therapeutic outcomes (e.g., Kivlighan & Arther, 2000; Reis & Brown, 1999). In a meta-analysis, Horvath et al. (2011) found that client and observer ratings predicted therapeutic outcome better than therapist ratings, although the differences did not reach statistical significance. The authors

noted that the high degree of variability in the instruments used to measure the alliance may have impacted the likelihood of reaching significance. Horvath (2000) theorized that therapists viewed the alliance through a theoretical lens and assessed the relationship in accordance with what theory suggested was a good alliance or assumptions about the signs of a positive relationship. In contrast, client assessments of the alliance tended to be more subjective, atheoretical, and made in comparison to individual previous experiences.

One of the most widely used instruments is the Working Alliance Inventory (Horvath & Greenberg, 1986), which was designed to measure Bordin's (1979) three-factor conceptualization of the alliance, including the bond between the client and therapist, the mutually agreed upon tasks, and the collaborative goals of therapy. The WAI has three versions, which allows the strength of the relationship to be evaluated by the therapist, the client, and an objective observer. Research on the reliability and validity of the WAI has demonstrated positive results. Horvath and Greenberg (1989) found reliability estimates that ranged from .85 to .92, with a composite alpha value of .93. More recently, Hanson, Curry, and Bandalos (2002) examined 25 studies from 1989 to 2002 in a meta-analysis that demonstrated adequate internal consistency estimates for scale scores and overall total score. Convergent and discriminant validity have also been supported (Horvath, 1994). Furthermore, the WAI has been positively associated with therapeutic outcomes, as discussed below.

1.3.4 Working alliance and therapeutic outcome. With the development of measures designed to assess the working alliance, research interest in the concept has increased over the years. The focus on the working alliance arose out of the literature that had established the general effectiveness of psychotherapy, but had found no consistent differences in the effectiveness of different therapeutic orientations (Horvath & Symonds, 1991; Luborsky et al., 2002). These findings led to the generation of hypotheses regarding the existence of variables common to all therapeutic approaches, often referred to as nonspecific factors. Thus, researchers began to examine the working alliance as a common factor across different treatment orientations that may partly account for the overall positive outcomes of psychotherapy.

Indeed, research findings have consistently pointed to the relationship between the working alliance and therapeutic outcome. A meta-analysis of 24 studies by Horvath and Symonds (1991) found a reliable association between a strong working alliance and a positive therapeutic outcome. Although the overall effect size was not large ($d = .26$), the authors argued

it was “within the range of values reported for other important psychotherapy variables” (p. 146). For example, a review of meta-analyses examining the effectiveness of various psychotherapy outcomes found effect sizes ranging from .21 to 1.30 (Matt & Navarro, 1997). The relation of the working alliance to therapeutic outcomes was not moderated by the type of therapy practiced, the length of treatment, whether the research was published, or the number of participants in the study (Horvath & Symonds, 1991). Similarly, in a meta-analysis of 79 studies by Martin, Garske, and Davis (2000), results indicated a moderate relationship ($\bar{r} = .22$) between working alliance and therapeutic outcome (e.g., symptom reduction, decreased substance use, improved psychological functioning). The relationship was not influenced by the type of outcome measure used in the study, the type of outcome rater, the time of alliance assessment, the type of alliance rater, the type of treatment provided, or the publication status of the study.

A more recent meta-analysis of 201 published and unpublished studies from 1973 to 2009 found that the alliance was a robust, but moderate ($\bar{r} = .28$) predictor of treatment outcome (Horvath et al., 2011). Included studies were published in four different languages, employed over 30 different alliance measures, varied in the time (e.g., early, middle, or late in sessions) and perspective (i.e., client, therapist, or observer) of the assessment, and used a variety of outcome measures (e.g., Beck Depression Inventory (BDI), treatment drop out). Flückiger, Del Re, Wampole, Symonds, and Horvath (2012) examined the same studies for possible moderators of the relationship between alliance and outcome. Analyses indicated that the correlations were robust regardless of study design (i.e., randomized clinical trial [RCT] or other), disorder-specific manual usage, specificity of outcomes, and treatment orientation (i.e., cognitive behavioural therapy [CBT] or other). The authors noted that even in the condition in which the correlation was the smallest ($\bar{r} = .21$ for studies conducted by researchers without any allegiance to the alliance), the effect was still modest. They also argued that the correlations were relatively large compared to other process variables. For example, a meta-analysis by Webb, DeRubeis, and Barber (2010) found mean therapeutic outcome correlations of $\bar{r} = .02$ with treatment adherence and $\bar{r} = -.07$ with therapist competence. Fluckiger et al. (2012) noted that over 88% of the alliance-outcome correlations were larger than $r = .07$.

As noted above, the alliance has been measured across various treatment modalities. Krupnick and colleagues (1996) examined the working alliance and treatment outcome in patients with depression across four different treatment conditions: interpersonal psychotherapy,

cognitive-behavioural therapy, medication with clinical management, and placebo with clinical management. Results demonstrated that the alliance was found to have a significant effect on treatment outcomes, regardless of treatment condition; more of the variance in outcome was attributed to the alliance than to treatment method (Krupnick et al., 1996). As Kennealy, Skeem, Manchak, and Louden (2012) recently noted “research indicates that a high-quality therapist-client... ‘alliance’ is the strongest controllable source of variance in clinical outcomes, explaining substantially more variance than specific models like cognitive-behavioural or interpersonal techniques” (p. 1). The importance of the alliance is often emphasized in the literature, and earlier researchers have even referred to the alliance as the “quintessential integrative variable” (Wolfe & Goldfried, 1988, p. 449) of therapy.

Furthermore, the impact of the alliance has been researched in a variety of disorders, including depression (Raue, Goldfried, & Barkham, 1997), anxiety (Piper, Boroto, Joyce, & McCallum, 1995), post-traumatic stress disorder (PTSD; Cloitre, Chase, Miranda, & Chemtob, 2004), eating disorders (Constantino, Arnow, Blasey, & Argas, 2005), and personality disorders (Strauss et al, 2006). Not only has the working alliance been shown to relate to psychotherapy outcomes (Luborsky et al., 2003), research has also demonstrated an association with outcomes in psychiatric treatment (Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003), substance abuse treatment (Connors, Carroll, DiClemente, Longabaugh, & Donovan, 1997), medical care (Hall, Horgan, Stein, & Roter, 2002), and interventions for criminal behaviour (Brown & O’Leary, 2000; Taft, Murphy, King, Musser, & DeDeyn, 2003).

Researchers have theorized various explanations for the association between the working alliance and therapeutic outcome. Some researchers have argued that the alliance is therapeutic in and of itself (Henry & Strupp, 1994). That is, clients experience the alliance as therapeutic, regardless of other psychological interventions (Martin et al., 2000). Other researchers have hypothesized that the alliance facilitates the client’s acceptance and willingness to follow the treatment (Bordin, 1979). Indeed, research has found the working alliance is related to adherence with treatment plans (Conoley, Padula, Payton, & Daniels, 1994), session attendance, and medication compliance (Frank & Gunderson, 1990). Additionally, a strong alliance has been found to improve general interpersonal functioning and social support (Kivlighna & Shaughnessy, 1995). As the alliance is often assessed at only one point in these studies, usually in the third to fifth sessions, some researchers have argued that the effect of the alliance is

confounded by prior symptom improvement. However, Falkenström, Granström, and Holmqvist (2013) found that the working alliance predicted psychotherapy outcomes even after controlling for any prior symptom improvement.

1.3.5 Therapist characteristics and the working alliance. In Horvath's (2000) theoretical model of the alliance, he noted that there were two sources of input to the alliance: the therapist and the client. He referred to these therapist and client factors as *pretherapy* variables. Specifically, each individual brings unique interpersonal dispositions to the therapy, including social skills and a social history that may predispose the person to certain types of interpersonal interactions. He also acknowledged the contribution of the therapist's professional or technical skills. Earlier on, Rogers (1957) emphasized the importance of the therapist's ability to display empathy, genuineness, and unconditional positive regard towards the client in the therapeutic relationship. He believed that the therapist was responsible for providing these relationship conditions for the client; that is, the quality of the relationship hinged on the therapist (Horvath, 2000). A recent meta-analysis found that the therapist's contribution to the alliance significantly predicted outcome, even after controlling for client Axis II diagnoses, research design, the rater of the alliance, and alliance measure used in the study (Del Re, Horvath, Flückiger, Symonds, & Wampold, 2012). The authors concluded that therapists differed in their ability to establish alliances with a range of clients, and this ability was related to outcome. However, they noted that the results did not explain *how* the therapist contributed to the alliance.

Some authors have examined therapist training and experience as possible factors that may impact the working alliance, although results indicated that therapist experience and training was not predictive of client alliance ratings (Dunkle & Freidlander, 1996; Hersoug, Hoglend, Monsen, & Havik, 2001). However, the amount of professional training was related to higher quality alliances as rated by the therapist, which may reflect therapists' increased confidence in their perceived higher level of skill (Hersoug et al., 2001). Researchers have also examined the influence of individual therapist characteristics, such as those suggested by Rogers (1951), on the formation of a positive working alliance. In Kolden, Klein, Wang, and Austin's (2011) meta-analysis, genuineness or congruence (i.e., behaving in an authentic and consistent manner) had a medium effect size and accounted for approximately 6% of the variance in treatment outcome. Another one of Roger's therapeutic factors, positive regard (i.e., acceptance, warmth), had a moderate relationship with therapeutic outcome in a meta-analysis (Farber & Doolin, 2011).

Finally, empathy accounted for 9% of the variance in treatment outcome (a medium effect size; Elliott, Bohart, Watson, & Greeberg, 2011). The authors noted that empathy typically accounted for more variance than the specific treatment type. Although it is evident that various therapist characteristics or skills can influence client outcomes, Horvath (2000) proposed that it is not the therapists' behaviour per se that is related to outcome, but the client's perception of the therapist's behaviour. Thus, therapists need to ensure that their clients recognize these positive features in session (Marshall et al., 2003).

Hersoug et al. (2001) found that therapists' interpersonal warmth was positively related to client and therapist ratings of the working alliance. In their review of the literature, Ackerman and Hilsenroth (2003) found a number of therapist personal qualities that contributed positively to the alliance. These qualities included being flexible, experienced, honest, respectful, trustworthy, confident, interested, alert, friendly, warm, and open. The authors also identified a number of therapist techniques that positively impacted the alliance, including using supportive, understanding, and affirming statements, accurate reflection and interpretation, and taking on an active role in therapy.

In contrast, researchers have also identified therapist variables that are detrimental to the development of a positive working alliance. Hersoug et al. (2001) found that therapist interpersonal coldness was negatively related to alliance quality, as measured by both client and therapist. Ackerman and Hilsenroth (2001) identified therapist personal attributes that negatively impacted the alliance, which included being rigid, uncertain, exploitive, critical, distant, tense, aloof, and distracted. Therapist techniques negatively related to the alliance included inappropriate self-disclosure, over-structuring or failure to structure the therapy, and belittling the client. Researchers have also found that confrontation (i.e., aggression, sarcasm, criticism) has a negative effect on client change (Serran, Fernandez, Marshall, & Mann, 2003). Other authors have noted that confrontation can be conceptualized as a continuum from passivity to punitive confrontation (Patterson & Forgatch, 1985), and Marshall and colleagues (2003) suggested that the effective strategy lies in the middle of this continuum (i.e., firm, but supportive challenging).

1.3.6 Client characteristics and the working alliance. On the other side of the relationship, researchers have identified certain client characteristics that impact the quality of the working alliance. Perhaps unsurprisingly, client interpersonal styles have been found to impact the therapeutic relationship. For example, Hersoug, Monsen, Havik, and Hoglend (2002) found that the interpersonal cold-warm dimension was the strongest predictor of client and therapist ratings of alliance quality. That is, interpersonal warmth was associated with better alliances, while interpersonal coldness was associated with lower quality alliances. More recently, Hersoug, Hoglend, Havik, von der Lippe, and Monsen (2009) found that a cold or detached interpersonal style was negatively related to early working alliance ratings, although the effect disappeared over time in long-term therapy, suggesting that these clients were gradually able to connect with their therapists. Other researchers have also found lower quality alliances with cold and detached clients (Constantino & Smith-Hansen, 2008).

Furthermore, the client's quality of current interpersonal relationships has been found to be positively related to working alliance ratings (Hersoug et al., 2009). Connelly-Gibbons et al. (2003) found that pretreatment interpersonal problems predicted client-ratings of the alliance even after controlling for pretreatment symptom level and pre-rating symptom improvement. The authors noted that clients with hostile-dominant personality styles were especially prone to developing lower quality alliances with their therapists.

Another client factor that has been found to impact the working alliance is expectations for improvement in treatment. That is, clients who have greater expectations of improvement prior to therapy develop stronger alliances with their therapists during the course of treatment (Connelly-Gibbons et al., 2003). This finding is important given that these clients also went on to have better treatment outcomes compared to those individuals who had lower expectations for the intervention. Client motivation and commitment to change has also been examined in the literature. Norcross, Krebs, and Prochaska found a medium effect size ($d = .61$) for the relationship between client motivation and working alliance in four therapy samples. Similarly, Patterson, Uhlin, and Anderson (2008) found that clients who expected to take responsibility and commit to the work of therapy had better alliances with their therapists than clients with low expectations for personal commitment.

In their review of the literature, Constantino, Castonguay, and Schut (2002) noted client characteristics that have been found to be negatively related to the working alliance in therapy.

These characteristics included low psychological mindedness, a defensive attitude, a hopeless stance, and a tendency to avoid problems. Although such individual client characteristics, along with the therapist characteristics noted above, have been associated with the working alliance, it is also of importance to examine the interaction of client and therapist factors or the match between these individuals.

1.3.7 Tailoring treatment to the individual. Part of developing a solid working alliance involves tailoring treatment approach to the individual client. Catering psychological treatment to the individual has been, for the most part, simply matching treatment to the client's disorder or presenting problem. Empirical psychotherapy studies have often involved randomized clinical trials that assess the efficacy of a particular treatment for a particular disorder (Norcross & Lambert, 2011). However, simply matching the treatment to the client's disorder is not always effective and likely does not capture the entire problem (Wampold, 2001). Researchers have not proposed that professionals ignore the evidence of disorder-specific treatment efficacy; Norcross and Lambert (2011) clarified that research has enabled therapists "to balance particularity and generality: adapt psychotherapy to the particulars of the individual patient but do so according to generalities identified by research" (p. 131). The authors also noted the relevance of Gordon Paul's (1967) question: "What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances? (p. 111)."

The idea of establishing an ideal match in psychotherapy has been described in various terms, including adaptation, responsiveness, customizing, matchmaking, prescriptionism, tailoring, individualizing, and the specificity factor. These terms all point to the aim of enhancing treatment effectiveness by tailoring it to the individual and his or her situation (Norcross & Lambert, 2011). This idea was captured well when Norcross and Lambert (2011) quoted Sir William Osler, the father of modern medicine: "It is sometimes much more important to know what sort of a patient has a disease than what sort of disease a patient has" (p. 127). Indeed, research has indicated the effectiveness of tailoring psychotherapy to the entire person. There have been over 100 client variables proposed as potential tailoring factors, such as client resistance and preferences for treatment. Although it is not practical to account for every possible individual factor when tailoring treatment, authors have suggested that a willingness to adapt to important variables allows a treatment provider to broaden their skills. Different types of clients will respond to different types of treatments and relationships (Norcross & Lambert,

2011), and researchers have argued the importance of being responsive to clients in order to form a positive alliance (Stiles, 2009). Responsiveness refers to emergent information in the session that influences the therapist and client behaviour (Del Re et al., 2012).

For example, if a client was resistant, the therapist should consider whether the techniques being used were incompatible with the client's preferences or perhaps that the client was not ready to make changes or was uncomfortable with the approach (e.g., too directive; Norcross & Lambert, 2011). Indeed, researchers have examined the client's level of resistance as an individual characteristic that may interact with the therapist's approach to impact outcome. Resistance is more than just a lack of symptom improvement; clients may not comply with therapy even when they believe that it would be beneficial. Thus, even clients that appear highly motivated may feel some ambivalence towards change (Beutler, Harwood, Michelson, Song, & Holmon, 2011). In a meta-analysis, Beutler et al. (2011) found that about 15% of the variance in outcome was reflective of the fit of the therapist's directiveness (i.e., the extent to which the therapist dictates the pace and direction of therapy) and client resistance. That is, the authors argued that therapists should deemphasize his or her authority and the rigid use of homework for clients with high levels of resistance, who often have had a history of difficulties taking direction. Although in general more directive therapies have been found to be modestly more effective than nondirective therapies (Cuijpers, van Straten, Andersson, & van Oppen, 2008), results suggested that a directive style may be more beneficial for clients who have relatively low levels of resistance, while a self-directed style may be more effective for highly resistance clients (Beutler et al., 2011).

1.3.8 Therapist-client interaction. Researchers have argued that the alliance is built interactively, and thus the mutual influence of both individuals involved in the therapy must be considered (Ardito & Rabellino, 2011). Indeed, individual psychotherapy is by nature an interaction between two individuals, and thus a dyadic process in which therapists and clients mutually influence one another (Marcus, Kashy, & Baldwin, 2009). Thus, Kivlighan (2007) argued that the working alliance is a function of the client, the therapist, and the interaction between the two individuals. Research has supported this argument, as Marcus et al. (2009) found the alliance was largely relational or dyadic. That is, therapist and client ratings were specific to the unique combination of the two individuals. The contributions of individual-level factors seemed to be less essential to the quality of the relationship.

Although certain therapists rated alliances with their clients stronger overall than other therapists, there was a low level of consensus on the alliance quality among clients with the same therapist (Marcus et al., 2009). Thus, at least from the clients' perspectives, there did not appear to be individual differences between the therapists that led certain therapists to be more skilled in developing alliances with clients; the relationship was more about the unique match between the individuals. Although there was little agreement among clients of the same therapist, if a therapist reported a particularly positive alliance with a specific client (i.e., higher quality than his or her other clients), that specific client also had a tendency to report an especially positive alliance (i.e., higher quality than the therapist's other clients). Furthermore, these specific clients were also more likely to improve than the therapist's typical client.

Overall, there are a number of individual therapist and client factors that have been found to impact the quality of the alliance, and researchers have noted that treatment should be tailored to the individual to provide better outcomes for clients. Furthermore, the dyadic relationship or the mutual influence of these two individuals appears to be an important aspect of the working alliance, although the lack of research suggests that the dyadic nature is an often neglected area of the literature. Given the substantial body of literature on the working alliance in a general psychotherapy context, researchers have also examined the concept in forensic settings.

1.4 Working Alliance in Forensic Contexts

As noted previously, Dowden and Andrews (2004) included staff-offender relationship factors in their CCPs. They argued that the development of mutual respect and liking between staff and offenders is an important aspect of correctional intervention, as treatment programs will be most effective when facilitated in the context of such positive relationships. In contrast, breakdowns in the alliance and disagreements on tasks and goals (i.e., *alliance ruptures*) can also occur during intervention, which need to be addressed to reduce negative outcomes such as treatment withdrawn and noncompletion (Safran & Kraus, 2014). For example, Watson, Thomas, and Daffern (2015) found that over half of a sample of sexual offenders reported a rupture in the working alliance, and one in four of these ruptures was not repaired over the course of treatment. Furthermore, unrepaired ruptures were associated with lower quality working alliances over time.

Although fairly limited, there has been some research examining the association between the working alliance in forensic contexts and offender outcomes. Brown and O'Leary (2000)

found that the strength of partner-violent men's alliance with the group therapist was positively associated with treatment outcome (i.e., decrease in husband-to-wife mild and severe psychological and physical aggression). Similarly, Taft, Murphy, King, Musser, and DeDeyn (2003) examined the relationship between working alliance and outcome in a 16-week, cognitive behavioural group program for court-mandated partner-violent men. They found that the working alliance, as measured by the therapists, was associated with a reduction in physical and psychological abuse for the six months following treatment. Early alliance ratings predicted abuse outcomes even after controlling for levels of pretreatment abuse and homework compliance.

Skeem, Loudon, Manchek, Vidal, and Haddad (2009) examined the alliance in probationers with co-occurring drug or alcohol problems. Results demonstrated that positive relationships with clinicians, and to a lesser extent POs, were related to low perceived coercion, high treatment adherence, and low risk of probation violations. Conversely, DeSorcy, Olver, and Wormith (2014) found that WAI scores with offenders' primary therapists did not significantly predict recidivism in a sample of federal sexual offenders in Saskatchewan. However, results demonstrated that as rates of WAI scores (i.e., total and bond, task, and goal subscales) increased, rates of treatment noncompletion decreased. Furthermore, offenders with low scores were more likely to drop out of treatment, and did so sooner, than offenders with higher scores.

Kozar and Day (2012) reviewed the literature on the effect of the alliance on treatment outcomes in offending behaviour programs. The authors concluded that at the time there was insufficient evidence to support the positive impact of the alliance in violent offender treatment outcomes. However, they noted that this research is still in its infancy and more studies are required. Kozar and Day suggested that many factors may moderate the quality of the alliance in this context, including offender and clinician characteristics and external factors. Nonetheless, they argued that there are strong theoretical and practical grounds for treatment providers to establish positive alliances with offenders in such programs, especially with regards to preventing treatment attrition.

Recently, in a study of federally-incarcerated female offenders in Canada, participants who perceived a stronger bond with staff members had lower rates of institutional misconducts (Harris, Taylor, Brown, & Booth, 2014). More specific to the current study, some researchers have investigated the importance of the alliance in a community supervision context. Wild

(2011) found that juvenile probationers in Pennsylvania who had a more positive working alliance with their POs had lower rates of probation violations and new charges. In a qualitative study of 60 probationers, Rex (1999) found that offenders felt more committed to changing their criminal behaviour if they had a more positive relationship with the supervising officer. Furthermore, DeLude, Mitchell, and Barber (2012) demonstrated that the quality of the officer-probationer relationship predicted the probationers' perceived helpfulness of the probation supervision. Hart and Collins (2014) examined the working alliance in a sample of 48 probationers and their supervising POs in England; results demonstrated that WAI scores were highly predictive of offenders' perceived success of probation, accounting for nearly half of the variance in scores. The working alliance was not affected by offender risk level or offence type.

To examine the forensic working alliance in more detail, Ross, Polaschek, and Ward (2008) created the Revised Theory of the Therapeutic Alliance (RTTA) in offender rehabilitation. First, therapist pre-treatment characteristics were included to emphasize the individual factors that he or she brings to treatment, including personality factors, interpersonal styles and attachment, professional and interpersonal skills, and goals and expectations for the working alliance and the intervention. Second, the theory also recognizes that clients bring their own characteristics to treatment, including personality, interpersonal and attachment styles, treatment-related competencies (e.g., motivation), and goals and expectations for the alliance, therapy, and the capacity for change. Third, the model includes setting and contextual factors, including systemic factors and the immediate therapeutic environment. Systemic factors likely provide a more indirect impact on the working alliance through policies and legislation. Ross et al. (2008) also argued that the therapeutic environment and program characteristics (e.g., group therapy atmosphere, the match between the literacy level of participants and the program, whether the therapist has control over negative group members) can also impact the alliance. Finally, Ross et al. (2008) included the therapy-related interactions between the therapist and client, which reflects the individuals' behaviour toward each other. Furthermore, the authors recognized that these behaviours are filtered through the cognitive processes and emotional reactions of both individuals. That is, the therapist and client make interpretations (i.e., make cognitive and emotional "sense") of the other individual's behaviour through the filter of their own personal characteristics.

1.4.1 Staff characteristics and the working alliance. As noted in the psychotherapy literature and the theory of the forensic working alliance described above (i.e., RTTA; Ross et al., 2008), treatment provider characteristics can impact the development and quality of the relationship between staff and offender. For example, Marshall et al. (2003) examined videotapes of a sexual offender treatment program and found that various therapist factors influenced the manner in which clients did or did not benefit from treatment. The most important therapist features of empathy, warmth, being rewarding, and being directive were all linked to beneficial changes in the offenders' coping skills, perspective-taking ability, cognitive distortions, and aspects of relationship skills. These four therapist factors accounted for 30% to 60% of the changes observed in these indices. Serran and Marshall (2010) later pointed out that these results were considerably higher than results found in the general psychotherapy literature, which usually ranges from 20% to 30% of the variance in client outcomes. The authors concluded that therapist characteristics may be more influential with sexual offender clients (and presumably with all types of offender) than with clients in general intervention contexts (Serran & Marshall, 2010). They noted that this observation may be due to offenders' lack of trust in the intentions of professionals and fears that disclosing personal information may lead to further problems.

Similarly, Dowden and Andrews (2004) argued that the interpersonal influence of the staff member can be maximized with open, warm, and enthusiastic communication. The authors noted that positive staff characteristics that can aid in the development of an alliance include being warm, genuine, humorous, enthusiastic, self-confident, empathic, respectful, flexible, committed to helping the client, engaging, mature, and intelligent. In Harris et al.'s (2014) study of female offenders, interview responses indicated that both staff and offenders viewed the alliance as essential. Offenders emphasized that staff who demonstrated effective communication, clear expectations, support, honesty, and overall positive relationships were important. Furthermore, offenders reported that the development of the alliance was individual-based and not role-based; that is, participants viewed the staff member's personality, interpersonal skills, and individual effort as key factors in forming a strong alliance. In an earlier study, probationers stated that relationships were more positive when officers displayed empathy, listened well, treated them with respect, and allowed them to speak freely in sessions (Rex, 1999).

Additionally, as Ross et al.'s (2008) RTTA includes the influence of therapist characteristics such as personality and interpersonal styles, the authors argued that therapists need to be flexible, introspective, and aware during interactions with offenders. That is, therapists should be aware of their own personal qualities and behaviour that may influence the course of treatment. Therapist reactions may be especially salient in group intervention settings, in which hostile clients can undermine the group process.

There are also certain forensic treatment provider characteristics that have been found to negatively influence outcomes for the offenders. For example, a lack of an emotional connection or having an aggressive or intimidating interpersonal style may lead to client disengagement or even treatment attrition (Kozar & Day, 2012). Indeed, confrontation by the therapist was found to have a negative influence on behaviour change in sexual offenders ($r = -.31$; Marshall et al., 2003). Drapeau (2005) examined sexual offenders' perceptions of their treatment experiences. The offenders reported that when the therapist was confrontational, they learned to appease him or her by saying what they thought the therapist wanted to hear, as opposed to engaging in treatment. Watson et al. (2015) found that offenders rated the working alliance more poorly when they perceived the treatment provider as hostile or dominant. Furthermore, Williams (2004) found that offender treatment participation was reduced when the therapist employed a more coercive approach. Thus, it may be important for forensic treatment providers to avoid being overly confrontational or intimidating when working with offenders, especially with regards to facilitating adequate treatment engagement.

1.4.2 Offender characteristics and the working alliance. Kozar and Day (2012) stated that some researchers have “expressed concerns that offender treatment has become so structured that clinicians are unable to respond to individual participant needs as they arise” (p. 482-482). The concept of responding to the individual offender's needs and tailoring treatment to their personal characteristics is an important aspect of the specific responsivity factor of the RNR model. Client factors such as irritability, anxiety, hostility, self-defeating, self-centeredness, callousness, as well as characteristics that comprise personality disorders are likely to have a high base rate in forensic environments (Ross, Polaschek, & Ward, 2008). These psychosocial factors may influence the development of the alliance, and thus have the potential to impact offender outcomes. For example, Taft, Murphy, Musser, and Remington (2004) found a number of client factors that were related to a positive alliance in treatment for partner-violent men,

including low psychopathy scores, low borderline personality traits, fewer interpersonal problems, being self-referred for treatment, being older, and having a higher income. Furthermore, Watson et al. (2015) found that therapists rated the alliance lower if sexual offenders were perceived to be high in hostility or dominance; these offenders were also more likely to report a rupture in the working alliance. For the current study, offender anxiety, self-esteem, psychopathy levels, motivation to change, and antisocial attitudes were examined as potential specific responsivity factors. Possible interactions between therapist approaches and these offender variables were also considered.

1.4.2.1 Anxiety. The prevalence of anxiety in offender populations is much higher than that of the general population (Singleton, Lee, Meltzer, 2000). Lester, Hamilton-Kirkwood, and Jones (2003) found that 42% of offenders in the United Kingdom (UK) self-reported anxiety. Of these individuals, 16% had severe anxiety scores and 19% had moderate anxiety scores. In a sample of 202 federal Canadian offenders with a mental disorder, 26.4% had been diagnosed with an anxiety disorder (Stewart & Wilton, 2014). There has been limited research on the prevalence of anxiety in offenders under community supervision. However, Owens, Rogers, and Whitesell (2011) found that 43% of probationers in the United Kingdom (UK) reported that they had anxiety for which they required counseling within the past year. The prevalence of anxiety in offender populations is concerning as research has indicated offenders with high anxiety made poorer adjustments to prison and had higher recidivism rates when compared to low-anxiety offenders (Listwan, Sperber, Spruance, & Voorhis, 2004).

The current study examined trait anxiety, which differs from more situational, state anxiety in that it is an enduring characteristic that influences a person's behaviour and perceptions. Andrews and Bonta (2010) noted that anxiety could be considered a responsivity factor in offender intervention. For example, offender anxiety may indirectly impact outcome if not managed and responded to properly in treatment. With regards to the working alliance in correctional settings, anxiety may negatively affect the development of the bond (Orsi, Lafortune, & Brochu, 2010).

Developing a working alliance with high anxiety offenders may also be influenced by the therapist's approach to treatment. For example, highly anxious offenders often have difficulty with certain confrontational approaches to treatment that are sometimes used to correct behaviour in forensic settings (Listwan et al., 2004). Skeem, Encandela, and Loudon (2003)

found that probationers reported feeling anxious when officers threatened them with consequences, had negative or belittling interactions with them, or were overly demanding and inflexible. An earlier study by Rabavilas, Boulougouris, and Perissaki (1979) on psychotherapy for individuals with anxiety disorders found that outcomes were more positive when the client perceived that the therapist was understanding, respectful, encouraging, and genuinely interested in them. Although this study involved non-forensic clients, these clinician factors may still be relevant in forensic contexts. With regards to probation populations, Morash, Kashy, Smith, and Cobbina (2014) found that when a PO had a more supportive style with female probationers, probationers experienced less anxiety, while women with more punitive POs experienced greater anxiety.

1.4.2.2 Self-esteem. Self-esteem has been conceptualized as a component of self-concept; it is a global attitude towards oneself, and includes a person's thoughts and feelings about his or her own worth and importance as an individual (Rosenberg, 1965). There has been much discussion in the forensic literature regarding the relationship between self-esteem and criminal behaviour; overall, the findings are inconsistent. Some researchers have suggested that low levels of self-esteem is related to various antisocial behaviours, including intimate partner violence in both males (Sharpe & Taylor, 1999) and females (Lewis, Travea, & Fremouw, 2002), and delinquency and aggression (Donnellan, Trzesniewski, Robins, Moffit, & Caspi, 2005). Walker and Bright (2009) argued that the majority of studies published at the time suggested that low self-esteem, as opposed to high self-esteem, was associated with violence. However, other research findings have indicated that higher levels of self-esteem, perhaps related to narcissism, were associated with violent offending behaviour (e.g., Baumeister, Smart, & Boden, 1996; Baumeister, Bushman, & Campbell, 2000). In contrast, Hubbard (2006) found that self-esteem was not related to recidivism in a sample of 280 male and female offenders. Wormith (1984) found a significant interaction between self-esteem and identification with criminal others with respect to recidivism in a sample of incarcerated offenders. Specifically, among offenders who increased their identification with criminal others during treatment, those offenders who also increased in self-esteem had higher rates of recidivism than those who decreased in self-esteem. Changes in self-esteem were not related to recidivism for offenders who decreased on identification with criminal others. More recently, Ortrowsky (2010) acknowledged these conflicting results in his review of the literature on self-esteem and its relationship to violence.

Andrews and Bonta (2010) argued that self-esteem is not a risk factor for criminal behaviour, and thus should not be a target in correctional treatment. However, it may be considered a responsivity factor, especially through its impact on treatment participation and motivation.

With respect to the working alliance, researchers have found a positive correlation between self-esteem levels and the alliance in psychotherapy (Budman et al., 1989). Individuals with low self-esteem are less likely to perceive feedback as positive and more likely to show stronger negative emotional reactions when they believe they have performed poorly (Blaine & Crocker, 1993). Research with partner-violent men has indicated that low self-esteem may compound the risks associated with confrontational therapist behaviour (Murphy & Baxter, 1997), and thus it may be beneficial for forensic treatment providers to avoid confrontation with low-self-esteem offenders.

1.4.2.3 Psychopathy. Hare (1996) described psychopathy as "a socially devastating disorder defined by a constellation of affective, interpersonal, and behavioral characteristics, including egocentricity; impulsivity; irresponsibility; shallow emotions; lack of empathy, guilt, or remorse; pathological lying; manipulativeness; and the persistent violation of social norms and expectations" (p. 25). Research has identified a two-factor structure in the Psychopathy Checklist Revised (Hare, 1991), the most commonly used instrument to assess the construct. Factor 1 includes the affective and interpersonal characteristics of psychopathy, such as egocentricity, manipulativeness, callousness, and a lack of remorse; factor 2 consists of features including impulsivity, antisocial behaviour, social deviance, and an unstable lifestyle (Hare, 1996). General population rates are estimated to be 1%, while general offender rates are 15 to 20% (Sullivan & Klosson, 2006).

Salekin (2002) noted that there is a widely held belief that psychopathic individuals are difficult, perhaps even impossible, to treat, referring to such a stance as therapeutic pessimism. Authors have asserted that the evidence for the untreatability of psychopathic offenders is characterized by methodologically flawed research studies, and thus hope should not yet be abandoned (D'Silva, Duggan, McCarthy, 2004). Furthermore, Olver and Wong (2009) found that reductions in dynamic risk factors during treatment for psychopathic sexual offenders reduced sexual or violent offending; similar results were found in another study of violent psychopathic offenders (Lewis, Olver, & Wong, 2012). The focus of these programs was not on the offenders' psychopathy, but on risk-relevant factors. Instead, psychopathy can be considered

a responsivity factor to be mindful of during treatment (Andrews & Bonta, 2010). As Wilson and Tamatea (2013) stated with regards to a program for high-risk, psychopathic offenders: “the goal was to reduce violence in a psychopathic group, rather than reduce psychopathy in a violent group” (p. 504).

With respect to the impact of psychopathy on the working alliance, Walton, Jeglic, and Blasko (2016) noted that it has long been assumed that high-psychopathy individuals would have difficulty forming positive relationships, as key psychopathy characteristics (e.g., lack of empathy, manipulatives) are perceived to be at odds with the development of a working alliance. Taft et al. (2004) explored predictors of a positive alliance in treatment for partner-violent men, and found that psychopathic personality characteristics were a strong negative predictor of the working alliance. Similarly, Ross (2008) found a significant medium effect size, which indicated that as psychopathy scores increase, the working alliance decreases. DeSorcy, Olver, and Wormith (2016) found that as scores on the Emotional (e.g., lack of remorse and empathy, shallow affect) and Lifestyle (e.g., impulsivity, irresponsibility, parasitic orientation) facets of the Psychopathy Checklist, Revised (PCL-R; Hare, 1991, 2003) increased, WAI scores decreased. In contrast, Walton et al. (2016) found no significant relationship between PCL-R scores and therapist- or client-rated WAI scores in a sample of male sexual offenders. However, when participants in aftercare programming (i.e., a monthly maintenance program that followed regular treatment) were removed from the analysis, there was a significant negative correlation between PCL-R and client-rated WAI scores ($r = -.40, p < .05$). Additionally, when WAI subscales were examined, only the correlation with the Bond scale was significant ($r = -.44, p < .01$).

Taft et al. (2004) concluded that although it may be a challenge, a solid working alliance with clients that possess antisocial or psychopathic characteristics may be very beneficial. Despite previous skepticism, Polaschek and Ross (2010) found that a working alliance can indeed be developed over time with high psychopathy clients, as measured by the Psychopathy Checklist Screening Version (PCL:SV; Hart, Cox, & Hare, 1995). However, the authors noted that there were certain high scoring offenders with whom therapeutic engagement was not possible. Regardless of the initial levels of alliance, which were not predictive of outcome, the offenders whose working alliance increased the most over the course of treatment made the most change (Polaschek & Ross, 2010).

Therapists conducting treatment with high-psychopathy individuals can be overly suspicious of the client; positive behaviours may be viewed as deceptive and negative behaviours may be viewed as genuine (Ross, Polaschek, & Ward, 2008). This confirmatory bias interferes with the development of a working alliance. When working with these offenders, it may be desirable to focus on the goals and tasks of therapy, as opposed to the bond, which may develop subsequently (Ross, Polaschek, & Ward, 2008). A more detached manner has also been proposed for clients with more serious personality disorders (Galloway & Brodsky, 2003). Similarly, Wong and Hare (2005) have suggested that when working with offenders with psychopathic features, clinicians should develop a *functional working alliance* (i.e., more emphasis on tasks and goals, and less emphasis on the development of the emotional bond). The argument behind this type of alliance is that psychopathic characteristics (e.g., manipulative, untruthful) may hinder the ability to form a close relationship and could lead to clinician exploitation.

1.4.2.4 Motivation to change. Motivation to change has been a commonly discussed responsivity factor in the literature (Andrews & Bonta, 2010). One of the most influential models of behaviour change is the Transtheoretical Model of Change (TTM; Prochaska, DiClemente, & Norcross, 1992). The TTM suggests that before individuals resolve problems, they pass through identifiable, qualitatively different stages of change (Polaschek, Anstiss, & Wilson, 2010). The model includes five stages: precontemplation (no intention to change behaviour), contemplation (thinking about overcoming a problem, but no commitment made), preparation (intending to take action in the immediate future), action (modifying their behaviour/environment to overcome problem; one day to six months), and maintenance (working to prevent relapse, after six months of behaviour change). Each stage also includes tasks that are required before moving to the next stage (Norcross, Krebs, & Prochaska, 2011). Norcross and colleagues (2011) completed a meta-analysis of 39 studies ($n = 8,238$) that found a medium effect size ($d = .46$) for the clients' stage of change as a predictor of treatment outcome.

The stages of change model has also been applied to research on offenders, although outcomes have varied. Scott and Wolfe (2003) found stages of change to be predictive of men's progress in intimate partner violence treatment. Men in the precontemplation stage demonstrated little change in empathy, communication, and abusive behaviour, while men in the contemplation and action stages showed positive growth in these areas. In contrast, Eckhardt et

al. (2008) found that pre-program readiness-to-change was not predictive of treatment completion in partner-violent men. However, rearrested men scored higher on the precontemplative stage than men who were not rearrested. Researchers also found that an anger management treatment program was more beneficial in reducing anger in offenders who were initially at a higher stage of change (Williamson, Day, Howells, Bubner, & Jauncey, 2003).

Offenders' motivation has also been found to predict treatment attrition, which has been associated with increased recidivism (Olver, Stockdale, & Wormith, 2011). Additionally, the stages of change model has been used to demonstrate treatment progress. The Violence Risk Scale (VRS; Wong & Gordon, 2006) rates stage of change, a modified version of the TTM, to assess readiness for treatment and uses pre- and posttreatment ratings to measure changes in dynamic, risk-relevant variables. Thus, progression through the stages of change for the various factors is consistent with risk reduction; positive treatment changes have been linked to decreases in violent recidivism (Olver, Lewis, & Wong, 2013).

Research from the general intervention and psychotherapy literature has demonstrated an association between client motivation and the therapist-client working alliance. For example, Wolfe, Kay-Lambkin, Bowman, and Childs (2013) found a significant relationship between motivation to change and the working alliance in a program for individuals with substance abuse issues. In an inpatient treatment program for individuals with eating disorders, the contemplation stage of change was associated with a positive alliance with the treatment provider, while the precontemplation stage was negatively correlated with the therapeutic bond and agreement on tasks (Mander, Teufel, Keifenheim, Zipfel, & Giel, 2013). Furthermore, Derisley and Reynolds (2000) found that a positive working alliance in psychotherapy was related to high contemplation scores. Specific to forensic treatment contexts, Taft et al. (2004) found motivation to change was the strongest predictor of the working alliance in a group intervention for partner-violent men. That is, the higher the offender's readiness to change, the higher his or her ratings and his or her therapist's ratings of the alliance. Similarly, Ross (2008) found significant correlations ranging from $r = .43$ to $r = .53$ between therapist-assessed motivation and observer-rated WAI subscales and total scores. Furthermore, offender motivation was the only significant predictor in a regression model, explaining 29% of the variance in total WAI scores.

Norcross, Krebs, and Prochaska (2011) suggested that the clinician should apply different relationship stances with clients in different stages. For example, they argued that the therapist should take on a more nurturing role with individuals in the precontemplative stage, while acting more as a ‘coach’ with individuals in a precontemplative stage, and a ‘consultant’ for those in the maintenance stage.

1.4.2.5 Antisocial attitudes. Antisocial attitudes are considered a criminogenic need to be addressed in risk-reduction interventions with offenders (Andrews & Bonta, 2010). However, there may also be responsivity considerations associated with offenders with high criminal attitudes, as offenders who hold strong positive attitudes towards criminality may be less motivated to work on the goals and tasks designed to reduce offending (Ross, 2008). Furthermore, antisocial attitudes may lead offenders to view others in a negative, cynical light, making it more difficult to develop trust in the therapist and a positive alliance (Ward, Day, Howells, & Birgden, 2004). Indeed, Ross (2008) found that as offender criminal sentiments increased, observer ratings of the working alliance in a violent offender group intervention decreased ($r = -.28, p < .05$).

With respect to the forensic working alliance overall, Kozar and Day (2012) concluded that research on the alliance in offender programming is only in the beginning stages and more studies are needed to assess its importance. However, the authors noted that the development of the working alliance likely represents good practice in offender rehabilitation and also provides the clients with the respect and dignity that should be characteristic of any therapeutic context. It is important to note that the traditional alliance may differ from the more complex relationship between staff and offenders within the justice system. Specifically, the working alliance developed between POs and probationers has been referred to as a dual-role relationship.

1.5 Dual-role Relationships in the Context of Community Supervision

Skeem, Loudon, Polaschek, and Camp (2007) argued that normal alliance measures (e.g., WAI) do not adequately capture relationship quality in the context of mandated treatment. Compared with traditional psychotherapy clients, offenders are less likely to be engaged in treatment voluntarily, may have difficulty establishing a working alliance with a therapeutic agent, and may be less motivated to work together with the treatment provider to change their behavior (Kennealy et al., 2012). The role of probation and parole officers differs from that of a traditional psychotherapist in that the officers have dual roles: they function as both counselor

and cop (Trotter, 1999). That is, as Kennealy et al. (2012) noted, although POs ideally work on encouraging pro-social behaviour change in offenders (i.e., a caring role), they are also responsible for enforcing the law and protecting public safety (i.e., a controlling role).

Traditional measures of the working alliance lack a measure of the controlling aspect of the community supervision relationship, which may be an integral part of the alliance quality. Indeed, in a study of individuals involved in a mental health court, Manchak, Skeem, and Rook (2014) found that therapist control and client submission were stronger in mandated than voluntary treatment relationships. However, despite these control dynamics, the authors found that mandated treatment relationships were predominantly affiliative. That is, high control did not necessarily negate affiliation in these alliances.

1.5.1 PO dual roles. Past research has pointed to the complex nature of a parole or probation officer's occupation; that is, POs have multiple, at times competing, roles. To examine these roles, some researchers have focused on the officers' perspectives on supervision practices. Ohlin, Phippen, and Pappafort (1965) classified officers into four types based on two dimensions: authority and assistance. *Paternal* officers (high on both authority and assistance) balanced control and treatment roles by seeking out the most effective means to ensure public safety while helping the offender successfully reintegrate. *Punitive* officers (high on authority, low on assistance) focused on protecting community safety and rule compliance by threatening the offenders or using punishment. *Welfare* officers (high on assistance, low on authority) mainly provided counseling and/or resources to help offenders during the supervision period. Finally, *passive* officers (low on both authority and assistance) avoided enforcement of release conditions and did not provide aid to the offenders.

Glaser (1969) expanded on the previous research to determine if PO attitudes influenced responses to offender behavior. Officers who held more authoritative attitudes (i.e., a focus on surveillance and rule enforcement) were more likely to report that they would enforce conditions. Officers who were more assistance/treatment oriented were more likely to report that they would provide help or support to offenders. Furthermore, Dembo (1972) found that parole officers in New York who were reintegration-oriented (assistance/treatment) preferred high involvement with their supervisees and were less likely to enforce violations.

Steiner, Travis, Makarios, and Brickley (2011) examined parole officers in Ohio and found that the officers' perspectives on supervision predicted their intended behaviour. That is,

authoritative officers were more likely to report an emphasis on enforcement of conditions, while assistance-oriented officers were more likely to report that they would reward offenders' goal achievement. However, the results were not as clear when these orientations were compared to actual supervision practices. Officers' orientations had no relationship on the rates of imposed sanctions. The authors reported that this finding may be influenced by how the officers' view sanctioning. For example, assistance officers may view sanctions as an alternative to revocation, a solution that allows offenders to remain in the community and continue to engage in treatment programs. In contrast, authoritative officers may view sanctions as a form of punishment. Furthermore, the rate of revocation was higher for offenders supervised by authoritative officers.

Andretta et al. (2014) examined management strategies in POs working with juvenile offenders in the United States. Cluster analysis revealed three profiles: compliance, therapeutic, and intensive. Compliance POs used deterrence and confrontation strategies more frequently, and behavioural, counseling, and restorative strategies less frequently compared to other officers; the reverse was true for therapeutic officers. POs with an intensive profile used all different types of approaches.

Morash, Kashy, Smith, and Cobbina (2014) found that more supportive POs elicited higher crime-avoidance self-efficacy in female probationers, while more punitive POs elicited lower levels of self-efficacy. A punitive style of supervision was especially ineffective with lower-risk female probationers, while a supportive style was especially productive for higher-risk female probationers. More recently, Morash, Kashy, Smith, and Cobbina (2016) found that PO supervision style (i.e., supportive versus punitive) did not predict female offender arrest or convictions during a 24-month period. However, PO relationship style had an indirect effect on recidivism through its association with offenders' negative responses to supervision interactions. That is, female probationers with whom POs used a more punitive, less supportive style tended to respond negatively and were more likely to recidivate during the follow-up period.

Although the terminology varies across studies, most researchers propose that officers tend to have a controlling, authoritative manner in supervision, or a more caring, assistance-oriented manner (Taxman, 2011). Researchers have investigated possible factors that may impact POs' approaches to supervision. Officers with larger caseloads may enforce sanctions less often because of their responsibility to manage more offenders (Petersilia, 2003). POs who

supervise offenders in urban areas have been found to be more likely to subject offenders to urinalysis and revocation (Olson et al., 2001). Turner, Braithwaite, Tater, Omori, and Kearney (2011) found that parole officers with more experience were significantly less punitive in the attitudes they held when compared to officers with less experience. The authors posited that more experienced officers may be more comfortable in their roles. Similarly, Steiner and colleagues (2011) found that supervisors, who may have more experience, were less enforcement-oriented and more likely to reward offenders.

1.5.2 Dual-role relationships. Officers' approaches to supervision may influence the relationship with their clients, which in turn may influence outcomes. In a multisite focus group study, Skeem et al. (2003) found that the quality of the relationship between probationers with psychological disorders and their supervisory officers was perceived as essential for treatment adherence and outcome. Higher quality relationships had a collaborative nature, and noncompliance was addressed with pressure that was fair, respectful, frank, and motivated by caring. In contrast, the *authoritarian* relationships were characterized by numerous demands that lacked flexibility and negative interactions that were often overly criticizing. Probationers reported that these authoritarian relationships made them feel more anxious and apprehensive, hindered their honest communication with the officer, and decreased their effective daily functioning. They also believed that threats of incarceration were especially detrimental to the relationship, as the threats may exacerbate anxiety, lead to withdrawal from the relationship, or even cause anger and noncompliance.

Blasko, Friedmann, Rhodes, and Taxman (2015) conducted a randomized control trial to examine the efficacy of a collaborative supervision intervention in parole agencies. The intervention consisted of 12 weekly sessions with a parole officer trained in behavioural management and motivational interviewing, with a drug treatment counselor also involved in six of these meetings. Results demonstrated that parolees in the collaborative intervention were more likely than parolees under traditional supervision to perceive positive relationships with their parole officers, including higher perceived caring/fairness and trust. The intervention group also had a lower violation rate, and the parolee-parole officer relationship significantly mediated the association between study assignment and outcome (i.e., drug use and parole violations). Blasko et al. (2015) argued that parole officers trained on relationship dynamics could see improvements in the outcomes of clients. The authors noted that parolees have various beliefs

and attitudes that impact how they view their parole officer, but these beliefs may provide an opportunity for intervention by the parole officer.

Skeem et al. (2007) developed and validated the Dual-Role Relationship Inventory (DRI) to better capture the complexity of the probation relationship. The DRI was designed to assess the interpersonal dimensions of affiliation (e.g., caring, trust, bond) and control (e.g., fairness, respect). Skeem and colleagues demonstrated that the DRI-Revised (DRI-R) had excellent internal consistency. The measure was related to within session behavior in a theoretically coherent pattern, and more strongly related to relationship satisfaction and predictive of rule compliance than the WAI. The DRI-R predicted recidivism for probationers diagnosed with an Axis I disorder over an average 16.2-month follow-up period after controlling for traditional measures of the working alliance (Skeem et al., 2007). In the same study, Skeem and colleagues summarized important differences between the traditional working alliance and the dual-role relationship. In the dual-role relationships, caring became blended with a perception of fairness. Moreover, the manner of implementing control only appeared to be a key component of dual-role relationships. The Toughness scale, which measures a punitive orientation and expectations of independence and compliance, was associated with officer confrontation within sessions, probationer mistrust, treatment amotivation, and future rule noncompliance (Skeem et al., 2007).

Kennealy et al. (2012) expanded the DRI-R research to probationers without mental disorder diagnoses and found similar results. For each one-point increase in the seven-point scale DRI-R average scores, there was a 31% reduction in rearrest rate. The authors found that the measure predicted rule compliance, even when controlling for the probationers' personality traits and risk levels. Even offenders with negative personality traits who were classified as high risk were able to establish a strong working relationship with their POs that reduced the risk of recidivism.

Past research may illuminate the mechanism behind the DRI-R's ability to predict rule compliance above traditional working alliance measures. First, research on procedural justice has indicated that compliance with decisions of legal authorities is related to perceptions that these decisions are made in a respectful, fair, and caring manner (Tyler & Huo, 2002). Thus, an offender may feel more responsibility to obey the law when an officer is considerate, listens, and provides the offender with an opportunity to collaborate on decision making. In contrast, when an officer is controlling, demanding, and inflexible, the offender may feel coerced and not

comply with the rules (Tyler & Huo, 2002). Similarly, research on Intensive Supervision Programs (ISPs), which emphasizes close monitoring and frequent drug testing almost to the exclusion of services/treatment, has found no effect on recidivism and sometimes even an exacerbation of it (Burrell, 2006).

1.5.3 Balancing the dual roles. Taxman (2008a) noted a renewed form of probation and parole, a behavioural management approach that integrates the law enforcement and social work roles in a hybrid model. This model asserts that offenders on parole will comply when they understand the expectations, are involved in decision-making on goals and tasks for supervision, and are held responsible for their behavior. These expectations should be determined collaboratively and focus on addressing criminogenic needs (Taxman, 2011). Indeed, Taxman (2008) found that including collaboration in the supervision relationship was effective in reducing recidivism rates in the PCS model.

Klockers (1972) found that balancing the protection of public safety with attempts to change offenders' behaviour was more effective than heavily emphasizing one goal over the other. POs who balanced their roles were able to establish enough trust for the offender to communicate problems that were in need of prosocial solutions, even though certain disclosures could lead to negative consequences. These POs, referred to as *synthetic officers*, increased their effectiveness to instill behavioural change in the probationer by creating a relationship characterized by respect, caring and an authoritative (as opposed to authoritarian) nature.

Similarly, Pappozzi and Gendreau (2005) found that parolees supervised by officers with a balanced orientation between law enforcement and social work had a parole revocation rate of 19%, which was much lower in comparison to those supervised by officers who emphasized either law enforcement (59%) or social work (38%). Additionally, the rate of revocation for new convictions was 6.3% for balanced roles, 16.2 % for law enforcement roles, and 32.3% for social work. Thus, an extreme supervisory approach in either direction (care or control) could be problematic for outcomes. Furthermore, the law enforcement-oriented officers had a rate of technical violations that was over three times that of the balanced role officer. This over-emphasis on surveillance may put a strain on the justice system, while providing little delivery of helpful treatment. The authors speculated that the social work-oriented officers may have had higher revocation rates because of the very nondirective, permissive approach used in supervision.

Balancing the caring and controlling roles is very much in line with the “firm but fair” approach to offender treatment proposed by Andrews and Kiessling (1980). The authors found that POs who were both highly caring (i.e., high on a measure of empathy) and had high adherence to conventional values obtained higher offender-rated relationship quality, greater improvement in probationers’ attitudes, and lower rates of new convictions. These outcomes were more positive than POs who employed either a strictly treatment or strictly surveillance approach. More recently, however, Whetzel, Paparozzi, Alexander, and Lowenkamp (2011) found that 70% of officers had a balanced orientation, and referred to the law enforcement-social work roles as a “worn out dichotomy”. Furthermore, in a national survey of probation officers in the United States, Miller (2015) found no evidence of POs who emphasized the social work role (i.e., primary focus on rehabilitative or assistance tasks) or law enforcement role (i.e., primary focus on surveillance and control tasks). Responses indicated that POs embraced both the social work and law enforcement role, as participants noted using surveillance and control methods along with some level of commitment to rehabilitation practices.

Although in general the ‘firm but fair’ supervisory style has been shown to be effective, it is important to be mindful of responsivity issues and tailor supervision to the individual offender. Skeem et al. (2003) found that PO-probationer relationships “characterized by a respectful, personal approach tailored to the needs and capabilities of the probationer were perceived as more effective than those that were uniform and authoritarian” (p. 438). The POs believed that a supervising officer should encourage accomplishments with praise and also find out what motivated the probationer individually and utilize such strategies to assist them.

1.6 Purpose of the Present Study: Research Objectives and Hypotheses

Although the literature provided some insight into the working relationship between POs and probationers, research on this specific dual-role relationship is fairly limited. The present study was designed to provide a more in-depth examination of the supervisory alliance, with the overarching aim of providing a more nuanced picture of the dyadic relationship between POs and their supervisees. This research explored the relationship between individual characteristics and the relationship quality, the dyadic interplay of PO and probationer characteristics, and the association between the alliance and probationer outcome. This study focused on the following research objectives and hypotheses:

1.6.1 Objective 1: The relationship between PO care and control supervisory orientations. Research on POs often refers to the dual, potentially competing roles that are inherent in the position, characterized by a change agent/social worker role (i.e., care) and a public safety/police officer role (i.e., control; Dembo, 1972). Researchers have conceptualized these roles as a continuum of PO supervisory orientations, ranging from the care role at one end of the spectrum to the control role at the opposite end. However, more recently this rather simplistic dichotomy has been challenged (Miller, 2015; Whetzel et al., 2011). The first research objective involved an examination of PO care and control supervisory orientations to determine whether these roles were indeed inversely related or indicated a more complex association.

1.6.1.1 Hypothesis 1.1. PO Officer Orientation Questionnaire (OOQ) Care and Control scores will not be significantly negatively correlated (i.e., not inversely related).

1.6.2 Objective 2: The relationship between individual PO characteristics and the alliance. Previous research on the general therapeutic alliance has included efforts to determine whether individual characteristics of the therapist impact the quality of the relationship (e.g., Ackerman & Hilsenroth, 2003). These associations can be conceptualized as a one-way influence of an individual on the strength of the relationship, regardless of the characteristics of the other individual. In the current study, this objective involved an examination of the associations between individual PO characteristics, with an emphasis on the supervisory orientations, and the quality of the alliance.

1.6.2.1 Hypothesis 2.1. PO OOQ Care scores will be significantly positively correlated with PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R).

1.6.2.2 Hypothesis 2.2. PO OOQ Control scores will be significantly negatively correlated with PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R).

1.6.3 Objective 3: The relationship between individual probationer characteristics and the alliance. Similar to the previous objective, this aim involved an examination of the association between probationer characteristics and the quality of the alliance. The probationer characteristics included criminal attitudes, motivation to change, self-reported psychopathy levels, anxiety, self-esteem, and risk level. These associations imply a general impact of offender characteristics on the alliance, regardless of the qualities of the supervising PO.

1.6.3.1 Hypothesis 3.1. Probationer criminal attitudes will be significantly negatively correlated with PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R), such that the higher the criminal sentiments, the lower the relationship quality.

1.6.3.2 Hypothesis 3.2. Probationer motivation to change will be significantly positively correlated with PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R).

1.6.3.3 Hypothesis 3.3. Probationer psychopathy will be significantly negatively correlated with PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R).

1.6.4 Objective 4: The relationship between PO and probationer perspectives on the alliance. As there is limited research comparing perspectives on the alliance, this research objective involved an examination of the associations between PO- and probationer-rated alliance measures to determine the level of agreement on relationship quality. Furthermore, this objective was also designed to assess the interdependence of the alliance, as per an examination of the unique relationship effects.

1.6.4.1 Hypothesis 4.1. PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R) will not be significantly correlated.

1.6.4.2 Hypothesis 4.2 There will be a significant amount of variance in PO- and probationer-rated alliance quality attributed to unique relationship effects and the dyadic reciprocity correlation will be significant.

1.6.5 Objective 5: The impact of the interaction between PO and probationer characteristics on the alliance. The current research also evaluated whether an interaction between PO and probationer individual characteristics impacted the alliance quality. That is, this research objective was designed to assess the dyadic interplay between the two individuals in the relationship, and whether certain matches had stronger alliances.

1.6.5.1 Hypothesis 5.1. Probationer trait anxiety levels will significantly interact with PO OOC Care scores to influence PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R). Specifically, probationers with high anxiety will have higher quality alliances with high-care POs than low-care POs.

1.6.5.2 Hypothesis 5.2. Probationer self-esteem will significantly interact with PO OOC Care scores to influence PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R). Specifically, probationers with low self-esteem will have higher quality alliances with high-care POs than low-care POs.

1.6.5.3 Hypothesis 5.3. Probationer psychopathy will significantly interact with PO OOQ Control scores to influence PO and probationer ratings of the alliance (i.e., WAI-SR and DRI-R). Specifically, probationers with high psychopathy will have higher quality alliances with high-control POs than low-control POs.

1.6.6 Objective 6: The relationship between PO-probationer alliance quality and probationer outcome. The current research also included a follow-up to determine whether the quality of the alliance predicted probationer recidivism. This research objective was designed to assess the impact of the alliance on individual probationers' outcomes and, in turn, public safety as a whole.

1.6.6.1 Hypothesis 6.1. PO and probationer ratings of the alliance will be significantly negatively related to probationer recidivism.

1.6.6.2 Hypothesis 6.2. PO and probationer ratings of the alliance will significantly mediate the relationship between PO OOQ Care scores and probationer recidivism.

1.6.6.3 Hypothesis 6.3. PO and probationer ratings of the alliance will significantly mediate the relationship between PO OOQ Control scores and probationer recidivism.

Chapter 2. Method

2.1 Participants

Participants were 27 probation officers (POs) and 100 probationers under the POs' supervision in the province of Saskatchewan. Of the 100 offenders, 88 were sentenced to a probation order, 11 were on a conditional sentence order (CSO), and one participant was on both a probation order and a CSO. Participants were recruited out of six probation offices in the province: Saskatoon (11 POs and 34 probationers), North Battleford (2 POs and 12 probationers), Yorkton (3 POs and 31 probationers), Prince Albert (4 POs and 7 probationers) Regina (5 POs and 11 probationers), and Moose Jaw (2 POs and 5 probationers).

Table 2.1 summarizes key PO participant characteristics. Participating POs were primarily female, with a mean age of 37.0 years ($SD = 7.1$). The majority of the POs were White (i.e., 81.5%), while 14.8% were of Aboriginal descent. Regarding educational background, 88.9% of POs held Bachelor's degrees. Fields of education included social work (37%), human justice or correctional studies (29.6%), and sociology and/or psychology (26%). The remaining three POs included one with no post-secondary degree, one with a degree in political science, and one with degrees in both human justice and social work. On average, POs had 9.6 years of experience ($SD = 9.1$ years) and 47.0 probationers on their caseload ($SD = 21.9$). Data from Service Canada (2015) on POs and parole officers indicated that 72.6% of officers were female, 85.1% held Bachelor's degrees, and 69.0% were between the ages of 25 and 44. Thus, the demographics of the current sample are fairly similar to nationwide PO demographics, which provides some evidence for the generalizability of the sample.

Table 2.2 summarizes probationer participant demographic characteristics. Offenders were primarily male (74%), with a mean age of 34.2 years ($SD = 11.7$). Fifty-three percent of offenders were White, 43% were Aboriginal, and 4% were of "other" ethnic descent. The majority of offenders had never been married (59%), while 25% were common-law or married and 12% were divorced or separated. The average number of years of formal education was 11.1 ($SD = 2.1$). With respect to offenders' highest level of formal education achieved, 40% had completed grade 12, 38% had completed some high school, 13% had completed some post-secondary education, and 9% had an education of grade eight or below. Overall, 55% of offenders had been employed for at least two years, 32% were frequently unemployed (i.e., more

Table 2.1

Summary of Relevant PO Participant Characteristics

	Mean (SD)	%
<i>Age</i>	37.0 (7.1)	
<i>Gender</i>		
Female		78
Male		22
<i>Ethnicity</i>		
White		81
Aboriginal		15
Asian		4
<i>Highest Level of Education</i>		
Bachelor's degree		89
Master's degree		4
College Diploma		4
Secondary School Diploma		4
<i>Area of Study</i>		
Social work		39
Human Justice/Corrections		31
Sociology/Psychology		23
Other/No degree		8
<i>Years of Experience as PO</i>	9.6 (9.1)	
<i>Number on Caseload</i>	47.0 (21.9)	

Note. n = 27

Table 2.2

Probationer Participant Demographic Characteristics

	Mean (SD)	%
<i>Gender</i>		
Male		74
Female		26
<i>Age</i>	34.2 (11.7)	
<i>Ethnicity</i>		
White		53
Aboriginal		43
Other		4
<i>Marital Status</i>		
Never married		59
Married/Common-law		25
Divorced/ separated		12
Widow/Widowed		4
<i>Years of Education</i>	11.1 (2.1)	
<i>Highest Formal Education</i>		
Grade 8 or below		9
Grade 9-11		40
Grade 12		38
Post-secondary		13
<i>Employment History</i>		
Regularly Employed (2+ years)		55
Frequently unemployed		32
Never employed a full year		6
Never employed		6

Note. n = 100

than 6 months of the year prior to his or her current sentence), 6% had never been employed for a full year, and another 6% had never been employed.

In a sample of 3,276 provincial offenders serving a community sentence in Saskatchewan, 77% were male and 70.5% were between the ages of 20 and 39 (Patrick, Orton, & Wormith, 2013), similar to the demographics in the current sample. With respect to education in the larger sample, 9.5% had grade eight or below education, 48.1% had completed some high school, 27% had completed grade 12, and 8% had completed post-secondary education. Thus, offenders in the current sample had slightly higher levels of education. There was a lower proportion of Aboriginal offenders in the current sample compared to the larger Saskatchewan sample (43% compared to 58.4%). However, the percentage of Aboriginal individuals serving community sentences in all of Canada is lower than that of the current study (i.e., 23%, Statistics Canada, 2015). Finally, 59.2% of offenders in Patrick et al.'s (2013) sample had been employed for 50% or more of the last 12 months. Overall, the current sample's demographic makeup appears to be fairly characteristic of Saskatchewan offenders under community supervision, which suggests the current findings may be generalizable to community-based offenders, at least in Saskatchewan.

Table 2.3 summarizes probationer current sentence and criminal history variables. With respect to the most serious current offence, 40% of offenders had been convicted of violent offences, 15% had been convicted of sexual offences, and 44% had been convicted of non-violent, non-sexual offences. The mean community supervision sentence length was 14.6 months ($SD = 7.6$). On average, offenders had 5.6 conditions ($SD = 2.6$) on their probation or conditional sentence order, with the most common conditions being attend treatment, restricted contact with certain person(s), abstain from alcohol and/or drugs, and area restrictions (e.g., victim's residence or place of work; in the case of sexual offenders, schools, parks, etc.). Concerning criminal history, 38% of participating offenders had prior violent convictions, 47% had prior failure to comply offences (e.g., failure to appear in court, failure to comply with conditions set by the court), and 5% had prior sexual offence convictions. Probationers had an average of 9.2 prior convictions ($SD = 14.5$).

According to the PO-scored Saskatchewan Primary Risk Assessment (SPRA), 10% of the sample was low risk, 60% was medium risk, and 27% was high risk. Three offenders did not have SPRAs completed (e.g., offenders with driving under the influence convictions do not have

Table 2.3

Probationer Participant Current Sentence and Criminal History Characteristics

Variable	Mean (SD)	%
<i>Sentence</i>		
Probation order		88
Conditional sentence order		11
Both Probation & CSO		1
<i>Current Sentence Length</i>	14.6 (7.6)	
<i>Current Offence Type</i>		
Violent		40
Sexual		16
Non-sexual, non-violent		44
<i>Current Order Conditions</i>		
Total number	5.6 (2.6)	
Attend treatment		90
Restricted contact with person(s)		53
Abstain alcohol/drugs		48
Area restriction		33
Curfew		17
Technology Restrictions		10
Restitution		9
House arrest		9
<i>Criminal History</i>		
Number of past convictions	9.2 (14.5)	
Prior violent offences		38
Prior sexual offences		5
Prior failure to comply offences		47
<i>SPRA Risk Level</i>		
Low		10
Medium		62
High		27
<i>Number of Supervision Meetings</i>	14.7 (11.9)	
<i>Average Meetings per Month</i>	2.1 (1.1)	
<i>PO also treatment provider</i>		33

SPRAs completed). Compared to Patrick et al.'s (2013) larger Saskatchewan sample, which had 15.2% low risk, 53.8% medium risk, and 31% high risk, there were a higher proportion of medium risk offenders in the current sample. The mean total SPRA score in the current sample ($M = 9.28$) was very similar to that of Patrick et al.'s sample ($M = 9.56$). On average, offenders had 14.7 meetings ($SD = 11.9$) in total with their supervising PO at time of consent, with a mean of 2.1 meetings per month ($SD = 1.1$). Probationers had been on probation for one to 26 months (mean = 7.0 months) at the time of study. Additionally, 33% of offenders were engaged in group treatment facilitated by his or her supervising PO.

2.2 Measures

2.2.1 The Parole Officer Punishment and Reintegrative Orientation Questionnaire.

This 24-item instrument has also been referred to as the Officer Orientation Questionnaire (OOQ; Dembo, 1972). The OOQ was designed to measure punishment versus reintegrative orientations of parole officers. Each item consisted of two statements, one reflecting the punishment orientation and the other reflecting the reintegrative orientation. The statements were positioned at opposing ends of a seven-point Likert scale, with each item rated from 1 (*"pure" punishment orientation*) to 7 (*"pure" reintegrative orientation*).

Although research on this measure is limited, Paparozzi and Gendreau (2005) found that parole officer orientation, as measured by the OOQ, was related to supervisee recidivism. The authors divided the scores from the OOQ into three categories based on the sum of the 24 items. A "law enforcement" orientation was defined as a score within the range of 24 to 71; a balanced orientation fell in the range of 72 to 120; and a "social casework" orientation fell in the range of 121 to 168. Ricks and Loudon (2014) revised the OOQ by altering the wording of certain items. The revised version had good internal consistency, with a Cronbach's alpha of .85, and demonstrated theoretically consistent relationships with measures of convergent and discriminant validity. They found that officers' self-reported orientations were related, to some extent, to case decisions in vignettes. That is, when an offender showed continued noncompliance, officers who emphasized the control role and those who had a balanced orientation were more likely to employ punitive methods to gain compliance than officers who emphasized rehabilitation. Although Paparozzi and Gendreau (2005) had an equal number of officers within each orientation category, more recent studies by Whetzel, Paparozzi, Alexander, and Lowenkamp (2011) and Ricks and Loudon (2014) did not have such a well-balanced sample. Both studies

found that approximately 70% of probation/parole workers surveyed in the U.S. fell into the balanced orientation category; Whetzel et al. (2011) even referred to the law enforcement versus social work orientations as a “worn out dichotomy” (p. 7).

2.2.1.1 Adapted OOQ. Given the recent challenges to the control versus care dichotomy and the possibility that an unequal distribution of orientations was possible in this study, PO orientation was conceptualized as two separate dimensions (i.e., law enforcement, referred to as the *Control Scale*; social work, referred to as the *Care Scale*). Furthermore, there was a lack of research that examined whether PO orientation is one dimension (i.e., from extremely controlling to extremely caring) or two separate dimensions. In the current study, each individual statement, which were originally used to anchor the scale at opposing ends, was used as an item, for a total of 48 items (see Appendix A). The statement pairs were randomly ordered (i.e., control-care or care-control) throughout the adapted measure. Additionally, a few items were reworded for easier comprehension and the scale was changed to a five-point Likert scale (i.e., from *Strongly Disagree* to *Strongly Agree*). The appropriate items were totaled for each scale, *Care* and *Control*, each of which ranged from scores of 24 to 120.

2.2.2 The Dual-Role Relationship Inventory, Revised (DRI-R). The DRI-R (Skeem, Louden, Polaschek, & Camp, 2007) assesses the interpersonal dimensions of affiliation/caring and control in the context of mandated treatment or, in this case, meetings between probationers and their supervising POs. The DRI-R consists of 30 items with a rating scale ranging from 1 (*never*) to 7 (*always*). The measure has parallel forms for officers, probationers, and observers, although in the present study only the officer and probationer versions were used. Item ratings were summed to determine the overall total scores, as well as scores for each of the three scales: Caring-Fairness (20 items), Trust (5 items), and Toughness (5 items), each one a component of the dual-role relationship. The Caring-Fairness scale reflects the blended nature of the probationer-officer bond and the officers’ clarity or voice (e.g., clear explanation of limits; allowing probationer to express opinions or views). The Trust scale reflects the extent to which the probationer and the supervising officer share a mutual trust. Finally, the toughness scale measures a punitive officer orientation and expectations of independence and compliance. The DRI-R has demonstrated good internal consistency for Caring-Fairness, Trust, Toughness, and Totals with alphas of .96, .90, .87, and .95, respectively (Skeem et al., 2007). A more recent study also found good internal consistency for most of the scales for both officer-rated versions

of the Caring-Fairness, Trust, Toughness, and Total scores ($\alpha = .92, .86, .54, .88$, respectively) and probationer-rated versions ($\alpha = .98, .90, .90, .94$, respectively; Manchak, Skeem, Kennealy, & Eno Loudon, 2014). The exception was the PO-rated Toughness scale, which had a low alpha of .54.

Research has demonstrated convergent validity for the DRI-R with WAI scores, within-session behaviour, relationship satisfaction, and treatment motivation (Skeem et al., 2007). Furthermore, the DRI-R has been found to be predictive of future probation violations, time to first violation, and the seriousness of violations (Manchak et al., 2014). Kennealy et al. (2012) found that for every one-point increase in DRI-R average item scores, there was a 31% reduction in rearrest rate. The measure was predictive of recidivism even after controlling for probationers' risk levels.

2.2.3 Working Alliance Inventory – Short, Revised (WAI-SR); Offender Version.

The WAI-SR was adapted by Hatcher and Gillaspay (2006) from the earlier versions of the WAI (Horvath & Greenberg, 1989) and the WAI-S (Tracey & Kokotovic, 1989) using extensive factor analyses. The WAI-SR has three subscales: Goals (agreement on the goals of supervision/treatment), Tasks (agreement about the steps toward meeting the offender's goals), and Bond (the relationship between the offender and officer). Hatcher and Gillaspay (2006) revealed internal consistency scores (coefficient alphas) ranging from .91 to .92 for the total WAI-SR score, .85 to .87 for Goals, .85 to .87 for Tasks, and .85 to .90 for Bond. The authors found even greater reliability and validity than earlier versions of the WAI.

The Offender Version of the WAI-SR (Tatman & Love, 2010; Appendix B) modified the WAI-SR for use with offenders by altering terms to make the measure applicable to offenders, rather than therapy clients. The authors also retained the original 7-point scale for all 12 items, ranging from strongly disagree to strongly agree. Total scores range from 12 (low working alliance) to 84 (high working alliance). Tatman and Love (2010) found the measure to be a reliable and valid instrument for use with probationers or parolees; responses did not differ between anonymous and identifiable administrations or the length of time they had been under the supervision of the officer. Furthermore, Hart and Collins (2014) found that the WAI-SR was highly predictive of offender's perceived success of probation, accounting for almost half of the variance in scores. The authors also found that risk classification or offence type did not significantly affect WAI-SR scores, indicating that high-risk, violent offenders were just as likely

as low-risk offenders to develop working alliances with their supervising officers. For the present study, the instrument was also adapted into a version for POs by rewording items such that POs were asked to rate their working alliance with their supervisees (see Appendix C)

2.2.4 Criminal Sentiments Scale (CSS). The CSS (CSS; Gendreau, Grant, Leipziger, & Collins, 1979; Andrews & Wormith, 1984; Appendix D). The CSS is a 41-item self-report measure that assesses antisocial attitudes and beliefs that are related to offending. The CSS includes five subscales: Attitudes Towards the Law (e.g., “Pretty well all laws deserve our respect”), Court (e.g., “Almost any jury can be fixed”), Police (e.g., “The police are honest”), Tolerance for Law Violations (TLV; e.g., “A hungry man has the right to steal”), and Identification with Criminal Others (ICO; e.g., “I’m more like a professional criminal than the people who break the law now and then”). The first three subscales are combined to form a single subscale labeled Law-Court-Police (LCP), which assesses respect for the law and the criminal justice system. The TLV subscale assesses justifications for criminal behaviour. The ICO subscale reflects personal evaluative judgments regarding law violators. Items are scored on a five-point scale. To calculate a total score, the TLV and ICO scales are subtracted from the LCP scale, with lower scores indicating more criminal attitudes and higher scores indicating less criminal and more prosocial attitudes.

Research on the psychometric properties of the CSS in offender populations has found good internal consistency (Cronbach’s alpha) for the LCP ($\alpha = .91-.95$) and TLV scales ($\alpha = .81-.81$), although lower values for the ICO scale, which has a smaller number of items ($\alpha = .53-.67$; Roy & Wormith, 1995; Stevenson, Hall, & Innes, 2004; Witte, Di Placido, Gu, & Wong, 2006). Furthermore, the total score has demonstrated excellent internal consistency (Witte et al., 2004). Additionally, the CSS has been found to discriminate between offenders and non-offenders (Andrews & Wormith, 1990; Stevenson et al., 2004). Researchers have used the CSS in sampling surveys, evaluation of probation services, controlled studies of therapeutic intervention, and prediction of reoffending and release failure (Wormith & Andrews, 1995). Research has found the CSS to be predictive of recidivism within samples of provincial probationers (Andrews, Wormith, & Kiessling, 1985) and incarcerated provincial offenders (Bonta, 1990). Indeed, research has found a consistent relationship between the CSS and official and self-reported criminal behaviour within diverse samples (see for Rettinger, 1994). A recent meta-

analysis of seven CSS recidivism studies (N = 925) found that total scores predicted recidivism with modest accuracy ($\bar{r} = .19$; Walters, 2016).

2.2.5 University of Rhode Island Change Assessment (URICA). The URICA (McConaughy, Prochaska, & Velicer, 1983; Appendix E) is a widely used self-report measure designed to assess readiness for change. The URICA instructs respondents to answer questions regarding a general ‘problem’, as opposed to a particular behaviour, and thus can be used to assess a variety of behaviours. Probationers were instructed to respond to the items based on the self-identified primary “problem” that led to their criminal offending (see Polaschek, et al., 2010). The URICA consists of 32 items, with 8 items measuring each of the four stages: precontemplation (i.e., no intention to change), contemplation (i.e., thinking about changing a behaviour), action (i.e., modifying behaviour to overcome a problem), and maintenance (i.e., working to prevent relapse). Respondents rate each item based on a five-point Likert scale ranging from 1 (*strong disagreement*) to 5 (*strong agreement*). The URICA can be used to classify individuals in two different ways: 1) a composite measure of motivation to change; and, 2) a categorical approach that classifies respondents into discrete stages (Polaschek et al., 2012). In the current study, the former method was utilized; the “Readiness to Change” (RTC) index is calculated by summing scores on the Contemplation, Action, and Maintenance subscales and then subtracting the Precontemplation subscale score.

Research has demonstrated high internal consistency for each of the four stages (all reliability coefficients .88 or greater; McConaughy et al., 1983). Some researchers have confirmed the factor structure (Field, Adinoff, Harris, Ball, & Carroll, 2009), while other cluster analyses have found support for only two distinct subtypes: Precontemplation and Contemplation/Action (Willoughby & Edens, 1996; Blanchard, Morgenstern, Morgan, Labouvie, & Bux, 2003). Other studies have demonstrated adequate convergent and concurrent validity (Amodei & Lamb, 2004) and found high test-retest reliability (Abellans & McLellan, 1993). Furthermore, Field et al. (2009) demonstrated concurrent validity for the RTC in patients with drug and alcohol problems, as the index was significantly associated with measures of addiction severity at baseline ($r = .12-.52, p < .05$). However, the index only explained a small percentage in the variance in patient outcomes and, although significant ($p < .01$), the correlations between the RTC and treatment outcome were low ($r = -.15$ to $-.18$). Blanchard et al. (2003) found the RTC to have equal or better concurrent validity than the subtypes.

Although originally developed for use in the field of addictions treatment, the URICA has also been used in forensic contexts. Polaschek et al. (2010) found good preliminary support for the reliability and validity of the URICA in the assessment of offending-related stage of change in a population of New Zealand offenders. The results demonstrated moderate support for the four-factor structure, and found URICA scores were strongly correlated with another measure of motivation to change (i.e., Criminogenic Needs Inventory). Internal consistency was acceptable for the overall score ($\alpha = .82$), and subscale coefficient alphas ranged from .60 on the Contemplation scale to .93 on the Action scale. Furthermore, correlations between the URICA subscale scores were all significant and in the expected direction. Scores on the measure were not correlated with impression management. Furthermore, in a sample of federal offenders in Saskatchewan, Lewis (2004) found psychometric properties of the URICA to be similar to those found in previous research. The author concluded that the URICA was useful as an indicator of treatment progress, and the strength of the instrument was in identifying short-term change rather than long-term change. In the current study, Lewis' (2004) slightly modified version of the URICA (from McConaughy et al., 1983) was utilized.

2.2.6 Spielberger State-Trait Anxiety Inventory (STAI), Trait Anxiety Scale. The STAI (Spielberger, Gorsuch, Lushene, Vagg, Jacobs, 1983). The STAI has two scales: the State Anxiety Scale, which assesses how respondents feel at the present moment using terms such as tension, worry, nervousness, and apprehensiveness; and the Trait Anxiety Scale, which assesses personality characteristics or anxiety proneness and remains fairly stable throughout time (Julian, 2011). The STAI has been well established in the literature as a valid self-report measure of the constructs. There are 20 items in each subscale, rated from 1 (*not at all*) to 4 (*very much so*), with scores ranging from 20 to 80 for each subtest. Higher scores reflect higher levels of anxiety. Research has demonstrated adequate psychometric properties of the STAI (Julian, 2011). During test development, evidence of construct and concurrent validity was gathered, and the STAI correlated highly with other measures of anxiety (Spielberger et al., 1983). Spielberger et al. (1983) found internal consistency coefficients ranged from .86 to .95, while test-retest reliability coefficients ranged from .65 to .75 over a two-month time period. The STAI has also been used in forensic research in various countries (e.g., McMurrin, Huband, & Duggan, 2008; Soria, Yepes, & Armadans, 2011).

2.2.7 The Rosenberg Self-Esteem Scale (RSES). The RSES (Rosenberg, 1989; Appendix F) is one of the most widely used measures of self-esteem (Sinclair et al., 2010), consisting of 10 items, five positively worded and five negatively worded (Rosenberg, 1989). Each item is rated on a Likert rating scale, from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*), with total scores ranging from 10 (poor self-esteem) to 40 (excellent self-esteem). Using a sample of U.S. adults, Sinclair et al. (2010) demonstrated acceptable psychometric properties across a range of demographic characteristics and found a Cronbach coefficient alpha of .91 for the overall sample, demonstrating excellent internal consistency. In a sample of offenders, Oser (2006) found a Cronbach's alpha of .84.

2.2.8 Self-Report Psychopathy – Short Form (SRP-SF). The SRP-SF (Paulhus, Neumann, & Hare, in press) is a recent iteration of the Self-Report Psychopathy scale, which was based on the original Psychopathy Checklist (PCL; Hare, 1980). Currently, the PCL-R (Hare, 1991, 2003) is the most widely used measure of the construct of psychopathy. The PCL-R is a clinician-rated measure that includes a semi-structured interview and a review of collateral information. Although considered to be a reliable measure, the PCL-R involves considerable time to complete, thorough clinician training, and access to fairly comprehensive records (Neal & Sellbom, 2012). Thus, researchers developed alternative, less time-intensive self-report measures of psychopathy. Despite some concerns about the validity of such measures, previous research has found no relationship between self-report psychopathy measures and indices of response distortion (e.g., underreporting), indicating that self-report measures are not necessarily compromised by response bias (Ray, Hall, Rivera-Hudson, Poythress, & Lilienfeld, 2013; Watts et al., 2016).

The SRP-SF assesses a four-factor model of psychopathy: Interpersonal (e.g., manipulation), Affective (e.g., lack of empathy), Lifestyle (e.g., impulsivity, recklessness), and Antisocial (e.g., criminal behaviour) factors (Hare, 2003). Recent studies have confirmed the four-factor structure of the SRP-SF, and the reliability of the four scales (Carré, Hyde, Neumann, Viding, Hariri, 2013; Welker, Lozoya, Campbell, Neumann, & Carré, 2014). Acceptable reliability of the four subscales have been demonstrated; Cronbach's alphas ranged from .62 to .80 in Welker et al. (2013) and were all above .74 in Carré et al. (2013). In a Belgian community sample, a Dutch version of the SRP-SF demonstrated good reliability for the total score ($\alpha = .84$; Gordts et al., 2015), although subscale reliability ranged from poor to satisfactory ($\alpha = .44$ to

.73). The authors noted that the scale length may have impacted these coefficients, as each scale had seven items, and the coefficients may have differed from previous research due to the use of different populations (i.e., Belgian versus North American). The test-retest reliability coefficient was considered excellent, and the authors noted that the shorter version did not compromise its reliability for efficiency. Analyses supported a four-factor solution. Other researchers have also found support for the four factor model in a Dutch community sample (Declercq et al., 2015), Chilean inmate population (Leon-Mayer et al., 2015), and a large North American sample of college students, community members, and adult male offenders (Neumann, Hare, & Pardini, 2014).

2.2.9 Saskatchewan Primary Risk Assessment (SPRA). Offender risk level was based on the PO ratings of the Saskatchewan Primary Risk Assessment (SPRA; Saskatchewan Ministry of Corrections, Public Safety, and Policing, 2009). The SPRA is a 15-item instrument designed to assess and predict risk of recidivism. The instrument assesses both static and dynamic risk factors, and assigns risk levels (low, medium, high) according to total scores. Research has found that although the internal consistency reliability of the SPRA is low ($\alpha = 0.63$), there were strong and significant associations between SPRA total scores and offender recidivism ($r = 0.319$, $p < 0.01$; Patrick, Orton, & Wormith, 2013).

2.2.10 Demographic Information. The self-report demographic form included basic demographic information (e.g., gender, ethnicity). There was a version specific to POs (Appendix G), which included information regarding their training, experience, and caseload, and a version specific to probationers (Appendix H).

2.3 Procedure

The first part of this study employed a cross-sectional design, involving POs and probationers in Saskatchewan probation offices (i.e., Saskatoon, Regina, Moose Jaw, North Battleford, Prince Albert, and Yorkton). Once approval from both the Corrections and Policing Division of the Saskatchewan Ministry of Justice and the University of Saskatchewan Research Ethics Board was obtained, recruitment for the study began. POs were given a brief overview of the purpose of the study and the confidentiality of the obtained data. POs were instructed to decline participation in the study if they had plans to leave their position for an extended period of time (e.g., maternity leave, moving) during the next year. POs were informed that they would not be provided compensation for participation, but would be given a coffee gift card as a token

of appreciation. Interested individuals provided their informed consent, after which they were asked to complete the appropriate demographic form and the adapted version of the OOO.

Next, through communication with participating POs, probationers were approached as potential participants. In order to participate, probationers had to have had at least three supervision meetings with their PO. Probationers were also informed that they would not be provided compensation for participation in the study. Confidentiality was emphasized during informed consent in hopes of limiting concerns surrounding possible negative consequences of participating (e.g., affecting his or her sentence). Probationers and POs were assigned a numerical identifier that was attached to all data collected in order to protect confidentiality. The researcher kept a password-protected file on a computer with the participants' identities.

Once informed consent had been obtained from the probationers, they completed the appropriate demographic form and the measures in the battery: DRI-R, WAI-SR, STAI-T, RSES, SRP-4-SF, CSS, and URICA. Probationers were informed that the researcher would read the statements aloud if preferred (e.g., for participants with lower literacy levels) and were also encouraged to ask questions to clarify items. Probationer criminal history and offence information was accessed through offender files (see Appendix I for data protocol). POs were then asked to complete the DRI-R and WAI-SR for all participating probationers on their caseload. Although it would be ideal to measure the relationship quality at multiple time points throughout the study in order to capture possible fluctuations in the alliance, the relationship measures were administered once as an overall rating due to feasibility considerations. This data was gathered from May, 2015 to August, 2015. Other methodological designs were considered, including a prospective design that examined the alliance at multiple time points over the course of supervision (e.g., start of sentence, mid-sentence). However, the cross-sectional design was selected as a practical alternative that allowed for an overall snapshot of the PO-probationer alliance in general.

Lastly, for the second part of the study, recidivism data were collected through a national database of offender criminal records maintained by the RCMP (i.e., Canadian Police Information Centre; CPIC). Recidivism data was gathered in April, 2016, with an eight-to-eleven-month follow-up period (mean follow-up 9.0 months). Recidivism was defined as any new conviction after the probationer had consented to participate in the study and completed the battery of self-report measures.

2.4 Data Analysis

2.4.1 Objective 1: The relationship between PO care and control supervisory orientations. For hypothesis 1.1, correlation coefficients were examined to assess the magnitude and direction of the relationship between PO OOQ Care and OOQ Control scores.

2.4.2 Objective 2: The relationship between individual PO characteristics and the alliance. For hypotheses 2.1 and 2.2, correlation coefficients were examined to assess the magnitude and direction of the relationship between PO OOQ Care/Control scores and the PO- and probationer-rated alliance measures (WAI-SR and DRI-R). Although no specific hypotheses were made regarding PO work history and demographic factors, correlation coefficients between PO work experience/age and the alliance measures were also examined.

2.4.3 Objective 3: The relationship between individual probationer characteristics and the alliance. For hypotheses 3.1, 3.2, and 3.3, correlation coefficients were examined to assess the magnitude and direction of the relationships between probationer variables (i.e., CSS, URICA, SRP-SF, SPRA) and the PO- and probationer-rated alliance measures (WAI-SR and DRI-R). Although no specific hypotheses were made regarding probationer anxiety and self-esteem, correlation coefficients between these variables and the alliance measures were also examined.

It is important to note that due to the design of the current study, with probationers nesting within their supervising PO, ratings of the relationship were not independent and thus create issues of data dependence. Violations of the independence assumption may result in an increase in Type I error rates and may obscure important relationships between variables (Kenny & Judd, 1996). To reduce problems with data dependence, Hatcher, Barends, Hansell, and Gutfreund (1995) suggested centering scores. That is, for certain analyses in the current study, the PO's average self-rated DRI-R or WAI-SR scores across all of his or her supervisees was subtracted from the rating given for each individual supervisee. Next, the overall PO group average or grand mean was added to each of these scores, as suggested by Hatcher et al. (1995). Similarly, for the Probationer-rated measures, the PO's the average probationer-rated DRI-R or WAI-SR scores across his or her cases was deducted from each individual probationer's ratings, and then the overall probationer group average was added to each of these scores. In the seven cases in which a PO only had one supervisee participate, the scores became the respective group means. This method controls for PO means prior to statistical analyses and allows for the creation of a

new variable for use in more complex statistical analyses. Use of these centred scores is noted in the relevant results sections.

2.4.4 Objective 4: The relationship between PO and probationer perspectives on the alliance. For hypothesis 4.1, correlation coefficients were examined to assess the magnitude and direction of the relationship between PO and probationer ratings of the WAI-SR and DRI-R. For hypothesis 4.2, analyses based on hierarchical linear modelling (HLM) were used to model the interdependence between POs and probationers, as researchers have noted that a nested research design violates standard independence assumptions (Kenny & Judd, 1996). As Gonzales and Griffin (2012) stated, “Interdependence is part of the phenomenon, not a statistical flaw in one’s data” (p. 440). HLM has been referred to by many terms across different disciplines (e.g., multi-level modelling, mixed-level modelling, mixed-linear modelling, mixed-effects modelling, random-effects modelling; Woltman, Feldstain, MacKay, & Rocchi, 2012). It is a linear regression analysis in which parameters are allowed to vary; that is, HLM includes random effects as opposed to only fixed effects. This method is used when data points fall into hierarchical, or nested, levels, and simultaneously investigates relationships within and between hierarchical levels of grouped data, thereby making it more efficient at accounting for variance among variables at different levels (Woltman et al., 2012). This method is preferred for nested data, as it requires fewer assumptions to be met than other analyses and can accommodate nonindependence of observations, a lack of sphericity, missing data, and small and/or discrepant group sample sizes (Raudenbush & Bryk, 2002).

More specifically, Marcus et al. (2009) suggested employing a one-with-many design for research on the therapeutic alliance, as such research often includes one therapist with many clients. This design extended Kenny’s (1994) social relations model (Kenny, Kashy, & Cook, 2006). In this model, interpersonal perception may vary as a function of three main components: the perceiver, the partner, and the relationship (Marcus et al., 2009). To illustrate the design specific to the current study, suppose that Probationer A rated PO B positively on the alliance measure. The perceiver effect is the degree to which an individual participant responds in a similar way across partners (Marcus et al., 2009). In this example, the perceiver effect is that probationer A would have reported a strong alliance regardless of which PO he was assigned. In contrast, the partner effect is the degree to which all individuals respond in a similar manner with a particular partner (Marcus et al., 2009). In the example, the partner is the PO, and would mean

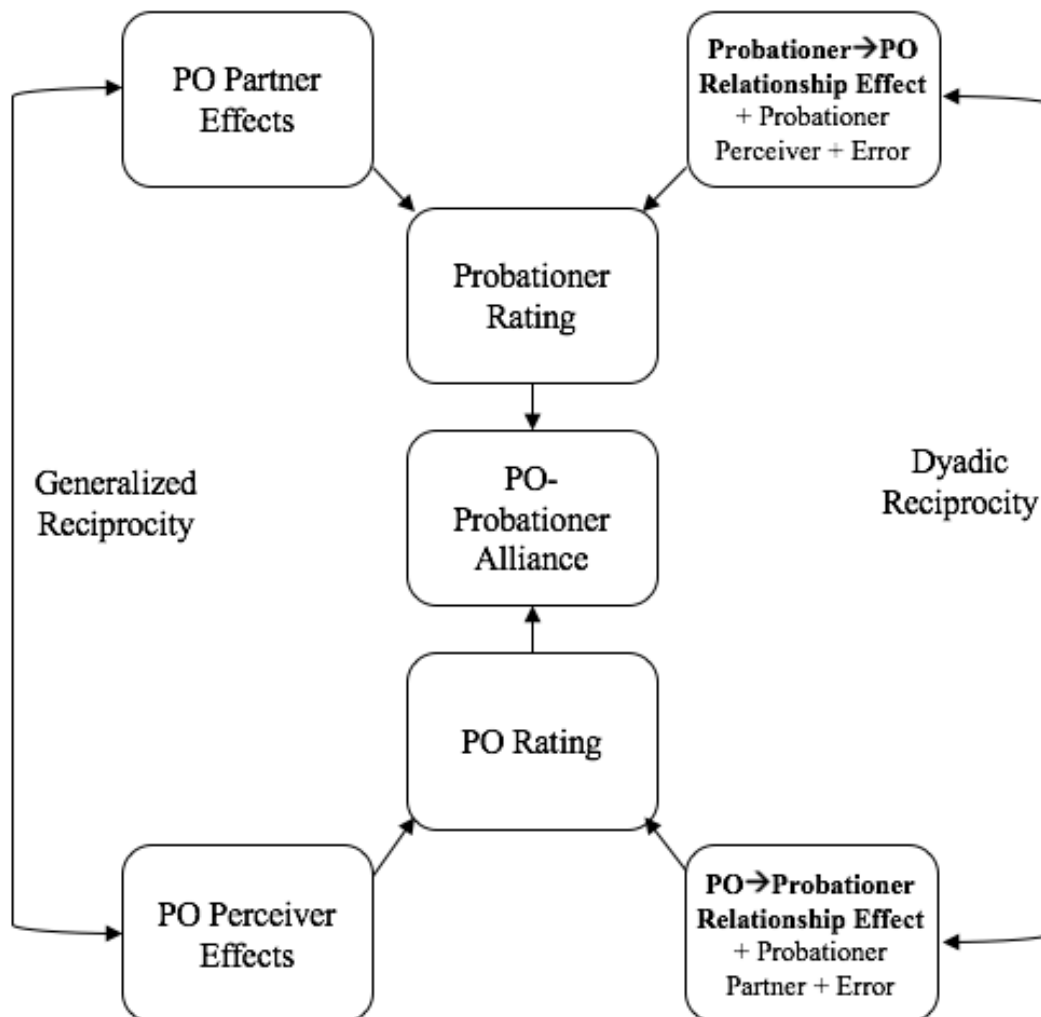
that PO B is especially skilled at developing strong alliances with her supervisees. Thus, probationer A's high rating of the alliance may reflect that all supervisees tend to perceive strong alliances with this specific PO. Finally, the relationship effect is the unique component over and above any perceiver or partner effects (Marcus et al., 2009). In the example, although probationer A would not have developed strong alliances with other POs and PO B's supervisees do not typically report strong alliances with her, nonetheless probationer A feels that he has a strong alliance with her.

The model can also be applied to PO ratings of the alliance, in which the perceiver and partner effects are reversed. That is, the perceiver effect would be that PO B believes that she develops strong alliances with all her supervisees, and thus tends to rate them all quite high. The partner effect would be that if probationer A were under the supervision of a different PO, that PO would also report a strong alliance with him. The relationship effect is that PO B's perception of the alliance with probationer A is stronger than her alliance with other supervisees, and stronger than other PO's would report with probationer A. In summary, perceiver effects can be thought of as the impact that the rater has on the alliance; the partner effect is the other parties' influence on the alliance; and the relationship effect is the more dyadic, reciprocal impact of both individuals on the alliance. To put it simply, the model attempts to partition the variance accounted for by myself (i.e., the rater), you (i.e., the partner), and us (i.e., the dyadic relationship).

Figure 4.1 provides a conceptual diagram of the model (adapted from Marcus et al., 2009). In the current study, from the probationer ratings we can determine the degree of PO partner variance, with the remaining variance including the relationship effects, the probationer perceiver effects, and error. These effects cannot be separated, as the study includes only one rating per probationer, which is a limitation in this design. A high degree of PO partner variance would imply that probationers tended to agree about the traits or characteristics of POs, suggesting that something about the PO's approach to supervision leads a similar response from all supervisees. From the PO ratings, one can partition the PO perceiver effects, with the remaining variance including relationship effects, probationer partner effects, and error. A high degree of PO perceiver variance would reflect the tendency for POs to see all supervisees as similar. One limitation is that the rater's response set contributes to the perceiver variance (e.g.,

Figure 2.1

Conceptual Diagram of the One-with-Many Design



Note. Adapted from “Studying psychotherapy using the one-with-many design: The therapeutic alliance as an exemplar,” by Marcus, D. K., Kashy, D. A., & Baldwin, S. A, 2009, *Journal of Counselling Psychology*, 56(4), p. 540.

social desirability), which makes it difficult to assess whether PO perceiver variance reflects actual differences among POs or a PO response bias.

Two other concepts included in this model are generalized reciprocity and dyadic reciprocity. Generalized reciprocity is the correlation between the PO perceiver effects and the PO partner effects, and measures whether POs who view themselves as developing strong alliances with their supervisees are generally perceived by their supervisees as such. Dyadic reciprocity is the correlation between the relationship effects from the PO and probationer ratings, and measures whether a PO who reported a uniquely strong alliance with a particular supervisee is also seen by that supervisee as having a strong alliance. Because the dyadic reciprocity includes error and the probationer effects, this correlation is likely to be attenuated (Marcus et al., 2009; see Figure 4.1). Marcus et al. (2009) argued that this method of variance partitioning is superior to correlations with raw scores because the raw correlation violates the independence assumption and conflates generalized and dyadic reciprocity. A large generalized reciprocity correlation would suggest that some POs are better at forming strong alliances with their supervisees than others, and therefore would indicate that research aiming to identify certain PO characteristics that are associated with strong alliances would be beneficial. However, a high dyadic reciprocity correlation would imply that the strength of the alliance is primarily a function of the unique relationship between POs and their supervisees. This finding would suggest that future research should focus on PO-supervisee matching to be of greatest benefit to the field.

2.4.5 Objective 5: The impact of the interaction between PO and probationer characteristics on the alliance. For hypotheses 5.1, 5.2, and 5.3, regression with interaction analyses were examined to determine if any significant interactions between PO factors (i.e., OOQ Care or Control scores) and the probationer factors (i.e., STAI-T, RSES, SRP-SF) were found with the probationer alliance measures as the dependent variables. The main effects were entered in step one of the hierarchical regression, and the interaction term was entered in step two. Additional regression analyses were run to examine interactions for additional PO variables (i.e., years of experience) and probationer variables (i.e., CSS, URICA). Hayes' (2012-2016) PROCESS macro for SPSS was used to interpret significant interactions through the examination of the simple slopes for the relationship between PO factors and alliance quality for low (1 standard deviation [*SD*] below the mean), medium (mean), and high (1 *SD* above the mean)

levels of the probationer moderator variable (see Hayes, 2013). PROCESS also computes regions of significance using the Johnson-Neyman Technique, which indicates the range(s) of the moderator at which the effect of the PO variables is significant.

2.4.6 Objective 6: The relationship between PO-probationer alliance quality and probationer outcome. In order to assess the association between alliance quality and recidivism (Hypothesis 6.1), Point-biserial correlation coefficients (r_{pb}) were computed between PO-/probationer-rated WAI-SR/DRI-R and a binary recidivism variable (i.e., yes/no). Analyses were conducted with and without controlling for probationer risk. Additionally, area under the curve (AUC) values were examined to determine the predictive accuracy of the alliance measures. AUCs are generated from receiver operator characteristic (ROC) curve analyses, and range in value from 0 to 1.0. In the current study, these values can be interpreted as the probability that a randomly selected recidivist would have a higher PO- or probationer-rated WAI-SR or DRI-R score than a randomly selected non-recidivist. Thus, an AUC of .50 would suggest chance-level predictive accuracy, while a value of 1.0 would indicate perfect predictive accuracy. ROCs are useful in that the analysis is relatively independent of recidivism base rates (Rice & Harris, 2005).

To assess whether PO and probationer ratings of the alliance mediated the relationship between PO Care (Hypothesis 6.2) and Control scores (Hypothesis 6.3) and probationer recidivism, planned analyses included testing the significance of the indirect effect using a bootstrapping method (Preacher & Hayes, 2008). Bootstrapping is a resampling method that treats the sample as a representation of the population, thus allowing for multiple resamplings of the population. This method does not make assumptions regarding the shape of the distribution, which yields more accurate inferences by considering the possible irregularity of the sampling distribution (Hayes, 2013). Furthermore, bootstrapping is more effective with smaller sample sizes, as it has higher power than traditional mediation analysis methods (e.g., Baron & Kenny, 1986). Bootstrapping procedures were performed according to recommendations by Preacher and Hayes (2008), with $k = 5,000$ re-samples and 95% bias-corrected and accelerated (BCa) confidence intervals used to evaluate the indirect effect. Mediation was considered to have occurred when the 95% BCa confidence intervals did not include zero.

Chapter 3. Results

3.1 Descriptive Statistics

Table 3.1 provides means and standard deviations of the self-report measures administered for the current study: PO OOQ (i.e., Care and Control Scales) and probationer CSS total score, URICA Readiness-to-Change index (RTC), RSES total score, STAI-Trait scale, and the Self-Report Psychopathy – Short Form (SRP-SF) subscale and total scores. Basic screening procedures as recommended by Tabachnick and Fidell (2007) were conducted prior to statistical analyses, including examining the data for outliers, missing data, normality, linearity, and homoscedasticity. These procedures revealed few violations of assumptions. There were two variables that had missing data (i.e., URICA RTC scores, SPRA scores), which were excluded pairwise in analyses.

With respect to the PO OOQ, the POs Care Scale scores were 11.3% higher than their respective OOQ Control Scale scores, suggesting that participants endorsed more Care items than Control items overall. With respect to the probationer measures, the current samples' CSS total score mean was higher (and thus less pro-criminal) than previous offender (44.0 compared to 31.3) and provincial offender samples (44.0 compared to 34.1; Rettinger, 1994), but lower than a more recent sample of sexual offenders (44.0 compared to 55-59.7; Witte et al., 2006).

On average, probationers' motivation fell into the contemplation stage of change on the URICA. Although norms for probationer populations were not available, in comparison to pretreatment URICA scores in a study of incarcerated violent offenders, average item scores were similar for certain scales, but differed for other scales (Lewis, 2004). Specifically, the mean Precontemplation score was higher in the current study (2.23 compared to 1.90), while the mean Contemplation and Action scores were lower in the current study (3.97 compared to 4.34, and 4.01 compared to 4.21, respectively). Maintenance scores were almost equal (3.31 compared to 3.29). Furthermore, the pattern of mean item scores was quite similar in the two populations, with the highest scores on the Contemplation and Action scales and the lowest scores on the Precontemplation scale. Differences in scores in the two samples may reflect the fact that Lewis' (2004) sample included higher risk, higher psychopathy offenders in an intensive treatment program who may have overreported on certain scales (e.g., Action) and underreported on the Precontemplation scale to appear more motivated to change (i.e., response distortion). Given that these offenders were in such a treatment program, motivation may have been

Table 3.1

Descriptive Statistics: Means and Standard Deviations of Measures

Measure	<i>n</i>	Mean	SD
OOQ Care Scale	27	85.3	5.9
OOQ Control Scale	27	76.6	7.8
CSS	100	44.0	22.0
URICA RTC	98	9.1	1.7
RSES	100	30.5	5.3
STAI Trait Scale	100	41.3	12.0
SRP-SF Total	100	63.6	16.6
<i>SRP-SF Interpersonal</i>	100	13.7	5.1
<i>SRP-SF Affective</i>	100	15.8	4.8
<i>SRP-SF Lifestyle</i>	100	17.3	5.2
<i>SRP-SF Antisocial Behaviour</i>	100	16.8	5.5
PO-assessed DRI-R	100	169.6	20.3
<i>DRI-R Caring-Fairness Scale</i>	100	118.3	15.2
<i>DRI-R Trust Scale</i>	100	24.3	6.0
<i>DRI-R Toughness Scale</i>	100	13.0	3.8
Offender-assessed DRI-R	100	176.5	24.6
<i>DRI-R Caring-Fairness Scale</i>	100	115.9	18.6
<i>DRI-R Trust Scale</i>	100	28.6	5.1
<i>DRI-R Toughness Scale</i>	100	8.0	4.7
PO-assessed WAI-SR	100	61.8	13.1
<i>WAI-SR Task Scale</i>	100	20.1	4.9
<i>WAI-SR Bond Scale</i>	100	21.7	4.1
<i>WAI-SR Goal Scale</i>	100	20.1	4.7
Probationer-assessed WAI-SR	100	70.7	10.4
<i>WAI-SR Task Scale</i>	100	23.1	4.1
<i>WAI-SR Bond Scale</i>	100	23.8	3.9
<i>WAI-SR Goal Scale</i>	100	23.8	3.6

discussed as an important issue. In the current sample, offenders reflected the more typical individuals involved in the justice system.

With respect to the RSES, the average item score was 3.04, corresponding to the *Agree* response in the 1 to 4 scale. As such, the probationers appeared to have fairly positive self-esteem overall. Additionally, the participants had similar self-esteem levels to other studies of offender populations (Garofalo, Holden, Zeigler-Hill, & Velotti, 2015; Xuereb, Ireland, Archer, & Davies, 2015). Mean trait anxiety levels (STAI-T) fell into the 70-78th percentiles for the normal adult validation population, depending on age and gender, and the 36th percentile for prison inmate populations (Spielberger et al., 1983). However, the STAI-T mean was similar to a more recent study of an offender population (Miller, 2006).

With respect to probationer self-reported psychopathy, the average item score was 2.19 on the 1 (low psychopathy) to 5 (high psychopathy) scale. This score corresponds to the “disagree” response option, which suggested that on average participants did not endorse the psychopathy items. Only four participants’ total scores were 2SD above the mean, while no participants had scores 3SD above the mean. It is important to note that even a total score 3SD above the mean would only correspond to a 3.91 mean item score, not even reaching the *agree* response item (i.e., 4/5). When compared to a recent study using the SRP-SF with a Texas university sample ($M = 55.07$, $SD = 15.05$; Paulhus, Neumann, & Hare, in press) or with a Belgian community sample ($M = 52.5$, $SD = 11.81$; Gordts, Uzieblo, Neuman, Van den Brusse, & Rossi, 2015), the SRP-SF scores from the current study may reflect an underreporting of psychopathy characteristics.

Table 3.1 also provides means and standard deviations for both PO- and probationer-rated DRI-R and WAI-SR total, subscale, and item score. Although no norms for the DRI-R were available at the time of study, probationer ratings appeared to be similar to previous research (Kennealy et al., 2012). Average item scores for probationer-rated DRI-R (5.9 out of 7) and PO-rated DRI-R (i.e., 5.7 out of 7 for both individuals) suggested positive relationships overall. Mean offender-rated WAI-SR scores were similar to other probation research (Hart & Collins, 2014), while previous probation officer-rated WAI-SR means were not available at the time of study. Average item scores for the probationer-rated WAI-SR (5.9 out of 7) and PO-rated WAI-SR (5.2 out of 7) also suggested a high quality relationship.

3.2 Internal Consistency

The internal consistency of the probationer and PO measures was examined through Cronbach's alpha (Table 3.2). According to Field (2013), alpha coefficients should reach $\alpha = .70$ to be considered acceptable, although values are affected by the number of items on the scale. Probationer CSS, URICA RTC, RSES, and STAI-T had good internal consistency ($\alpha = .93, .86, .88,$ and $.94$, respectively), suggesting high inter-relatedness of items within the measures (George & Mallery, 2003). Alphas for these measures were fairly consistent with previous research (Andrews & Wormith, 1990; McConaughy et al., 1989; Sinclair et al., 2010; Spielberger, 1983). The probationer SRP-SF total score had good internal consistency ($\alpha = .87$) and the low to acceptable subscale alphas ($\alpha = .62$ to $.74$) were likely influenced by the low number of items in each scale. Generally, the relationship measures, the DRI-R and WAI-SF, had acceptable to high internal consistency ($\alpha = .78$ to $.96$), consistent with previous research (Hatcher & Gillaspy, 2006; Manchak et al., 2014; Skeem et al., 2007). However, the PO-assessed DRI-R Toughness subscale alpha was quite low ($\alpha = .49$), indicating that the scale may not have been assessing a homogenous construct. It is noted that the scale has a low number of items, some of which may have been affected by PO social desirability (i.e., not endorsing punitive items); subsequent analyses may be affected. The PO OOQ Scales also had lower internal consistency ($\alpha = .51$ for Care Scale; $\alpha = .74$ for Control Scale). Given that the OOQ Care and Control scales were restructured for the current study, and thus had never been used in this form, the OOQ Care and Control Scale items were further examined in an attempt to create a briefer, more internally consistent version.

3.2.1 Officer Orientation Questionnaire – Brief (OOQ-Brief).

Given that the PO OOQ scales were only completed by 27 individuals, factor analyses could not be completed for the scales. The item-level internal consistency statistics were examined for the Care and Control Scales, with special attention paid to the corrected item-total correlations, which represent the Pearson's product moment correlation coefficient of the individual item with the total of the remaining items. Low values suggest that the individual item is measuring something different to the scale as a whole (Streiner & Norman, 2003). To increase the internal consistency of the scale, the corrected item-total correlations were examined to eliminate items using Wille's stepwise procedure (Hartlep & Lowinger, 2014; Raubenheimer, 2004). In this procedure, a scale's internal consistency is maximized by removing the least

Table 3.2

Internal Consistency

Measure	Cronbach's Alpha	Number of Items
Probationer CSS	.93	41
Probationer URICA RTC	.86	32
<i>URICA Precontemplation</i>	.70	8
<i>URICA Contemplation</i>	.80	8
<i>URICA Action</i>	.83	8
<i>URICA Maintenance</i>	.78	8
Probationer RSES	.88	10
Probationer STAI Trait Scale	.94	20
Probationer SRP-SF Total	.87	29
<i>SRP-SF Interpersonal</i>	.74	7
<i>SRP-SF Affective</i>	.62	7
<i>SRP-SF Lifestyle</i>	.69	7
<i>SRP-SF Antisocial Behaviour</i>	.65	8
PO-assessed DRI-R	.93	30
<i>DRI-R Caring-Fairness Scale</i>	.96	20
<i>DRI-R Trust Scale</i>	.92	5
<i>DRI-R Toughness Scale</i>	.49	5
Probationer-assessed DRI-R	.95	30
<i>DRI-R Caring-Fairness Scale</i>	.95	20
<i>DRI-R Trust Scale</i>	.83	5
<i>DRI-R Toughness Scale</i>	.78	5
PO-assessed WAI-SF	.96	12
<i>WAI-SF Task Scale</i>	.94	4
<i>WAI-SF Bond Scale</i>	.84	4
<i>WAI-SF Goal Scale</i>	.89	4
Probationer-assessed WAI-SF	.91	12
<i>WAI-SF Task Scale</i>	.83	4
<i>WAI-SF Bond Scale</i>	.80	4
<i>WAI-SF Goal Scale</i>	.79	4
PO OOQ Care Scale	.51	24
PO OOQ Control Scale	.74	24

consistent item, as evidenced by the expected increase in alpha for the scale. This process is repeated, with the next least consistent item eliminated, and items are removed one by one until no increase in alpha could be achieved through the removal of any remaining items. Although a factor analysis would be ideal for scale restructuring in a study with a larger sample size, the method used in the current study allowed for a practical solution to make the scales more homogenous.

Table 3.3 provides the Cronbach's Alphas for the PO OOQ-Brief Care and Control scales following the stepwise procedure. The Brief Care scale alpha increased from .51 to .74, while the number of items decreased from 24 to 10. The Brief Control scale alpha increased from .74 to .81, while the number of items decreased from 24 to 16. Although the alpha for the original Control scale was technically at an acceptable level, the briefer scale increased the efficiency and practicality of the measure. As the number of items in a scale can influence the alpha value, the increase in alpha for these scales despite the decrease in number of items was especially important to note. Although items were removed based on statistical merit, the content of the items was also examined intermittently to determine if there was a pattern to the items that were removed (see Appendix J for deleted items). It appeared that many of the deleted items were longer and perhaps more complicated than the items that were not deleted. Thus, there may have been an issue with item comprehension that impacted the item-level internal consistency of the original scales.

3.3 Probationer Characteristics: Relationships between Measured Variables

Table 3.4 provides correlations between the total scores for the various offender self-report measures and the PO-rated SPRA. Analyses were considered statistically significant if the p value was less than .05. A more stringent p value or the Bonferroni correction was not used in the current study, as there is some debate in the literature as to the merits of such a statistical adjustment given that it can substantially reduce the statistical power to detect an effect (Gelman, Hill, & Jajima, 2012). The Bonferroni correction targets the Type I error problem, but only at the expense of Type 2 error, which is especially salient in the current study given the small sample size and thus relatively low power.

Significant correlations with the CSS suggested that offenders who held more prosocial attitudes (i.e., less criminal sentiments) had significantly lower psychopathy levels ($r = -.37, p < .01$). The correlations between the CSS and the RSES, and the CSS and the STAI-T were

Table 3.3

Cronbach's Alphas for PO OOQ Brief Care and Control Scales

Measure	Mean	SD	Cronbach's Alpha	Number of Items
PO OOQ Brief Care Scale	34.89	4.81	.736	10
PO OOQ Brief Control Scale	49.56	7.02	.812	16

Table 3.4

Intercorrelations among Probationer Variables

	URICA RTC	SRP-SF	RSES	STAI-T	SPRA
CSS Total	.10 (98)	-.37** (100)	.23* (100)	-.25* (100)	-.15 (95)
URICA RTC		.28** (98)	-.34** (98)	.42** (98)	.09 (93)
SRP-SF			-.38** (100)	.43** (100)	.35** (95)
RSES				-.76** (100)	-.07 (95)
STAI-T					.16 (95)

Note. *n* values vary by analysis and are provided in parentheses under *r* values.

**p* < .05

***p* < .01

significant ($r = .23, p < .05$, and $r = -.25, p < .05$, respectively), in that offenders with more prosocial attitudes had higher self-esteem and lower anxiety levels. Probationer criminal sentiments were not related to motivation to change or risk level.

Correlations with the URICA RTC suggested that the higher an offender's readiness-to-change, the higher his or her psychopathy levels ($r = .28, p < .01$), the lower his or her self-esteem ($r = -.34, p < .01$), and the higher his or her anxiety ($r = .42, p < .01$). To investigate the interesting relationship between the URICA and psychopathy further, correlations were calculated between the subscales of the SRP-SF and URICA (Table 3.5). Results suggested that the initial correlation between the SRP-SF total and the URICA RTC was largely attributable to the positive relationships between the SRP-SF subscales and URICA Maintenance Scale. That is, the URICA Maintenance Scale was significantly positively related to all four SRP-SF scales; the strongest relationships included the SRP-SF Affective Scale ($r = .33, p < .01$), Lifestyle Scale ($r = .42, p < .01$), and the Antisocial Scale ($r = .31, p < .01$). The Maintenance scale includes items that reflect a belief that substantial changes in behaviour have been made, with a focus on preventing a relapse of a certain behaviour. Thus, the finding that offenders higher in psychopathy have higher motivation to change may be primarily related to the fact that offenders highest in psychopathy endorsed more items corresponding to the most advanced stage of change.

Table 3.4 also provides additional correlations between the remaining probationer measures (i.e., SRP-SF, RSES, STAI-T, SPRA). Probationers' self-esteem, as assessed by the RSES, was significantly negatively related to trait anxiety levels (STAI-T; $r = -.76, p < .01$). That is, the higher a probationer's self-esteem, the lower his or her anxiety levels. Significant correlations with the SRP-SF suggested that offenders with higher self-reported psychopathy levels had lower self-esteem ($r = -.38, p < .01$), higher anxiety ($r = .43, p < .01$), and a higher level of risk ($r = .35, p < .01$).

Table 3.6 provides Pearson product-moment correlations between the subscales of the SRP-SF and the RSES and STAI-T to further examine the relationship between psychopathy, anxiety, and self-esteem. The two SRP-SF subscales with the highest correlations were the Interpersonal and Lifestyle scales. The Interpersonal Scale was significantly negatively related to the RSES ($r = -.40, p < .001$) and significantly positively related to the STAI-T ($r = .40, p <$

Table 3.5

Intercorrelations among URICA and SRP-SF Subscales

	URICA PC	URICA C	URICA A	URICA M
SRP-SF Int.	-.03	.14	.06	.21*
SRP-SF Aff.	.09	.17	.05	.33**
SRP-SF Lif.	.06	.15	-.04	.42**
SRP-SF Ant.	-.19	.21*	.22*	.31**

Note. $n = 98$

For the URICA, PC = Precontemplation scale mean, C = Contemplation scale mean, A = Action scale mean, M = Maintenance scale mean. For the SRP, Int. = Interpersonal scale total, Aff. = Affective scale total, Lif. = Lifestyle scale total, Ant. = Antisocial scale total

* $p < .05$

** $p < .01$

Table 3.6

Intercorrelations among Probationer SRP-SF Subscales, RSES, and STAI-T

	SRP-SF Int.	SRP-SF Aff.	SRP-SF Lif.	SRP-SF Ant.	SRP-SF Total
RSES	-.40***	-.22*	-.40***	-.21*	-.38**
STAI-T	.40**	.29**	.46***	.23*	.43**

Note. $n = 100$

For the SRP, Int. = Interpersonal scale total, Aff. = Affective scale total, Lif. = Lifestyle scale total, Ant. = Antisocial scale total

* $p < .05$

** $p < .01$

*** $p < .001$

.01). The Lifestyle Scale was also significantly negatively related to the RSES ($r = -.40, p < .001$) and the STAI-T ($r = .46, p < .001$).

3.4 Research Objectives

3.4.1 Objective 1: The relationship between PO care and control supervisory orientations. As noted earlier, previous research conceptualized PO dual roles as opposite constructs on a spectrum of supervisory orientation. In the current study, we redesigned the OOQ to reflect two separate scales for the Care and Control factors, allowing for examination of the conceptual relationship between the two scales. Pearson product-moment correlations between the Care and Control Scales for the OOQ-Brief ($r = .33, p = .10$) and the original OOQ ($r = .29, p = .14$) were nonsignificant. However, the small sample size of 27 likely did not provide adequate statistical power. Nonetheless, this relationship suggests that the Care and Control factors are not opposite ends of the same construct and provided some support for Hypothesis 1.1. The positive, although nonsignificant, correlation may be a result of response bias; that is, POs may be more likely to either agree with most items or disagree with most items, as all items were scored in the same direction.

Table 3.7 provides Pearson product-moment correlations between the OOQ-Brief Care and Control Scales and various PO demographic and employment variables. Given the low sample size, only one of the correlations was significant; the OOQ-Brief Care Scale was significantly negatively related to the POs years of experience. That is, the more years the participant had spent working as a PO, the lower his or her Care scale score.

3.4.2 Objective 2: The relationship between individual PO characteristics and the alliance. Table 3.8 provides Pearson product-moment correlations between the POs OOQ Care and Control scales (Original and Brief version) and the relationship measures (i.e., PO- and probationer-rated WAI-SR and DRI-R total raw scores). Although it was hypothesized that POs Care score would be positively related to relationship quality (Hypothesis 2.1), this hypothesis was not supported. There was a statistically significant positive relationship between the POs' OOQ Original Control Scale and the POs' WAI-SR total score ($r = .27, p < .01$), which was in the opposite direction of Hypothesis 2.2. This correlation suggested that the higher a POs Control score, the higher he or she rated the relationships with his or her supervisees. This relationship was not in the expected direction, although it is important to note that the Brief version of the measure did not show such a relationship. Also, the PO's Control scores were

Table 3.7

Correlations between PO OOQ-Brief and PO Variables

	PO Variable		
	Age	Work Experience (Years)	# on Caseload
PO OOQ-Brief Care Scale	.08	-.49**	.02
PO OOQ-Brief Control Scale	.04	-.15	-.23

Note. $n = 27$

** $p < .01$

Table 3.8

Correlations between PO OOQ and Relationship Quality at the Individual Level

	OOQ Care Original	OOQ Care Brief	OOQ Control Original	OOQ Control Brief
PO Ratings				
DRI-R Total	.17	.05	.11	-.06
WAI-SR Total	.19	.09	.27**	.17
Probationer Ratings				
DRI-R Total	.01	-.04	-.21*	-.13
WAI-SR Total	.11	.04	-.16	-.14

Note. $n = 96$ for PO-ratings. $n = 100$ for probationer ratings

* $p < .05$

** $p < .01$

only related to their own view of the relationship, not that of their supervisees, which may reflect a response bias for the POs. The correlation between the PO Original Control Scale and the probationer-assessed DRI-R was also significant ($r = -.21, p < .05$), and, in contrast, had a negative relationship. However, it is important to note that the original scale had lower internal consistency.

Although the above analyses of the nested data provide higher levels of statistical power (i.e., larger sample size), previous researchers have suggested that nested data should be analyzed at two levels, which have been referred to as the *group level* and *individual level* (Kenny & La Voie, 1985). In the current study, factors related to the probationers are at the individual level, while factors related to the POs are at the group level, as probationers are “grouped” within their supervising POs. These differences could also be conceptualized as within- and between-subjects factors. To examine the effect of the PO supervisory orientation (i.e., care and control) on relationship quality, analyses were also conducted at the group level. Pearson product-moment correlations were computed using the OOQ scales (i.e., Original and Brief versions) and the POs’ mean DRI-R and WAI-SR scores among his or her supervisees. That is, each PO had two scores for each measure: the average PO-rated score of all supervisees assessed by that PO and the average probationer-rated score of the PO’s supervisees (see Hatcher, Barends, Hansell, & Gutfreund, 1995). It is important to note that because these analyses are computed at the group level, the sample size is small ($n = 27$), which limits the statistical power.

Table 3.9 provides Pearson product-moment correlations between the OOQ and PO- and probationer-rated WAI-SR and DRI-R total scores. Given that these analyses are at the group level, and therefore control for the effects of the nested design, raw scores were used for the relationship measures. Similar to the initial correlation matrix (Table 3.9), the only correlation that approached significance was between the PO’s OOQ Original Control scale score and the average WAI-SR score they provided for their supervisees ($r = .41, p < .05$). Again, this association was not in the expected direction, and provides further support for the Brief version of the measure, which did not have this significant finding. Overall, in contrast to the Hypotheses 2.1 and 2.2, despite using different methods of analyses (i.e., individual versus group level), PO supervising orientation was not related to relationship quality.

Table 3.9

Correlations between PO OOQ Scales and Relationship Quality at the Group Level

	OOQ Care Original	OOQ Care Brief	OOQ Control Original	OOQ Control Brief
PO Ratings				
DRI-R Total	.28	-.01	.17	.01
WAI-SR Total	.36	.17	.41*	.27
Probationer Ratings				
DRI-R Total	.17	.01	.04	.07
WAI-SR Total	.22	.07	.28	.27

Note. $n = 27$

* $p < .05$

3.4.3 Objective 3: The relationship between individual probationer characteristics and the alliance. To examine the relationship between individual probationer factors and relationship quality, correlations were calculated using the probationer measures (i.e., CSS, URICA, SRP-SF, RSES, STAI-T) and PO- and probationer-rated DRI-R and WAI-SR (centred, as described previously). Table 3.10 provides the Pearson product-moment correlations. Results suggested that probationer self-esteem (i.e., RSES), state anxiety levels (i.e., STAI-T), and risk level (i.e., SPRA) were not related to PO and probationer views of the relationship. PO and probationer alliance ratings for individuals whose PO also acted as a treatment provider did not significantly differ from ratings for individuals who had treatment provided by someone other than their supervising PO. Furthermore, alliance ratings did not significantly differ by probationer offence type (i.e., violent, sexual, non-sexual/non-violent).

With respect to the hypothesized relationship between probationer criminal sentiments and the alliance (Hypothesis 3.1), there were small, significant correlations with the CSS. Results supported the hypothesis, as the correlations suggested that offenders who held more prosocial attitudes had higher quality relationships with POs, as reported by both the PO (DRI-R $r = .26, p < .01$; WAI-SR $r = .27, p < .01$;) and the probationer (DRI-R $r = .29, p < .01$; WAI-SR $r = .25, p < .05$).

With respect to the hypothesized relationship between motivation to change and alliance quality (Hypothesis 3.2), correlations with the URICA RTC were only significant for the PO-rated WAI-SR ($r = .26, p < .01$) and DRI-R ($r = .24, p < .05$). These results suggested that the higher a probationer's readiness to change, the more highly his or her PO views the relationship. There were no significant associations between a probationer's readiness to change and their own view of the relationship, and thus Hypothesis 3.2 was only partly supported.

To examine the associations between probationer motivation and PO alliance ratings further, Pearson product-moment correlations between the URICA individual scale means and the DRI-R and WAI-SR subscales are provided in Table 3.11. Higher scores on the Precontemplation Scale were related to lower PO-rated relationship quality, as there were significant correlations with the WAI-SR (Total Score $r = -.33, p < .01$; Task Scale $r = -.38, p < .01$; Goal Scale $r = -.28, p < .01$) and DRI-R (Total Score $r = -.25, p < .05$; Caring-Fairness Scale $r = -.23, p < .05$; Trust Scale $r = -.25, p < .05$). Thus, POs may have had a more difficult time developing an alliance with supervisees who had no intention to change their behaviour. In

Table 3.10

Correlations between Probationer Variables and Relationship Quality

	CSS	URICA RTC	SRP-SF	RSES	STAI-T	SPRA
PO						
Cent. DRI-R	.26** (100)	.24** (98)	-.01 (100)	-.02 (100)	.08 (100)	-.03 (97)
Cent. WAI-SR	.27** (100)	.26** (98)	-.03 (100)	.07 (100)	-.02 (100)	-.01 (97)
Probationer						
Cent. DRI-R	.29** (100)	.10 (98)	-.12 (100)	.05 (100)	-.05 (100)	-.14 (97)
Cent. WAI-SR	.25* (100)	.00 (98)	-.20* (100)	.17 (100)	-.06 (100)	-.13 (97)

Note. *n* values vary by analysis and are provided in parentheses under *r* values.

**p* < .05

***p* < .01

Table 3.11

Correlations between URICA and Centred PO Relationship Measures Subscales

	URICA RTC	URICA PC	URICA Cont	URICA Act	URICA Main
DRI-R Total	.24*	-.24*	.20*	.18	.04
DRI-R C-F	.26*	-.24*	.28**	.16	.04
DRI-R Trust	.26*	-.25*	.15	.21*	.09
DRI-R Tough	.06	-.01	.09	-.00	.06
WAI-SR Total	.26**	-.34**	.17	.25*	-.02
WAI-SR Task	.30**	-.37**	.17	.28**	.01
WAI-SR Bond	.22*	-.27**	.17	.19	-.01
WAI-SR Goal	.22*	-.29**	.13	.23*	-.04

Note. *n* = 98 for WAI; *n* = 98 for DRI-R.

For the URICA, PC = Precontemplation scale mean, C = Contemplation scale mean, A = Action scale mean, M = Maintenance scale mean.

**p* < .05

***p* < .01

contrast, POs viewed the relationship more highly if probationers had a higher score on the Action Scale (WAI-SR Total Score $r = .25, p < .05$; Task Scale $r = .28, p < .01$; Goal Scale $r = .22, p < .05$; DRI-R Trust Scale $r = .21, p < .05$), a stage characterized by the probationer making current efforts to modify his or her behaviour. There were no significant correlations with the URICA Maintenance scale.

With respect to the hypothesized relationship between probationer psychopathy and alliance quality (Hypothesis 3.3), associations with the SRP-SF were significant for the probationer-rated WAI-SR ($r = -.20, p < .05$). That is, probationers higher in self-reported psychopathy viewed the relationship quality with their PO more poorly on the WAI-SR. Interestingly, the SRP-SF was not related to the POs' views of the relationship quality. Thus, Hypothesis 3.3 was only partly supported.

To examine the correlation between the SRP-SF and probationer WAI-SR ratings further, Pearson product-moment correlations were computed between the SRP-SF and WAI-SR subscales (Table 3.12). For the total WAI-SR score, the SRP-SF Interpersonal scale ($r = -.22, p < .05$), Affective scale ($r = -.20, p < .05$), and Lifestyle scale ($r = -.20, p < .05$) were all negatively related to probationers' ratings of the relationship quality. More specifically, the Interpersonal scale was related to the WAI-SR Goal scale ($r = -.21, p < .05$), indicating that probationers who self-reported interpersonal features of psychopathy (e.g., manipulation, pathological lying), reported low agreement with their PO on the goals of supervision. The SRP-SF Affective scale was negatively related to the WAI-SR Bond scale ($r = -.20, p < .05$). This finding indicated that probationers who self-reported the affective features of psychopathy (e.g., low empathy, lack of concern for others), reported weaker emotional connections with their POs.

3.4.4 Objective 4: The relationship between PO and probationer perspectives on the alliance. Table 3.13 provides Pearson product-moment correlations between PO- and probationer-rated DRI-R and WAI-SR raw scores. Within rater, the DRI-R and WAI-SR were strongly related for both POs ($r = .82, p < .01$) and probationers ($r = .81, p < .01$). These correlations are larger than associations found in previous research; for example, Skeem et al. (2007) found only moderate within-rater correlations between the two measures. Between raters, there was a small significant correlation between the PO- and probationer-rated WAI-SR ($r = .23, p < .05$), although there were no significant correlations between raters for any other combination of measures (i.e., PO WAI-SR and probationer-DRI-R, PO DRI-R and

Table 3.12

Correlations between SRP-SF and Probationer-rated Relationship Quality

	SRP-SF Total	SRP-SF Int.	SRP-SF Aff.	SRP-SF Lif.	SRP-SF Ant.
WAI-SR Total	-.20*	-.22*	-.20*	-.20*	-.04
WAI-SR Task	-.17	-.19	-.19	-.18	.01
WAI-SR Bond	-.21*	.18	-.20*	-.17	-.13
WAI-SR Goal	-.16	-.21*	.14	-.19	.01

Note. $n = 100$

For the SRP, Int. = Interpersonal scale total, Aff. = Affective scale total, Lif. = Lifestyle scale total, Ant. = Antisocial scale total

* $p < .05$

Table 3.13

Cross-Rater Agreement on Relationship Quality and Within-Rater Association of Relationship Measures Using Raw Scores

Rater	PO		Probationer	
	DRI-R	WAI-SR	DRI-R	WAI-SR
PO				
DRI-R	-	.82**	.06	.20
WAI-SR		-	.13	.21*
Probationer				
DRI-R			-	.81**
WAI-SR				-

Note. $n = 95$

* $p < .05$

** $p < .01$

probationer WAI-SR, PO DRI-R and probationer DRI-R). Skeem et al. (2007) found no significant relationships between-raters for any combination of the DRI-R and the full version of the WAI. An independent samples t-test was computed to determine whether there was a significant difference between the mean WAI-SR scores for the POs and probationers. Probationers' WAI-SR scores ($M = 70.7$, $SD = 10.3$) were significantly higher than PO WAI-SR scores ($M = 61.7$, $SD = 13.2$), $t(96) = 5.967$, $p < .001$. A t-test using the DRI-R scores was also significant, with probationers DRI-R scores ($M = 176.1$, $SD = 24.6$) higher than PO DRI-R scores ($M = 169.2$, $SD = 20.2$), $t(95) = 2.197$, $p < .05$.

Table 3.14 provides the intercorrelations among the centred PO- and probationer-rated DRI-R and WAI-SR. In contrast to the analyses using the raw scores, all of the between-rater associations were significantly positive. This discrepancy with the previous table provides evidence of a systematic rating bias in the original data. Probationers' scores appear to 'nest' within their supervising POs, suggesting an issue of data dependence. Overall, although previous research has found little association between PO and probationer ratings of the alliance, after accounting for rating biases, PO assessments of the relationship quality were moderately related to probationer assessments. Thus, Hypothesis 4.1 was not supported.

The one-with-many design, described previously, was used to examine PO and probationer perspectives on the alliance and partition variance in the alliance ratings (Hypothesis 4.2). Although the previous analyses using centred scores controlled for data dependence, this analysis modelled the interdependence of the data. For these analyses, only PO's with at least two participating supervisees were included, which eliminated seven dyads for a total of 176 cases. Table 3.15 provides the variance partitioning for the DRI-R total scores. Looking at the PO-ratings, the POs themselves (i.e., the perceiver) accounted for a quite large and significant 73.3% of the variance in the PO ratings. That is, there was a significant perceiver effect. However, as noted previously, a methodological limitation of this design is that the rater's response set contributes to the perceiver variance, and therefore it is difficult to determine whether this PO perceiver variance reflects substantive differences among POs. The remaining 26.7% is attributed to the undifferentiated relationship, partner, and error variance.

For the probationer ratings, PO's accounted for a small and nonsignificant amount of variance in the probationer-rated DRI-Rs. These results indicated that among the probationers supervised by the same PO, there was not a high degree of consensus on the quality of the

Table 3.14

Cross-Rater Agreement on Relationship Quality and Within-Rater Association of Relationship Measures Using Centred Scores

Rater	PO	Probationer	
	WAI-SR	WAI-SR	DRI-R
PO			
DRI-R	.83**	.32**	.34**
WAI-SR		.28**	.31**
Probationer			
WAI-SR			.81**

Note. $n = 95$

** $p < .01$

Table 3.15

Variance Partitioning for DRI-R Total Scores

Rater	Proportion of Variance			Total Variance
	Perceiver	Partner	Relationship	
PO	73.3**	---	26.7***	464.86
Probationer	---	8.6	91.4***	596.54

** $p < .01$

*** $p < .001$

Table 3.16

Variance Partitioning for WAI-SR Total Scores

Rater	Proportion of Variance			Total Variance
	Perceiver	Partner	Relationship	
PO	35.7*	---	64.3***	181.15
Probationer	---	1.4	98.6***	98.95

* $p < .05$

** $p < .01$

*** $p < .001$

alliance with that PO. A large and significant 91.4% of the variance in the probationer-rated scores could be attributed to the relationship effects, partner effects, and error. The generalized reciprocity was not significant, while the dyadic reciprocity was positive and statistically significant ($r = .35, p < .001$). These results indicated that POs who generally saw themselves as forming strong alliances with their probationers did not necessarily have supervisees who reported stronger alliances with them. In contrast, the dyadic reciprocity correlation indicated that when a PO reported an especially good alliance with a particular probationer (i.e., better than with his or her other supervisees), that probationer was also likely to report an especially good alliance with them (i.e., better than the alliances reported by the PO's other probationers).

Table 3.16 provides the variance partitioning for the WAI-SR total scores. The pattern of results was similar, although the amount of variance attributed to each component differed compared to the DRI-R. For the PO-ratings, the PO perceiver effect accounted for a smaller amount of variance (35.7%, $p < .05$), while the remaining 64.3% ($p < .001$) was attributed to the relationship, partner, and error variance. For the probationer ratings, PO's again accounted for a small and nonsignificant amount of variance (1.4%), while 98.6% ($p < .001$) of the variance in the probationer-rated scores was attributed to the relationship effects, partner effects, and error. Again, the dyadic reciprocity correlation was significant ($r = .28, p < .01$), while the generalized reciprocity correlation was not. Overall, given the significant amount of variance in WAI-SR and DRI-R scores attributed to the relationship effects (even with partner effects and error) and the significant dyadic reciprocity correlations, Hypothesis 4.2 was supported.

3.4.5 Objective 5: The impact of the interaction between PO and probationer characteristics on the alliance. In order to determine possible factors related to the match between PO and probationer and the impact on the relationship quality, hierarchical regression analyses were run with interactions between various PO and probationer individual factors. The interaction hypotheses (5.1, 5.2, and 5.3) were not supported (see Appendix K for results). That is, probationer state anxiety levels did not significantly interact with PO OOQ-Brief Care scores to influence probationer ratings of the alliance; probationer self-esteem did not significantly interact with PO OOQ-Brief Care scores to influence probationer ratings of the alliance; and probationer psychopathy did not interact with PO OOQ-Brief Control scores to influence probationer ratings of the alliance. Although none of the interaction hypotheses were supported, additional regression analyses were run to determine if there were matches between PO and

probationer characteristics that predicted alliance quality. As the interaction between these factors is of the most interest in the current study, regressions in which the interaction terms were statistically significant ($p < .05$) are discussed below.

3.4.5.1 PO care and probationer psychopathy. A hierarchical multiple regression was used to examine whether the association between PO Care scores and the centred, PO-rated WAI-SR total scores depended on probationer psychopathy levels. After centring PO OOQ-Brief Care scores and probationer SRP-SF total scores and computing the PO Care-by-probationer psychopathy interaction term, the two predictors were entered in step one of the regression and the interaction term was entered in step two. Table 3.17 provides the results of this analysis. Including the interaction in the model accounted for 4.0% of the variance in PO-rated WAI-SR beyond PO Care levels and probationer psychopathy ($F(1, 96) = 4.344, p < .05$). In fact, only the interaction was a significant unique contributor to the model ($\beta = .26, p < .05$).

The SPSS PROCESS macro (Hayes, 2012-2016) was used to plot simple slopes for the association between PO OOQ-Brief Care and PO-rated WAI-SR for low (-1SD below the mean), moderate (mean), and high (+1SD above the mean) levels of probationer psychopathy (Figure 3.1). When probationer psychopathy was low, there was a nonsignificant negative association between PO Care and PO alliance ratings, unstandardized $b = -.24, t(96) = -1.04, p = .30$. At the mean value of probationer psychopathy (i.e., main effect for PO OOQ Brief Care), there was a nonsignificant positive relationship between PO Care and PO alliance ratings, $b = .30, t(96) = 1.26, p = .21$. When probationer psychopathy was high, there was a positive association between PO Care and PO alliance ratings that approached significance, $b = .84, t(96) = 1.90, p = .06$.

More specifically, the Johnson-Neyman procedure allows for examination of the regression slopes of PO Care on PO alliance ratings for a range of values of the moderator (probationer psychopathy in the current analysis). This procedure is helpful because it indicates which slopes are estimated to be significantly different from zero. Results suggested that at probationer SRP-SF values of approximately 90, PO Care was significantly related to PO alliance ratings, $b = 1.17, t(96) = 1.99, p = .05$. As probationer psychopathy scores increased, the relationship between PO Care and PO alliance ratings became more positive, with the highest SRP-SF score (i.e., 108) having a slope of $b = 1.75, t(96) = 2.04, p < .05$. Overall, there was no association between PO Care and PO alliance ratings when probationer SRP-SF scores were

Table 3.17

Multiple Regression of PO OOQ Brief Care Scale and Probationer SRP-SF (Model 1) and variable interaction (Model 2) on Centred PO WAI total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	61.87***	.91	-	61.53***	.94	-
PO OOQ Brief Care	.01	.20	.01	.30	.24	.16
Probationer SRP-SF	-.03	.06	-.03	-.01	.06	-.02
Care Brief by SRP-SF				.03*	.02	.26
<i>R</i>		.03			.21	
<i>R</i> ²		.00			.04	
<i>F</i>		.03			1.47	
ΔR^2		.00			.04	
ΔF		.03			4.344*	

Note. $n = 100$. PO OOQ Care Brief and Probationer SRP-SF were centred at their means. *B* = unstandardized regression coefficients, *SE* = standard error of the unstandardized coefficients, β = standardized regression coefficients, $\Delta R^2 = R^2$ change = R^2 , $\Delta F = F$ change.

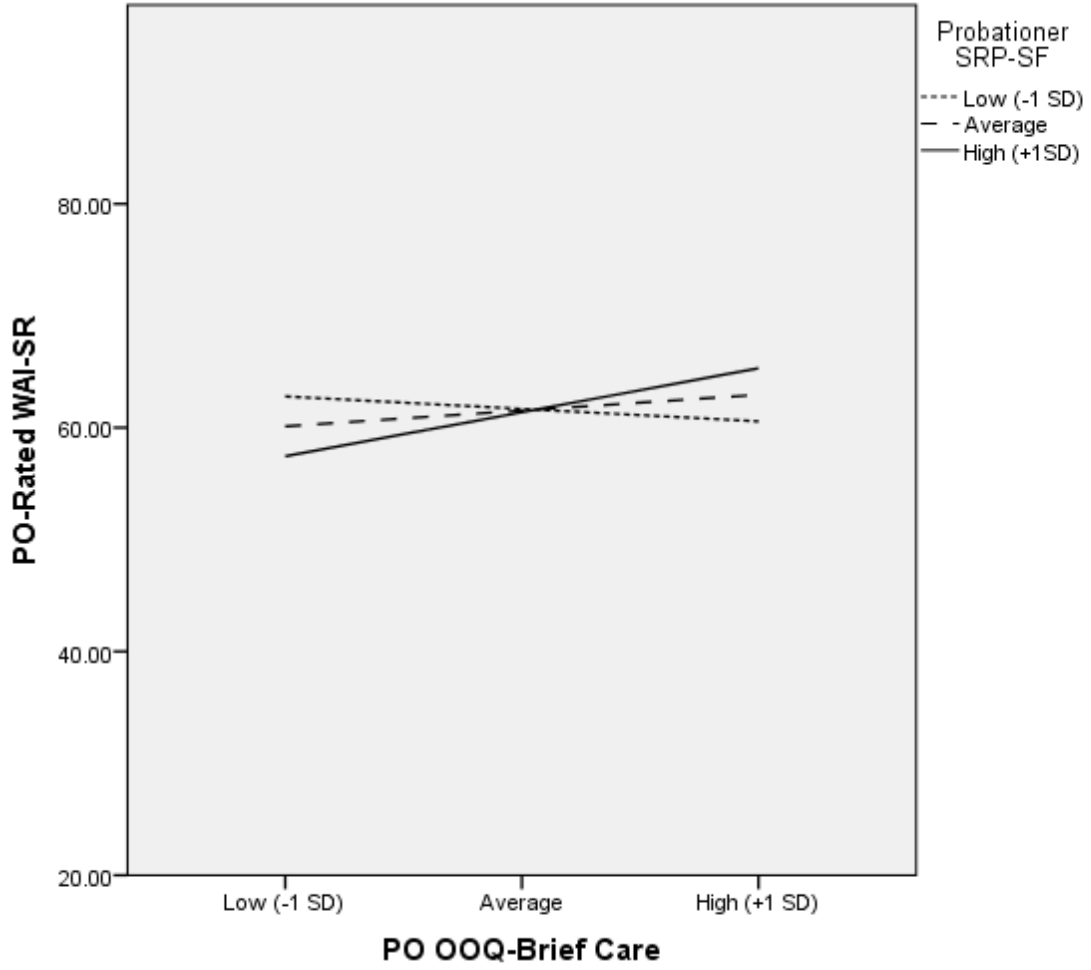
* $p < .05$

** $p < .01$

*** $p < .001$

Figure 3.1

Simple slopes for association between PO OOQ-Brief Care and PO-Rated WAI-SR for low, average, and high levels of probationer SRP-SF



under 90. However, once probationer psychopathy scores reached 90, PO alliance ratings increased with higher levels of PO Care

3.4.5.2 PO care and probationer criminal attitudes. A hierarchical multiple regression was used to examine whether the association between PO Care scores and the centred, PO-rated WAI-SR total scores depended on probationer criminal attitudes. Again, after centring PO OOQ-Brief Care scores and probationer CSS total scores and computing the Care-by-CSS interaction term, the two predictors were entered in step one of the regression and the interaction term was entered in step two. Table 3.18 provides the results of this analysis. The model accounted for 25.2% of the variance in PO-rated WAI-SR ($F(3, 96) = 10.784, p < .001$), and the inclusion of the interaction term accounted for 17.8% of the variance beyond PO Care and probationer CSS alone ($\Delta F = 22.905, p < .001$). Indeed, the interaction was a significant unique contributor to the model ($\beta = -.442, p < .001$).

SPSS PROCESS (Hayes, 2012-2016) was used to plot simple slopes for the association between PO OOQ-Brief Care and PO-rated WAI-SR for low (-1SD below the mean), moderate (mean), and high (+1SD above the mean) levels of probationer CSS (Figure 3.2). As noted previously, higher scores on the CSS reflect less antisocial, more prosocial attitudes. That is, low-CSS probationers have the highest criminal sentiments. At high levels of probationer criminal attitudes (i.e., low CSS scores), there was a nonsignificant positive association between PO Care and PO alliance ratings, $b = .70, t(96) = 1.48, p = .14$. At the mean value of probationer psychopathy criminal attitudes, there was a nonsignificant relationship between PO Care and PO alliance ratings, $b = .09, t(96) = .34, p = .73$. When probationer criminal sentiments were low, or prosocial attitudes were high, there was a significant negative association between PO Care and PO alliance ratings, $b = -.52, t(96) = -2.89, p < .01$.

Results from the Johnson-Neyman procedure indicated that at probationer CSS values of approximately 60, PO Care was significantly negatively related to PO alliance ratings, $b = -.35, t(96) = -1.99, p = .05$. As probationer CSS scores increased and became more prosocial, the relationship between PO Care and PO alliance ratings became more negative, with the highest CSS score (i.e., 91) having a slope of $b = -1.21, t(96) = -3.32, p < .01$. Additionally, although the regression slope for the CSS value one standard deviation below the mean was not significant, results indicated that there was a zone of significance for CSS values below this point. Specifically, at probationer CSS values of approximately -13, there was a significant positive

Table 3.18

Multiple Regression of PO OOQ Brief Care Scale and Probationer CSS (Model 1) and variable interaction (Model 2) on Centred PO WAI total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	61.87***	.88	-	61.77***	.79	-
PO OOQ Brief Care	.02	.19	.01	.09	.17	.05
Probationer CSS	.11**	.04	.27	.06	.04	.15
OOQ Care Brief*CSS				-.03***	.01	-.44
<i>R</i>		.27			.50	
<i>R</i> ²		.07			.25	
<i>F</i>		3.85*			10.78***	
ΔR^2		.07			.18	
ΔF		3.85*			22.91***	

Note. $n = 100$. PO OOQ Care Brief and Probationer CSS were centred at their means. *B* = unstandardized regression coefficients, *SE* = standard error of the unstandardized coefficients, β = standardized regression coefficients, $\Delta R^2 = R^2$ change = R^2 , $\Delta F = F$ change.

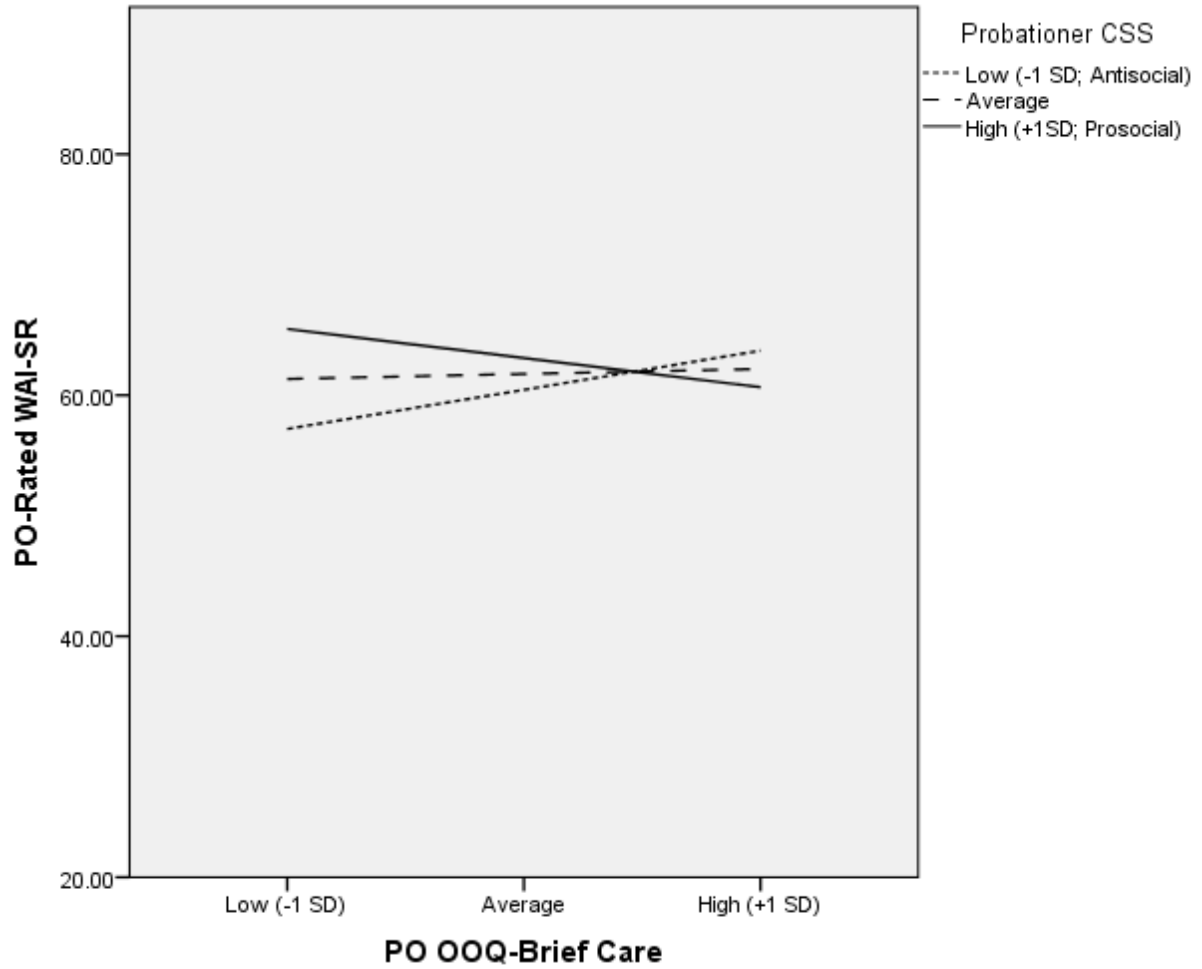
* $p < .05$

** $p < .01$

*** $p < .001$

Figure 3.2

Simple slopes for association between PO OOQ-Brief Care and PO-Rated WAI-SR for low, average, and high levels of probationer CSS



relationship between PO care and PO alliance ratings, $b = 1.66$, $t(96) = 1.99$, $p = .05$. At the lowest value of CSS (i.e., -18), the association was even more positive, $b = 1.80$, $t(96) = 2.02$, $p < .05$. Overall, there was no association between PO Care and PO alliance ratings when probationer CSS scores were between -12 and 59. However, PO alliance ratings with prosocial offenders (i.e., $CSS \geq 60$) decreased with higher levels of PO Care. In contrast, PO ratings of alliances with highly antisocial offenders (i.e., $CSS \leq -13$) increased with higher levels of PO Care.

3.4.5.3 PO years of experience and probationer criminal attitudes. A hierarchical multiple regression was used to examine whether the association between PO years of experience and the centred, PO-rated WAI-SR total scores depended on probationer CSS scores. Table 3.19 provides the results of this analysis. The model accounted for 27.5% of the variance in PO-rated WAI-SR ($F(3, 96) = 12.162$, $p < .001$), and the inclusion of the interaction term accounted for 20.1% of the variance beyond PO experience and probationer CSS ($\Delta F = 26.678$, $p < .001$). The interaction was a significant unique contributor to the model ($\beta = .456$, $p < .001$).

SPSS PROCESS (Hayes, 2012-2016) was used to plot simple slopes for the association between PO years of experience and PO-rated WAI-SR for low (-1SD below the mean), moderate (mean), and high (+1SD above the mean) levels of probationer CSS (Figure 3.3). At high levels of probationer criminal attitudes (i.e., low CSS scores), there was a significant negative association between PO experience and PO alliance ratings, $b = -.42$, $t(96) = -3.24$, $p < .01$. At the mean value of probationer criminal attitudes, there was a nonsignificant relationship between PO experience and PO alliance ratings, $b = -.06$, $t(96) = -.66$, $p = .51$. When probationer criminal sentiments were low (i.e., higher prosocial attitudes), there was a significant positive association between PO experience and PO alliance ratings, $b = .30$, $t(96) = 3.21$, $p < .01$.

Results from the Johnson-Neyman procedure indicated that at probationer CSS values of approximately 53, PO experience was significantly negatively related to PO alliance ratings, $b = -.21$, $t(96) = -1.99$, $p = .05$. As probationer CSS scores decreased and became more antisocial, the relationship between PO experience and PO alliance ratings became more negative, with the lowest CSS score (i.e., -18) having a slope of $b = -1.08$, $t(96) = -4.54$, $p < .0001$. In contrast, at probationer CSS values of approximately 58, there was a significant positive relationship between PO experience and PO alliance ratings, $b = .09$, $t(96) = 1.99$, $p = .05$. As CSS values

Table 3.19

Multiple Regression of PO Years of Experience and Probationer CSS (Model 1) and variable interaction (Model 2) on Centred PO WAI total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	61.87***	.88	-	61.66***	.78	-
PO Experience	-.03	.11	-.02	-.06	.10	-.05
Probationer CSS	.11**	.04	.27	.08*	.04	.20
PO Experience*CSS				.02***	.00	.46
<i>R</i>		.27			.53	
<i>R</i> ²		.07			.28	
<i>F</i>		3.88*			12.16***	
ΔR^2		.07			.20	
ΔF		3.88*			26.68***	

Note. $n = 100$. PO Experience and Probationer CSS were centred at their means.

B = unstandardized regression coefficients, *SE* = standard error of the unstandardized coefficients, β = standardized regression coefficients, $\Delta R^2 = R^2$ change = R^2 , $\Delta F = F$ change.

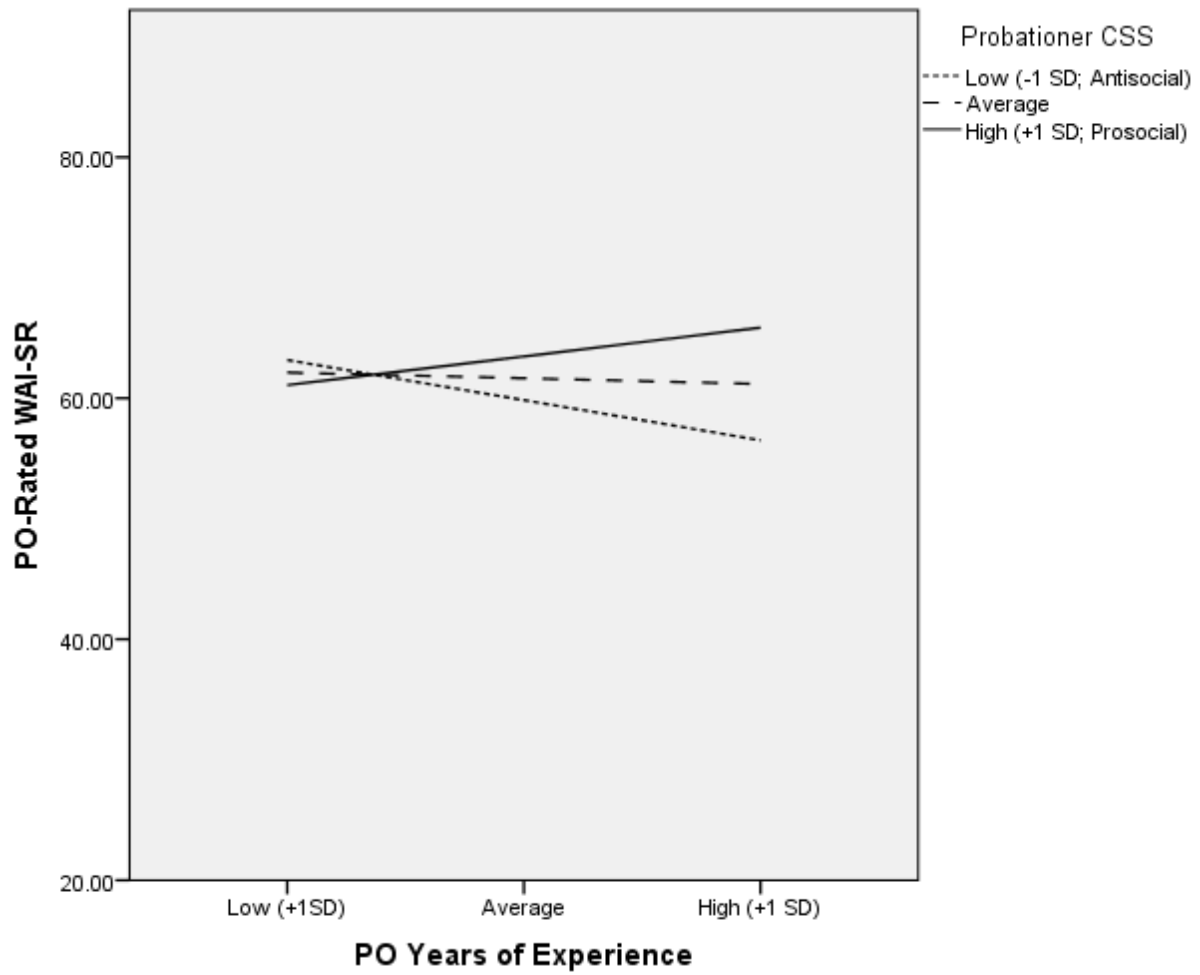
* $p < .05$

** $p < .01$

*** $p < .001$

Figure 3.3

Simple Slopes for Association between PO Experience and PO-Rated WAI-SR for low, average, and high levels of CSS



increased and became more prosocial, the relationship between PO experience and PO alliance ratings became more positive. At the highest value of CSS (i.e., 91), the slope was $b = .14$, $t(96) = 4.96$, $p < .0001$. Overall, there was no association between PO experience and PO alliance ratings when probationer CSS scores were between 53 and 58. However, PO alliance ratings with more prosocial offenders ($CSS \geq 60$) increased with POs years of experience. In contrast, PO ratings of alliances with highly antisocial offenders ($CSS \leq -13$) decreased with PO years of experience.

Similarly, Table 3.20 provides the results of a regression of PO experience, probationer CSS, and their interaction on centred, PO-rated DRI-R scores. The model accounted for 14.5% of the variance in PO-rated DRI-R ($F(3, 96) = 5.424$, $p < .01$), and the inclusion of the interaction term accounted for 7.8% of the variance beyond PO experience and probationer CSS alone ($\Delta F(1, 96) = 8.706$, $p < .01$). The interaction was a significant unique contributor to the model ($\beta = .283$, $p < .01$).

SPSS PROCESS (Hayes, 2012-2016) was used to plot simple slopes for the association between PO years of experience and PO-rated DRI-R for low (-1SD below the mean), moderate (mean), and high (+1SD above the mean) levels of probationer CSS (Figure 3.4). Results showed a similar pattern to the above analyses with the PO WAI-SR. When probationer criminal attitudes were high, there was a significant negative association between PO experience and PO alliance ratings, $b = -.282$, $t(96) = -3.54$, $p < .001$. At the mean value of probationer CSS (i.e., main effect), there was a nonsignificant relationship between PO experience and PO alliance ratings, $b = -.04$, $t(96) = -.57$, $p = .57$. When probationer criminal sentiments were low (i.e., high prosocial attitudes), there was a positive association between PO experience and PO alliance ratings that approached significance, $b = .19$, $t(96) = 1.89$, $p = .06$.

Results from the Johnson-Neyman procedure indicated that at probationer CSS values of approximately 34, PO experience was significantly negatively related to PO alliance ratings, $b = -.15$, $t(96) = -1.99$, $p = .05$. As probationer CSS scores decreased, the relationship between PO experience and PO alliance ratings became more negative. The lowest CSS score (i.e., -18) had a slope of $b = -.71$, $t(96) = -5.64$, $p < .0001$. At probationer CSS values of approximately 67, there was a significant positive relationship between PO experience and PO alliance ratings, $b = .20$, $t(96) = 1.99$, $p = .05$. As CSS values increased (i.e., became more prosocial), the relationship between PO experience and PO alliance ratings became more positive. At the

Table 3.20

Multiple Regression of PO Years of Experience and Probationer CSS (Model 1) and variable interaction (Model 2) on Centred PO DRI-R total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	169.49***	.92	-	169.35***	.89	-
PO Experience	-.02	.12	-.02	-.05	.12	-.04
Probationer CSS	.11*	.04	.26	.09*	.04	.22
PO Experience*CSS				.01**	.00	.28
<i>R</i>		.26			.38	
<i>R</i> ²		.07			.15	
<i>F</i>		3.50*			5.42**	
ΔR^2		.07			.08	
ΔF		3.50*			8.71**	

Note. *n* = 100. PO Experience and Probationer CSS were centred at their means.

B = the unstandardized regression coefficients, *SE* = standard error of the unstandardized coefficients, β = standardized regression coefficients, $\Delta R^2 = R^2$ change = *R*², $\Delta F = F$ change.

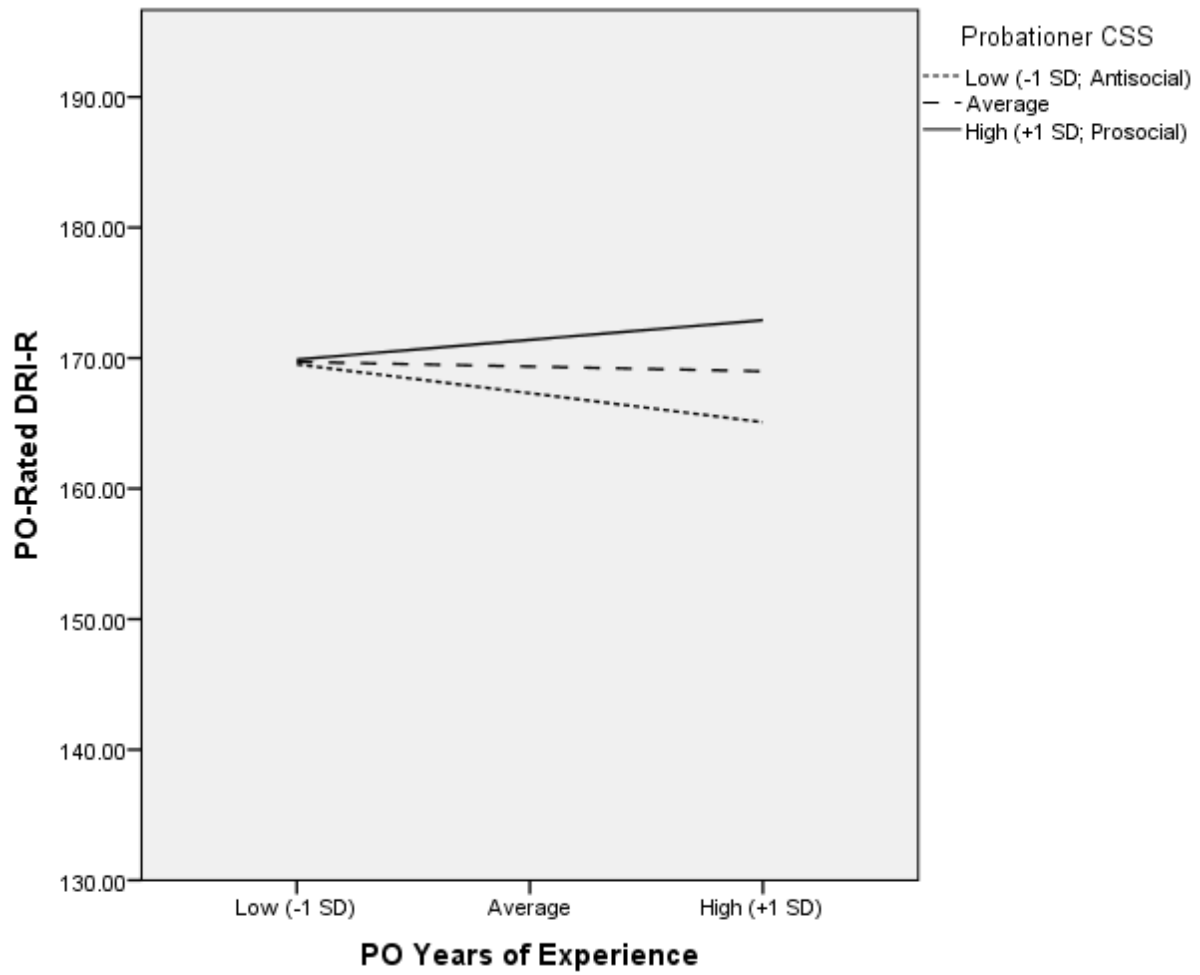
**p* < .05

***p* < .01

****p* < .001

Figure 3.4

Simple Slopes for Association between PO Experience and PO-Rated DRI-R for low, average, and high levels of CSS



highest value of CSS (i.e., 91), the slope was $b = .46$, $t(96) = 3.32$, $p < .01$. Overall, there was no association between PO experience and PO alliance ratings when probationer CSS scores were between 35 and 66. However, PO alliance ratings with more prosocial offenders ($CSS \geq 67$) increased with POs years of experience, while PO ratings of alliances with more antisocial offenders ($CSS \leq 34$) decreased with PO years of experience.

3.4.5.4 PO experience and probationer motivation to change. A hierarchical multiple regression was used to examine whether the association between PO years of experience and the centred, probationer-rated WAI-SR total scores depended on probationer URICA RTC scores. Table 3.21 provides the results of this analysis. Including the interaction in the model accounted for 5.4% of the variance in probationer-rated WAI-SR beyond PO experience and probationer motivation ($\Delta F(1, 94) = 5.433$, $p < .05$). The interaction was a significant unique contributor to the model ($\beta = -.277$, $p < .05$), while PO experience only became a significant predictor once the interaction term was included in the model ($\beta = .25$, $p < .05$).

SPSS PROCESS (Hayes, 2012-2016) was used to plot simple slopes for the association between PO years of experience and probationer-rated WAI-SR for low (-1SD below the mean), moderate (mean), and high (+1SD above the mean) levels of probationer URICA RTC (Figure 3.5). When probationer motivation was low, there was a significant positive association between PO experience and probationer alliance ratings, $b = .75$, $t(96) = 2.73$, $p < .001$. At the mean value of probationer motivation (i.e., main effect), there was also a significant positive relationship between PO experience and probationer alliance ratings, $b = .30$, $t(96) = 2.24$, $p < .05$. When probationer motivation was high, there was a nonsignificant negative association between PO experience and probationer alliance ratings, $b = -.16$, $t(96) = -.83$, $p = .41$.

Results from the Johnson-Neyman procedure indicated that at probationer URICA RTC values of 9.25 (approximately the mean), PO experience was significantly positively related to probationer alliance ratings, $b = -.15$, $t(96) = -1.99$, $p = .05$. As probationer motivation decreased, the relationship between PO experience and probationer alliance ratings became more positive. The lowest URICA RTC score (i.e., 3.71) had a slope of $b = 1.69$, $t(96) = 2.55$, $p < .05$. Overall, there was no association between PO experience and probationer alliance ratings when probationer motivation was above the mean. However, probationers with motivation levels below the mean had alliance ratings that increased with the years of experience of his or her supervising PO.

Table 3.21

Multiple Regression of PO Years of Experience and Probationer URICA RTC (Model 1) and variable interaction (Model 2) on Centred Probationer WAI-SR total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	70.80***	.88	-	71.23***	.88	-
PO Experience	.12	.13	.10	.30*	.14	.25
Probationer URICA RTC	-.07	.51	-.01	-.30	.51	-.06
PO Experience*URICA				-.26*	.11	-.28
<i>R</i>		.10			.25	
<i>R</i> ²		.01			.06	
<i>F</i>		.45			2.13	
ΔR^2		.01			.05	
ΔF		.45			5.43*	

Note. $n = 98$. PO Experience and Probationer URICA RTC were centred at their means.

B = unstandardized regression coefficients, *SE* = standard error of the unstandardized coefficients, β = standardized regression coefficients, $\Delta R^2 = R^2$ change = R^2 , $\Delta F = F$ change.

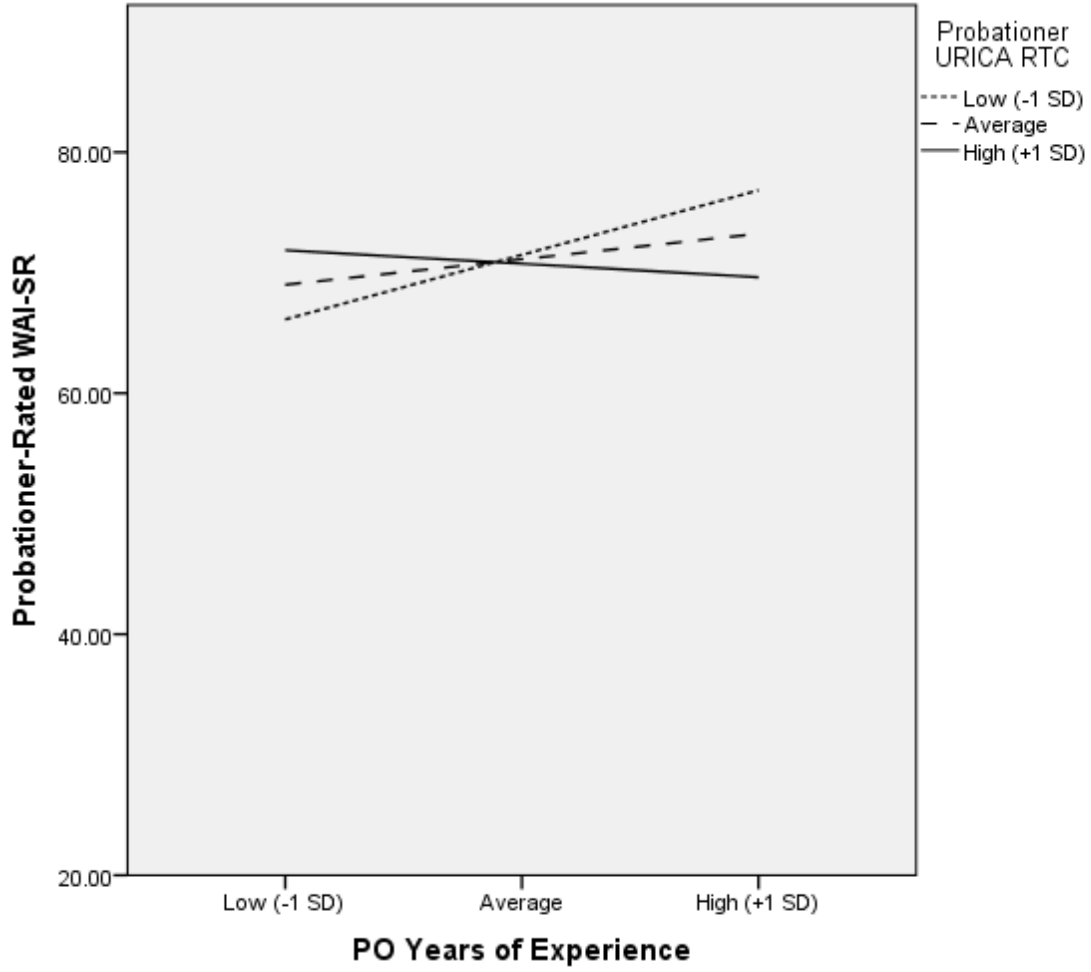
* $p < .05$

** $p < .01$

*** $p < .001$

Figure 3.5

Simple slopes for association between PO Experience and Probationer-Rated WAI-SR for low, average, and high levels of probationer URICA RTC



3.4.6 Objective 6: The relationship between PO-probationer alliance quality and probationer outcome. To examine the relationship between alliance quality and probationer outcome, recidivism data were gathered eight to eleven months after participants' date of consent, with a mean follow-up time of 9.0 months. During the follow-up time, approximately 70% of participants reached their sentence expiry date. Recidivism was defined as any new conviction following the probationers' participation in the study and coded in a binary manner (i.e., yes/no). Overall, only 11% of probationers recidivated during the follow-up period; this low base rate may have impacted results. On average, recidivists reoffended 2.8 months after the date of consent for this study; these probationers had a mean of 2.5 convictions at follow-up. The majority of these recidivists had at least one conviction for failure to comply with conditions of their sentence (58.3%). Four individuals were given custody sentences (mean length = 168.4 days), four individuals were given community sentences (mean length = 12.2 months), one individual was given both custody and community sentences, and one individual was given an alternative sanction.

The PO-rated risk assessment (i.e., SPRA) total scores were not significantly related to probationer recidivism ($r_{pb} = .18, p = .08; AUC = .64, n.s$; see Table 3.22.). However, there was a significant positive correlation between probationer psychopathy and recidivism (SRP-SF $r_{pb} = .23, p < .05$) and the SRP-SF produced an AUC value that was also significant ($AUC = .70, p < .05$). The subscales suggest that the SRP-SF Interpersonal Scale ($r_{pb} = .23, p < .05; AUC = .70, p = .053$) and Lifestyle Scale ($r_{pb} = .25, p < .05; AUC = .71, p < .05$) had the largest associations with probationer recidivism.

For Hypothesis 6.1, Point-biserial correlation coefficients (r_{pb}) and area under the curve (AUC) values were examined to determine whether alliance quality was significantly related to probationer recidivism (see Table 3.23). Results from both the point-biserial correlational analyses and the ROC analyses were nonsignificant. Analyses that controlled for risk (i.e., SPRA total score) and age were also nonsignificant. These results may have been impacted by the low base rate of reoffending and modest small size. Thus, in the current study's short follow-up time, working alliance ratings were not related to probationer recidivism and the hypothesis was not supported.

Hypotheses 6.2 and 6.3 involved analyses in which the alliance mediated the relationship between PO OOQ-Brief Scales and probationer recidivism. However, given the nonsignificant

Table 3.22

Correlations and AUCs between SPRA, SRP-SF, and Recidivism

	r_{pb}	AUC ¹	95% CI
SPRA Total	.18	.64	.46, .83
SRP-SF Total	.23*	.70	.53, .87
SRP-SF Interpersonal	.20*	.68	.50, .86
SRP-SF Affective	.12	.63	.45, .80
SRP-SF Lifestyle	.25*	.71*	.56, .86
SRP-SF Antisocial	.16	.64	.47, .81

Note. $n = 97$ for SPRA analyses; $n = 100$ for SRP-SF analyses

¹Predicting recidivism

* $p < .05$

Table 3.23

Correlations and AUCs between Alliance Measures and Recidivism

	r_{pb}	AUC ²	95% CI
PO			
DRI-R Total	-.04	.54	.40, .69
WAI-SR Total	-.05	.58	.45, .71
Probationer			
DRI-R Total	.00	.50	.34, .66
WAI-SR Total	-.11	.58	.41, .76

Note. $n = 100$

²Predicting success during follow-up (i.e., no recidivism)

results from the analyses that involved the working alliance and recidivism, the mediation analyses were not completed. That is, working alliance cannot be a mediator if there is no significant relationship to outcome. Thus, these hypotheses are considered to be not supported.

Chapter 4. Discussion

The current study was designed to provide an in-depth examination of the working alliance between POs and probationers. More specifically, objectives included examinations of PO care and control supervisory orientations, the relationship between individual PO and probationer characteristics and the alliance, a comparison between PO and probationer assessments of the alliance, the impact of interactions between PO and probationer characteristics on the alliance, and the relationship between the alliance and recidivism outcome. Although previous research had examined the quality of this specific alliance, there was limited research on the impact of individual variables and the interaction or match between PO and probationer. This study was designed to fill this gap in the literature. To address these objectives, 27 POs and 100 probationers completed self-report measures to assess a number of individual factors and the quality of the alliance. Additionally, probationer recidivism data were collected after an 8- to 11-month follow-up period. A number of hypotheses were proposed given the current literature, which were tested through correlational, regression, and multi-level modelling. The individual factors examined, along with the PO-probationer match, provided evidence that this foundational relationship may differ depending on the individuals involved. Remaining aware of such responsivity considerations is a salient aspect of this alliance. Interpretations of the findings are discussed below in the context of previous theory and research.

4.1 Interrelationships among Probationer Characteristics

Although no hypotheses were made regarding the relationships between the measured probationer variables, some unexpected significant correlations emerged in the data. Given some of the odd relationships found between the probationer measures, one possible explanation is that one of the measures did not accurately assess its intended construct and therefore led to these unexpected correlations. However, certain associations between measures were theoretically consistent. For example, psychopathy (SRP-SF) was positively correlated with criminal attitudes (CSS), risk (SPRA), and recidivism. Self-esteem (RSES) was negatively correlated with trait anxiety (STAI-T). Furthermore, the greater the probationers' criminal attitudes, the lower his or her self-esteem and the higher his or her anxiety.

Many of the unexpected associations involved the self-report psychopathy measure (i.e., SRP-SF). It is important to emphasize that the level of psychopathy was quite low in the sample, with the average item score coinciding with the *disagree* response item. Thus, probationers did

not report psychopathy characteristics overall, which may have reflected a degree of underreporting. Although the correlations using the SRP-SF were still examined, it is possible that these associations would have been different had the sample included individuals with high psychopathy scores. That is, the linear relationships are interpreted below with the caveat that the correlations with psychopathy were found in a sample of probationers with low self-reported psychopathy levels.

One of the unexpected associations found was the positive correlation between psychopathy and motivation to change (i.e., URICA RTC index). That is, the higher the probationer's level of self-reported psychopathy, the higher his or her motivation to change. This finding was unexpected because it was thought that the grandiosity characteristic of psychopathy may interfere with an individual's ability to admit to problems and a desire to change. However, upon examination of the subscales of the SRP-SF and URICA, results indicated that the overall association was largely attributable to the correlation between the SRP-SF scales and the URICA Maintenance Scale. Thus, a likely explanation is that the association between the SRP-SF and URICA did not necessarily indicate that higher psychopathy individuals had higher motivation, but may instead demonstrate that higher psychopathy individuals were more likely to endorse items associated with the most advanced stage of change. Although no research directly comparing psychopathy and motivation was identified in the literature, this finding suggests that the higher the probationers' level of psychopathy, the more likely he or she was to report having made substantial changes. This association could be explained by probationers' levels of grandiosity (i.e., believing that they are functioning better than they actually are) or manipulation (i.e., wanting others to believe they have made efforts to change in order to benefit themselves).

Additionally, the correlations between the SRP-SF Antisocial scale and two other URICA subscales approached significance (i.e., Contemplation and Action, $p < .05$). One possible explanation is that in this sample of relatively low-psychopathy probationers, individuals who reported engaging in more antisocial behaviours were genuinely more motivated to change their behaviour. All individuals were serving a current sentence for their criminal behaviour and many had additional past sentences. Therefore, these probationers would have experienced negative consequences for their actions, which perhaps led to thoughts about changing their behaviour (i.e., contemplation) or taking steps to modify their behaviour (i.e., action).

A second unexpected association was the positive correlation between psychopathy and trait anxiety (i.e., STAI-T), such that the higher a probationer's psychopathy levels, the higher his or her anxiety levels. Again, the sample had overall low levels of psychopathy, and thus this relationship would likely be different had the sample included high-psychopathy individuals. Nonetheless, previous research has also found significant associations between psychopathy and anxiety. Gillespie, Mitchell, Satherley, Beech, and Rotshtein (2015) found that higher scores on the Antisocial scale of the Levenson Self-Report Psychopathy Scale were related to heightened feelings of state and trait anxiety, while the Egocentric scale was negatively related to trait anxiety. Prior studies have found a similar association between the antisocial dimension of psychopathy and trait anxiety (Hale, Goldstein, Abramowitz, Calamari, & Kosson, 2004). As such, some researchers have argued the existence of two psychopathic variants, termed *primary* and *secondary* psychopathy. Primary psychopathy is characterized by the affective and interpersonal traits (i.e., Factor 1) and is generally associated with low anxiety, while secondary psychopathy is characterized by the antisocial lifestyle traits (i.e., Factor 2) and is associated with high anxiety (Falkenbach, Poythress, & Creevy, 2008; Hale et al., 2004; Skeem, Johansson, Andershed, Kerr, & Loudon, 2007).

If the relationship between psychopathy and anxiety was reflective of secondary psychopathy, one would expect the correlations between the STAI-T and SRP-SF Antisocial and Lifestyle scales to be higher than the correlations between the STAI-T and SRP-SF Interpersonal and Affective scales. However, the correlation with the Antisocial scale was the lowest of the four scales ($r = .23, p < .05$), while the correlation with the Interpersonal scale was quite a bit higher ($r = .40, p < .05$). Although the association with the Lifestyle scale was the highest ($r = .46, p < .05$), the results do not appear to support the secondary psychopathy explanation, which perhaps is only relevant for higher levels of psychopathy (i.e., actual psychopathic offenders). Instead, the correlation between anxiety and the SRP-SF Lifestyle scale may be explained by the positive association between anxiety and impulsivity that has been found in psychiatric populations (Apter et al., 1990) and university students (Hatfield & Dula, 2014). Hatfield and Dula (2014) posited that anxious individuals may respond impulsively in order to alleviate the internal discomfort or distress present with high anxiety.

Another unexpected association was the negative correlation between psychopathy and self-esteem (RSES), such that the higher a probationer's psychopathy levels, the lower his or her self-

esteem. This finding is contradictory to the grandiosity often associated with psychopathy (Hare, 1996). Similar to the associations with anxiety, the correlations with self-esteem were highest (and highly significant) with the SRP-SF Interpersonal and Lifestyle scales. It is important to note that the negative correlation between the STAI-T and the RSES was very high ($r = -.76, p < .001$), suggesting that these measures may have been assessing overlapping constructs. That is, the correlation between psychopathy and self-esteem may reflect an indirect relationship through anxiety. It is also possible that given the low levels of self-reported psychopathy in the sample, there may be a genuine negative linear relationship between these characteristics and self-esteem in low-psychopathy individuals. These probationers may not possess the grandiosity or narcissism characteristic of psychopathic individuals, but perhaps may act out against or manipulate others to provide a sense of power and protect themselves against feelings of inadequacy (Ortrowsky, 2010).

Finally, motivation to change was negatively related to self-esteem and positively related to anxiety, such that the higher a probationers' motivation, the lower his or her self-esteem and the higher his or her anxiety levels. Again, the high correlation between self-esteem and anxiety may have impacted these findings. Additionally, these results may reflect that probationers with lower self-esteem or higher anxiety were more likely to be aware of and focused on personal problems and perhaps were more likely to make efforts to change their behaviour. However, given that these analyses were correlational, it is not clear whether low self-esteem or high anxiety levels led probationers to have a greater focus on their problems or whether a high level of problem awareness led to low-self-esteem or high anxiety.

4.2 Objective 1: The Relationship Between PO Care and Control Supervisory Orientations

Research on POs often refers to the dual, competing roles that are inherit in the position, characterized by a social worker role (i.e., care) and a law enforcement role (i.e., control; Dembo, 1972; Trotter, 1999). Although an early study categorized officers based two separate dimensions (e.g., authority and assistance; Ohlin et al., 1965), researchers have generally conceptualized these roles as a continuum of PO supervisory orientations, ranging from the care role at one end of the spectrum to the control role at the other end. This continuum was used in the original version of the OOOQ, in which respondents had to select a response on a Likert scale ranging from pure reintegration orientation to pure punishment orientation.

A high punishment or law enforcement orientation had been associated with an emphasis on enforcement of sentence conditions (Steiner et al., 2011), higher use of confrontation and deterrence strategies (Andretta et al., 2014), and a higher use of technical violations (Paparozzi & Gendreau, 2005). An emphasis on the reintegrative or caring orientation had been associated with lower enforcement of violations (Dembo, 1972), higher intentions to reward offenders' goal achievements (Steiner et al., 2011), and higher use of behavioural and counselling strategies (Andretta et al., 2014). Furthermore, some studies have demonstrated that having a balanced orientation between care and control is most effective for offender outcomes, and that an extreme orientation in either direction can be detrimental (Klockars, 1972; Paparozzi & Gendreau, 2005). However, this rather simplistic dichotomy has also been challenged. Taxman (2008) noted that more recent approaches to community supervision include the integration of social work and law enforcement roles. Whetzel et al. (2011) found that 70% of officers had balanced orientations, while Miller (2015) found no evidence of POs who emphasized one role over the other (i.e., social work or law enforcement). Even decades ago, Klockars (1972) found no evidence of the classic role dilemma, referring to it as "a logical reality but a sociological fiction" (p. 554).

Indeed, the current study found no significant correlations between the Care and Control on either version of the OOQ (i.e., Original and Brief). If the care and control roles were on opposite ends of one construct, these scales should be negatively correlated. However, although not significant, there was a positive correlation between the Care and Control Scales for the OOQ-Brief ($r = .29, p = .14$) and the original OOQ ($r = .29, p = .14$). It is important to note that there were some limitations that may help to explain these associations. First, there was a low sample size of only 27 POs that limited statistical power. Second, there may have been a PO response bias in that POs may have been more likely to agree with most of the items given that all items were scored in the same direction. Third, this measure had been altered from the Dembo (1972) version to allow for POs to have separate scores for the care and control domains, and therefore this version had not been psychometrically validated in prior studies.

Nonetheless, despite the limitations of the measure and analyses, it is interesting that the associations between the Care and Control scales did not suggest an inverse relationship that has characterized the PO orientation literature. Indeed, Whetzel et al. (2011) may have been correct when they referred to this "worn-out dichotomy". As Miller (2015) demonstrated, POs may readily include elements from both the caring role (e.g., rehabilitative efforts) and controlling

role (e.g., monitoring compliance with conditions) in their approach to supervision; perhaps it is overly simplistic to assume POs can be categorized as one or the other. The results from the current study suggest that there may be a more complex relationship between these dual roles. As Taxman (2008) noted, the integration of these two roles has now come to define community supervision practice; it may no longer be a decision *between* care and control, but on when and how to employ the strategies of each role (i.e., rehabilitative efforts monitoring compliance). Indeed, the PO's approach to supervision (i.e., how often he or she uses care or control strategies with a specific probationer and the manner of implementation of such strategies) is an external specific responsivity factor that should be considered in the RNR model and CCPs.

4.2.1 PO experience and caring supervisory orientation. With regards to the associations between these supervisory orientations and PO demographic and employment factors, the only significant correlation was the negative relationship between the OOC-Brief Care Scale and the POs years of experience on the job ($r = -.49, p < .01$). Although the limitations noted previously are still relevant, this association was significant despite the small sample size. This correlation indicated that the more years the participant had spent working as a PO, the lower his or her Care score. Past research on community supervision has found a relationship between officer experience and punitive attitudes, with higher experience as a parole officers associated with less punitive attitudes (Turner et al., 2011). In contrast, in the current study there were no correlations between the Control scale, which includes more punitive attitudes, and PO experience. While Turner et al. (2011) suggested that more experienced officers may have been more comfortable in their roles, the results from this study indicate quite the opposite; in fact, one possible explanation for these results is PO burnout.

Burnout has been conceptualized as feelings of emotional exhaustion, cynicism or depersonalization towards others, and reduced perceptions of accomplishment or personal efficacy on the job (Maslach, Jackson, & Leiter, 1996). Indeed, early research on POs found higher rates of burnout compared to other human service workers (Whitehead, 1985); authors suggested that burnout may be related to role ambiguity or conflict (Brown, 1987; Whitehead, 1985). More recently, White, Gasparin, Nystrom, Ambrose, and Esarey (2005) found PO interviewees reported that major job stressors included role ambiguity (social work versus law enforcement), role conflict (punishment versus rehabilitation), and role overload (organizational demands versus the needs of the offender). Finn and Kuck (2003) found the top three stressors

reported by probation and parole officers to be high caseloads, excessive paperwork, and meeting deadlines.

In Salyers, Hood, Schwatz, Alexander, and Aalsma's (2015) qualitative study on juvenile probation officers, POs reported feeling exhausted and overwhelmed, had difficulty connecting to and caring about others, and felt that they were not making a difference through their work. These POs recognized that burnout had affected their work, primarily through their relationships with clients; that is, they reported being more intolerant and withdrawn from clients. Lewis, Lewis, and Garby (2012) found that traumatic stress was directly related to longevity in the field; additional analyses indicated a curvilinear relationship between years of experience and four burnout-related outcomes (i.e., escape/avoidance, social/emotional isolation, depression, and physical symptoms), with the highest scores reported by POs with 9 to 12 years of experience. In the current study, only five POs had over 12 years of experience. It is important to note that PO burnout was not directly assessed in this study, and therefore cannot be statistically examined as an explanation for the negative relationship between experience and care. However, it is also of note that the Control scale, designed to measure a more punitive approach to supervision, was not related to PO experience. Thus, results suggest that years spent working as a PO did not increase punitive approaches, but only decreased rehabilitative/caring approaches. Given the literature noted above, these results indeed appear more indicative of the general apathy towards clients associated with burnout.

Upon examination of the items on the OOQ-Brief Care scale, it was evident that certain phrases were indicative of a desire to help probationers and a perception of self-efficacy to do so. For example, one item read: *It is important to get involved in a case, since the more we do, the more we see the probationer as an individual with needs to which we can attend.* As burnout includes difficulties with viewing clients as individuals (i.e., depersonalization) and decreased perceptions of personal efficacy related to the job (Maslach et al., 1996), it may be that a PO with higher levels of burnout would be less likely to endorse this item. Another item includes: *Initial contacts with the probationer should be concerned with expression of confidence in his adjustment potential, and trying to establish some realistic concrete goals. There should be a minimum necessary review of subject's past behaviour.* Individuals with burnout often develop cynicism towards others (Maslach et al., 1996), which would likely make it difficult to convey confidence in a probationers' ability to change. Overall, although burnout was not assessed in

the current study, the literature on burnout characteristics and the association with years of experience provide some support for this explanation of the PO experience-care relationship.

4.3 Objective 2: The Relationship Between Individual PO Characteristics and the Alliance

The second objective of this study was to determine if PO Care and Control scores were related to the alliance. These analyses were conducted at the individual level and at the group level using PO mean scores. Although it was hypothesized that PO Care scores would be positively related to the alliance, this correlation was not significant with either analytic method and the hypothesis was not supported. In contrast, previous research has found that high quality relationships are found with POs who are collaborative, fair, and motivated by caring in session (Skeem et al., 2003). Limitations relating to the OOQ-Brief (i.e., new version of the measure with all items scored in the same direction) and PO response bias may have impacted these results.

It was also hypothesized that there would be a negative relationship between PO Control scores and the alliance. There was a statistically significant relationship between the Original Control Scale and the POs' WAI-SR total score ($r = .27, p < .01$) in the individual analyses, which was in the opposite direction of the hypothesis. These results suggested that the more controlling a POs approach to supervision, the higher he or she rated the alliance with her supervisees. It is important to note that this association only existed for POs perception of the alliance, and not for probationers' ratings. Thus, the association with PO alliance ratings may have been spurious, perhaps influenced by PO response bias or limitations of the OOQ. Further evidence that this correlation was spurious was that the same association was not found when using the brief version of the measure, which had higher internal consistency.

Although group level analyses had a similar pattern of results with PO ratings of the alliance, results differed for probationer ratings. However, these results were nonsignificant and were likely impacted by the very limited sample size. Overall, contrary to the hypotheses, results indicated that PO Care and Control approaches to supervision were not directly related to the quality of the alliance. One possible explanation for the lack of significant findings is that there is a more complex relationship between PO supervision styles and the alliance, which is discussed further under objective four.

4.4 Objective 3: The Relationship Between Individual Probationer Characteristics and the Alliance

The third objective of this study was to examine the relationship between individual probationer characteristics and the quality of the alliance; probationer criminal attitudes, motivation to change, and psychopathy levels all had significant relationships with the alliance. Probationer self-esteem, anxiety, and risk level were not related to the alliance.

4.4.1 Criminal attitudes. First, there were small, positive correlations between the CSS and ratings of the alliance. Results supported the hypothesis, as probationers who held more prosocial attitudes (i.e., less criminal sentiments) had higher quality relationships. Furthermore, both POs' and probationers' alliance scores were related to probationer criminal attitudes. Previous research found a similar relationship between criminal attitudes (as measured by the CSS-Modified) and the observer-rated alliance between incarcerated violent offenders and correctional treatment providers (Ross, 2008).

Antisocial attitudes have been conceptualized as a criminogenic need to be targeted in correctional intervention (Andrews, Bonta, & Wormith, 2011). As correlation does not imply causation, it is not clear whether having a positive alliance with their PO allowed the probationers to develop more prosocial attitudes, or whether having prosocial attitudes allowed probationers to develop positive alliances. The answer may be a combination of these two explanations, in that the probationers' criminal attitudes impact the establishment of an alliance, but in turn the alliance also provides a foundational relationship that allows the PO to more effectively target antisocial attitudes. Thus, criminal sentiments could be considered both a criminogenic need and a specific responsivity factor. Indeed, Ross (2008) used structural equation modelling and found that CSS-Modified scores significantly contributed to observer-rated WAI scores with correctional treatment providers. Ross noted that if an offender holds positive attitudes towards criminality, he or she may find it difficult to agree that they need to change their behaviour, would be less likely to work on tasks necessarily to make such changes, and would be less likely to form a bond with the individual promoting these changes.

4.4.2 Motivation to change. Second, motivation to change (i.e., URICA RTC) was positively related to alliance quality, although only for PO ratings. That is, although probationers' motivation was related to POs perception of the relationship, motivation did not appear to have any impact on probationers' perceptions. Ross (2008) also found that motivation

was related to alliance ratings. In fact, when motivation, criminal attitudes, and psychopathy were entered into a regression, Ross found that motivation was the only significant predictor of observer-rated WAI scores, accounting for 29% of the variance in scores. However, Ross' study differed from the current study in that treatment providers rated the offenders' levels of motivation as opposed to the self-report method used in this study. Also, the WAI was rated by an observer, and not the client or treatment provider. Furthermore, Ross' sample of violent offenders were higher risk than the sample of this study, and thus the results may not be generalizable to probation populations.

Taft et al. (2004) also found motivational readiness to be the strongest predictor of both client- and therapist-rated working alliances in a sample of partner-violent men. Motivation was assessed through a self-report measure designed specifically for partner violent men, and thus did not employ the same measure as the current study. It is important to note that the limited previous research has only been confined to treatment provider alliances, which by definition have a role more solely focused on changing offender behaviour than POs. Previous research on the association between motivation and the PO-probationer alliance is lacking, and this population difference may account for the discrepant results.

Results from the analyses between the URICA and the PO alliance measures subscales indicated that the URICA Precontemplation scale had the most significant correlations. That is, POs were less likely to report positive alliances with probationers who had no intention to change their behaviour. This association makes intuitive sense given that it would likely be more difficult to establish an alliance when there is disagreement between PO and supervisee on whether the supervisee needs to modify his or her behaviour. In such a situation, PO and probationer may be working at cross purposes, thus not agreeing on the tasks or goals of supervision, two important features of the traditional working alliance. Indeed, the largest correlation was between the URICA Precontemplation scale and the WAI Task scale.

Additionally, the URICA Action subscale, which assesses whether probationers are making efforts to change their behaviour, correlated with the PO alliance ratings. This scale was significantly positively correlated with the WAI Task scale, indicating that probationers who reported higher scores on the action stage of change had POs who perceived a high agreement on the tasks of supervision. Of note, although the Action scale was significantly related to the alliance, the Maintenance scale was not. The Maintenance stage of change is characterized by

working to prevent a relapse of a problem after significant changes have been made. It is possible that probationers who reported high scores on this scale were not perceived to be as such by their POs. Furthermore, it is interesting that the Maintenance scale was the only URICA subscale consistently related to the SRP-SF subscales, perhaps providing evidence of positive impression management on the Maintenance scale.

4.4.3 Psychopathy. Third, probationer psychopathy (SRP-SF) was negatively related to probationers' WAI-SR scores, as hypothesized. Previous research found a similar association using client and therapist alliance ratings with partner-violent men (Taft et al., 2004) and observer alliance ratings with incarcerated violent offenders (Polaschek & Ross, 2010). Of note, probationer psychopathy was not related to PO ratings of the alliance. Similarly, Polaschek and Ross (2010) found that offender Psychology Checklist: Screening Version scores were unrelated to therapist ratings of the alliance and Walton et al. (2016) found that the PCL-R was only related to client-rated WAI scores. However, Polaschek and Ross (2010) noted that there were likely high-psychopathy offenders with whom a positive alliance was not possible to establish, an important point to consider given the low levels of self-reported psychopathy in the current sample. Thus, it is possible that had the current study included probationers with high-psychopathy scores, POs perceptions of the alliance may have been negatively impacted. Perhaps the fairly low levels reported in this sample did not reach the theoretical threshold at which POs perceive a negative impact on their supervisory relationship.

The subscales of the SRP-SF and the probationer-rated WAI-SR were examined, and results indicated that psychopathy total scores were only significantly negatively correlated with the WAI Bond scale. Previous research found similar results in a population of sexual offenders (Walton et al., 2016). These results suggested that probationers with higher psychopathy scores had a more difficult time developing an emotional connection with their PO. These results make sense given the lack of empathy and manipulateness that characterizes psychopathy (Hare, 1996). In fact, Wong and Hare (2005) have suggested that staff should focus on developing a 'functional working alliance', with more emphasis on agreement on tasks and goals than the bond. Furthermore, results indicated that the SRP-SF Affective scale was the only scale significantly correlated with the WAI-SR Bond scale. That is, probationers who reported affective features of psychopathy (i.e., low empathy, lack of concern for others) reported weaker emotional bonds with their PO. Previous research also found the affective facet of psychopathy

was related to low working alliance total scores, and WAI Bond scores specifically, in a population of incarcerated offenders (Desorcy et al., 2016).

There was also a significant negative correlation between the SRP-SF Interpersonal scale and the WAI Goal scale. That is, probationers who reported more interpersonal features of psychopathy (e.g., manipulation, pathological lying) reported low agreement with their PO on the goals of supervision. As these features were not related to POs' perceptions of the alliance, perhaps probationers with more interpersonal features were more likely to lie or attempt to manipulate POs into believing they agreed on the goals. The SRP-SF Lifestyle scale (e.g., impulsivity, recklessness) was also significantly related to WAI-SR total scores, consistent with findings in Desorcy et al. (2016). However, the Antisocial scale was not correlated with alliance ratings. Further, probationer risk level (SPRA) was also not related to PO or probationer ratings of the alliance. There is limited research on the association between offender risk level and the alliance, and these results seem to be inconclusive. Ross (2008) found that offender risk level was not related to observer ratings of the alliance with treatment providers, while Blasko et al. (2015) found that high-risk parolees were more likely than lower risk parolees to perceive poorer relationships with their parole officers.

Overall, results from this study indicate that probationer criminal attitudes, motivation to change, and psychopathy levels are all generally related to the quality of the alliance. Although the majority of these correlations would be considered low to medium effects according to Cohen (1992), Hemphill (2003) argued that it is too simplistic to have a single set of empirical guidelines for interpreting the magnitude of correlations and that values should be interpreted in the context of the related literature. As these correlations are in the range typically found in the psychology and working alliance literature, they can be considered important variables in the PO-probationer alliance. Thus, these individual factors should be considered specific responsivity factors to take into account during supervision meetings with probationers.

4.5 Objective 4: The Relationship Between PO and Probationer Perspectives on the Alliance

The fourth objective of this study was to examine the alliance rating agreement between POs and probationers. Within-rater agreement between the DRI-R and WAI-SR was high and significant for both POs and probationers. As noted previously, these correlations were larger than associations found in previous research; Skeem et al. (2007) found only moderate within-rater correlations between the two measures. Between raters, using raw scores, there was a small

correlation between the PO- and probationer-rated WAI-SR that approached significance, although there were no significant correlations between raters for any other combinations of measures. Previous research found no significant relationships between raters for any combination of the DRI-R and the full version of the WAI (Skeem et al., 2007). T-tests indicated that probationer ratings of the alliance were significantly higher than PO ratings. A meta-analysis from the psychotherapy literature also found that clients generally rated the alliance more favourably than therapists (Tyron et al., 2007); results indicated a moderate correlation between ratings. Horvath (2000) argued that differences between client and therapist ratings existed because therapists assessed the alliance through a theoretical lens based on assumptions about signs of a positive relationship, while clients assessed the alliance in a more subjective manner using comparisons to his or her previous experiences. However, POs may not be trained in the theoretical foundations of the working alliance and thus rate their relationship with a particular supervisee in comparison to other probationers on his or her caseload.

Between-rater analyses using centred scores had different results, as all between-rated associations were significantly positive. Thus, results indicated that there were systematic rating biases in that probationers nested within their supervising POs. After accounting for PO rating biases, POs and probationers appeared to have moderate agreement on the alliance, consistent with previous psychotherapy research (Tyron et al., 2007). Centring the alliance scores allowed for a focus on the differences between ratings of each individual supervisee, as opposed to overall patterns that existed between POs (i.e., tendency to rate all alliances high or low). While this statistical method controlled for the issue of data dependence, the second type of analyses modelled the interdependence in the data, providing a more in depth examination of the PO-probationer alliance.

The one-with-many HLM analysis allowed the variance in PO alliance ratings to be partitioned into PO perceiver effects and a combination of the relationship, probationer partner effects, and error (Marcus et al., 2009). Variance in probationer alliance ratings was partitioned into PO partner effects and a combination of the relationship, probationer perceiver effects and error. The inability to differentiate the relationship effects from probationer partner/perceiver effects and error is a limitation of the one-with-many design, as only one rating for each probationer was included in the data. That is, probationers had only one PO, but many POs had more than one supervisee who participated in the study. However, results still provided valuable

insight into the nature of the PO-probationer alliance, as this type of analysis had not been previously used in the context of PO-probationer relationships.

The overall finding from these analyses was that alliance ratings, whether provided by POs or probationers, were primarily dyadic or relational; the contributions of the individual-level components were of less importance. Specifically, PO partner effects (i.e., the extent to which all probationers develop similar quality alliances with a specific PO) from probationer ratings of the alliance only accounted for a small and nonsignificant amount of variance (8.6% in DRI-R scores and 1.4% in WAI-SR scores). Thus, results indicated that probationers did not rate certain POs as better at establishing an alliance than others; individual POs were not perceived to be especially skilled or not skilled at forming relationships with their clients overall. Previous research from the psychotherapy literature has found therapist partner effects accounted for approximately 6% of client WAI ratings (Hatcher et al., 1995; Marcus et al., 2009). Although the results from the DRI-R analyses are similar to previous research, results from the WAI-SR are quite a bit lower in the current study. Possible explanations for this discrepancy may include the use of a different version of the WAI and, perhaps more importantly, a different context. POs and probationers have a more complex relationship compared to traditional psychotherapy, and thus results from the clinical field may not be directly generalizable to this context.

In contrast to PO partner effects, PO perceiver effects in the PO-rated alliance measures accounted for a large and significant amount of variance in DRI-R (73.3%) and a smaller, but significant amount of variance in WAI-SR scores (35.7%). Results from the WAI-SR analysis were similar to previous research that found therapist perceiver effects to be approximately 30% (Hatcher et al., 1995; Marcus et al., 2009), while results from the DRI-R analysis were more than double the amount of variance. The differences in the item content of the DRI-R may have accounted for these different results. Specifically, the Toughness scale, which had low internal consistency, may have been impacted by a PO response bias (i.e., not endorsing more punitive items). In turn, this bias may have led to higher perceiver effects on the DRI-R total scores.

It is important to note that perceiver effects included the rater's response set (Kenny, 1994) and Marcus et al. (2009) note that individual differences in self-presentation, self-confidence, self-aggrandizement, or self-disparagement may all contribute to alliance ratings. With these limitations in mind, the difference between the variance partitioning for probationer and PO ratings (i.e., PO partner effects versus PO perceiver effects) are still informative.

Although certain POs viewed themselves as more skilled at establishing alliances with their supervisees compared to other POs, their supervisees did not make the same assessment, as evidenced by the nonsignificant generalized reciprocity correlation. Another possible explanation is that there may have been genuine differences between POs, but probationers did not have the context to detect these differences (i.e., could not compare between two POs; Marcus et al., 2009).

Researchers have argued that the most important aspect of this approach is the distinction between generalized and dyadic reciprocity (Kenny & Nasby, 1980). In this study, the dyadic reciprocity correlation was significant for both DRI-R and WAI-SR ratings. That is, when a PO reported an especially good alliance with a specific probationer (i.e., better than the alliances with his or her other supervisees), that probationer also reported an especially good alliance (i.e., compared to the other supervisees of that same PO). Thus, it was not specific individual characteristics or skills that determined the quality of the alliance, but the unique relationship between a particular PO and probationer (Marcus et al., 2009). In fact, Marcus et al. (2009) concluded that the moderate correlations between therapist and client ratings of the alliance found in the literature may be largely, perhaps even entirely, the result of dyadic reciprocity, the relational nature of the alliance. Results from the correlational analyses on interrater agreement also provide evidence for this argument, as the results were only significant upon controlling for the rating biases among POs, thus allowing for the more unique, individual relationship differences to emerge. These findings suggest that research examining the match or pairings between PO and probationers would have more value for improving the quality of the alliance than research examining individual characteristics that may have a one-way influence on the relationship (Marcus et al., 2009).

In contrast, if the generalized reciprocity correlation had been significant, it would point to the existence of general characteristics of or approaches used by POs that impacted the quality of the alliance overall; such factors could be considered general responsivity considerations. However, the significant dyadic reciprocity found in this study suggests that it is the specific responsivity principle that may have more impact on the PO-probationer alliance. This principle calls for the adaptation of supervision approaches to relevant characteristics of the individual offender, such as their strengths, motivations, or personality factors (Andrews & Bonta, 2010). It appears that the interaction between the PO and probationer, or the match between the PO's

characteristics/approach and the probationer's characteristics, creates a unique relationship between the two individuals. In order to better understand these specific responsivity considerations, a number of interactions were examined to determine which matches between PO and probationers led to higher quality alliances.

4.6 Objective 5: The Impact of the Interaction Between PO and Probationer Characteristics on the Alliance

The fifth objective of the current study was to examine possible interactions between the individual PO and probationer factors examined in this study. The interaction hypotheses were not supported by the results. That is, there were no significant interactions between PO care and probationer anxiety, PO care and probationer self-esteem, or PO control and probationer psychopathy.

4.6.1 Probationer anxiety. First, although it was hypothesized that probationers with high levels of anxiety would have better alliances with POs who were more caring, results were not significant. Anxiety had been theorized to be a specific responsivity factor in correctional treatment (Andrews & Bonta, 2010), and may also negatively affect the development of the bond between treatment provider and offender (Orsi et al., 2010). However, in the current study, the correlations between anxiety and alliance ratings were not significant.

In contrast, past research has demonstrated that clients' perception of their therapists or POs can affect their levels of anxiety. Specifically, better anxiety outcomes have been found for clients who perceived their therapist or PO to be supportive, understanding, and encouraging (Morash et al., 2014; Rabavilas et al., 1979), while increases in anxiety have been found in probationers with demanding, inflexible, and more punitive POs (Morash et al., 2014; Skeem et al., 2003). The findings from the current study were not consistent with these previous results. One possible explanation is that the OOOQ was not used in these previous studies and it is possible that this measure did not adequately capture the probationers' perception of the POs' level of care. Furthermore, previous research with probationers appeared to examine anxiety levels within or directly following the supervision session (i.e., state anxiety), as opposed to a more pervasive trait level of anxiety, which may partly explain the discrepant results. Thus, the association with probationer state anxiety levels may simply be a probationers' reaction in the moment to the POs use of a supportive or punitive approach, and perhaps there is genuinely no interaction between PO level of care and probationer trait anxiety on the quality of the alliance.

4.6.2 Probationer self-esteem. Second, although it was hypothesized that probationers with high levels of self-esteem would have better alliances with POs that were more caring, results were not significant. This hypothesis was examined because self-esteem had been proposed as a responsivity factor for correctional interventions (Andrews & Bonta, 2010). Research has found that using confrontational approaches with low-self-esteem offenders is especially detrimental (Murphy & Baxter, 1997), while using positive feedback is helpful (Blaine & Crocker, 1993). In the current sample there was no evidence of such an interaction impacting the alliance, although there may be other PO characteristics not measured in the current study that interact with probationer self-esteem. It is also possible that the limitations associated with the OQ-Brief impacted the results, although there were other significant interactions found with the measure, as described below.

4.6.3 Probationer psychopathy. The final interaction hypothesis was that probationers with high levels of psychopathy would have better alliances with POs that were more controlling; results did not support this hypothesis. Researchers have argued that it may be of benefit to focus on the goals and tasks of therapy with high-psychopathy offenders, as opposed to the bond (Ross et al., 2008), which has been referred to as a functional working alliance (Wong & Hare, 2005); a more detached manner has also been proposed (Galloway & Brodsky, 2003). These recommendations are more in line with the characteristics of a high-controlling PO, although there were no significant interactions between PO Control and probationer psychopathy. Given that these recommendations from the literature were for psychopathic offenders, they may not be as relevant for the current sample of low-psychopathy probationers. Perhaps the match between PO control and probationer psychopathy is only important for higher levels of psychopathy.

However, there was a significant interaction between PO care scores and probationer self-reported psychopathy on PO alliance ratings. For higher psychopathy probationers (i.e., SRP-SF \geq 90), PO alliance ratings increased with higher levels of care. Thus, it appears that POs with lower care scores had more difficulty establishing positive alliances with probationers with higher psychopathy scores. It is possible that POs with low care scores found it more difficult to have empathy and compassion for these specific probationers and thus viewed the relationship more negatively. Since lower care scores were associated with more years of service, which in turn has been related to PO burnout, it is possible that POs with lower care scores had higher

levels of burnout. Given some of the characteristics of burnout (i.e., cynicism towards clients, reduced self-efficacy), it would be likely that POs with higher levels of burnout would have a more difficult time investing in positive alliances with higher-psychopathy probationers. In contrast, POs with higher care scores likely did not have as high rates of burnout, and thus found it easier to establish relationships with higher-psychopathy probationers.

Another possible explanation is that high-care POs had to put more effort into developing a bond with these more difficult supervisees and perhaps rated the alliance higher due to *effort justification* (Aronson & Mills, 1959). This concept occurs when individuals justify their greater effort by ascribing higher value to outcomes that follow more effort than to outcomes that follow less effort. It is of note that there were no significant interactions between PO care and probationer psychopathy for probationer ratings of the alliance. This possible explanation does not imply that these results are not useful. In fact, perhaps perceiving these difficult relationships as rewarding and worth the effort has a sort of protective effect against reduced care levels and burnout. Indeed, research has demonstrated that greater discrepancies in perceived job effort and reward is related to greater symptoms of burnout in Chinese correctional officers (Hu et al., 2015). Another possible explanation, which is perhaps more pessimistic, is that the high-care POs fell victim to the manipulative nature of more psychopathic offenders and thus perceived the alliance more positively. However, given the low levels of psychopathy in the sample, this explanation is much less likely.

4.6.4 Probationer criminal attitudes. Although there were no specific hypotheses regarding the interaction of probationer criminal attitudes with PO characteristics, some significant results were found. First, PO alliance ratings with prosocial offenders (i.e., CSS ≥ 60) decreased with higher levels of PO Care, while PO alliance ratings with highly antisocial offenders (i.e., CSS ≤ -13) increased with higher levels of PO Care. Similar to the interaction between PO care and probationer psychopathy, it is possible that POs with higher levels of burnout reported lower care scores, and also found it more difficult to establish relationships with supervisees who held more engrained criminal attitudes. Additionally, effort justification may have played a role in high-care POs' ratings of alliances with their more highly antisocial supervisees. In contrast, low-care POs may have rated their alliances with prosocial probationers especially high due to the contrast with their alliances with antisocial supervisees.

Furthermore, another significant interaction indicated that PO alliance ratings with more prosocial offenders ($CSS \geq 67$) increased with POs years of experience, while PO ratings of alliances with more antisocial offenders ($CSS \leq 34$) decreased with PO years of experience. These findings provide further evidence of the burnout explanation, as burnout has been positively related to years of experience up to 9-12 years (Lewis et al., 2012) and only 11 probationers in the current sample had POs with more than 12 years of experience. Thus, more experienced POs may have more signs of burnout. Due to the difficulties with compassion and empathy associated with burnout (Salyer et al., 2015), these POs would likely have an especially difficult time developing an alliance with highly antisocial offenders. Again, this interpretation is limited by the fact that burnout levels were not assessed.

It is of note that the majority of the significant interactions were found only for PO ratings of the alliance and not probationers' ratings. Additionally, none of the significant interactions involved the OQ-Brief Control scale. Thus, it was not the level of surveillance and monitoring that interacted with probationer characteristics to impact the alliance, only the level of care and experience. Although it is important to note that there may have been limitations in the Control scale that impacted the lack of findings, it may also be true that POs use of control tactics are not as relevant to their perception of alliances with more psychopathic and/or antisocial offenders. Results suggest that the POs level of care and years on the job are more relevant for perceiving a positive relationship with these probationers.

4.6.5 Probationer motivation to change. Finally, there was a significant interaction between probationer motivation to change and PO years of experience on probationer alliance ratings, as opposed to PO ratings. Probationers with motivation levels below the mean had alliance ratings that increased with the years of experience of his or her PO. A possible explanation is that low-motivation probationers may appreciate the more developed skills of experienced POs and therefore perceive a more positive alliance. It is also possible that newer POs were more enthusiastic in challenging low-motivation probationers' behaviour and as such these probationers rated their relationships with these POs more poorly. Of note, although there were significant correlations between probationer motivation and PO alliance ratings, there were no significant interactions between PO characteristics and probationer motivation for PO ratings of the alliance. That is, there seemed to be an overall effect of probationers' motivation on POs perception of the alliance that was unaffected by PO care, control, or experience.

4.7 Objective 6: The Relationship Between the Alliance and Probationer Outcome

The sixth objective of the current study was to examine the relationship between the working alliance and outcome. However, results were not significant and the hypothesis (i.e., a stronger working alliance would be related to lower rates of recidivism) was not supported. As noted previously, there are a number of methodological limitations that may have impacted the nonsignificant results, including the low base rate of reoffending and the short follow-up period. Furthermore, the completeness of the CPIC records used to obtain the recidivism data was unknown, which may have also influenced the results if these records were not up to date.

In contrast to the current results, there has been previous research that found a significant relationship between a positive working alliance and lower recidivism rates in group treatment for partner-violent (Brown & O’Leary, 2000; Taft et al., 2003) and probation contexts (Blasko et al., 2015; Kennealy et al., 2012; Skeem et al., 2007, 2009; Wild, 2011). However, some of these studies had follow-up times that were almost double that of the current study (Kennealy et al., 2012; Skeem et al., 2007). Furthermore, even in studies with a similar follow-up period, there was a greater sample size (e.g., $n = 480$ in Blasko et al., 2015) and/or a less strict operationalization of recidivism. That is, in the studies involving probationers, probation violations or rearrests were often used as the outcome variable (Blasko et al., 2015; Kennealy et al., 2012; Skeem et al., 2007, 2009), which may or may not have led to a conviction; one study also used offender self-reported violations (Blasko et al., 2015). With these definitions, the studies had higher base rates of recidivism (i.e., 33% to 63.3%). Such differences in study methodologies may partly explain the discrepant results with the current study. It is also possible that the working alliance moderates outcomes for offenders or is more relevant for a particular type of offender, which was not examined in the current study.

Additionally, it is also possible that working alliance is simply not related to recidivism in this sample. DeSorcy et al. (2014) found that WAI scores did not significantly predict recidivism in a sample of sexual offenders and Kozar and Day (2012) noted that there was insufficient evidence to support the positive effect of an alliance in violent offender treatment outcomes. Perhaps the alliance is a necessary, but not sufficient, ingredient for encouraging prosocial changes in offenders. For example, a probationer could have a positive relationship with his or her PO, but if the supervision sessions are not focused on targeting criminogenic needs, then the impact on recidivism would be limited. Kozar and Day (2012) also concluded

that there were strong theoretical and practical grounds for establishing a positive alliance between staff members and offenders. Indeed, the staff-offender relationship is recognized as important in correctional interventions in the RNR model (Andrews & Bonta, 2007, 2010; Ogloff & Davis, 2004), CCPs (Dowden & Andrews, 2004), and probationer officer training programs (Bonta et al., 2010; Bourgon et al., 2009; Taxman, 2011). Thus, although the current study found no association between the PO-probationer alliance and probationer outcome, theory and practice suggests that this relationship is still a key component in working with offenders. Furthermore, a positive PO-probationer relationship is likely to provide the offender with a greater opportunity to develop prosocial interpersonal skills that would be beneficial to the offender in a variety of social circumstances (e.g., for relationships with employers).

4.8 General Discussion

Despite its importance, the responsivity factor of the RNR model has been the least researched of the three principles (Birgden, 2004). The risk principle indicates for *whom* treatment should be provided, the needs principle outlines *what* to target in treatment, and the responsivity principle focuses on *how* to target these needs for these individuals. Although general responsivity has outlined the overall nature of these interventions (e.g., cognitive behavioural strategies), the specific responsivity factor calls for attention to individual differences and the context of treatment, not just offender characteristics in isolation. One of the important specific responsivity factors that has been noted in the research is the working alliance between offender and staff (Andrews & Bonta, 2010). Indeed, this concept, derived from the psychotherapy literature (Greenson, 1965), has been incorporated into correctional intervention theory (e.g., RNR, Andrews & Bonta, 2010; CCPs, Dowden & Andrews, 2004), forensic research literature (e.g., Taft et al., 2003; Skeem et al., 2009), and probation/parole officer training programs (e.g., STICS, Bourgon et al., 2010); STARR, Robinson et al., 2011; PCS, Taxman, 2008a). Some research has demonstrated that the working alliance in forensic contexts is related to offender recidivism (Brown & O’Leary, 2000; Hart & Collins, 2014; Kennealy et al., 2012; Skeem et al., 2007; Skeem et al., 2009; Taft et al., 2003; Wild, 2011), and thus reflects not only a theoretically important aspect of work with offenders, but also one with very real consequences. However, it is important to note that working alliance ratings were not related to probationer recidivism in the current study.

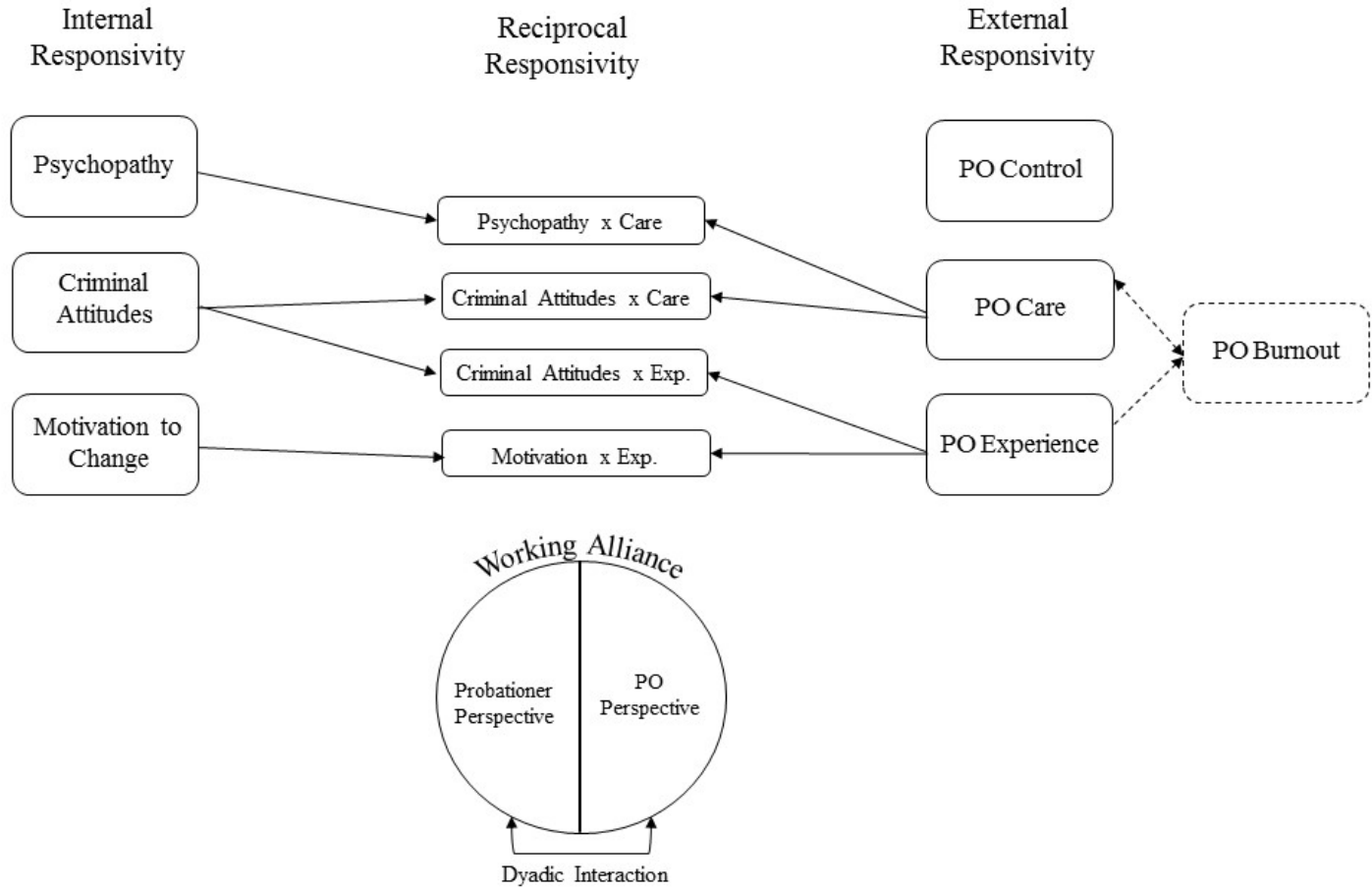
As the working alliance is by definition a relationship between two individuals, Horvath (2000) noted the relevance of pretherapy variables that both the client and therapist bring to their interactions. That is, each individual has unique demographic and personality characteristics, social histories, interpersonal dispositions, and skills that impact how they relate to and form relationships with others. The relevance of these pretherapy variables was also noted by Ross et al. (2008) in their inclusion of staff and offender characteristics in their model of the alliance in correctional interventions (i.e., RTTA). These variables can also be considered specific responsivity factors in the RNR model, which have been divided into external (to the offender) and internal specific responsivity factors (Andrews & Bonta, 2010). The results from the current study add to this literature and the findings have been arranged in a conceptual diagram of the specific responsivity factor for ease of comprehension (Figure 4.1).

In the RNR model, external factors include staff characteristics, a few of which were examined in the current study. Specifically, although POs' care and control supervisory orientations were not directly related to the quality of the working alliance, there were significant interaction effects with care levels that indicated a more complex association with the alliance. Additionally, given that PO experience was negatively related to PO care scores, it is possible that a third variable, PO burnout, may be relevant to supervision, although the construct was not directly assessed in this study. Internal factors include characteristics of the offenders themselves (Andrews & Bonta, 2010). In the current study, variables that were significantly associated with alliance quality included probationer criminal attitudes (for PO and probationer alliance ratings), motivation to change (for PO ratings), and self-reported psychopathy (for probationer ratings).

Although the alliance has been considered an external responsivity factor (Ogloff & Davis, 2004), results from this study indicate that the alliance should be considered a *reciprocal responsivity* factor. That is, any examination of a relationship must consider the mutual influence of the individuals involved. Indeed, results demonstrated the largely dyadic nature of the PO-probationer alliance. It is not enough to only consider general responsivity factors, such as the overall strategies to employ for interventions. Nor is it enough to only focus on specific responsivity factors that are internal and external to the offender. In the context of community supervision, one must also recognize the dyadic influence between these two individuals. The unique relationship between a specific PO and a specific probationer seems to be at the core of

Figure 4.1

A Conceptual Diagram of Specific Responsivity in Community Supervision



the supervisory alliance. Although it is not realistic to attempt to determine every possible interaction between probationer (i.e., internal) factors and PO (i.e., external) factors, this study identified a few such examples to consider.

4.9 Limitations

There were a number of limitations in the current study that are important to note. First, the volunteer nature of participation for both POs and probationers has the potential to obtain a biased sample. That is, POs and probationers who volunteered to participate may have different characteristics than POs and probationers who did not consent to participation. For example, it is possible that POs and probationers who volunteered felt that they had stronger relationships than the individuals who did not volunteer. This self-selection bias may have resulted in more positive results with respect to alliance ratings.

Second, there are inherent limitations with respect to the use of self-report measures that can affect accuracy. For example, responses on self-report measures can be influenced by social desirability and impression management, including self-enhancement, deception, and defensiveness. Although the probationers were informed that POs would not see supervisees' responses and that results would not affect their sentences, it is still possible that participants attempted to present themselves in a more positive light. Indeed, the low scores on the psychopathy measure suggest that probationers may have been underreporting. Additionally, there were no measures of impression management and self-deception included in this study for practical purposes (i.e., to not increase the length of the battery), although future research may find the use of such measures beneficial.

Third, although the majority of the measures had good psychometric properties in previous research and the current study, there was some concern with the adapted version of the OOQ and the Brief version created. As neither version of this measure had been used in previous research, they are limited in their comparison to other measures. There were also methodological limitations with the procedure used to create the modified brief version, as the low sample size prohibited the use of factor analysis. The internal consistency statistics were adequate, but future research should validate the measure on a larger sample size. Additionally, the measure did not assess POs actual behaviour, which may or may not have been directly related to responses on the OOQ. It may be of benefit for future studies to examine the association between PO OOQ responses and PO behaviour in supervision (e.g., using

independent ratings of PO-probationer meetings), as well as probationers' perception of the POs use of care and control strategies. Furthermore, the POs' DRI-R Toughness Scale had low internal consistency and may have been affected by a response bias (e.g., social desirability), which in turn may have affected analyses using the DRI-R.

Another limitation was that the alliance measures were only administered at one time point, which varied across PO-probationer relationships. As the PO-probationer working alliance likely has a dynamic nature, including ruptures and repairs over the course of supervision, the use of the single assessment in the current study was not ideal. For example, scores may have been affected by the PO's and probationer's perceptions of the most recent supervision session. That is, if a rupture had recently occurred, the alliance would likely have been rated more poorly than if a positive interaction had recently occurred, regardless of the overall quality of the relationship. Future research could examine this alliance over the course of probationers' sentences (e.g., early, middle, late) to provide more in-depth information on the nature of this specific relationship. It would also be beneficial for future research to include observer ratings of the alliance to compare to PO and probationer ratings.

Additionally, a noteworthy limitation was the modest sample size of this study, which may have limited the statistical power for certain analyses. As there were a small number of POs participating in the study, the analyses conducted at the PO-level were especially lacking in statistical power. Although efforts were made to attain a higher number of participants, the nature of this research creates difficulties in obtaining adequate sample sizes (i.e., requires the consent of both the PO and probationer). Finally, the short follow-up time was also a limitation in this study, and the resulting low recidivism base rate may have affected some analyses. Research examining the relationship between the alliance and recidivism over a longer period of time would be beneficial. The completeness of the CPIC records for the recidivism analyses was also unknown, which may have affected the predictive accuracy of the measures.

4.10 Implications and Recommendations

The current study addressed a number of gaps in the literature. Specific responsivity has been considered by some to be one of the more neglected principles in RNR research (Birgden, 2004). The current study examined a number of such responsivity factors and included additional reciprocal responsivity factors to provide a more comprehensive picture of the relational nature of the alliance. Indeed, the examination of the dyadic aspect of the alliance was

another important strength of this study, as it seems to better capture the reciprocal quality of the supervisory relationship and provide more nuanced depiction. As most research on the alliance, especially in the forensic field, includes ratings from only one individual in the relationship (i.e., the client or the therapist), this study addressed this gap by including alliance ratings by both the PO and probationer. This method allowed for the comparison of the two perspectives and the use of HLM to model the interdependent nature of the data. The interaction effects for the various PO and probationer variables were also examined, which provided interesting findings on the quality of different PO-probationer matches.

Given the findings from this study, there are a number of future directions for research in the area:

1. Future research may help to shed light on when to implement certain strategies for individual probationers and how to tailor supervision to the individual. To this end, it would be beneficial for research to examine the process of supervision sessions:
 - a. As in some previous studies (e.g., Bonta et al., 2008), using recordings of supervision sessions would allow for an in-depth look at these meetings. However, although previous research has coded PO behaviour in session, future studies should examine reciprocal interactions between POs and probationers (e.g., how they respond to one another in a given situation). Individuals in such a relationship are often examined as if in a bubble, which disregards the reciprocal influence of each person. For example, researchers could code how probationers respond to PO confrontation or how POs respond to probationer resistance.
 - b. As specific responsivity should also be considered in this research, it would be of benefit to examine individual probationer characteristics (e.g., psychopathy, motivation to change, criminal attitudes), both separately and in concert with (as per recommendation 2 below) PO characteristics (e.g., care, control, burnout levels) that may predict how one individual responds to a specific behaviour of the other individual.
 - c. The therapeutic process literature may help to inform the methodology and research objectives of supervision process research.

- d. A multi-method approach may allow for a more well-rounded examination of this dyadic alliance. For example, qualitative interview data from POs and probationers may provide rich information on the unique relationship between two individuals.
2. It would also be beneficial for future research to examine additional PO-probationer matches that may impact the alliance and probationer outcome through reciprocal responsiveness. There is an endless number of additional individual characteristics to be examined, including PO supervision behaviour, PO burnout or job stress, probationers' perspectives on PO supervision approaches, demographic variables (e.g., gender), and probationer criminal history, offence, and mental health variables. Although the objective should not be to identify every possible interaction between POs and probationers, examining some relevant factors may help inform POs' individualized supervision of a variety of probationers. Research with the Johnson-Neyman procedure, as used in the current study, may help to identify specific score ranges on responsiveness measures that can help create practical guidelines on when a specific factor is relevant for supervision.
3. In the current study, there was an interesting negative association between PO experience and care. Further, both PO experience and PO care were involved in all of the significant interactions with more antisocial and higher psychopathy offenders, suggesting that POs had a more difficult time perceiving a positive relationship with these offenders. Future research should examine whether, as hypothesized, these relationships can be explained by PO levels of job burnout.
4. Although one might argue that probationers' perceptions of the alliance are ultimately more important than the POs' perspectives, POs' perceptions of the alliance are also important to investigate. First, future research should examine whether the perception of a large portion of low-quality alliances on a PO's caseload is associated with staff outcomes such as PO stress, burnout, wellbeing, job retention, and job performance. Given the dyadic nature of the alliance identified in this study, these factors may later affect probationers' view of the alliance and engagement in supervision sessions. Nonetheless, even if the only outcomes of POs' negative perceptions of their alliances were personal in nature (e.g., job satisfaction, wellbeing), it would still point to an area for improvement in organizations in terms of providing POs with the empathy, caring, and respect they deserve as staff members and as human beings.

5. Results from this study suggest that some of the individual probationer factors have differential impacts on the POs' and probationers' perceptions of the alliance. For example, although psychopathy levels did not appear to impact POs' perspectives on the alliance, it was associated with probationers' perception of a weaker emotional bond. Previous researchers have emphasized the creation of a functional working alliance with high-psychopathy offenders with a greater emphasis on goals and tasks (Wong & Hare, 2005). Since these offenders may have difficulty bonding with POs regardless, future research should further examine this functional working alliance to determine whether it is effective with such individuals.
6. Given that the restructured OOQ Brief had not been previously psychometrically validated, future research may aim to do so in a larger sample of POs. Research examining the Care and Control Scales associations with PO behaviour in session would be beneficial and validation studies would help inform the development of an updated version of the measure.
7. Given that the Toughness scale of the PO DRI-R was not psychometrically sound in the current sample (e.g., low internal consistency), research may benefit from an examination of the scale's association with social desirability. Researchers may improve upon the psychometric properties of the scale through the deletion of certain items (e.g., items that POs rarely endorse) and addition of new items that capture punitive attitudes without a high response bias.

In addition to the above research agenda, results from the current study can inform PO training and probation officer procedures:

1. First, the most salient finding of this study was the largely dyadic nature of the PO-probationer alliance. Although some individual factors seem to generally impact perceptions of the alliance as noted above, the reciprocal influence of both individuals appears to be of greater importance. That is, POs should not make generalized assumptions that a solid alliance is impossible to develop with certain probationers (e.g., individuals with high antisocial attitudes). In a sense, this finding provides a more optimistic depiction of the development of a working alliance with probationers, as a specific PO can still develop a relationship with an individual supervisee, even if that supervisee has 'negative' qualities. This point should be emphasized in training to reduce POs' biases and increase their engagement and efforts with such individuals.

2. Relatedly, the current study found that certain matches between POs and probationers led to better quality relationships. Although one of the PO variables (i.e., experience) is a static factor, it is possible that there are certain factors associated with years of experience that are more adaptable in nature (e.g., interpersonal approaches). Thus, if provided with the appropriate knowledge and training, POs should be able to tailor their supervision style to a specific probationer in order to provide that person with the best chance for success. Although it may be more straightforward to utilize a similar approach with all supervisees, the effort to provide more individualized, responsive supervision is supported by theory and research. The research agenda noted above will help to inform the tailoring of supervision in the future, but the clinical literature can also provide insight on the microskills required to navigate interpersonal communication with a diverse array of probationers. For example, similar to mental health professional training, POs can learn how to recognize and respond to specific probationer behaviour (e.g., resistance, aggression, defensiveness) in the moment to create more positive alliances and increase the probationer's engagement in the tasks of supervision (e.g., targeting criminogenic needs). These skills are essential when acting as an agent of change. Consultations with mental health professionals would likely be beneficial when developing training for such skills.
3. To further the development of POs' interpersonal microskills and the tailoring of supervision, it would be beneficial for organizations to include opportunities for clinical supervision by senior staff, outside professionals, and/or peers. Supervision would allow for the refinement of these skills and assistance in dealing with difficult cases. PO self-reflection should be encouraged by supervisors to help POs recognize how their own behaviour encouraged certain responses in the probationer (e.g., confrontation led to resistance).
4. In order to provide adequate individualized supervision, certain probationer specific responsivity factors should be assessed to inform a specific case plan. Although organizations may already assess some of these factors (e.g., criminal attitudes, motivation), research will help to inform additional factors that POs should be aware of in order to effectively tailor supervision.
5. As low probationer motivation was negatively associated with POs' perceptions of the alliance, POs may need additional training for working with these individuals (e.g., motivational interviewing). Perhaps the lower alliance ratings were related to the frustrations

experienced when working with probationers who have no intentions to change, and additional skills may provide the POs with more strategies to use in such situations. Given that probationers rated their alliances higher with more experienced POs, who presumably have more developed skills, training in motivational interviewing techniques may also improve the probationers' perceptions of the relationship.

6. As also argued by previous research (e.g., Whetzel et al., 2011), the care versus control orientation is a tired dichotomy that seems to be an oversimplification of the complex nature of community supervision. Continuing this conceptualization of PO orientation only serves to emphasize a conflicting nature of these dual roles, which may be detrimental given that POs have noted perceived role conflict and ambiguity as major job stressors (White et al., 2005). Thus, when these care and control orientations are viewed as competing aims (e.g., offender rehabilitation versus punishment and public safety) that are mutually exclusive, it may increase stress levels in professionals who often already carry a heavy workload. These roles should be reframed in such a manner that emphasizes the harmony between care and control (e.g., rehabilitative efforts ultimately help to reduce offending and increase public safety). Care and control strategies can be used in conjunction to lead to better outcomes for probationers, staff, and society as a whole. Thus, the PO's focus should not be on the relative importance of care versus control orientations, but on which specific evidence-based strategies (e.g., care, control, or both) are most important for this individual supervisee, under these specific circumstances, in this moment. In this sense, although the strategies informed by the traditional care and control orientations may differ, they can all be integrated into a PO's supervisory repertoire for use in any given situation. These roles should be reframed in training and in the general organizational environment to reflect their congruence. This recommendation is important given that value conflict (e.g., between employee values and organizational values, between employee values and actions) is a major contributor to employee burnout (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012).
7. Organizations should also be aware of signs of employee burnout and create a climate that encourages POs to seek support (e.g., from supervisors, mental health professionals, employee assistance programs) when they are struggling with exhaustion, difficulty empathizing and forming positive alliances with supervisees, and low perceived self-efficacy. Organizations may need to be flexible in terms of task restructuring or changing a POs'

caseload to provide the PO with the best chance for reducing burnout and increasing engagement. For example, it may be important to match highly antisocial probationers with POs who do not have signs of burnout (e.g., high Care levels) for optimal outcomes and reduced staff turnover. Burnout interventions are most successful when they include both individual and organizational-directed interventions (Awa, Plaumann, & Walter, 2009).

4.11 Conclusion

The goal of this research was to provide an in-depth examination of the nature of the relationship between POs and probationers. Given that the role of POs has shifted in recent years to include encouraging offender prosocial change, the working alliance has had a degree of prominence in the literature in term of its relationship to probationer outcome. However, the current study was designed to provide a more nuanced depiction by examining the impact of individual characteristics and the PO-probationer match. The various analytic methods utilized in this study allowed for a number of contributions to the community supervision literature.

Results of this study indicated that POs indeed have a more complex role that cannot be simplified by a care versus control dichotomy that has been pervasive in the literature for years. Furthermore, this role has lent itself to more complex relationships with supervisees. Results suggested that while certain individual probationer characteristics were generally related to alliance quality, there were a number of interactions between POs and probationers that appeared to be of importance. Indeed, overall, the PO-probationer alliance appears to be dyadic in nature and includes the reciprocal influence of each individual. Results from the current study led to a conceptual framework of specific responsivity in the context of the community supervision alliance. Remaining aware of such responsivity considerations and addressing the importance of tailored, individualized supervision approaches are important objectives for community supervision as a whole. Striving to meet these objectives will allow for the development of more positive, foundational alliances between staff and supervisees.

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Appendix A: An Adaptation of The Parole Officer Punishment and Reintegrative Orientation Questionnaire

(Dembo, 1982)

**Please note the letters at the end of each item denote whether each is counted toward the Caring Scale (CARE; formerly “social work” items) or Controlling Scale (CONT; formerly “law enforcement” items). The letter coding will be removed for administration.*

1. In response to psychological pressures and social circumstances, the individual offender violates the law because he decides to do so. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

2. Biological, psychological, and social factors predispose and reinforce law-violation behaviour, which the offender himself is unable to control. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3. The causes of crime are located in factors internal to the offender. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

4. The causes of crime are to be found in factors external to the offender. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

5. Initial contacts with the probationer should be concerned with expression of confidence in his adjustment potential, and trying to establish some realistic concrete goals. There should be a minimum necessary review of subject’s past behaviour. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

6. During the initial contacts with the probationer, it is important to review his past behaviour patterns and assess his feelings about them in order to appraise him of where he stands and the alternatives available to him. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

7. During the supervision period, as such situations arise, it is useful to point to examples of wrong decisions, bad judgment, and selfish behaviour, and note to the subject possible comparisons to past behaviour. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

8. Provide encouragement for the subject to attain reasonable goals, and enable him to develop strength in handling himself. Reference to past behaviour should be avoided, unless suggested by the subject. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

9. Continually keep in mind that every probationer is a potential violator, and relate to him in such a manner that violation does not decrease your confidence in helping others. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

10. Concentrate your efforts to help the subject develop work and adjustment skills, and increase his confidence to guide his life in an acceptable manner. Concern for potential violation, while present, should be minimal. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
-------------------	----------	----------------------------	-------	----------------

16. It is important to get involved in a case, since the more we do, the more we see the probationer as an individual with needs to which we can attend. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

17. It is best to approach the supervision relationship by asking: what are the subject's needs to which we can provide assistance? (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

18. It is best to approach the supervision relationship by asking: what problems do the subject's past behaviour pattern indicate need remediation? (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

19. While a problem, present methods of treatment are varyingly helpful. The task is to determine which program fits the probationer's needs (i.e., tailor a program for him). (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

20. Narcotics addicts are very difficult to deal with, since so many appear to enjoy this form of deviance. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

21. Aim to rehabilitate the offender so that the task of community protection will be unnecessary. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

22. Concentrate on assuring that the community is secure from his possible reversion to criminally or anti-social behaviour. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

23. It is most important that proper control be maintained on one's caseload by home and employment visits, and frequent other case contacts. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

24. Prime focus should be on providing needed client services, such as counselling, job, psychological referrals and assistance, with a minimum number of control measures. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

25. Public rejection of the probationer is self-defeating, reflecting a lack of understanding of human behaviour, a posture that only embitters the offender and confirms his sense of alienation. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

26. We must recognize that offender difficulty in community acceptance is a protection measure to assure reintegration of those whose behaviour is that of a good citizen. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

27. The probation experience should seek to give the probationer insight and understanding into himself and his behaviour, as both he and his probation officer work through the various adjustment situations encountered by the probationer. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

28. The probationer's probation experience should, at best, give him experience in leading a law-abiding life, so that upon discharge he can continue his good adjustment while unsupervised. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

29. In requiring probation officer approval for decisions, the rules and regulations aid in preventing the probationer from engaging in actions harmful to himself and/or others. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

30. Requiring probation officer approval for decisions, the rules provide a valuable educational tool by which officer and probationer can discuss the merits and consequences of important decisions. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

31. Probation rules and regulations are to be used as a constructive aid, giving the probationer experience in conducting his life in an orderly, acceptable manner, though they may in part reflect a middle-class morality to which he does not ascribe. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

32. Probation rules and regulations are to be looked upon as minimal acceptable standards of behaviour for continued presence in the community. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

33. Probation rules and regulations provide the guidelines by which to evaluate the probationer's intention to be a useful citizen. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

34. Probation rules and regulations provide guidelines by which to evaluate the probationer's ability to fulfill important responsibilities to himself and others. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

35. It is helpful to establish a curfew, since, if followed, it prevents the probationer from being in places at hours where law and probation violation is probable. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

36. Curfew placing is an additional restriction, indicating to the probationer a lack of confidence in his ability to guide his affairs. Establish a curfew only if the probationer's behaviour indicates a need for such conditions. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

37. While a contract, violation of probation rules and regulations should be interpreted in terms of the subject concerned. Violation, in cases where we have a choice, may or may not be indicated depending on the probationer's intent and needs. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

38. The rules and regulations of probationer's contract to the community, and violation of them, should be responded to by incarceration. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

39. Probation rules and regulations should be enforced uniformly, without variation in individual cases, or else probationers may come to resent what they consider favouritism on your part. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

40. While a possible first reaction, resentment or favouritism soon gives way to respect for the interpretive judgment of the probation officer. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

41. Regardless of the probation's statements, his conformance to the rules and regulations of probation is the best indicator of his probation performance and prognosis. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

42. The probation's statements and declarations of intent are important in evaluating his ability to live up to his probation responsibilities. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

43. Given good probation adjustment, and two successive report failures, request for warrant issuance should await further investigation to determine the need for such action. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

44. Unless you receive advance information as to why he cannot report, it is wise to request warrant issuance if a probationer fails to make two successive office reports, even though his adjustment until that point has been good. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

45. The probation officer should attempt to deal with probation's needs and provide needed services, even if work on those needs exceeds the amount of time for which he is compensated. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

46. The probation officer's work should not extend beyond the period for which he is paid.
(CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

47. Adjustments can and should be made to fulfill paperwork and probationer needs within the framework of the established pay period. (CONT)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

48. The present work week period is not sufficient to satisfy paperwork and probationer service requirements. (CARE)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Appendix B: Working Alliance Inventory – Short-Revised; Offender Version
(Tatman & Love, 2010)

Working Alliance Inventory – Short-Revised
Offender Version

The following are sentences that describe some of the different ways a person might think or feel about their Probation or Parole Officer. Using the scale provided below as a guide, please answer each item by CIRCling the appropriate NUMBER. Give only one answer for each statement.

Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always							
1	2	3	4	5	6	7							
1. With my PO's help, I am clearer now as to how I might be able to change.							1	2	3	4	5	6	7
2. What I am doing on probation/parole gives me new ways of looking at my problems.							1	2	3	4	5	6	7
3. I believe my PO respects me.							1	2	3	4	5	6	7
4. I feel that the things I am doing on probation/parole will help me accomplish the changes I want.							1	2	3	4	5	6	7
5. I feel that my PO really listens to me.							1	2	3	4	5	6	7
6. My PO and I are working toward mutually agreed upon goals.							1	2	3	4	5	6	7
7. My PO shows me respect even when I do things he/she does not approve of.							1	2	3	4	5	6	7
8. We agree on what is important for me to work on.							1	2	3	4	5	6	7
9. My PO and I respect each other.							1	2	3	4	5	6	7
10. My PO and I collaborate on setting goals for my probation/parole.							1	2	3	4	5	6	7
11. We have established a good understanding of the kind of changes that would be good for me.							1	2	3	4	5	6	7
12. I believe the way we are working with my problem is correct.							1	2	3	4	5	6	7

Appendix C: Working Alliance Inventory, Short-Revised; PO Version

PO ID# _____ **Probationer ID#** _____ **Date** _____

Instructions:

On the following page there are sentences that describe some of the different ways you might think or feel about the probationer under your supervision. As you read the sentences mentally insert the name of this probationer in place of _____ in the text. Below each statement there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you *always* feel (or think) circle the number 7; if it never applies to you, circle the number 1. Use the numbers in between to describe the variations between these extremes.

Work quickly, your first impressions are the ones we would like to see.

PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM. Thank You!

1. _____ and I agree about the steps to be taken to improve his/her situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. _____ and I both feel confident about the usefulness of our current activities in supervision meetings.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I believe _____ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. I have doubts about what we are trying to accomplish in supervision meetings.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. I am confident in my ability to help _____.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. We are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I appreciate _____ as a person.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. We agree on what is important for _____ to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. _____ and I have built a mutual trust.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. _____ and I have different ideas on what his/her real problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. We have established a good understanding between us of the kind of changes that would be good for _____.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. _____ believes the way we are working with his/her problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

Appendix D: Criminal Sentiments Scale (CSS)

(Andrews & Wormith, 1984)

ID#: _____

DATE: _____

INSTRUCTIONS

This is not a test and there are no 'right' or 'wrong' answers.

Following are some statements with which you may agree or disagree. Circle the answer which best represents your general feeling or the way you usually feel.

If you STRONGLY AGREE	Circle.....SA
If you AGREE	Circle..... A
If you are not sure or UNDECIDED	Circle..... U
If you DISAGREE	Circle..... D
If you STRONG DISAGREE	Circle.....SD

Please indicate your feelings about every statement by circling one of the five (5) answers; that is, please answer every question by circling one of the five phrases.

CONFIDENTIAL RESEARCH SCALES

For each statement circle the appropriate answer according to how you feel about it.

	STRONGLY AGREE	AGREE	UN- DECIDED	DISAGREE	STRONGLY DISAGREE
1. Laws are so often made for the benefit of small selfish groups that a person cannot respect the law.	SA	A	U	D	SD
2. Nearly all laws deserve our respect.	SA	A	U	D	SD
3. It is our duty to obey all laws.	SA	A	U	D	SD
4. Laws are usually bad.	SA	A	U	D	SD
5. The law is rotten to the core.	SA	A	U	D	SD
6. Almost any jury can be fixed.	SA	A	U	D	SD
7. You can't get justice in court.	SA	A	U	D	SD
8. On the whole, lawyers are honest.	SA	A	U	D	SD
9. Fake witnesses are often produced by the prosecution.	SA	A	U	D	SD
10. On the whole, policemen are honest.	SA	A	U	D	SD
11. A cop is a friend to people in need.	SA	A	U	D	SD
12. Life would be better with fewer policemen.	SA	A	U	D	SD

	STRONGLY AGREE	AGREE	UN- DECIDED	DISAGREE	STRONGLY DISAGREE	
13. Policemen should be paid more for their work.	SA	A	U	D	SD	
14. Policemen are just as crooked as the people they arrest.	SA	A	U	D	SD	
15. All laws should be strictly obeyed because they are laws.	SA	A	U	D	SD	
16. The law does not benefit the common person.	SA	A	U	D	SD	
17. The law as a whole is sound.	SA	A	U	D	SD	
18. In the long run law and justice are the same.	SA	A	U	D	SD	
19. The law enslaves the majority of people for the benefit of a few.	SA	A	U	D	SD	
20. On the whole judges are honest and kindhearted.	SA	A	U	D	SD	
21. Court decisions are almost always just.	SA	A	U	D	SD	
22. Almost anything can be fixed in the courts if you have enough money.		SA	A	U	D	SD
23. A judge is a good person.	SA	A	U	D	SD	
24. Our society would be better off if there were more policemen.	SA	A	U	D	SD	
25. Police rarely try to help people.	SA	A	U	D	SD	

	STRONGLY AGREE	AGREE	UN- DECIDED	DISAGREE	STRONGLY DISAGREE
26.Sometimes a person like me has to break the law in order to get ahead.	SA	A	U	D	SD
27.Most successful people used illegal means to become successful.	SA	A	U	D	SD
28.People who have been in trouble with the law have the same sort of ideas about life that I have.	SA	A	U	D	SD
29. A person should always obey the law no matter how much it interferes with his personal ambition.	SA	A	U	D	SD
30.I would rather associate with people that obey the law than those that don't.	SA	A	U	D	SD
31.It's alright for a person to break the law if he doesn't get caught.	SA	A	U	D	SD
32.I'm more like the people who can make a living outside the law than I am like those who only break the law occasionally.	SA	A	U	D	SD
33. Most people would commit crimes if they know they wouldn't get caught.	SA	A	U	D	SD

	STRONGLY AGREE	AGREE	UN- DECIDED	DISAGREE	STRONGLY DISAGREE
34. People who have been in trouble with the law are more like me than people who don't have trouble with the law.	SA	A	U	D	SD
35. There never is a good cause for breaking the law.	SA	A	U	D	SD
36. I don't have much in common with people who never break the law.	SA	A	U	D	SD
37. A hungry person has the right to steal.	SA	A	U	D	SD
38. It's alright to evade the law if you don't actually violate it.	SA	A	U	D	SD
39. No person can violate the law and be my friend.	SA	A	U	D	SD
40. A person should obey only those laws which seem reasonable.	SA	A	U	D	SD
41. A person is a fool to work for a living if he or she can get by some easier way; even if it means violating the law.	SA	A	U	D	SD

Appendix E: University of Rhoda Island Change Assessment (URICA)

(McConnaughy, Prochaska, & Velicer, 1983); *Adapted Version from Lewis (2004)*

Read each statement and decide whether you agree or disagree with the statement. Using the scale, place your rating in the space provided.

1-----2-----3-----4-----5
Strongly Disagree Undecided Agree Strongly
Disagree Agree

1. As far as I'm concerned, I don't have any problems that need changing. _____
2. I think I might be ready for some self-improvement. _____
3. I am doing something about the problems that had been bothering me. _____
4. It might be worthwhile to work on my problems. _____
5. I'm not the problem one. It doesn't make sense for me to try to change. _____
6. It worries me that I might slip back on a problem I have already changed. _____
7. I am finally doing some work on my problems. _____
8. I've been thinking that I might want to change something about myself. _____
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own. _____
10. At times my problem is difficult, but I'm working on it. _____
11. Making an effort to try to change is pretty much a waste of time because I don't have any problems. _____
12. I'm hoping I can learn to better understand myself. _____
13. I guess I have faults, but there's nothing that I really need to change. _____
14. I am really working hard to change. _____
15. I have a problem and I really think I should work on it. _____
16. I'm not following through with what I had already changed as well as I had hoped. _____
17. Even though I'm not always successful in changing, I am at least working on my problems. _____

1-----2-----3-----4-----5
 Strongly Disagree Undecided Agree Strongly
 Disagree Agree

18. I thought that if I had solved the problem I would be free of it, but sometimes I still find myself struggling with it. _____
19. I wish I had more ideas on how to solve my problems. _____
20. I have started working on my problems but I would like help. _____
21. Maybe talking to someone will be able to help me. _____
22. I may need a boost right now to help me maintain the changes I've already made. _____
23. I may be part of the problem, but I don't really think I am. _____
24. I hope that someone will have some good advice for me. _____
25. Anyone can talk about changing; I'm actually doing something about it. _____
26. All the talk about changing is boring. Why can't people just forget about their problems? _____
27. I am trying hard to prevent myself from having a relapse of my problem. _____
28. It's frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved. _____
29. I have worries but so does the next person. Why spend time thinking about them? _____
30. I am actively working on my problem. _____
31. I would rather cope with my faults than try to change them. _____
32. After all I had done to try to change my problem, every now and again it comes back to haunt me. _____

Appendix F: Rosenberg Self-Esteem Scale (RSES)

(Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself.

If you strongly agree, circle SA.

If you agree with the statement, circle A.

If you disagree, circle D.

If you strongly disagree, circle SD.

1. On the whole, I am satisfied with myself.
SA A D SD
2. At times, I think I am no good at all.
SA A D SD
3. I feel that I have a number of good qualities.
SA A D SD
4. I am able to do things as well as most other people.
SA A D SD
5. I feel I do not have much to be proud of.
SA A D SD
6. I certainly feel useless at times.
SA A D SD
7. I feel that I'm a person of worth, at least on an equal plane with others.
SA A D SD
8. I wish I could have more respect for myself.
SA A D SD
9. All in all, I am inclined to feel that I am a failure.
SA A D SD
10. I take a positive attitude toward myself.
SA A D SD

Appendix G: Officer Demographic Protocol

Date: _____

Officer #: _____

**Assigned to protect confidentiality*

___ **Male** ___ **Female**

Date of Birth (yy/mm/dd): _____

Ethnicity:

- ___ 1) White
- ___ 2) Aboriginal
- ___ 3) Asian
- ___ 4) Black
- ___ 5) Other: _____

Marital Status:

- ___ 1) Never married
- ___ 2) Divorced/ separated
- ___ 3) Currently common-law/married
- ___ 4) Widowed

Highest Level of Education:

- ___ 1. Secondary School Diploma
- ___ 2. College Diploma Area of Study/Program: _____
- ___ 3. Bachelor's Degree Area of Study/Program: _____
- ___ 4. Master's Degree Area of Study/Program: _____
- ___ 5. PhD Degree Area of Study/Program: _____
- ___ 6. Other: _____

Work Experience (total # of years as probation officer): _____

Number of probationers on caseload (at present time): _____

Appendix H: Probationer Demographics Protocol

Date: _____

Probationer#: _____

**Assigned to protect confidentiality*

___ **Male** ___ **Female**

Date of Birth (*yy/mm/dd*): _____

Ethnicity:

- ___ 1) White
- ___ 2) Aboriginal
- ___ 3) Asian
- ___ 4) Black
- ___ 5) Latin American
- ___ 6) Other, please specify: _____

Marital Status:

- ___ 1) Never married
- ___ 2) Divorced/ separated
- ___ 3) Currently common-law/married
- ___ 4) Widowed

Education (total number of years completed): _____

Employment Background:

- ___ 1) Never employed
- ___ 2) Frequently unemployed (more than 6 months of the last 1 year prior to current sentence)
- ___ 3) Never employed a full year
- ___ 4) Regularly employed (2-years and up)

Appendix I: Probationer Criminal History/Current Offence Protocol

Probationer#: _____

Sentence Type: 1) Probation (2) CSO

Start Date (yy/mm/dd): _____ **Expiration Date:** _____

Tied to Committal: Y N **Length of Committal:** _____

Current Sentence Length (years, months, and days): _____

Date of First Contact with PO: _____

of Meetings: _____ **Avg. Meetings/Month:** _____

PO also treatment provider: Y N

Current Offence(s)

- ___ O1) Sexual offences: _____
- ___ O2) Robbery
- ___ O3) Common assault
- ___ O4) Other violent offences (*Includes utter threats, criminal harassment, etc*)
- ___ O5) Break and enter
- ___ O6) Theft and possession of stolen property
- ___ O7) Other property offences
- ___ O8) Offences against the administration of justice (*failure to comply; UAL, etc*)
- ___ O9) Other Criminal Code offences (excludes traffic)
- ___ O10) Criminal Code — traffic offences
- ___ O11) Drug offences
- ___ O12) Other offences: _____

Total #: _____

Conditions of Current Probation Sentence (Check all that Apply):

**Besides keep peace/good beh.; appear in court notify PO/Court re: change in address, job, etc*

- ___ Report to PO
- ___ Attend counselling/treatment: Alcohol Drugs SO Txt
- ___ No or restricted contact with certain persons (e.g., victim, minors)
- ___ Community service work
- ___ Driving prohibition
- ___ Restitution/compensation order
- ___ Attend work and/or school
- ___ Reside in specific place/house arrest
- ___ Area restriction (e.g., places with minors)
- ___ Job restrictions (e.g., with minors)
- ___ Submit to search without warrant
- ___ Technology restrictions (e.g., computer/internet use; digital storage devices)
- ___ No pornography
- ___ Other, please specify: _____

Total # of Conditions: _____

Prior Offence(s)

Offence Type (Enter total number beside each item):

- ___ O1) Sexual offences
- ___ O2) Robbery
- ___ O3) Common assault
- ___ O4) Other violent offences
(Includes utter threats, criminal harassment, and other crimes against the person)
- ___ O5) Break and enter
- ___ O6) Theft and possession of stolen property
- ___ O7) Other property offences
- ___ O8) Offences against the administration of justice
- ___ O9) Other Criminal Code offences (excludes traffic)
- ___ O10) Criminal Code — traffic offences
- ___ O11) Drug offences
- ___ O12) Other offences

Total #: _____

Date of first offence: _____

Length of prior sentences (total number of days): _____

SPRA

- ___ Age
- ___ Gender
- ___ # of prior criminal code convictions
- ___ Convictions for
- ___ Residence Stability
- ___ Academic & Vocational Skills
- ___ Unemployment at time of offence
- ___ Employment stability
- ___ Financial situation
- ___ Family/Marital Relationships
- ___ Peers & Companions
- ___ Drug & Alcohol Use: Specify _____
- ___ Antisocial Behaviour
- ___ Attitude
- ___ Self-management

Total: _____ LOW MEDIUM HIGH

Appendix J: Items Deleted and Remaining in OOQ-Brief Scales

OOQ-Brief Care Scale Deleted Items

1. Requiring probation officer approval for decisions, the rules provide a valuable educational tool by which officer and probationer can discuss the merits and consequences of important decisions.
2. Provide encouragement for the subject to attain reasonable goals, and enable him to develop strength in handling himself. Reference to past behaviour should be avoided, unless suggested by the subject.
3. The present work week period is not sufficient to satisfy paperwork and probationer service requirements
4. The probation officer should attempt to deal with probation's needs and provide needed services, even if work on those needs exceeds the amount of time for which he is compensated.
5. The causes of crime are to be found in factors external to the offender.
6. Biological, psychological, and social factors predispose and reinforce law-violation behaviour, which the offender himself is unable to control
7. Probation rules and regulations are to be used as a constructive aid, giving the probationer experience in conducting his life in an orderly, acceptable manner, though they may in part reflect a middle-class morality to which he does not ascribe.
8. It is best to approach the supervision relationship by asking: what are the subject's needs to which we can provide assistance?
9. While a contract, violation of probation rules and regulations should be interpreted in terms of the subject concerned. Violation, in cases where we have a choice, may or may not be indicated depending on the probationer's intent and needs.
10. The probation experience should seek to give the probationer insight and understanding into himself and his behaviour, as both he and his probation officer work through the various adjustment situations encountered by the probationer.
11. While a problem, present methods of treatment are varyingly helpful. The task is to determine which program fits the probationer's needs (i.e., tailor a program for him).
12. Aim to rehabilitate the offender so that the task of community protection will be unnecessary.
13. Curfew placing is an additional restriction, indicating to the probationer a lack of confidence in his ability to guide his affairs. Establish a curfew only if the probationer's behaviour indicates a need for such conditions.
14. The degree of probationer reversion to crime will depend, in part, on the effort you make in their behalf, assisting in their reintegration into the community.

OOQ-Brief Care Scale Remaining Items

1. Initial contacts with the probationer should be concerned with expression of confidence in his adjustment potential, and trying to establish some realistic concrete goals. There should be a minimum necessary review of subject's past behaviour.
2. Concentrate your efforts to help the subject develop work and adjustment skills, and increase his confidence to guide his life in an acceptable manner. Concern for potential violation, while present, should be minimal.

3. Crime type is a label, which does not reflect the diversity of personalities and problems causing any particular criminal act or anti-social behaviour.
4. It is important to get involved in a case, since the more we do, the more we see the probationer as an individual with needs to which we can attend.
5. Prime focus should be on providing needed client services, such as counselling, job, psychological referrals and assistance, with a minimum number of control measures.
6. Public rejection of the probationer is self-defeating, reflecting a lack of understanding of human behaviour, a posture that only embitters the offender and confirms his sense of alienation.
7. Probation rules and regulations provide guidelines by which to evaluate the probationer's ability to fulfill important responsibilities to himself and others.
8. While a possible first reaction, resentment or favouritism soon gives way to respect for the interpretive judgment of the probation officer.
9. The probationer's statements and declarations of intent are important in evaluating his ability to live up to his probation responsibilities.
10. Given good probation adjustment, and two successive report failures, request for warrant issuance should await further investigation to determine the need for such action.

OOQ-Brief Control Scale Deleted Items

1. In requiring probation officer approval for decisions, the rules and regulations aid in preventing the probationer from engaging in actions harmful to himself and/or others.
2. The rules and regulations of probationer's contract to the community, and violation of them, should be responded to by incarceration.
3. Continually keep in mind that every probationer is a potential violator, and relate to him in such a manner that violation does not decrease your confidence in helping others.
4. The probationer's probation experience should, at best, give him experience in leading a law-abiding life, so that upon discharge he can continue his good adjustment while unsupervised.
5. Adjustments can and should be made to fulfill paperwork and probationer needs within the framework of the established pay period.
6. During the supervision period, as such situations arise, it is useful to point to examples of wrong decisions, bad judgment, and selfish behaviour, and note to the subject possible comparisons to past behaviour.
7. Probation rules and regulations are to be looked upon as minimal acceptable standards of behaviour for continued presence in the community.
8. Dealing with the probationer as a 'type' of offender based on the offence he or she committed prevents over-involvement with him as an individual and enables the parole officer to be more effective in relating to him.

OOQ-Brief Control Scale Remaining Items

1. In response to psychological pressures and social circumstances, the individual offender violates the law because he decides to do so.
2. The causes of crime are located in factors internal to the offender

3. During the initial contacts with the probationer, it is important to review his past behaviour patterns and assess his feelings about them in order to appraise him of where he stands and the alternatives available to him.
4. It is more probable that more probationers will revert to crime than will be rehabilitated within a ten-year period following sentence commencement.
5. Classification into criminal types reflects underlying behaviour tendencies, which should be taken into account in supervising the probationer.
6. It is best to approach the supervision relationship by asking: what problems do the subject's past behaviour pattern indicate need remediation?
7. Narcotics addicts are very difficult to deal with, since so many appear to enjoy this form of deviance.
8. Concentrate on assuring that the community is secure from his possible reversion to criminally or anti-social behaviour.
9. It is most important that proper control be maintained on one's caseload by home and employment visits, and frequent other case contacts.
10. We must recognize that offender difficulty in community acceptance is a protection measure to assure reintegration of those whose behaviour is that of a good citizen.
11. Probation rules and regulations provide the guidelines by which to evaluate the probationer's intention to be a useful citizen.
12. It is helpful to establish a curfew, since, if followed, it prevents the probationer from being in places at hours where law and probation violation is probable.
13. Probation rules and regulations should be enforced uniformly, without variation in individual cases, or else probationers may come to resent what they consider favouritism on your part.
14. Regardless of the probationer's statements, his conformance to the rules and regulations of probation is the best indicator of his probation performance and prognosis.
15. Unless you receive advance information as to why he cannot report, it is wise to request warrant issuance if a probationer fails to make two successive office reports, even though his adjustment until that point has been good.
16. The probation officer's work should not extend beyond the period for which he is paid.

Appendix K: Interaction Hypothesis Results

Hypothesis 5.1

Multiple Regression of PO Care and Probationer STAI-T (Model 1) and variable interaction (Model 2) on Centred Probationer DRI-R total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	176.51	2.05	-	176.86	2.11	-
PO Care	.04	.45	.01	-.16	.53	-.04
Probationer STAI-T	-.08	.18	-.05	-.05	.18	-.03
Care by STAI-T	-	-	-	-.03	.04	.09
<i>R</i>		.05			.08	
<i>R</i> ²		.00			.01	
<i>F</i>		.10			.24	
ΔR^2		.00			.01	
ΔF		.10			.51	

Note. *n* = 100. PO Care and Probationer STAI-S were centred at their means.

The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .

Multiple Regression of PO Care and Probationer STAI-T (Model 1) and variable interaction (Model 2) on Centred Probationer WAI-SR total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	70.70	.89	-	70.68	.92	-
PO Care	.02	.20	.01	.04	.23	.02
Probationer STAI-T	-.05	.08	-.06	-.05	.08	-.07
Care by STAI-T	-	-	-	.02	.02	.01
<i>R</i>		.06			.06	
<i>R</i> ²		.00			.00	
<i>F</i>		.19			.13	
ΔR^2		.00			.00	
ΔF		.19			.01	

Note. *n* = 100. PO Care and Probationer STAI-S were centred at their means.

The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .

Hypothesis 5.2

Multiple Regression of PO Care and Probationer RSES (Model 1) and variable interaction (Model 2) on Centred Probationer DRI-R total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	176.51	2.05	-	177.10	2.12	-
PO Care	.05	.45	.01	-.32	.57	-.07
Probationer RSES	.18	.40	.03	.09	.41	.03
Care by RSES	-	-	-	.10	.10	.14
<i>R</i>		.05			.12	
<i>R</i> ²		.00			.01	
<i>F</i>		.11			.45	
ΔR^2		.00			.01	
ΔF		.11			1.14	

Note. $n = 100$. PO Care and Probationer RSES were centred at their means.

The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .

Multiple Regression of PO Care and Probationer RSES (Model 1) and variable interaction (Model 2) on Centred Probationer WAI-SR total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	70.70	.88	-	70.89	.92	-
PO Care	.08	.20	.04	-.03	.25	-.02
Probationer RSES	.30	.17	.18	.27	.18	.17
Care by RSES				.03	.04	.10
<i>R</i>		.18			.19	
<i>R</i> ²		.03			.04	
<i>F</i>		1.57			1.24	
ΔR^2		.03			.01	
ΔF		1.57			.61	

Note. $n = 100$. PO Care and Probationer RSES were centred at their means.

The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .

Hypothesis 5.3

Multiple Regression of PO Control and Probationer SRP-SF (Model 1) and variable interaction (Model 2) on Centred Probationer DRI-R total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	176.51	2.03	-	176.40	2.07	-
PO Control	.03	.29	.01	.05	.29	.02
Probationer SRP-SF	-.15	.12	-.12	-.15	.13	-.12
Control by SRP-SF	-	-	-	.01	.03	.04
<i>R</i>		.12			.13	
<i>R</i> ²		.02			.02	
<i>F</i>		.74			.54	
ΔR^2		.02			.00	
ΔF		.74			.14	

Note. *n* = 100. PO Control and Probationer SRP-SF were centred at their means. The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .

Multiple Regression of PO Control and Probationer SRP-SF (Model 1) and variable interaction (Model 2) on Centred Probationer WAI-SR total scores

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	70.70	.88	-	70.61	.89	-
PO Control	.02	.12	.02	.03	.12	.03
Probationer SRP-SF	-.11	.05	-.20	-.11	.05	-.20
Control by SRP-SF	-	-	-	.01	.01	.07
<i>R</i>		.20			.21	
<i>R</i> ²		.04			.05	
<i>F</i>		2.07			1.53	
ΔR^2		.04			.01	
ΔF		2.07			.47	

Note. *n* = 100. PO Control and Probationer SRP-SF were centred at their means. The unstandardized regression coefficients = *B*, the standard error of the unstandardized coefficients = *SE B*, the standardized regression coefficients = β , *R*, *R*², *F* statistic, *R*² change = ΔR^2 , and *F* change = ΔF .



Project Title: An examination of the dyadic relationship between probation officers and probationers

Researchers: This study is being conducted by Kayla Truswell (kayla.truswell@usask.ca), a doctoral student in clinical psychology at the University of Saskatchewan and under the supervision of Dr. J. Stephen Wormith (s.wormith@usask.ca; 306- 966-6818), department of psychology.

Purpose: The general purpose of this research study is to look at factors that may affect the relationship between probation officers (PO) and the offenders under their supervision. One objective of this study is to examine POs' perception of their role as an officer and whether that relates to the behaviour of their supervisee. Another objective is to examine how the PO's perception of his or her role combines with characteristics of the probationer to affect the nature of their relationship.

Procedure: If you decide to participate, you will be asked to complete a number of questionnaires. This research study will collect data over a period of approximately six months to one year. Firstly, you will be asked to complete some demographic questions. You will then be asked to respond to a series of statements that measures your perception of your role as a supervising officer, which should take about 20-25 minutes to complete. Secondly, during the course of the study you will be asked to respond to a series of statements that assess your relationship with each of your participating probationers, which should take about 5-10 minutes to complete each.

In order to recruit probationers for the study, you will be asked to provide a list of probationers on your caseload and may also be asked to provide a schedule of upcoming supervision meetings. You will be asked to respond to the relationship statements for your probationers who agree to participate. It is important that your perception of the probationers should not be influenced by whether or not he or she decides to participate in the study. Their participation or lack thereof should not influence their case in any way, positively or negatively.

Your participation in this study is completely voluntary. You may skip any items that you are not comfortable with. You may withdraw from the research project for any reason, at any time, without explanation or penalty of any sort. Whether you choose to participate or not will have no effect on your employment.

Please feel free to ask any questions regarding the procedures and/or goals of the study.

Funded by: Centre for Forensic Behavioural Sciences and Justice Studies, University of Saskatchewan

Potential Risks & Benefits: There are no known or anticipated risks or benefits to you by participating in this research. Potential benefits to the field, though not guaranteed, include advancement of knowledge about the PO-probationer relationship.

Compensation: You will not be compensated financially, but you will receive a \$5 gift card to Tim Horton's as a token of appreciation from the researchers.

Confidentiality: Your information will be kept strictly confidential. The self-report measures will not include your name. Furthermore, the consent forms will be stored separately from the measures used, so that it will not be possible to connect a name with any given set of answers. Your responses will only be used as part of a larger dataset with all identifying information removed. An identification code on the measures will allow only the researcher to be able to identify your responses for the purposes of obtaining responses on later self-report measures (i.e., the relationship measures).

Given the nature of the study, it is possible that other POs in the office will be aware of your participation. However, they will not see your responses for any questionnaires.

The results of this research will form the basis of the student-researcher's dissertation and may be presented at conferences and submitted for journal publication. Research project results and associated material will be safeguarded and securely stored by the researcher at the University of Saskatchewan for a minimum of five years post publication. When the data is no longer required, it will then be appropriately destroyed.

Right to Withdraw: Should you wish to withdraw, any data that you have contributed will be destroyed at your request. However, your right to withdraw data from the study will apply until the data has been pooled. After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Follow up: To obtain a summary of the results from this study, please contact the researcher, Kayla Truswell, or the Principal Investigator, Dr. Steve Wormith, using the information at the top of page 1. Results will not be available until the study is completed (Summer 2016).

Questions or Concerns: If you have any questions or concerns regarding this study, please feel free to contact the researchers using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent: This consent form outlines the research study that will occur over an extended period of time and involve data collection on multiple occasions. By completing any subsequent measures, your informed consent is implied.

Your signature below indicates that you consent to participate in this study, and that you have been provided with adequate information. You have read and understood the research study described above. You agree that your probationers' decisions to participate or not participate will not affect your perception of he or she, nor their case in any way. You have had an opportunity to have your questions answered.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	
<i>Researcher's Signature</i>	<i>Date</i>	



**Participant Consent Form:
Probationer Version**

Project Title:

An examination of the dyadic relationship between probation officers and probationers

Researchers: This study is being conducted by Kayla Truswell (kayla.truswell@usask.ca), a doctoral student in clinical psychology at the University of Saskatchewan and under the supervision of Dr. J. Stephen Wormith (s.wormith@usask.ca; 306- 966-6818), department of psychology.

Purpose: This study will look at how probationers and probation officers (POs) get along with each other. We also want to find out what PO's believe their job should be and how the match between a PO and a probationer affects their relationship.

Procedures: If you decide to participate, you will be asked to complete a number of questionnaires. They will ask questions about your background (e.g., gender, ethnicity, education, employment) and some other questionnaires about your opinions and attitudes, and your relationship with your PO. You will be assigned a secret number, so your name will not be written on any of the questionnaires. These questionnaires will take approximately 30 to 40 minutes to finish. You will fill out the questionnaires privately, but may be in a room with other probationers.

Information about your offence and criminal history will also be collected from your file. At the end of the study period, a review of your file and/or Canadian Police Information Centre (CPIC) record will be done to see if you have any probation violations or new charges during the period of this study.

Your participation in this study is completely voluntary. You may skip any questions in the questionnaires that you wish to do so. You may withdraw from the research project for any reason, at any time, without telling the researcher the reasons why or getting any penalty. Whether you choose to participate or not will have no effect on your sentence or your probation supervision.

Please feel free to ask any questions about the procedures and/or goals of the study.

Funded by: Centre for Forensic Behavioural Sciences and Justice Studies, University of Saskatchewan

Potential Risks & Benefits: Your PO will know that you are participating in this study. However, your participation will not affect your case or sentence in any way. Your PO has been told that your decision to participate or not in the study should not, in any way, affect their

supervision of you. Since there will be other probationers in the room when you fill out the questionnaires, those people will know you are participating in the study.

There are no expected benefits to you in this study. The results may help us to understand how probation can be helpful to probationers.

Compensation: You will not be paid to participate.

Confidentiality: Your information will be kept private. Your name will not be on the questionnaires. The Consent Forms will be stored separately from the questionnaires used, so it will not be possible to connect a name with any set of answers. Your responses will only be used once it has been grouped together with other people's responses, and any personal information has been removed. A secret number on the questionnaires will allow only the researchers to be able to identify your answers so that the researcher can add later questionnaires to the file. No information will be kept at the probation office.

Your PO will know you are participating. Also, the questionnaires may be completed in a room with other probationers. These other probationers will know you are participating in the study. The results of this research will form the basis of the student-researcher's dissertation and may be presented at conferences and submitted for journal publication. The information we collect will be safeguarded and securely stored by the researcher at the University of Saskatchewan for a minimum of five years post publication. When the data is no longer required, it will then be appropriately destroyed.

Right to Withdraw: Should you wish to withdraw, any questionnaires that you have finished will be destroyed at your request. However, your right to withdraw data from the study will apply until all of the participants' questionnaires have been added together in a file. After this date, it is possible that some people will be told about the results of the study, and it may not be possible to withdraw your data.

Follow up: To obtain a summary of the results from this study, please contact the researcher, Kayla Truswell, or the Principal Investigator, Dr. Steve Wormith, using the information at the top of page 1. Results will not be available until the study is completed (Spring 2016).

Questions or Concerns: If you have any questions or concerns regarding this study, please feel free to contact the researchers using the information at the top of page 1. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent: This consent form outlines the research study that may involve completing questionnaires at a two different times. By completing any later questionnaires measures, your informed consent is implied.

Your signature below indicates you consent to participate in this study, and that you have been provided with enough information to make that decision. You have read and understood the research study described above. You have had an opportunity to have your questions answered.

Name of Participant _____
Signature _____
Date

Researcher's Signature _____
Date

Your signature below indicates you consent to the researcher having access to your file at the probation office and your CPIC record for the purpose of this study, as described above. You have been provided with enough information to make that decision, and have read and understood the above information.

Name of Participant _____
Signature _____
Date

Researcher's Signature _____
Date



Ministry of Justice

Limits to Confidentiality

The Ministry of Justice has practices in place to keep personal information confidential. Safeguarding personal information collected during the execution of your research project is important. However, there are some situations where you must share information without consent. In other words, in certain circumstances you have a duty to report. This sharing of information would be to ensure your safety and best interests, or to ensure the safety of others, and is in accordance with Divisional Directives *Administration - 0007 – Release of Information* and *Security – 0024 – Sharing and Release of Offender Information and Documentation*. These policies govern a wide variety of information for case management, reintegration planning, etc., but there are some specific examples that you should be aware of.

Situations where you are required to report without consent include the following:

1. If someone is in imminent danger.

In situations where there is credible information of an imminent risk of serious injury or death to **yourself** or any **other person**, I understand I must share this information in a timely manner in order to protect myself or another person or persons in danger.

2. If there is an institutional security breach.

If you become aware of credible information that a breach of institutional security has occurred or is likely to occur, I understand I must share that information in order to protect the safety and security of myself, inmates and staff. Institutional security breaches include any action for which someone could be charged and disciplined (e.g., escape, assaults).

3. If required by law.

Personal information can be shared in any situation where required by law. For example, situations of abuse as defined under the *Child and Family Services Act* require you to report (e.g., if you learn that a child is currently being abused or neglected), or if the person requesting the information has legislative authority to ask for the information.

Another example is where the court may subpoena client files, staff or your research records.

I have read the Limits to Confidentiality as outlined above and will comply with these reporting responsibilities. I will also inform all participants involved in my research the Limits of Confidentiality as described above.