

Correctional psychology with young offenders in the community: Philosophical musings

A respectable and growing body of research exists on "what works" in correctional psychology. However, the focus of the research seems to be on "what to do" and "how to do" clinical practice issues such as client-selection strategies (level of risk or need), therapeutic approaches (such as cognitive-behavioural) and outcome prediction. Less adequately addressed are "why to do" issues related to the delivery of psychological services, particularly in community settings.

This article attempts to fill this void by suggesting a particular philosophical orientation to clinical work with young offenders in the community. The article argues that the orientation adopted by Dr. Albert Ellis and other practitioners of Rational-Emotive Behaviour Therapy (including the author) is well suited to work with young offenders, and has direct and practical implications for therapeutic procedures and practices. Rational-Emotive Behaviour Therapy In many jurisdictions, public and professional opinion seem to agree that:

- young offenders are not interested in changing their behaviour in any meaningful or lasting way;
- young offender punishment, particularly in the community, is not severe enough to motivate change;
- young offenders respond poorly to authority and even worse to psychological intervention; and
- young offenders attend counselling largely for rewards such as weekend passes.

However, my experience dramatically contradicts these observations. I would argue that the philosophical approach of Rational-Emotive Behaviour Therapy (well recognized in the larger psychological community, but seldom discussed in a correctional context) provides the basis for rewarding work with young offenders. Equality of worth Rational-Emotive Behaviour Therapy's first philosophical premise is that all human beings (by virtue of being alive) are equal in worth, regardless of their conduct. This statement might easily be dismissed as high-minded moralization, but it is quite the opposite.

Its practical implication is that the practitioner implicitly accepts the young offender, no matter how awful his or her conduct, as fully deserving of psychological intervention. Client guilt and shame (from self-condemnation) are rejected as legitimate motivators for change and are treated as symptoms to be remedied.

From the client's perspective, the explicit sharing of this assumption during the first visit can indicate a therapist's acceptance of the offender and set the stage for honest self-revelation. The refusal to discredit the offender's "humanness" arguably reduces the young offender's defensiveness, generating a greater offender willingness to examine his or her conduct. Responsible hedonism The second philosophical assumption is that humans are basically hedonistic: pleasure and/or happiness is their ultimate goal. Practitioners of Rational-Emotive Behaviour Therapy therefore encourage the pursuit of "responsible hedonism," seeking a balance between short- and long-term personally meaningful goals that improve the young offender's world or, at least, cause it no undue harm.

A young offender's "what's in it for me?" attitude is not seen as resistance, but as a starting point for therapeutic intervention. The therapy aims to replace devotion to short-term gratification with, not self-sacrifice, but a balanced strategy that doesn't sabotage longer-term happiness. Ongoing psychological assessment A third philosophical assumption, one that often receives lip service in the correctional community but is rarely applied, is that psychological assessment should be an ongoing and vital part of the treatment process.

This means eliminating the endless tests and classification schemes that act as entry levels to therapy. It also requires the recognition that behaviours, cognitions and emotions (not human beings) are the assessment targets and that a diagnosis not leading to differential treatment is clinically useless. Finally, it requires the understanding that "secret" diagnoses kept from the client tend to result in manipulation rather than psycho-educational treatment, and that assessment should complement, not replace, reasonable offender goals.

The all-too-common occurrence of young offenders arriving at the practitioner's office, fully aware of their diagnoses but ignorant of strategies for change, validates the importance of this assumption. Efficiency The fourth principle underlying desirable clinical intervention is efficiency. This principle generates several practical guidelines. The most obvious is avoiding excessive involvement in an offender's life. Equally important, but perhaps more subtle, are ranking the client's goals for therapy, boosting the client's sense of success by aiming for some emotional change within one or two sessions, and determining the client's commitment to therapy (two or 20 sessions?) and adapting the therapeutic approach to the time available.

An "efficiency" mindset allows the therapist to target achievable rather than "textbook" goals that the client may have no interest in achieving. Further, clients often report such efficient practices to be empowering - they feel that they are not being subjected to the therapist's agenda. This can only contribute to rapport and client motivation. Three basic insights Three basic insights must also be communicated to the offender:

- emotional and behavioural disturbances are caused primarily by inappropriate mental processes (cognitions), not outside factors;
- today's emotional disturbances, regardless of their original cause(s), are prolonged by their transformation into harmful thought processes; and
- lasting changes usually come only with hard work aimed at changing inappropriate thoughts and behaviours.

These three insights are especially important given the prevalence of "victimhood" in our culture - whining, self-pity, other-blaming and claims of personal blamelessness. These culturally sanctioned ploys, together with the adolescent tendency to deny accountability, make it difficult for young offenders to accept responsibility for their own change. However, it is a vital starting point for therapeutic change. "Deep" change The final, and arguably most important premise in Rational-Emotive Behaviour Therapy is the therapist's recognition that "deep" change is both achievable and desirable. Fundamental and lasting change is to be valued over simple behavioural change, and this requires changes in criminogenic

and self-harming offender core philosophies.

The practical implication of this assumption is that diversionary tactics (such as relaxation, time outs and counting backwards by 10s) should be replaced with approaches involving actual changes to thought processes. Lasting change The philosophy outlined in this article provides a strategic and effective framework for clinical intervention with young offenders in community settings. Popular assumptions about the near-universal resistance of young offenders to therapy appear unfounded. Instead, working with this client group requires:

- special attention to nonjudgmental acceptance of young offenders and their responsibly hedonistic goals;
- establishment of rapport and motivation though quick, efficient focusing of practical interventions on offender-determined goals;
- bolstering offender feelings of accountability through the approach's "three insights"; and
- therapist determination to avoid the easier diversionary methods and to encourage more radical changes with this clientele.

To paraphrase Dr. Ellis, lasting change is difficult for most people, most of the time. But, sound philosophies of intervention (as discussed in this article) appear to ease the burden for this challenging offender population.

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