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CONTROLLED STUDY INTO THE EFFECTIVENESS OF INDIVIDUAL CLIENT-CENTRED
COUNSELLING FOR YOUNG OFFENDERS IN RESIDENTIAL CARE.

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A Thesis submitted in fulfilment of the requirements for the degree
of Doctor of Philosophy

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SUMMARY

This study is the first documented account in the British Isles of an evaluation of the effectiveness of client-centred counselling with young offenders in secure residential care. It is a test of Rogers' (1957) position on the 'necessary and sufficient' conditions of therapeutic personality change within a counselling relationship.

Forty teenage male offenders, the subjects of Training School Orders, were randomly allocated in equal numbers to either an experimental or control group. Boys in the experimental group received weekly individual sessions of client-centred counselling over a seven month period. Boys in the control group received no formal counselling but were shown to have similar intellectual, personality, socio-economic and criminal backgrounds to those in the experimental group. It was hypothesised that counselled subjects would show more positive outcomes than control subjects over a range of measures relating to criminal behaviour and self-conception.

The results indicated that the counselled subjects had a significantly lower rate of offending and a smaller range of offences over a mean follow-up period of 2.5 years. They were also licensed from the institution significantly earlier and spent less time in custody during a one year follow-up after counselling was completed. Self-conception measures gave less clear-cut results. The direction of change towards better adjustment favoured the counselled subjects but the magnitude was often small. Those counselled subjects with most positive behaviour change tended to have significantly improved self-evaluation, less self/ideal self discrepancy and more variation on 'actual' self concept compared to pre-counselling. The results are discussed in the context of client-centred theory, methodological adequacy of the experimental design, and their application to the future treatment of young offenders in secure residential care.

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KEY WORDS: CLIENT-CENTRED COUNSELLING WITH YOUNG OFFENDERS

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LIST OF CONTENTS

	<u>Page</u>
Title Page	i
Summary	ii
Acknowledgements	iii
List of Contents	iv
List of Tables	xiii
List of Figures	xv
INTRODUCTION	1
Time Schedule for the Study	5
<u>CHAPTER I</u> : Lisnevin School	6
HISTORY	6
Reasons for referral	7
Public Enquiries	7
PHILOSOPHY	9
Staffing Levels	14
Curriculum Planning	15
Personal Counselling System	16
Case Conferences	17
After-Care	18
Theoretical Considerations and Criticisms	19
The Intervention Model	19
Institutional Goals	21
<u>CHAPTER II</u> : A REVIEW OF THE LITERATURE. PART I	25
INTRODUCTION	25
The Concept of Delinquency	25
Some views on the causation of delinquency	26
COPING WITH DELINQUENCY	28
Justice or Welfare?	28
The Difficult Few	31

	<u>Page</u>
NON-CUSTODIAL APPROACHES	32
A Radical Approach	32
Differences Between Traditional Approaches	34
Variations on Probation	36
Intensive Treatment	36
Community Service	38
Intermediate Treatment	40
Half-Way Houses	42
Probation Hostels	42
Professional Fostering	45
CUSTODIAL APPROACHES	46
Effectiveness Across Institutions	48
Highfield's Experiment	48
The Fricot Ranch Project	49
Preston School of Industry	50
Youth Centre Research Project	50
Silverlake Experiment	51
The Sinclair and Clarke Study	52
The Dunlop Study	52
Differences within Institutions	53
Ferris	53
Cornish and Clarke	54
Special Units	55
Youth Treatment Centres	56
FURTHER CRITERIA FOR EVALUATION OF TREATMENT APPROACHES	57
A MAJOR ARGUMENT AGAINST RESIDENTIAL TREATMENT	58
CONCLUSIONS	61

	<u>Page</u>
<u>CHAPTER III : A REVIEW OF THE LITERATURE. PART 2</u>	62
INTRODUCTION	62
DEFINITIONS OF COUNSELLING	62
EVALUATION OF COUNSELLING OUTCOME RESEARCH	64
Eysenck's Criticisms of Psychotherapy	64
The Concept of Spontaneous Remission	66
Metastudies on Psychotherapy Effectiveness	67
The Bergin and Lambert Conclusions on Psychotherapeutic Effectiveness	69
Deterioration Effects	71
COUNSELLING OUTCOME STUDIES WITH OFFENDERS	74
Research inadequacies	74
Teuber and Powers	75
The Grant Study	76
The P.I.C.O. Study	78
The Guttman Study	78
The Persons Study	79
Massimo and Shore	81
SUMMARY	83
<u>CHAPTER IV : THE STUDY</u>	84
INTRODUCTION	84
THE COUNSELLING ORIENTATION ADAPTED IN THE STUDY	84
Definitions of the Core Conditions	87
Accurate Empathy (primary level)	88
Genuineness (or Roger's Congruence)	88
Respect (or Roger's Unconditional Positive Regard)	89
Concreteness	91
The relationship between the core conditions	91
RESEARCH FINDINGS ON THE CORE CONDITIONS	92
Criticisms of the Truax and Carkhuff Scales	97
THE COUNSELLING APPROACH	103

	<u>Page</u>
The Counselling Model	103
Accurate Empathy (advanced level)	104
Self-Disclosure	104
Immediacy	105
Confrontation	105
Alternative frames of References	105
Action Programmes	105
A Personal Note	105
THE GOALS OF COUNSELLING	109
Self-esteem	112
Relationship with Significant Others	117
Behaviour Changes	118
Summary of Goals	118
<u>CHAPTER V : METHOD</u>	119
INTRODUCTION	119
THE PURPOSES	119
DESIGN	119
Subjects	120
Dependent Measures	122
PROCEDURE	123
Pre-test	123
Allocation	126
Drop-outs	127
Counselling Period	128
Post-test	129
Follow-up	130
THE HYPOTHESES	131
1. Behavioural dependent variables	131
(a) Rate of convictions	131

	<u>Page</u>
(b) Seriousness or range of offences	131
(c) Time spent institutionalised	131
(d) Behavioural composite measure	132
2. Psychological (self-conception) dependent variables	132
(a) The Semantic Differential	132
(b) The Repertory Grid	133
Hypotheses derivable from further grid indices	134
The Weekly Marks Record	135
<u>CHAPTER VI</u> : METHODOLOGICAL ISSUES AND DEVELOPMENT OF THE STUDY	137
THE DEVELOPMENT OF THE STUDY	137
Methodological Criteria	137
THE PILOT STUDY	139
INDEPENDENT VARIABLES WHICH MIGHT AFFECT COUNSELLING OUTCOMES	141
MEASURES OF THE COUNSELLING COMPONENT	144
The Counsellor Attitude Scale	145
Other Confounding Factors Related to Criterion Four	147
Measures of the Core Conditions from the Client's Point of View	149
Introduction	149
The Barrett-Lennard Relationship Inventory	150
Summary of use in this study	155
Carkhuff Ratings of the Counsellor from Tape Cassettes	155
Procedure	157
Reliability	158
DEPENDENT MEASURES USED IN THE STUDY	159
Preliminary Considerations	159
Behavioural Measures	161
Reconviction Rates	161

	<u>Page</u>
Criminal Record Sources	162
Definition of Criminal Convictions	163
Offending Rate	164
Seriousness of Offence	165
Period of Time Institutionalised during 1 year follow-up	168
Behavioural Composite Measure	170
Procedure	171
MEASURES OF SELF-CONCEPTION AND OTHER PHENOMENOLOGICAL INDICES	171
The Semantic Differential	172
Scoring	176
Analysis	176
Validity	177
Reliability	177
Repertory Grid Technique	177
Introduction	177
The Grid Used in this Study	181
Procedure	184
Analysis	186
Indices derivable from grid analysis	188
Reliability	193
Validity	194
Weekly Marks Record	195
GENERAL SCHEME OF ANALYSIS	196
Main Analyses	197
Multiple regression	197
<u>CHAPTER VII</u> : THE RESULTS	199
INTRODUCTION	199
THE EQUIVALENCY OF THE EXPERIMENTAL AND CONTROL GROUPS	199
MEASURES OF THE INDEPENDENT VARIABLE	200

	<u>Page</u>
The Barrett-Lennard Relationship Inventory	200
BEHAVIOURAL DEPENDENT VARIABLES	207
1 (a) Rate of convictions	207
1 (b) Rate of offences	211
1 (c) Time spent institutionalised during one-year follow-up from post-test	211
1 (d) Behavioural Composite Measure	217
Further uses for the Behavioural Composite Measure	219
Summary	223
PSYCHOLOGICAL (SELF-CONCEPTION) DEPENDENT VARIABLES	224
2 (a) The Semantic Differential	224
2 (b) The Repertory Grid	226
Self-other identifications	226
Normal self-esteem	227
Summary of self-conception variables	232
THE RELATIONSHIP BETWEEN SELF-CONCEPTION AND BEHAVIOURAL CHANGE	232
RATINGS OF BEHAVIOUR CONCURRENT WITH THE COUNSELLING PERIOD	236
The Weekly Marks Record	236
FACTORS RELATING TO AMENABILITY TO COUNSELLING	237
Summary of Results	241
<u>CHAPTER VIII</u> : THE DISCUSSION	242
INTRODUCTION	242
AN OVERVIEW OF THE RESULTS FROM A THEORETICAL PERSPECTIVE	242
COMMENTS ON ASPECTS OF THE DESIGN OF THE EXPERIMENT	246
The Methodological Adequacy of the Experiment	246
Criteria 1 and 2	246
The Barrett-Lennard	247
The Carkhuff Scales for Assessment of Interpersonal Functioning	255

	<u>Page</u>
Logan's 3rd and 4th criteria	258
Drop Outs	260
Logan's criteria 5, 6, and 7	262
Self-conception measures	265
A Wider Scale Study	271
Developments in Client-Centred Theory	273
A possible future Model for Intervention in Lisnevin	277
Facilitative Skills Training	278
Group Counselling	280
The Development of an Individual Counselling Model	281
Cognitive Restructuring	285
Coping Skills	286
Problem-Solving Strategies	287
Overview of Model	288
THE COST EFFECTIVENESS OF THE COUNSELLING IN THIS STUDY	290
<u>EPILOGUE</u>	293
APPENDICES	296
APPENDIX A : A PARAPHRASE OF THE INVITATION TO COME TO COUNSELLING	296
APPENDIX B : EXAMPLES OF DEPENDENT MEASURES OF SELF-CONCEPTION	297
SEMANTIC DIFFERENTIAL	297
INSTRUCTIONS	297
IMPORTANT	298
An example from a subject's Semantic Differential Booklet	299
THE REPERTORY GRID	300
A sample Repertory Grid ready for punching onto computer cards	301
APPENDIX C	302
CATEGORIES OF JUVENILE OFFENCES	302
Barrett-Lennard Relationship Inventory - FORM OS-M-64	303

	<u>Page</u>
Counsellor Attitude Survey	307
SCORING KEY FOR COUNSELLOR ATTITUDE SCALE	311
CARKHUFF (1969) SCALES FOR ASSESSMENT OF INTERPERSONAL FUNCTIONING	312
SCALE 1 : EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT	312
SCALE 2 : THE COMMUNICATION OF RESPECT IN INTERPERSONAL PROCESSES : A SCALE FOR MEASUREMENT	313
SCALE 3 : FACILITATIVE GENUINENESS IN INTERPERSONAL PROCESSES : A SCALE FOR MEASUREMENT	314
REFERENCES	317

LIST OF TABLES

		<u>Page</u>
<u>TABLE 1.1</u>	AN EXAMPLE OF THE DAILY TIME-TABLE	12
<u>TABLE 3.1</u>	GRAND PRIX RESULTS OF GLASS AND SMITH META-ANALYSIS	68
<u>TABLE 5.1</u>	A SUMMARY OF THE CHARACTERISTICS OF THE 40 SUBJECTS IN THE STUDY	121
<u>TABLE 6.1</u>	SPLIT-HALF RELIABILITY COEFFICIENTS FOR THE BARRETT-LENNARD RELATIONSHIP INVENTORY	154
<u>TABLE 6.2</u>	RELIABILITY COEFFICIENTS FOR THE CARKHUFF SCALES FOR ASSESSMENT OF INTERPERSONAL FUNCTIONING	158
<u>TABLE 6.3</u>	PROBABILITY OF OBTAINING GIVEN DEVIATIONS FROM TEST TO RE-TEST ON FACTOR SCORE ITEMS FOR INDIVIDUAL SUBJECTS	178
<u>TABLE 7.1</u>	SUMMARY OF THE MEAN VALUES AND 't' TESTS ON THE SUBJECT VARIABLES WHICH MIGHT AFFECT OUTCOME	201
<u>TABLE 7.2</u>	BARRETT-LENNARD RELATIONSHIPS SCORES FOR THE PERCEPTION OF CLIENTS	204
<u>TABLE 7.3</u>	THE MEAN LEVEL OF THE PRIMARY CORE CONDITIONS ACHIEVED BY THE COUNSELLOR ON CARKHUFF RATING SCALES	206
<u>TABLE 7.4</u>	ANALYSIS OF COVARIANCE OF RATES OF OFFENDING DURING THE FOLLOW-UP PERIODS	209
<u>TABLE 7.5</u>	ANALYSIS OF COVARIANCE OF THE RANGE OF OFFENCE DURING THE FOLLOW-UP PERIODS	212
<u>TABLE 7.6(a)</u>	ANALYSES OF COVARIANCE FOR THE LENGTH OF TIME INSTITUTIONALISED DURING THE 1 YEAR FOLLOW-UP AFTER POST-TEST	215
<u>TABLE 7.6(b)</u>	't' TEST FOR LENGTH OF TIME FROM POST-TEST UNTIL RELEASE ON LICENCE FROM LISNEVIN	215
<u>TABLE 7.6(c)</u>	't' TEST FOR LENGTH OF TIME IN CUSTODY FOR 1 YEAR FROM RELEASE ON LICENCE FROM LISNEVIN	216
<u>TABLE 7.6(d)</u>	't' TEST FOR LENGTH OF TIME IN CUSTODY FOR ALL 40 SUBJECTS FOR 1 YEAR FROM LEAVING LISNEVIN	216
<u>TABLE 7.7</u>	THE DISPERSION OF SUBJECTS ON THE COMPOSITE BEHAVIOURAL MEASURE SHOWING THE MOST IMPROVED QUARTILE	218
<u>TABLE 7.8</u>	A SUMMARY OF THE SIGNIFICANT RELATIONSHIPS BETWEEN CRITERION AND INDEPENDENT VARIABLES	222

	<u>Page</u>
<u>TABLE 7.9</u> RESULTS OF MANOVA FOR ALL 11 SEMANTIC DIFFERENTIAL SCORES POST-TEST, AFTER ADJUSTING FOR PRE-TEST SCORES AS COVARIATES	225
<u>TABLE 7.10</u> SCORES ON EACH SEMANTIC DIFFERENTIAL CONCEPT AT POST-TEST AND PRE-TEST	225
<u>TABLE 7.11</u> RESULTS OF MANOVA FOR ALL 7 SELF-ELEMENT DISTANCES AT POST-TEST, AFTER ADJUSTING FOR PRE-TEST DISTANCES AS COVARIATES	228
<u>TABLE 7.12</u> SELF-ELEMENT IDENTIFICATIONS AT PRE-TEST AND AND POST-TEST	228
<u>TABLE 7.13</u> CHI SQUARE TEST BETWEEN GROUPS AT POST-TEST, FOR SELF-ESTEEM FALLING INSIDE NORMAL LIMITS	230
<u>TABLE 7.14</u> ANALYSIS OF COVARIANCE FOR STRUCTURAL ASPECTS OF THE REPERTORY GRID	233
<u>TABLE 7.15</u> RESULTS OF 't' TESTS FOR DIFFERENCES IN THE GRID OF DIFFERENTIAL CHANCES BETWEEN THE GROUPS	233
<u>TABLE 7.16</u> THE CORRELATION BETWEEN THE COMPOSITE BEHAVIOURAL MEASURE AND VARIOUS SELF-CONCEPTION MEASURES FOR COUNSELLED SUBJECTS	235
<u>TABLE 7.17</u> ANALYSIS OF WEEKLY MARKS RECORD FOR BEHAVIOUR RATED AT VARIOUS PERIODS DURING THE EXPERIMENT	240

LIST OF FIGURES

		<u>Page</u>
<u>FIGURE 3.1</u>	THE DIVERSE EFFECTS OF PSYCHOTHERAPY: A SCHEMATIC ILLUSTRATION OF CHANGES IN PATHOLOGY FOR CONTROL AND TREATMENT GROUPS	73
<u>FIGURE 4.1</u>	AN OVERVIEW OF THE COUNSELLING MODEL	106
<u>FIGURE 5.1</u>	FLOW CHART	124
<u>FIGURE 8.1</u>	THE EVOP CURVE	270

I N T R O D U C T I O N

INTRODUCTION

The status of residential care has never been lower than at the present time. The unwillingness of both social workers and the providers of resources to regard it as a possible solution to a range of social problems is increasingly evident. When this neglected area is discussed, it tends to be criticised, and rejected as a positive form of intervention.

(Davies, 1981. cover)

Comments similar to the above have become increasingly prevalent during the last decade. While such criticisms have undoubtedly had their positive outcomes, with an increase in the search for alternatives to residential treatment, the fact is that a large number of young people are still subject to various forms of residential orders from the courts of both Great Britain and Northern Ireland. Coupled with this has been the acceptance of the idea that if residential care does not produce the desired behaviour changes, then a more *punitive* form of custody might be more effective. This view has become increasingly apparent in Government policy with respect to teenage offenders.

In the recent past verbal psychotherapy and counselling, while not quite at such a low ebb as residential treatment, have also undergone their share of criticism concerning their effectiveness. Foremost amongst the critics have been influential writers such as Eysenck (1967) and Rachman (1973). Thus residential care and psychotherapy both share the unwelcome distinction of being under severe questioning concerning their usefulness.

The instigator of this study has spent most of his working life employed as a psychologist in a secure residential unit for young offenders. This unit, known as Lisnevin School, aims at the positive rehabilitation to the community of the boys within its care. The school philosophy has never been one of negative containment and incarceration but rather has sought to provide a worthwhile service to both the boys and to the community.

One of the roles of the psychologist has been to provide a counselling service for the boys. The counselling orientation has been predominantly client-centred (Rogers, 1952) in approach. The central hypothesis of this approach can be briefly stated: individuals have within themselves considerable potential for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour; furthermore these resources can be tapped in a counselling relationship if a definable climate of facilitative psychological attitudes on the part of the counsellor can be provided.

According to Rogers (1957) there are three basic conditions that must be present in order for a climate to be growth-promoting. The first element is termed *genuineness, realness or congruence*. The more the counsellor is himself in the relationship, putting up no professional front or facade, the greater is the likelihood that the client will change and grow in a constructive manner. The counsellor's own experiencing is available to his awareness and can be communicated to the client if appropriate. The client can see the realness of the counsellor in the relationship; the client experiences no holding back on the part of the counsellor.

The second condition of importance in creating a climate for change is *acceptance, or caring, or prizing* - what Rogers has called "unconditional positive regard". When the counsellor is experiencing a positive, acceptant attitude toward whatever the client *is* at that moment, therapeutic movement or change is more likely to occur. The counsellor is willing for the client to be whatever immediate feeling is going on - confusion, resentment, fear, anger, courage, love, or pride. The counsellor prizes the client in a total rather than a conditional way.

The third facilitative condition of the relationship is *empathic understanding*. This means that the counsellor senses accurately the feelings and personal meanings that the client is experiencing and

communicates this understanding to the client. When functioning best, the counsellor is so much inside the private world of the client that he can clarify not only the meanings of which the client is aware but also those just below the level of awareness.

The essential aim of this study was to answer very practical and specific questions. As a practitioner of client-centred counselling the investigator wished to find out whether the counselling he was offering was producing the changes predicted from it. To do this an experimental design was necessary which would be acceptable for its scientific stringency and yet be adaptable enough to take into account the vagaries of an applied setting. It required the development of measures which were commensurate with the goals of counselling. More specifically the investigator wished to test whether the counselling was helpful in reducing criminal behaviour; whether it helped to decrease the time spent in custody after counselling, and whether changes in self-concept or evaluation of significant others would be apparent. To do this it was necessary to compare a group of boys who received counselling with a control group who received no extra counselling, but who were otherwise similar in background.

Thus the study was designed to provide the practitioner with information about the usefulness of his work. It was also hoped that it would add to the already considerable body of research knowledge concerning client-centred counselling. It is original in that it is the first documented account of an empirical study of the use of client-centred counselling with teenage delinquents in the British Isles. The research design incorporates a number of features which the author believes makes it a better test of the central Rogerian hypothesis than most research studies published up until now.

The general outline of the thesis is as follows: Chapter I looks at the context in which the study took place and gives some information con-

cerning the history and philosophy of Lisnevin School. Chapters II and III form the literature review, with Chapter II looking at the usefulness of various non-custodial and custodial methods of treating delinquency, while Chapter III examines the criticisms of counselling and psychotherapy with a special focus of evaluative outcome studies of counselling with teenage male offenders. Chapter IV provides the conceptual framework for the present study. Chapter V presents the essential features of the design and procedure and ends with a statement of the study's hypotheses. Chapter VI outlines the development of the study and deals with various methodological issues including the reasons for key decisions. Chapter VII presents the experimental results which are then discussed in Chapter VIII, with recommendations made for future research. An important feature of Chapter VIII is a proposal for a future counselling model which will hopefully add to the overall effectiveness of Lisnevin and other similar institutions which have to cater for serious juvenile offenders. The thesis ends with a short epilogue in which the major findings and recommendations are summarised.

Time Schedule for the Study

Research suggested and preliminary talks with Dr. R. Nelson-Jones and Dr. S. Strong at the University of Aston	June 1974
Counselling experience gained.	June 1974 - Oct. 1975
Literature search.	March 1975 - Oct. 1975
Pilot Study.	October 1975
First outline proposal submitted to research supervisor	
Registration as a Research Student at the University of Aston.	September 1975
Research proposal drafted and submitted.	March 1976
Experiment began. Counselling commenced.	March 1976
Experiment ended. Counselling completed.	June 1980
Follow-up period for some subjects. Results processed and analysed. Write up of thesis.	June 1980 - March 1982
Thesis submitted.	March 1982

CHAPTER 1

LISNEVIN SCHOOL

THE HISTORY AND PHILOSOPHY

HISTORY

In October, 1973, the Ministry of Home Affairs (now the Northern Ireland Office) opened a training school, known as Lisnevin School, on the outskirts of Newtownards, a rural town, ten miles from Belfast and situated in County Down. Until that time there had been four training schools in Northern Ireland: one each for Roman Catholic boys, Non-Roman Catholic boys, Roman Catholic girls and Non-Roman Catholic girls. These four schools were provided and maintained under provisions contained in the Children and Young Persons Act (Northern Ireland) 1968, and are the equivalent of the former "approved schools" in England and Wales.

Lisnevin, which caters for boys between the ages of 10-17 years, was established in response to the need for additional facilities to serve the Juvenile Courts and the existing schools. At that time Lisnevin had two separate functions which were catered for by two discreet units - (a) an Assessment Unit for 20 boys whom the Courts considered might be in need of residential training and (b) a Special Unit for 20 boys who did not respond to the 'open' environment of the existing training schools.

Both Units functioned within a secure perimeter fence, which along with locked doors and other trappings of security placed an emphasis on containment.

The present study was centred entirely on the Special Unit although the author was responsible for providing a psychological service for both Units. In fact, by December 1978, the Assessment Unit had moved to a separate location some fourteen miles away and had changed considerably in its function. The author still retained a responsibility in this Unit (known as Whitefield House) although its relevance to this study was incidental except for some use of its pupils as subjects in pilot studies for providing dependent measures, methods of analysis, and so on.

Reasons for referral. The Special Unit was designed to cope with those boys, who because of court appearances and a juvenile offence record, were already in the care of the existing schools but who were regarded as being in need of more secure conditions. In this sense it is a medium to long term facility with boys living in the Unit for between nine months to three years with a median of around fifteen months. From the time of opening until the initiation of this study records showed that by far the most common reason for transfer to the Special Unit was persistent absconding from the open school (69 per cent), with need of care and protection next most common (18 per cent), and beyond control (5 per cent); other reasons included need of intensive care, special educational facilities and no progress being made in the open school or a combination of these reasons.

The opening of the Special Unit met a need which had been apparent since the passing of 1969 Children's and Young Persons Act in England and Wales. This Act abolished the Approved School Order and replaced it by a Care Order under which the young person becomes subject to the care of the Local Authority rather than the Home Office. This meant that because of the new legislation it was no longer possible to have problem boys removed from training schools in Northern Ireland to the "closed" facilities available in England. In the past it had been possible to have a small number of boys perceived as difficult, transferred to the Special Units at Kingswood in Bristol, Redhill in Surrey and Red Bank in Lancashire. The great increase in civil unrest in Northern Ireland since 1969, which has been coupled with an increase in juvenile crime of a serious nature, also indicated that there was a need for Northern Ireland to have its own Special Unit to hold juvenile offenders in security.

Public Enquiries. Before its opening in October 1973 Lisnevin School had been the subject of a Public Enquiry because of the strong

objections of the local residents to the siting of a training school in their neighbourhood. The enquiry decided that the school could open at Lisnevin on a temporary basis, pending the building of a purpose built unit at Rathgael School in Bangor, some five miles away. However, because of changes in the nature of the school, namely the moving of the Assessment Unit to Whitefield House and the establishment of a Junior Remand Wing at Crumlin Road Prison in Belfast, which meant a guarantee that no young terrorist offenders would be housed at Lisnevin, an attempt was made to have the school sited permanently at Newtownards. This resulted in a second Public Enquiry held in November, 1978; the neighbours maintained their objections concerning the threats of having a training school for difficult offenders sited in a residential area. As a result the report of the enquiry (Kennedy, 1979) recommended that as the role of the school had not changed substantially and it still had its share of "dangerous and thoroughly aggressive boys" it should be discontinued at its present site. It was recognised in the report that a need for a secure training school or a similar unit is required somewhere in Northern Ireland.

The above history and background was given to set the scene for the present study. It should be noted that the Special Unit has always functioned under a degree of stress and uncertainty. The temporary nature of the buildings, converted from a large manor house type building, ^{has} ~~have~~ been far from ideal. The feelings of pressure on staff and boys because of the uncertain future of the school have been at times almost tangible and have certainly been detrimental to the smooth running and emotional security of those in the school. One factor which many would have predicted as likely to cause problems was the inter-denominational character of the school, as Lisnevin was the first training school to mix boys of both sides of the religious divide in Northern Ireland; this experiment has to date proved an *outstanding success*.

PHILOSOPHY

An unpublished staff handbook, Purdy et al. (1973) made available to staff during training before the Special Unit opened made it clear that the aim of the Unit is *treatment* rather than punishment. A quotation from this handbook under the question: "What is a Special Unit?" stated:

The Unit is special in so far as the treatment we offer is special and we are dealing with children whose needs are both special and individual with the result that our staff must have special qualities required to understand, treat and relieve the pressures which are causing their severe maladjustment.

The building itself is special in that it is inobtrusively secure, relieving the worries of absconding both from our children and staff. Security is in this sense a positive factor which affords the staff the opportunity to operate to the full their treatment programme without the additional worries of absconding and affords the children the opportunity to receive this treatment possibly for the first time, without the temptation of absconding because of fear or sheer habit. In this sense we are special and thus we need special staff with ability to give all and expect little in return. (P.15).

It might be inferred from this quotation that a medical model for intervention is envisaged in which the youngster is seen as having something "wrong" with him which can be diagnosed and treated. Indeed the same document goes on to compare the Special Unit with the Intensive Care Unit of a hospital. Further aspects of this possible medical model are seen by the emphasis upon the assessment of social, personal and educational needs; the importance of background information and life history with a view to tracing the causative factors which have led to the delinquent breakdown is stressed.

Such an emphasis upon diagnosis and treatment would lead one to believe that intervention will be *goal specific* (that is once a specific

handicap has been diagnosed attempts will be made to remediate this handicap as would be the case with a medical problem). However, despite this, the document goes on to state:

our primary aim, would appear to be the establishment of a relationship with each individual which will be meaningful and based on friendship, respect and kindness on both sides ...

Once our primary aim is achieved we must then encourage our children to establish relationships with each other and invisibly guide them towards eventually helping their fellows. Through these delicate manoeuvres we can therefore hope to readjust our children towards a society dependent on such relationships so that one day he can become an adult who can give a security and love to his children, family or friends which he probably never received.

(P.15-16)

The clear assumption of this primary aim of establishing relationships is that all the youngsters will have *problems or deficits in forming relationships* which have led them into trouble; this seems to be somewhat contradictory to the earlier emphasis upon assessment, which would, in fact, appear to be redundant if the cause of the problems is already known. Experience of the functioning of the unit over the last five years has shown that, in practice, while considerable lip service has been paid to assessment and the establishment of individual treatment goals at case conferences and discussions, in fact, few individual treatment programmes exist. The main vehicle for change in attitudes and behaviour has been based upon the expectancy that the youngster will adapt to the supposedly relationship-centred therapeutic milieu which is *group* based rather than individual.

This emphasis on group rather than individual methods has been further exemplified by other methods of control such as the *weekly marks system*. On this system each boy is given a mark out of ten by each member of the care and teaching staff, these marks are then averaged

and the boy told at a Friday morning marks meeting what mark he has been allocated for the week. The marks relate to a tariff system whereby such items as pocket money and weekend leave are granted. The boy's official standing or status within the Unit depends upon the total number of marks which he has accumulated. When he enters the Unit he is placed in Form 1 and as he increases in marks he moves on to Form 2 and so on through to Form 4. With each change in form he becomes eligible for more privileges. The key word in the operation of this system is "consistency", all boys are treated alike and they know exactly what happens according to the tariff system. Thus they are aware that when they reach 75 marks they will normally receive their first weekend leave, similarly, they are aware that if they abscond they will lose all their marks, or if they are guilty of dormitory misbehaviour they lose 4 marks from their weekly total and so on. This system rarely has been deviated from although occasional departures are made in the interests of individual treatment. However, this is normally met with considerable hostility from both staff and boys.

This emphasis upon consistency within the group rather than necessarily towards the individual is further exemplified in the daily routine which is highly structured and time-tabled from rise in the morning to going to bed at night. (See Table 1.1). It is argued that emotionally disturbed young people require *stability* and this is provided both by way of physical security and also by the regularity of routine. In this sense the Special Unit shares many of the characteristics of a *total institution* (Goffman, 1968) and those who are more cynical might suggest that the smooth running and continued existence of the Unit has become of paramount importance. Conservativeness in approach is certainly evident and change has proved very difficult to implement. On numerous occasions innovations have been tried but it is remarkable how often there has been a drift back to old established ways. An example of this

AN EXAMPLE OF THE DAILY TIME-TABLE

(taken from Purdy, et al., (1973) pp.26-27)

Daily Routine - Special Unit

Out-of-School

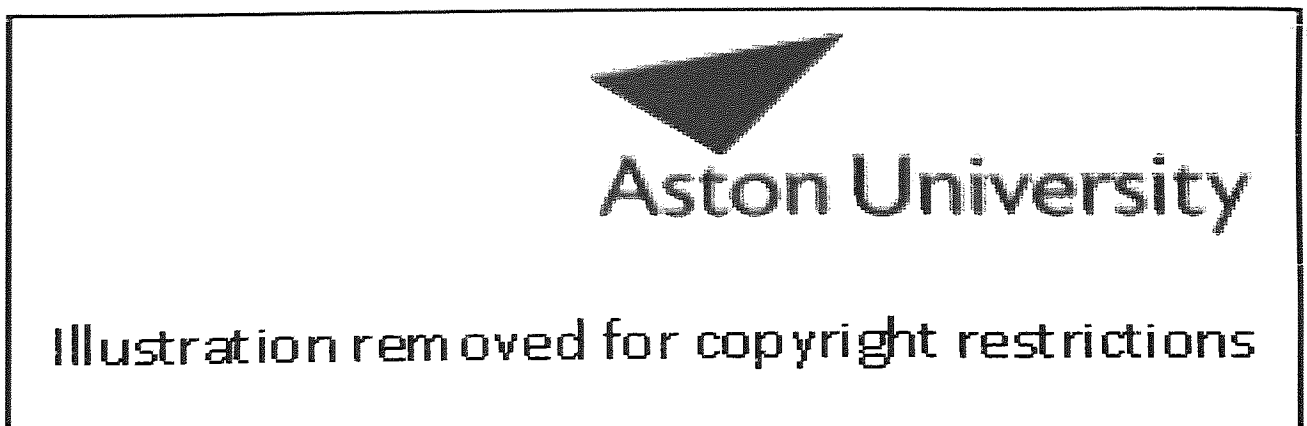
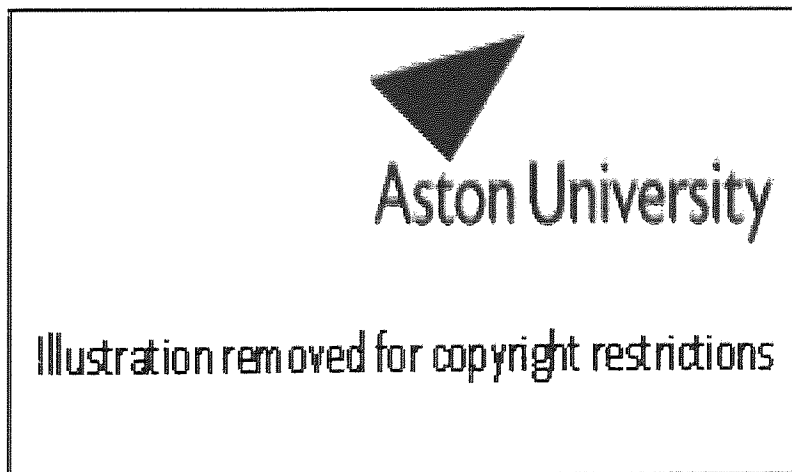
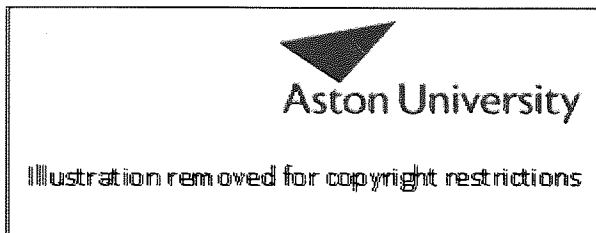
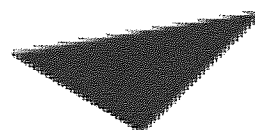


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was when the Principal issued an instruction that the boys were no longer to be lined up and marched down to the dining room in a regimented fashion at meal times but were in future to go down in small groups of three or four in a more casual manner. Within two or three weeks the boys were back to being lined up and marched down although no directive was issued that this should happen!

Returning to the avowed primary aim of the establishment of relationships with the boys; this seems to be an aim which Lisnevin has shared in common with a number of similar type establishments. Ferris (1978) pointed out that in Rathgael Training School the staff saw the treatment offered as consisting of changing the delinquent attitudes of their boys through the relationship offered by staff. Ferris suggested that such a philosophy is in accordance with the containment theory of Hirschi (1970) who claimed that the closer the relationship, the deeper the attachment, the greater the identification, and the lower the chance of delinquency. It is not clear whether in the Lisnevin context the relationship is seen as the treatment itself or as a necessary pre-condition for more directive and specific treatment approaches to be effective. The philosophy on which the Unit is based has been designed to allow very close interpersonal relationships to be formed; although it is apparent that in practice residential intervention is seen as being very much more than just an opportunity for delinquent youngsters to establish close relationships with adults.

Staffing Levels. The Unit has a very high staff/pupil ratio. During waking hours the boys are continuously supervised by two teams of nine staff who operate on a shift basis. A team consists of a team leader, (teacher), four teachers and four residential child care workers. Both teams have at least two female staff. Teachers are all fully qualified and in some cases have undergone additional training for working with maladjusted or educationally subnormal children. The child care workers

have normally successfully completed a one year full-time course leading to a certificate in the residential care of children.

In addition to the above staff, there are other staff who do not work in the teams such as the Principal, Headmaster, Deputy Headmaster, Social Worker, Nurse, Psychologist and ancillary staff such as cooks, cleaners, gardener and maintenance workers. These are all supported by clerical and administrative staff. Other help is available on a part-time basis from a Doctor, Dentist, Consultant Psychiatrist and Chaplains. The boys are looked after at night by a team of night-supervisors who take over supervision when the day teams go off duty. It can be seen from the above that the staffing available is extremely generous and that while the whole facility is expensive to run, it does certainly afford the potential for staff to form close relationships with the boys.

Curriculum Planning. This revolves round *small groupings*. Educational classes rarely exceed four boys and are often much smaller. This, in theory, allows for individual educational programmes to be followed. This is certainly the case with remedial reading where a very thorough assessment of skills and deficits is carried out and detailed remedial programmes instituted are carefully evaluated. However, such individual programmes appear to be rare in the case of other subjects nor is much systematic attempt made to evaluate progress.

Evening and week-end activities are in the main the responsibility of care staff and once again take place in a small group context. A typical evening programme might consist of a group going to the gym for football, a group playing board games and snooker, a further group in a hobbies room making models or participating in photography, handicrafts etc., and perhaps for those boys allowed "off campus" a trip to a swimming pool or cinema. Other activities include attendance at youth clubs, some community service work, and quite frequent three to four day trips to a

cottage in Co. Fermanagh, Ulster's lake-land district. This latter activity is extremely popular with the boys - they help in the renovation of the cottage which is in primitive condition, they fish, they enjoy outward bound type activities or just relax and "get away from it all". It can be seen thus that ample opportunity exists for staff to make *close* interpersonal contact with the boys. Opportunities also exist for the development of and tuition in individual interests such as the playing of musical instruments, trampolining, and so on.

Personal Counselling System. Again with reference to the emphasis on the primary aim of forming relationships with the boys each youngster is encouraged to choose a member of staff from one of the two day-care teams to act as personal counsellor. Essentially this person takes a special interest in his counsellee; it is his job to gather and collate information concerning the boy's background; he keeps the file up-to-date, presents information concerning the boy at case conferences and sees that recommendations of these conferences are carried out. He is expected to form a close relationship with the boy and to give advice and counsel on any problems which the boy might be experiencing.

The interpretation of the role of personal counsellor is subjected to wide variation. Some staff see their role as surrogate parents and enter wholeheartedly into the relationship even to the point of over-involvement. Others see their role in a purely formal light and perform only the administrative functions in a detached manner. Some staff attempt to have regular counselling sessions with their counsellee while others await the approach of their boys on the assumption that he will come to them if he needs help. Again some see their role as a counsellor as helping to deal with emotional and psychological problems while others restrict themselves to practical help such as arranging home visits or the purchase of a new pair of shoes.

Staff are given little training in counselling and are expected to adapt to the role in a fairly laissez-faire manner. It is, therefore,

difficult to evaluate the personal counsellor system and the importance it has within the overall functioning and philosophy of the Unit. It is certainly very much in line with the *relationship* approach to treatment but in practice it appears to *vary* so much in quality from one counsellor to another that it would have been impossible to evaluate it as a specific ingredient of treatment.

Subjective observations would suggest that some counsellor/counsee relationships have been warm, caring and long lasting, exerting a very positive influence on the boy's behaviour while others have been clearly damaging either through lack of interest on the part of the counsellor or through a misuse of the role to exert undue power and influence on vulnerable clients. It is very rare, even in a case where a counselling relationship has been going badly, that a boy is allowed to change his counsellor. Similarly, it is assumed that all staff will make suitable counsellors and they are, therefore, expected to make themselves available to play such a role. It may be that if both points were reviewed to allow some freedom of choice on the part of the persons involved then the personal counselling system could be a great deal more effective.

The fact that the counsellor has to play a *dual* role - in that he cannot treat what he is told by his counsee in confidence but is expected to play a big part in the administrative decisions concerning the boy (for example making recommendations on the suitability of the boy for release, etc.), has meant that at times the counselling relationship has been strained and artificial.

Case Conferences. Within a few weeks of being admitted to the Unit a new boy is expected to pick a personal counsellor, provided the member of staff is free to accept his invitation (i.e. he is not acting as personal counsellor to too many boys). The counsellor then sets about preparing information for the first case conference on the boy which occurs within six weeks of him being admitted to the Unit. This

first case conference is essentially a fact-finding event for staff; it is attended by as many staff as possible and also by outside agencies i.e., social workers, probation officers, etc., and sometimes by a representative of the referring school. Both short and long term goals for the boy may be decided upon but more often than not these are of a general nature. Approximately every three months, review case conferences are held, in which progress reports are made by the personal counsellor and comments are sought from the other staff. At these conferences decisions such as to change the boy's educational grouping or dormitory, or whether to allow him home leave are made. Sometimes more specific goals or recommendations for treatment are made. Usually after a boy has been in the Unit approximately one year a decision is made to put his case to the Review Committee which is a sub-committee of the Management Board of the School. The Personal Counsellor prepares the facts and makes a recommendation which normally carries considerable weight with the Committee. The Principal, Headmaster and Senior Social Worker are also available to give their views. The Committee may then make a decision to *license* the boy to leave the Unit or else refer the decision to another meeting. It may also make recommendations concerning the future of the boy. A decision to grant a licence to leave the school must be ratified by the full Management Board and the Northern Ireland Office.

After-Care. When a decision is made to license a boy, plans are laid to return him to the community as smoothly as possible. The Social Worker becomes deeply involved at this stage and the frequency of visits to the family and other relevant agencies in the community, to prepare them for the boy's return, is stepped up. The staff member in charge of careers starts the search for employment if the boy has reached the required age or else a teacher visits the appropriate school to prepare for his admission. When he actually leaves the Unit considerable contact

is maintained throughout the next year. He is encouraged to attend an after-care group which meets weekly in a Belfast Youth Centre or else to make regular visits to Lisnevin. He can also expect numerous visits to his home by the social worker to *monitor* his progress. Throughout the year a number of short residential holidays are laid on for boys about to leave the Unit and those on after-care. These and a number of other social and sporting events are designed to maintain communication. At the end of the year of after-care the boy is largely expected to be on his own although the school maintains some supervisory obligations.

Theoretical Considerations and Criticisms

The foregoing has been an attempt to explain some of the overall philosophy and treatment methods prevalent at Lisnevin and to set the context in which the author's own research took place. This section now summarises the main points in the treatment philosophy and examines them more critically.

The Intervention Model. Firstly, the intervention predominantly appears to be based upon a medical model for treatment. The very fact of *removal* from home appears to imply that the reasons for the problem behaviours lie within the boy rather than in his family and wider social environment. The boy is thus treated largely in isolation, presumably on the assumption that he can be "rehabilitated" and then returned to his home environment. However, such an assumption is out of keeping with current criminological research, especially that of the Social Learning Theory orientation, which has stressed multiple factors leading to delinquency but put a special emphasis upon situational factors. It is scarcely surprising that when a young offender is removed from a particular situation where delinquent acts have been occurring and placed in a situation which is highly supervised and controlled that much of the troublesome behaviour ceases. It is *no more surprising*

that when the same young person is returned after a period of residential treatment to the same personal social environment, the troublesome behaviour quickly recurs. Any attempt to deal with delinquent behaviour outside the context in which it occurs, (usually the home and local neighbourhood) as happens in residential treatment, seems doomed to failure unless coping skills taught during the residential period can be generalised to and maintained in the home situation. The analogy between a patient being removed to hospital for treatment of a physical complaint and that of a juvenile removed to training school for treatment of delinquency is just not applicable.

The model for intervention must surely be *educational and developmental* rather than medical. It must not centre solely on the young person who committed acts but on the whole social context in which they have occurred. This will involve parents, siblings, peers, neighbours, teachers, etc., as well as environmental manipulation designed to reduce delinquent opportunities and motivations. Obviously such intervention would best take place within the environment in which the troublesome behaviour occurs. However, it must be recognised that there are occasions when this is not possible, as is the case when the behaviour of the young person constitutes such a danger to others or to himself that he has to be removed from home and placed in a situation of containment.

Nonetheless, even when this is necessary, intervention should be based on an educational and developmental model rather than medical, which means looking at the behaviour in its *broadest context* and not placing undue emphasis upon the internal characteristics of the individual. Intervention should be aimed at returning the young person to normal (i.e. non-institutionalised) society as quickly as possible. This will involve personal education on either of two fronts and probably both simultaneously. Firstly, after a thorough behavioural assessment of the context in which a delinquent act occurs the young person can be taught alternative ways of behaving in that situation. For example, learning self-control methods

of keeping one's temper when provoked. Secondly, he can be put in a situation which allows him to examine his own self-concept and life-style and to develop it and modify it in a self-directed manner. This can be done by demonstrating to the young person a belief that he is capable of making responsible decisions and acting accordingly. Simple *containment* which takes away the rights and responsibilities of the individual and places even the simplest of decisions in the hands of another person can surely only *inhibit* growth and development.

Institutional Goals. In his definition of a "total institution" Goffman (1968) suggested that such establishments are self-contained and are largely or totally isolated from the rest of society. All activities of the inmates are carried out under an imposed schedule according to a set of rules, with the same authority and as part of a single overall plan designed to fulfill the official aims of the institution. These aims may be praiseworthy - for example, the reform of prisoners. However, in practice, the intention of returning the inmates to the outside world, but improved in some ways, is likely to be subordinated to, and taken over by, the requirement that the institution be run in a manner most convenient to those in charge. Goffman also pointed out that typically total institutions are marked by a sharp dichotomy between staff and inmates. It can be seen from the earlier description that Lisnevin fulfills many of the characteristics of a total institution. This can be seen most clearly in the rigid devotion to rules, regulations and routines. It was also noted earlier that those who are more cynical (or perceptive) have observed that the avowed aims of the institution have sometimes given way to those aimed at the smooth running and continued existence of the Unit.

Millham et al. (1975) made an interesting distinction when referring to the goals of former approved schools in England. They divided the goals into three classifications and suggested that any specific institutional aim may have elements of each of these kinds of

goals. They can be classified as *INSTRUMENTAL*, that is skill-acquiring, or *EXPRESSIVE*, things worthy of themselves like self-discipline, or *ORGANISATIONAL*, like those concerned with the maintenance and survival of the institution. It often happens that these goals may conflict. They argued that there is an inherent tendency for instrumental and organisational goals to displace expressive goals. Instrumental ends always require an elaborate and efficient organisational structure for their fulfilment, so that stress and achievement in these two goals go together. However, expressive aims and organisational requirements can be *incompatible* and often conflict: the demands of organisational efficiency, the maintenance of order, discipline, reputation and routine do not necessarily coincide with goals of transmitting some kind of values, of self-expression for children or the toleration of acting-out behaviour.

The expressed primary aim of Lisnevin which is the establishment of good relationships between staff and boys is very laudable but may be criticised on a number of accounts. Firstly, it is not sufficiently clearly stated what a good relationship is and how it is to be achieved. It is left up to the individual imagination of staff to decide what constitutes a good relationship. Secondly, it is not made clear if such a relationship should be an end in itself and if so how it is likely to change delinquent behaviour or whether it is a prerequisite for other treatment strategies. Thirdly, and most importantly, the establishment of good relationships (an expressive goal) is often in conflict with the organisational goals of the Unit. Staff thus frequently find themselves in an incompatible situation where they are expected to play two roles, one of custodian and the other of friend. They are expected to enforce rules which their common sense tells them are not in the best interest or long term good of the boy concerned, although they might serve to promote the efficient running of the Unit.

The staff/boy ratio was designed to allow for close interpersonal relationships to be formed, however, the frequent pressure on staff to become involved in organisational goals has tended to highlight the dichotomy between staff and inmates which Goffman predicted. It is difficult to be involved in a search for contraband one minute and then expect the boys to disclose their difficulties in a personal, intimate way the next.

The fact that the boys have been removed from home and deprived of their freedom through legal proceedings necessarily implies to them that they are being placed in the Unit for punishment. When staff confront them with overtures of friendship and concern this is likely to set up a cognitive dissonance (Festinger 1957). However, when staff are also seen in their custodial role ensuring the enforcement of rules, regulations, punishment, and so on, the dissonance is likely to be resolved by the boy perceiving the attempts at relationship forming with suspicion and distrust. Thus they can rationalise a friendly overture as snooping and spying into their personal affairs.

Staff also experience a similar dissonance between their discordant roles and at times appear to be unsure whether their primary role is to punish or befriend the boys. The emphasis upon organisation goals makes it easier and less threatening to see themselves as custodians and protectors of society than as therapists aiming towards more expressive goals.

It can thus be seen that, in spite of the praiseworthy aims of the Unit and the provision of excellent opportunities for staff and boys to meet together in small groups for close interpersonal exchange, the very nature of the Unit makes the aims very difficult to achieve. At times one has the feeling that very good positive relationships are achieved while at other times a clear dichotomy exists when an underground counter-culture is clearly evident. It seems inevitable that in a situation like Lisnevin where one group possesses so much power and the other so little, at least

in terms of official status, decision making, and so on, that relationships are bound to be somewhat brittle and that the primary aim of good, enduring interpersonal relationships is an unrealizable dream in the context of a total institution.

The above points will be returned to in Chapter VIII when the results of the current study will be discussed. At that stage a possible model for intervention will be presented which will take into account the staff clash of roles and will seek opportunities for expressive goals to be achieved with minimal conflict with the other goals of the institution.

C H A P T E R I I

A R E V I E W O F T H E L I T E R A T U R E

PART 1: Non-Custodial and Custodial Approaches to
the Treatment of Male Juvenile Delinquency

INTRODUCTION

This chapter aims to look at the wider context of delinquency as it relates to this study. To do this it briefly examines some theoretical issues concerning the definition and causation of delinquency. The major part of the chapter is then devoted to looking at different methods of coping with serious delinquency committed by teenage boys. Therefore, the literature reviewed deals almost exclusively with research on male delinquents and attempts to sum up the author's available knowledge on the effectiveness of different approaches. Various topics were excluded from the review - topics such as adult crime, minor delinquency, and female delinquency, on the grounds that they were not directly relevant to the main theme of this research. Approaches which were primarily based on psychotherapeutic or counselling techniques have been reserved for discussion in the relevant section of the next chapter.

The Concept of Delinquency

The concept of delinquency is not simple, being heterogeneous in nature, it includes a wide range of behaviour often having little in common. In Britain, the term is usually associated with juvenile crime - that is behaviour capable of being followed by criminal proceedings which is committed by young people in the age range of 10-17 years. Whether, in fact, the behaviour is officially recognised as a crime and hence followed by some sort of legal or quasi-legal proceedings, depends on a great many factors which could be the topic of an extensive criminological discourse beyond the scope of this thesis.

A number of official delinquent acts are essentially trivial in nature. These include the so-called 'victimless offences', such as riding a bicycle at night without lights, playing football in a prohibited area, underage drinking or gambling and the use of prohibited drugs. Many of these can be regarded as normal adolescent behaviours which simply test the limits of what society regards as acceptable for adolescents. But

there are more serious offences, which would be accepted in most cultures and contexts as being very definitely criminal and, therefore, meriting some form of legal intervention.

Nonetheless *labelling theorists* have argued at length on 'cultural relativism' as a variable in defining offences. They have contended that no act is intrinsically deviant, but only comes to be seen as such by socially sanctioned experts such as judges, psychiatrists, and other professionals. Such a view would suggest that a number of persons labelled 'delinquent' would not have received this designation in a different culture, social class, or indeed had they been adults when the behaviour occurred. Undoubtedly, there is some validity in this point of view and it should act as a salutary warning to anyone who tends to view delinquency as a definitive concept.

Some views on the causation of delinquency

If one accepts that delinquency is *not a unitary* concept, it is not unreasonable to look for a wide range of causal factors in explaining its occurrence. Consequently, a plethora of theories have been expounded by sociologists and psychologists throughout this century. The explanations and descriptions of contributing factors have ranged across a wide spectrum - from genetic predispositions and various concepts of innate criminality, physical characteristics such as height and shape, to factors in personal life such as broken homes and parental instability, and social factors such as family mobility, bad housing, and alienation against society.

Psychological studies have traditionally tended to look for individual pathology such as faulty conditioning, personality differences, uncontrollable 'id' forces and so on - such suppositions accept that crimes are given events to be explained and understood. Sociological studies, on the other hand, have questioned the fact that some acts are identified as crimes whilst others are not, and have been interested in studying how behaviour comes to be identified as crime, so they tend to

study the social context of crime. More recently there has been a certain merging of these two perspectives, with theorists who have a psychological orientation (e.g. Trasler, 1979. Cornish and Clarke, 1975) having put much more emphasis on situational aspects of crime than on any supposed abnormality in the offender. This has represented a shift away from a *disease* model of delinquency where the main source of behavioural variance lies within the individual. There has been a corresponding movement towards a *social learning* model of delinquency in which behaviour is seen to depend on the exact stimulus conditions in the evoking situation and on the individual's previous experience of similar situations.

While the social learning approach represents quite a radical departure from traditional models of delinquency, more highly developed formulations of this approach (e.g. Bandura, 1971) have accepted an '*interactionist model*'. This recognises delinquent behaviour as both diverse and determined by a complex interaction of multiple factors. It takes into account the various perspectives - psychological, sociological, political and economic, which are often required to explain what, at first sight, can appear to be a simple action. It allows that behaviour can have a genetic or hereditary basis, but recognises the importance of early learning and childhood experiences, cognitive mediating factors, current environmental stimuli and reinforcers, and the social, political and economic context in which the behaviour occurs.

There are, of course, times when it is more simple to highlight a particular factor in a causal chain, and to lay most stress upon it when explaining or attempting to cope with a specific behaviour. Thus group vandalism might most usefully be explained in terms of current environmental stimuli or socio-economic factors pertaining at the time, while seriously assaultive behaviour by an individual might, in selected cases, be best viewed in terms of a neurological or hormonal disorder and

treated by medical means.

It is almost inevitable that the persons trying to explain or cope with the behaviour will do so according to their particular orientation. Thus a psychotherapist might see a delinquent act in terms of the person's poor self-concept and his need to be recognised in some way. A policeman might see it as evidence of lack of parental control and the need for discipline. The traditional psychologist could view it as the outcome of low intelligence and the inability to appreciate the consequences of one's actions. The behaviourist will point to the presence of appropriate stimuli and reinforcers at a particular place and time, while the sociologist will regard a delinquent act as the inevitable outcome of environmental deprivation through high unemployment and lack of facilities and so on. All of these are plausible and undoubtedly have varying degrees of validity, but it can be seen that none constitutes a *total* explanation. Consequently, in criminological thinking today, it is the *interactionist* approach which carries the greatest respect.

COPING WITH DELINQUENCY

Justice or Welfare? Delinquent behaviour, being about law breaking, carries with it very strong moral intonations. It is often referred to in moral terms such as 'wrong', 'blameworthy', and the like. Our legal system has reflected this attitude in its approach and has always, to some degree, accepted the concepts of blame, criminal responsibility, punishment, retribution, and so on. But the recognition that many young offenders come from a background of multiple deprivations, for which they are not responsible, and which seems to be importantly associated with their delinquency has led to a dilemma which is frequently referred to as the *justice or welfare* debate. It is argued by those who take a *welfare* stance that the alleviation of disadvantage and deprivation will in turn lead to the prevention of delinquency and that it is in this area rather than through criminal proceedings that delinquency might most

... in Western Europe follow the
profitably be tackled. On the other hand, those who espouse a *justice* model lay emphasis upon delinquency as being a matter of opportunity and choice regardless of background factors and argue for individual responsibility and accountability. They see sanctions and controls as valid responses to deviant behaviour - both as an expression of society's disapproval and as an individual and general deterrent to future similar behaviour.

The Children and Young Persons' Review Group, Northern Ireland (1979) pointed out (sect.5.13. to 32) that the current arrangements for dealing with juvenile offenders in the United Kingdom are the result of an accommodation of two differing ideologies as they stated:

Neither Scotland, nor England nor Wales, nor Northern Ireland adheres rigidly to solely welfare or criminal justice principles. In Scotland welfare principles predominate but prosecution is still possible in certain circumstances. England and Wales, whilst endorsing much the same principles as Scotland, has maintained the juvenile court. So far, Northern Ireland has held more closely to the traditional tenets of the criminal law but the welfare of the child is not neglected, and indeed sect. 48 of the 1968 Children and Young Persons' Act enunciates the principle that every court, in dealing with a juvenile, must have regard to his welfare. (P.32)

Certain countries have tried to make a clearer distinction between justice and welfare. In America the procedural characteristics of the juvenile court are seen more as a framework within which a primarily welfare orientated approach to juvenile offenders can be given expression. While the Scandanavian countries of Norway, Sweden and Denmark have reacted to the dilemma by raising the age of criminal responsibility to fourteen (Norway) and fifteen (Sweden and Denmark). Children below that age who commit offences are regarded as in need of care and they are dealt with by non-judgemental child welfare tribunals. These tribunals are conceived to educate and otherwise meet the needs of neglected children, including offenders, rather than

punish them. Most other countries in Western Europe follow the British system of mixing justice and welfare.

The range of sentences available to the juvenile courts in Northern Ireland have reflected the dual philosophy. At one end some of the sentences are most clearly defined to punish - as seems to be the case with fines, whereas at the other end the probation order lays much more emphasis on care and support. Within this continuum various sentences combine care and punishment to differing degrees. This is particularly the case with custodial sentence of the Training School Order where it is not clear to what extent it is designed to be a punishment or a treatment. This obviously leads to considerable confusion to both the staff and inmates of these institutions who have to experience both aspects.

It is not the purpose of this review to look at length at the measures used to cope with the trivial offender except as they might extend to the more serious or habitual offender. The Children and Young Persons Review Group (1979) accepted (Sects. 5.26: 5.27: and 5.30 pp. 36-37) that it is probably a minority of children who grow up without ever misbehaving in ways which may be contrary to the law and that frequently such behaviour is no more than an incident in the child's normal development. In recent years about 30 per cent of juveniles dealt with by the police in Northern Ireland were cautioned rather than prosecuted, and of those prosecuted, a considerable proportion, over the whole range of offences, were given an absolute or conditional discharge. Only a minority of juveniles who are prosecuted persist beyond a first or second offence. Likewise the indications are that many juvenile offenders, detected or undetected, mature out of their delinquency. These offenders are officially regarded as presenting a nuisance rather than a serious source of harm to the community.

The Review Group, however, recognised that there are some young people whose offences can only be construed as *serious* and a *danger* to

society. They also recognised that there are some who persist in delinquent activity, even of a comparatively *trivial* nature, but whose behaviour becomes *intolerable*. Together they are a small but troublesome minority and a source of real concern to the community. It was with finding methods for coping with and helping such young people that this study was concerned.

The Difficult Few

Thus the target population for this investigation was the young people on whom the juvenile court has traditionally decided to impose a custodial sentence. This review set out to look at two main questions - (1) What is society's most appropriate way of responding to serious and persistent young offenders? (2) If it is essential for a number of those people to be held in preventative custody how may they best be helped through this time in such a way that they no longer constitute a threat to society?

It is frankly recognised that through the vagaries of the legal system a number of offenders are removed from home who do not merit the label serious or persistent and that, therefore, any distinction between trivial and serious offender is to some degree arbitrary. Similarly, it is accepted that a number of young people who arrive in secure residential care do so, not because of their initial offences but, because of their inability to settle in 'open institutions'. As such their major problem may not be their offending but their inability to relate to adults, authority figures, or because they display behaviour which is unacceptable to their peer group. Indeed it is possible, within the Northern Ireland context (and the author suspects in most other countries) for a young person to be held in secure residential provision without ever having been actually charged with a specific criminal offence¹ - but because

Note 1

At the moment this is the case but following the recommendations of the Children and Young Persons' Review Group (1979) it is to be hoped that other provisions will be made for such young people.

his behaviour has been designated as so bizarre or disruptive as to make it difficult to cope with in the open community. It can, therefore, be seen that the target population can be quite diverse in nature.

NON-CUSTODIAL APPROACHES

A Radical Approach. It is increasingly argued that society's best response to delinquent behaviour is low key. Perhaps the clearest proponent of this point of view was Cohen (1979) who admitted that his radical views are unrealistic in the light of current public opinion. He argued for the *decriminalisation* of many present day offences - particularly those crimes without victims. Similarly he advocated the twin policies of *decarceration* and *excarceration*, that is the release from custody of 70-80 per cent of prisoners on the grounds that they can be released "safely" - combined with the stopping of such committals to custody in the first place. For the minority for whom it will still be necessary to use incarceration he suggested that this decision should be taken solely on the basis of crime they have committed rather than on the prediction of their future risk by such "experts" as psychiatrists and psychologists. Sentences should be determinate and based on a concept of justice; punishment should be allocated in proportion to the perceived gravity of the act and not cloaked as treatment.

Cohen suggested two main strategies in place of custodial sentences for most offenders. One is to work within the already wide range of punishments offered as *official* alternatives to imprisonment: warnings, conditional discharge, fines, temporary deprivation of liberty, restitution, and so on. The second, much more radical strategy, is to encourage modes of social control and conflict restitution which are right *outside* the system. This would include community dispute and mediation centres based on analogues with moot and tort; restitution or reconciliation programmes organised by victim organisations and the like. Interestingly, Cohen rejected most present day attempts to provide alternatives to the penal

system. He argued that such attempts are *not genuine alternatives* but supplements to the existing system and far from removing people from the system often suck them into it at an earlier stage. Included in this were projects such as preventative intermediate treatment which attempts to identify at risk children at an early age.

Cohen's second strategy does have some substantiation in empirical research. Farrington (1977) tested a hypothesis derived from Labelling theory, namely that individuals who are publicly labelled as delinquent will increase their delinquent behaviour as a result. He showed that previously unconvicted youths who were first found guilty in court between interviews at ages fourteen and eighteen significantly increased their self-reported delinquency scores during this period. This research was part of the Cambridge Study in Delinquent Development, a longitudinal survey of 411 working class London youths from ages eight to twenty-four (West and Farrington 1977). Two American studies also indicated that previously non-labelled youths increase their self-reported delinquency after being apprehended by the police. Gold (1970) showed that this was true in a sample of teenagers from Flint, Michigan, and Gold and Williams (1969) found this in a nationwide sample of teenagers. Kleen (1974) found that juvenile first offenders were less likely to be re-arrested in police departments with a *high diversion* policy of avoiding taking juvenile offenders to court than in *low diversion* police departments. Of equal relevance to our present study was the finding that the reverse was true for recidivists. Accepting Kleen's equation of 'low diversion' with 'high public labelling', this research seemed to indicate that publicly labelling first offenders increases their delinquency while publicly labelling persistent offenders decreases it. Thus these studies lead on to the paradoxical conclusion that perhaps the best initial response to delinquent behaviour is to ignore it or at least to adopt a low key non-judicial approach - a viewpoint which might 'warm the heart of a behaviourist' but is guaranteed to 'send

shivers of horror down the spine of most members of the public!'

Differences Between Traditional Approaches

The juvenile court has quite a wide range of non-custodial sentences available to it. Some are overtly *penal* such as fines, restitution, cautioning, and attendance centre orders while others are more *rehabilitative* in nature such as intermediate treatment and probation. It is extremely difficult to make comparisons as to the differential effectiveness of various sentences. Brody (1976) in an extensive review of the literature on the effectiveness of sentencing pointed out the dangers of superficial comparisons between different types of sentencing. While there have been many independent follow-up studies of various types of sentence, few of them have been adequately designed to control for factors such as the nature of the offence, previous criminal history, length of follow-up and so on. Brody cited by way of example, several studies from the 1960's which might appear at first to show differential effectiveness. Quoting from Brody these studies were: McClintock (1961) who showed a reconviction rate of 38 per cent for young offenders given attendance centre orders. Banks (1965) reported 47 per cent for those sent to detention centres, Gibbens (1963) found that 53 per cent borstal boys failed. Radzinowicz (1961) reported a failure rate of 49 per cent among probationers. From this it might appear that attendance centre orders are the most effective and borstal training the least effective. However, when factors such as age, and previous criminal history were controlled for, these differences disappeared. In fact it would seem that these two characteristics strongly and consistently influence reconviction no matter what sentence is given.

The *Sentence of the Court* (1964) which looked at all the possible disposals available at that time to the British Courts was intended to be a rough guide to sentencing policy. The results, at face value, suggested that *fines* were the most successful penalty for all types of

offender, and various types of discharge also brought fairly good results for juvenile offenders. *Imprisonment* seemed generally to be followed by higher reconviction rates than fines or discharges, but less so when it was applied to confirmed offenders. *Probation* turned out to be the least effective measure, although it again showed better results when applied to other than first offenders. However, the above results must not be accepted uncritically as no attempt was made to systematically control for differences between offenders.

One report which did attempt a comparison of corrective effects while controlling for prior differences between offenders was that of Kraus (1974) in New South Wales. The study was concerned with a five-year follow-up of the criminal careers of 223 male juvenile offenders treated on probation (median age 15.5 years) and 223 offenders committed to an institution, matched on chronological age at the time of the offence, age at the time of the first offence, number of previous offences, types of previous offences, and number of committals to an institution. Recidivism was measured in terms of rates of offences and numbers of imprisonments and detentions; additionally total numbers of offences and numbers of various types of offence were analysed. Recidivism was higher after detention than probation for all but 'behaviour problems' and 'take and drive away motor vehicle' offenders. No differences were found for the former, and the latter responded better to detention. Recidivists committed more 'assault and malicious damage' and 'other hooliganism-type' offences after being in an institution. These results seemed to indicate a differential response to probation and detention, shown by either a greater number of boys offending again, higher rates of offences or a greater total number of offences by boys who had been sentenced to detention. The results were exceedingly pessimistic as Kraus pointed out that earlier findings about the population of probationers in the study indicated that probation did not contribute anything to the prevention of recidivism. Consequently, if probation was more effective than detention, the only

possible inference was that the latter was detrimental to the correction of juvenile offenders in spite of its aims to the contrary.

Variations On Probation

In recent years, apart from traditional probation, the courts have had available a number of other forms of supervised treatment which are often used in conjunction with or as an extension of probation. These fall under three broad headings: intensive treatment, community service projects and intermediate treatment.

Intensive Treatment. The *Impact* experiment (Folkard, et al. 1976) was an experimental research project carried out in four English Probation and After-Care areas to evaluate the provision of more intensive and matched treatment for relatively 'high risk' offenders. Emphasis was given to 'situational' treatment in the family and in the areas of work and leisure. Experimental and control groups were set up in each area by random allocation procedures. Evidence was given to show that these groups were comparable, and that the experimental cases did, in fact, get more attention and more situational treatment. Unfortunately, the results showed no significant differences in one year's reconviction rates between experimental and control cases, therefore, producing no evidence to support a general application of more intensive treatment. There was some evidence of a differential treatment effect for various types of offender. The type of offender with moderate or high criminal tendencies and average or few personal problems did significantly worse in terms of one year reconviction rates under intensive situational treatment than under normal probation supervision. There was a suggestion that the offender with low criminal tendencies and many personal problems gained more benefit under the experimental treatment, though this was based on a relatively small number of cases and was not statistically significant.

These results to some extent conflicted with studies by Fo and O'Donnell (1975) in Hawaii, U.S.A. They reported on the *Buddy System*

which is a community-based delinquency treatment programme in which indigenous non-professionals are employed as agents of behavioural change with adolescent delinquents. The target population consisted of multi-ethnic youths of both sexes, aged 10-17, referred to the Buddy System by the schools, police, courts, social welfare agencies, and community residents. Subjects were randomly distributed to either an experimental group consisting of 264 youths who were assigned to adult buddies, or to a non-treatment control group comprised of 178 youngsters who were referred to the programme, met all the criteria of acceptability, but were not invited to participate. The results showed that, for youngsters who had *committed offences* in the previous year, programme participation significantly *reduced* the number of such youths committing major offences during the project year. For youngsters with *no record of major offences* in the preceding year, reliably *more* experimental youths *committed major offences* during the project year than the control group of youths.

Thus while the Fo and Folkard studies indicated differential outcomes depending on the type of subject - they appear to have done so in different directions. The Fo study suggested an overall positive outcome while the Folkard study indicated no overall effect of intensive supervision. It is obvious that there were a number of differences in the design of the two studies, not least being the target population, means of referral, length of follow-up and type of therapist. Once again the difficulty of comparing studies is highlighted and the extrapolation of results complicated.

The *Detached Worker Programme* run by the Youth Services Bureau of Ottawa (Pepin, 1978) was a Canadian project designed to help control and prevent juvenile delinquency. This was an intensive long-term programme for children (ages 8-15) and their families requiring community intervention when delinquent acts were occurring. Each full-time detached worker had a caseload of five units - a unit being one child, siblings

or a small natural group. The detached worker became intimately involved, using behavioural techniques, in all aspects of the child's environment - his family, school, peer group, local store owners and so on. They were expected to constantly confront the children and their parents with the natural consequences of their behaviour and to reinforce appropriate alternative behaviours.

The information received from the Detached Worker Programme was essentially of a descriptive nature, although some attempt was made to evaluate the programme. Over a five-year period 1972-76 the number of children said to have a good prognosis was 59 per cent, and only 11 per cent were said to have a bad prognosis, with the remainder either having a fair prognosis or having left the programme. Only 6 per cent of the children were received into training school or residential care during the time they were with the programme. No reconviction rates as such were quoted, but information on police contacts was given which showed the average number of contacts per child as 4.42 before and during treatment they dropped to 1.21 after treatment. Unfortunately, no information was given as to the length of follow-up after treatment, and it would appear that this varied considerably from child to child ranging from several years to only a few months. Nevertheless, the programme organisers felt that this evidence strongly demonstrated the overall effectiveness of its ability to decrease the frequency of delinquent acts known to the police; they also pointed to a general decrease in negative behaviour over time. They saw the programme as essentially a primary preventive one, which by successfully treating children in the community obviated the need for residential treatment. While the results for this Canadian programme lacked experimental rigour, they did seem to be optimistic and are certainly worthy of controlled research.

Community Service. Another recently tried approach to supervision of offenders within the community is community service. The young person,

usually voluntarily, but sometimes as a condition of a probation order, agrees to be assigned to some job of work which is of help to the community, instead of receiving a custodial or other penal order. The aim of the community work is to give the volunteer the opportunity to take part in *worthwhile* work which should help him grow in confidence, self-esteem, independence, insight into the problems of others and improved relationships with adults. Undoubtedly, there is also an element of *recompense* in the philosophy of community work whereby the offender is seen to pay back in a positive way to the society he has wronged.

Unfortunately research, especially that of an evaluative nature, has been sparse on community service. While a fair number of schemes have been in operation, few have published details of their success or otherwise. One piece of work described as an interim research report (Milham, Bullock and Hosie, 1978) was fairly optimistic. This reported the background and experiences of 156 young persons accepted for the Community Service Volunteer "Child in Care" scheme. The authors reported that the group displayed more problematic characteristics than the old Senior Approved School population they had researched in 1970 (Milham, Bullock and Cherrett, 1975). Returns from a questionnaire sent out to community service supervisors concerning the young people suggested that the major difficulties experienced by supervisors were related to time-keeping and attendance. Delinquency was not a major issue and only five supervisors reported that theft had taken place. Neither were there massive behavioural, personality or control problems, only four supervisors reported difficulties in these areas. However, they indicated that 25 per cent of the young people had been involved in outside delinquency during the placement. The young people in a corresponding questionnaire indicated that 73 per cent thought that their outlook on life had changed through the experience, they felt that they were more aware socially, had a better understanding of people and 89

per cent were more optimistic about the future.

These early results were encouraging and would suggest that the community service might offer a more positive alternative to some of the young people who might otherwise have been placed in custody.

Intermediate Treatment

This is a generic term which represents a wide range of social work activity with children and adolescents. It is sometimes quite formalised and is used as a recommendation of the court for children who may have evolved a delinquent life-style and some sort of commitment to delinquency to the extent that they are at a serious risk of being removed from home. In other cases referral is usually informal and voluntary. Not only has there been a wide variety of children undergoing intermediate treatment but treatment facilities have varied in timing, staffing and activities - usually determined by local factors such as the availability of club premises, volunteers and social workers. While group membership and group programme has usually determined the specific objectives of intermediate treatment, the overall objectives have tended to remain fairly constant - they are according to Thorpe (1976): "the maintenance of 'officially' or 'unofficially' delinquent children in the community as an alternative to residential care".

A plethora of descriptive accounts of intermediate treatment schemes have been published in the last few years (e.g. Intermediate treatment: 28 choices", Department of Health and Social Security, 1977). Unfortunately very few evaluative studies have been published in spite of the fact that both Thorpe (1976) and Tutt (1976) have presented research models and emphasised the importance of controlled evaluative research.

One project which has attempted to produce 'hard data' was the *Hammersmith Teenage Project* (Covington, 1978). This project was based in a large building in Hammersmith. It was organised by a staff of

twelve - including six 'linkers'. These were untrained "New Careerists" under thirty years of age who had experienced problems similar to those of many teenagers referred to the project. The project was seen primarily as an alternative either to a court appearance or, if the case had already been before the court, to a custodial sentence. The teenagers (boys and girls 12-16 years), all of whom attended the project voluntarily, were taken for a minimum of three months during which time they were involved in either a day or an evening programme or a combination of the two.

Research on recidivism rates were presented on a yearly basis for 1975 and 1976. Results for 1975 showed that 42 per cent (of a total of 34 teenagers) had an overall improvement, 26 per cent had an overall deterioration and 32 per cent no change; 59 per cent committed no offences while actually attending the project. In 1976, 42 per cent (of a total of 50 teenagers) showed overall improvement, 12 per cent overall deterioration and 46 per cent no change, 70 per cent committed no offence while attending the project. A control group consisted of non-starters, that is teenagers who were accepted onto the project and then decided not to attend. Their figures during the period May 1975 to September 1977 were 35 per cent showing overall improvement, 25 per cent deterioration and 40 per cent no change. The researcher recognised that this group could not truly be described as a control group as it may have differed in important aspects from the experimental group - for example their failure to attend the project may have indicated that they may have been less "successful" anyway. The fact that the experimental group of 1976 showed better results than the group of 1975 may also be accounted for in the fact that they were more "hard-core" cases during the first year than in the second year; only 3 teenagers had committed no offences before attending the project the first year, whereas 22 had no offences before attending the project the second year. The period of follow-up also appears to have been a rather short six months. The author tentatively suggested that while the non-starter group was not

entirely comparable to the group of teenagers attending the project, the figures did indicate that the project had some effect in reducing delinquency as well as being associated with a number of other socially desirable changes.

In view of the lack of well-designed studies in the field of intermediate treatment, it is impossible to be other than cautiously optimistic about the value of such schemes in reducing delinquency and keeping young offenders out of long-term residential care. Like so many other areas of delinquency research, there are still a great many questions to be answered.

Half-Way Houses

Before moving on to look at residential and custodial treatment it is important to look briefly at a range of alternatives which combine residential and community treatment. In these cases the young person is removed from home and expected to live in a hostel or other accommodation but remains in the community in other respects and is involved in normal school and work situations. However, in many instances the community in which the young person is required to live differs from his home community in that it is in a different neighbourhood or town.

Probation Hostels. These are a good example of this type of provision. Young offenders who might otherwise have been given a custodial sentence are required to live in a specifically designated hostel as a condition of their probation order, and as such they are expected to abide by the rules of the hostel concerning their conduct. Failure to do so could lead to a breach of probation and the young person being taken back to court.

Sinclair (1971) studied the probation hostel system in England and Wales in the mid-1960's. At that time there were 23 such hostels which took boys aged 15-21 from the courts for a twelve month period. Sinclair found that the proportion of boys that left prematurely

as a result of absconding or a further court order varied greatly among hostels, from 14 per cent in one hostel to 78 per cent in another. His research was directed mainly to explaining this variation. It could not be accounted for by differences in the boys entering each hostel. A careful study of 429 boys who entered the hostels in 1963-64 showed that those who had left home or had an above average number of previous convictions were more likely to leave prematurely, and that those who had been removed from bad homes were less likely to do so. The hostels with high rates of premature leaving had not taken abnormal proportions of the "high-risk" boys - nor was the variation explicable by the more obvious differences among hostels, such as size, location, or age-range. A considerable amount of the variation could be accounted for by the way in which the warden and his wife ran the hostel. By using partial correlation techniques through which the relationship between two variables can be examined while holding constant the effect of other measured variables, it was found that wardens with the *lowest* rates of premature leaving were those who ran a *strictly disciplined* hostel, but were *kind* in their dealings with the boys and were in agreement with their wives about how the hostel should be run. Other combinations of attitude and practice were relatively unsuccessful in terms of the proportions of boys that left as a result of absconding or a further court order. Unfortunately, with the exception of one hostel, the reconviction rates of boys that did not leave prematurely were not affected by the hostels to which they had been. Thus while the type of regime seemed to influence the hostels' ability to keep its residents, it seemed to have *little* effect on future recidivisms.

Phillips (1968) and his associates have reported a number of studies concerning the treatment of young offenders (12-16 year old boys) at *Achievement Place* as "an example of a home-style, community-based treatment facility" (p.213). The only staff were a husband and wife team of teaching parents who had responsibility for treatment, care and custody.

Six to eight boys were accommodated at any one time and they were described as being "dependent and neglected" ... they came from low income families and had committed minor offences. The boys continued to attend the same school as they were enrolled at before going to Achievement Place, they retained frequent contact with their families, saw friends and had considerable contact with the general community.

The treatment strategy developed a number of important aspects. The first was a token economy whereby points were given for appropriate behaviours and taken away for inappropriate behaviours. At the end of each day points were totalled and accumulated to a weekly total to purchase privileges for the following week. The second was the development of a semi-self-government system which operated in conjunction with the token economy. This system had four important aspects;

1. the boys were responsible for developing rules for the smooth running of Achievement Place,
2. they were responsible, and at first rewarded, for reporting rule violations,
3. they decided guilt,
4. they assigned the consequences to rule violations at community meetings.

The boys elected one of their number as leader who then assigned tasks to the others and rewarded or penalised them (on the points system) according to their performance. In his turn, the leader was controlled by his own loss or gain of points according to how well those under him worked. This emphasised the importance of working through a group's own informal social system of leadership as opposed to a formal, externally imposed structure. There was also a notion of a *chain* of trainers with each *generation* of offenders in training, modifying the behaviour of the next one.

Phillips et al. (1971) and Bailey et al. (1970) were able to show that this treatment strategy modified behaviour such as unruly classroom

problems, punctuality, and encouraged saving pocket money and the like. The boys also preferred a system of self-government rather than externally imposed rules. However, like so many other studies in the control of criminal behaviour, the Achievement Place studies made *no direct attempt* to change the illegal behaviours themselves. Instead it was hoped that by changing behaviours which, though not in themselves illegal, were unacceptable in Achievement Place, and that such changes would generalise to illegal behaviours. The test of this hope was the future conviction rates of Achievement Place treated boys as against those handled by other methods or completely untreated. Fixen et al. (1972) presented a paper which compared 16 Achievement Place boys, 15 boys committed to an institution and 13 placed on probation in terms of a number of pre and post treatment indices. Two years after release 19 per cent of the Achievement Place boys, 53 per cent of the institution boys and 54 per cent of the probationers had been reconvicted. Data on pre-treatment school attendance and performance were similar for all three groups, but after treatment showed a marked *superiority* for the Achievement Place group over the other two groups.

These results were impressive but the authors pointed out that the boys were not randomly assigned to each group; they were committed to each treatment by the juvenile court for reasons which were unspecified. Therefore, the results were equivocal and must await the findings of a further study where the subjects were randomly selected.

Professional Fostering. One last area which merits mention under the heading of "half way houses" is professional fostering of young offenders. The main objective of family placement is to provide a family environment for difficult or delinquent teenagers (14-17 years) who are in the care of the local authorities and who are unable to live at home. According to Covington (1979) a wide range of experimental projects have been set up in different parts of England (notably Kent Family Placement

Scheme and the Lambeth Fostering Scheme). Preliminary findings of some of these projects indicated that placement in a family can be *enormously beneficial* for difficult teenagers and it would also appear that ordinary families can cope with such teenagers.

CUSTODIAL APPROACHES

The use of custodial sentences has been the traditional method for the courts to deal with young offenders charged with serious and persistent crimes. However, this form of disposal has come under *increasing* attack. Perhaps one of the most scathing criticisms has come from Cornish and Clarke (1975) whose study will be examined in more detail later. They argued that success rates of between 30-35 per cent (H.M.S.O. 1972) for those admitted to Approved Schools measured over a three year follow-up period look decidedly unsatisfactory, especially when it is remembered that the reconvictions upon which these rates are based occur during the after-care supervision period, and that reconviction data collected over longer-term periods show even lower success rates. They took their argument further and said that a "success" rate of around 30 per cent relied on the improbable assumption that all boys admitted to Approved Schools would have remained, or become more delinquent had they been left at home. Furthermore, it is accepted that varying proportions of approved school populations were not delinquent in the first place but guilty of truancy or "in need of care and protection". Added to this is the probability that because of the combined effect of maturation, spontaneous remission, and statistical regression - a further sizable proportion of the intake would, *regardless* of the influence of particular programmes - or indeed, of whether they were sent to an institution or not - be less likely to offend again.

Thus Cornish and Clarke argued that far from reducing delinquency, institutions were likely to produce negative effects and actually increase it. They suggested:

that these institutional programmes described as "better" were those which performed a largely holding operation in relation to delinquent behaviour - neither increasing nor reducing its likelihood in the post-institutional environment to any appreciable extent. (P.33)

These sentiments have been widely accepted with the result that current criminological thinking is away from custodial sentences and towards treatment in the community, which research has shown to be at least as effective with serious offenders and certainly a great deal less expensive. However, while this might be the feeling with criminological researchers it is certainly not that of the public at large, nor of the police force, nor of the judiciary. The feeling that those guilty of serious offences should be "locked up" is prevalent and is likely to remain so for the foreseeable future. The increase in juvenile crime and the failure of community treatment projects to provide dramatic results fuels the outcry for custodial and more punitive approaches.

Therefore, the reality of the situation is that many young people who have been found guilty of serious or persistent offences will continue to be sent to custodial institutions basically through the public demand for protection and retribution, and the failure of the "professionals" to demonstrate a viable alternative which clearly works. While this is a simplification of the situation, the basic question still remains as to whether any form of residential intervention exists which is capable of reducing or holding delinquent behaviour and which is also of benefit to the young people concerned when they return to the community.

Many of the studies which have looked at institutional effectiveness have had serious deficiencies in methodological design. Logan (1972) looked at one hundred studies, whose programmes or techniques were designed to achieve either the correction or the prevention of juvenile or adult criminal activity, according to seven minimal methodological requirements

which they should meet to merit consideration for their scientific adequacy. (For details of Logan's seven criteria see Chapter 6 of this thesis). He concluded:

taking only the four most crucial methodological criteria, we find that, as far as this survey and review has been able to determine, there is not yet one single study of correctional or preventive effectiveness that will satisfy the most minimal standards of scientific design. (P.380)

Effectiveness Across Institutions

Accepting the serious limitations in design of many of the studies, which mean that many of the results, both positive and negative, are equivocal it still seemed worthwhile to look at the literature concerning the differential effectiveness of institutional intervention. As in the review of literature in the non-custodial section, studies which have been based primarily on psychotherapeutic and counselling methods have been omitted and will be reviewed in the next chapter. This section looks at the effectiveness of different institutions. The next section examines the effectiveness of different aspects within institutions.

Highfield's Experiment, Weeks' account (1958) of the *Highfield's Experiment* indicated that adolescent negro boys sent to a special institution which provided group therapy in a *permissive* regime for a few offenders at a time and for a maximum period of four months, were less frequently reconvicted than boys who went to the nearby state reformatory called Annandale. In the latter place, the average length of stay was about two years; there was a total conventional emphasis on discipline with none of the advantages of outside work and home leave enjoyed by the Highfield inmates. However, for white boys, the differences, though still in favour of Highfields, were not significant. In spite of the use of a prediction equation to match the two samples, it seemed that from the start the Highfields' boys differed in some respects from their Annandale counterparts. They were certainly known to be *less criminal*,

and they were released on probation, but those from Annandale were released on parole - a condition which imposes more severe regulations and is probably more rigidly enforced. It seems that the Highfield regime merely resulted in delayed recidivism rather than in a decrease; and the very fact of being sent to a new and unusual sort of institution may in itself have been effective in influencing the boys' behaviour, regardless of treatment or length of sentence.

The Fricot Ranch Project. Similar criticisms can be levelled against the Fricot Ranch Project reported by Jesness (1965). The school had been established to deal with younger delinquents, aged 8-14, who were housed in units of 50 boys, each unit being under the guidance of a housefather. After the scheme had been running for some time, it was realised that the units were probably too large to allow sufficient contact between individual boys and their supervisors, so *experimental* units - each with 20 boys were set up and contrasted with the conventional larger units. Up to fifteen months after release, parole revocation rates favoured the experimental group. There were indications, however, that after this period differential results could disappear, as the limited data after three years showed that 80 per cent from each group had failed.

There appeared to be improvements in other ways among the experimental groups, in adjustment to home and school, in social maturity and so on - although the differences between the two groups were neither large nor very consistent. When success or failure was related to personality type it was found that it was amongst "immature, neurotic boys" that the experimental programme at Fricot Ranch appeared to be most *effective* for, at least, up to a year later. For other types: "socialised, conforming, manipulative, and aggressive" - the results were negligible. The samples were small with only 60 experimental and 150 control subjects, which meant that when broken down there were such small numbers of some types that comparisons between percentage failure rates meant very little. In

addition, the experimental group differed in some respects from the control group: there were more whites, the average age was a little lower, and there were more disturbed boys.

Preston School of Industry. Two further studies by Jesness, of a similar nature, have been published, one of which showed no differential results according to mode of treatment and the other was more hopeful. The *Preston School of Industry* (Jesness 1971) took young offenders, aged 16-26 years. A sample of 1,373 receptions during a 13 month period were classified from interview and test data into 9 "I-level" categories (i.e. levels of personality integration) and randomly allocated to experimental or control groups. Experimental subjects were then assigned to living units according to their "I-level" classification. The supervisors in each unit were trained and instructed to deal with different types of boys in appropriate and different ways.

The control group was divided between five units, which took no account of personality type and made no attempt to modify treatment accordingly. Some changes in day-to-day behaviour, and on psychological test scores were observed to be taking place for certain types of boy. Disappointingly parole results over two years were in no way different for experimental and control subjects, for different living units, or for one classification of subject in favour of any other.

Youth Centre Research Project. In the second study Jesness et al. (1972) reported another rehabilitative programme, referred to as the Youth Centre Research Project. The population under study were about 900 receptions to two institutions taking boys aged 15-17 years. Allocation to one or the other school was carefully randomised. Assignment to a particular hall in each school as in the Preston experiment, depended on "I-level" classification. One school was run according to Transactional Analysis (Berne, 1961) - the other according to the principles of Behaviour Modification. During the experiment there were appreciable decreases in the number of disciplinary incidents for Behaviour

Modification, and inmates demonstrated from questionnaires and ratings that satisfactory progress had often been made. The Transactional Analysis institution appeared to be more successful in furthering personal and psychological gains, although the changes were not, as had been expected, confined to the most mature boys. At the time the report was published, the 400 or so subjects who had already left for at least a year were doing *better* than those paroled from the same schools prior to the introduction of the new treatment and better than similar boys released from two other conventional institutions. Sufficient numbers had not been paroled to allow analysis by personality type, but the authors expected to be able to show differential results.

Silverlake Experiment. Empey and Lubeck (1971) in the *Silverlake Experiment* expounded a clear philosophy concerning causation of delinquency and the most appropriate methods of dealing with it. In a well-designed experiment, they set out to test their methods. It was hypothesised that for treatment to be effective, only a *small* number of boys should be dealt with at a time and that *group pressures* should be brought to bear to influence individual boys for the good, as they had in the past for the worse. As well as regular group counselling sessions with carefully trained staff, the inmates were allowed much personal *freedom* and had to *participate* in the overall organisation of the institution. They attended the local High School and were permitted frequent home leave. The institution with which it was compared was traditional and regimental, guided by the assumption that delinquents are immature, impulsive and lacking self-control. For all that, arrest rates within a year after release did not indicate any overall improvement in the experimental programme but it did prove to be more successful in reducing the number of serious crimes, but less so with minor offences, particularly amongst those who did not complete their training.

The Sinclair and Clarke Study. In Britain some evidence has been found for a general treatment effect in approved schools. Sixty-six approved schools for boys in England and Wales were studied by Sinclair and Clarke (1973). At the time of the research an approved school order was the main disposal open to the courts for the more serious young offenders who were judged to need fairly long-term residential training. The design of the research was as follows: for each school the reconviction rates for boys released in 1965 were correlated with their absconding rates in 1964 (when most boys released in 1965 would have been in residence) holding constant the mean I.Q. and the mean number of previous court appearances. The reconviction rates between the schools ranged from 73.3 per cent and 49.0 per cent, with absconding rates between 6.5 and 44.0 per cent. They were able to show a significant partial correlation of 0.51 between absconding and reconviction rates. Thus schools with *disproportionately high absconding rates* have worse reconviction rates. The authors claimed that these differences could be attributed to aspects of the regimes.

The Dunlop Study. Dunlop (1975) was more specific in her conclusions: she interviewed 493 boys aged between 13 and 15 when they were admitted to nine separate approved schools and followed them up for five years after they were released. There were wide variations between the success rates for the different schools ranging from 19 to 59 per cent. These variations were determined to a large extent by differences in intake. Nonetheless, when allowances had been made for the schools receiving potentially more or less successful boys, *differences* in the regimes of the schools still appeared to *contribute* towards determining the success. The main finding of the correlational analysis was that schools which were seen to lay emphasis on trade-training had significantly better reconviction rates than schools which emphasised other aspects of training. The schools that emphasised trade-training also tended to stress *mature* and *responsible* behaviour. They also had lower absconding

and misbehaviour rates. It was this, Dunlop argued, that was the important factor in their success rather than any trade skills that were taught.

Cornish and Clarke (1975) argued that, in spite of a few exceptions differential outcomes have not emerged from the important studies of institutional intervention of the last few years - especially those which have utilised some method of satisfactorily matching inputs to the programmes being compared. Those studies which have produced some evidence of differences have shown that the effects were small. They argued that such studies failed to offer satisfactory support for the view that some programmes are more effective at reducing delinquency than others. They stated:-

It may rather be that programmes described as "better" are those whose effects are neutral rather than beneficial, while in comparison those described as "worse" actually increase the chances of a boy's behaving in a delinquent manner after he is released from the institutional programme. (P.29)

Differences within Institutions

Ferris. Thus far the studies examined have looked for differences across institutions - one or two studies have sought differences within institutions. Ferris (1978) using what he termed "intermediate" criteria for success looked for differences between the four house units in the Junior School at Rathgael Training School in Northern Ireland. His criteria were the Jesness Inventory Asocial Index which claimed to be predictive of recidivism (Jesness, 1966) and also the objective absconding rates from each house unit. Clarke and Martin (1971) have claimed there is evidence to suggest that absconding rates not only demonstrate the ongoing stability of an institution, but also are predictive of the degree to which the institution has succeeded in lowering the clients' chances of reconviction. Differences in treatment between the four house units were measured using the Barrett-Lennard Relationship (Barrett-Lennard, 1962) which measured the degree

of relationship experienced between each boy and his housemaster in terms of *empathy, level of regard, unconditionality of regard and congruence*. Various factors such as age, I.Q., and length of stay were controlled. Ferris was able to show interesting differences between houses in terms of their Asocial Index scores, rates of absconding and relationship scores. He concluded:

The house units are further differentiated on treatment outcomes, both in terms of changes in attitudes, and absconding rates. Furthermore, it is contended that there is an association between degree of relationships and both treatment outcomes. The house unit which offers the greatest degree of relationship appears to exhibit the most significant positive change in attitudes, and the lowest absconding rate. The house unit which seems to offer the lowest degree of relationship appears to produce a slightly negative effect on boys' attitudes and to have the highest absconding rate. (P.334).

This study might suggest that much previous research has been *too global*, and that looking for differential outcomes within the institutions rather than between different institutions might further our knowledge of what treatment strategies are most effective. If the Ferris research at Rathgael had been based upon the institution as a whole, then the relationship between the outcome measures and the relationship inventory would have been missed because of the *cancelling-out* effect of positive and negative outcomes between house units giving what in research terminology is called a "false negative" result.

Cornish and Clarke. Another study which did look at differences between treatments within an institution was the, already quoted, Cornish and Clarke experiment (1975). In this case the results fell in line with most cross-institutional research and showed no differential outcomes. The experiment took place in, the then, Kingswood Training School in Bristol. A "modified therapeutic community" was set up in one of the three separate houses which made up the school, incorporating the sort

of principles in group living, problem solving and personal adjustment which were already in use in some mental hospitals. The sample consisted of 173 boys who were considered to be suitable for this sort of treatment. They were randomly allocated to the experimental and control house units - the latter operating a conventional approved school programme. It was considered that both groups were very similar. Another 107 "ineligible" cases made up an additional control sample and were allocated to the school's third house ('eligibility' was determined largely by considerations of mental stability, intellectual ability, and emotional maturity). Almost *identical percentages* of boys from each of the three houses were reconvicted within two years of release from the school. More refined indices of failure, including the length of time to the boys' first conviction, number of subsequent court appearances, proportion of custodial disposals and seriousness of offence also failed to reveal any differences.

The Cornish and Clarke study has been criticised on a number of counts - notably by Burns (1976). The authors in their own publication "The Controlled trial in Institutional Research - paradigm or pitfalls for penal institutions?" (Home Office Research Study, no. 15, H.M.S.O. 1972) pointed out many difficulties they experienced during the research. The study ostensibly set out to look at 2 different treatment methodologies in one institution and instead turned out one of the most influential and damaging attacks on residential treatment in general.

Special Units

During the 1960's several special secure units were established in England to cope with particularly difficult offenders. These units were Kingswood Special Unit in Bristol in 1964, Redhill in Surrey in 1965, and Redbank in Cheshire in 1966. These closed units were associated with the regional classifying schools, mainly because they were cheaper to run as they shared facilities with the parent school. Candidates for places in these two units fell into several categories:

(a) persistent absconders, (b) exceptionally unruly and uncooperative boys, (c) exceptionally disturbed boys requiring psychiatric help, (d) medical misfits e.g. epileptics and diabetics, (e) children who committed very serious crimes, and (f) boys with sexual orientation problems. Although staff ratios were greatly increased compared to open approved schools, the main emphasis was on security and, at least initially, the punitive aspects of the units were stressed rather than the treatment. Units were small - usually catering for about 20 boys. (The Lisnevin Special Unit, Northern Ireland, was largely based on these English models, although with some important differences).

Millham et al. (1978) in a very detailed review of these units produced little evidence that they were producing any significant effect on reducing delinquency with their inmates. The subsequent histories of 590 boys in the two years following their release from the units were reported. Results showed that 26 per cent of the boys were transferred to other custodial settings while 74 per cent were released into the community. Of the latter category, 24 per cent committed no further offences, 14 per cent offended but did not receive a custodial sentence, and the remaining majority, i.e. 62 per cent offended and received a custodial sentence. The failure of these units has been explained in a number of ways - one of which is the failure of staff to offer any long-term treatment for the psychologically disturbed and dangerous young person. A consequence of this has been the setting up of another set of institutions referred to as youth treatment centres - part of whose provision is secure.

Youth Treatment Centres

The first youth treatment centre was St. Charles, which opened in Essex in 1974, with 33 places for disturbed boys and girls between the ages of 12-19 years. The second, Glenthorne, in Birmingham opened in 1978 with 54 places. As yet no evaluative report on these centres has yet been made public. However an abridged version of a D.H.S.S.

report by Payne et al. (1979) suggested that while the numbers passing through St. Charles were still small meaning that no reliable comments could be made, the impression was that the success rate was higher for girls than boys, as is the case in other institutions. The research team was critical that no coherent treatment philosophy operated at St. Charles' - but instead a patchwork of theoretical orientations, methods, and techniques were used which did not blend into any logically consistent framework.

FURTHER CRITERIA FOR EVALUATION OF TREATMENT OF APPROACHES

Thus far the evaluative research discussed in this review has dealt almost exclusively with success as measured by reconviction. There were good reasons for doing this, not only are the explicit aims of institutions and community programmes usually the reduction of delinquency but often the level of recidivism is associated with other indices of social adjustment. Glueck and Glueck (1934) argued:

...success or failure as measured by post-treatment recidivism is so highly reflective of success or failure in such other major fields of activity as industrial life, the meeting of family obligations, use of leisure, etc. that for practical purposes success or failure in respect of criminality may be used as a satisfactory index of success in all major respects

Nonetheless, those working with young offenders have argued that reconviction rates, while objective, are relatively crude and that many of the young people in their care change in all sorts of positive ways which are not measured by reconviction rates. Criminological researches (Clarke, 1976)) have also accepted that while the ability of research designs to identify small long-term effects of treatment is valuable, perhaps the shorter-term and intermediate effects of treatment have been neglected. If it is accepted that penal institutions will continue to accommodate large numbers of people, then if ways can be found of running these institutions with fewer management and relationship problems this

would be a useful end in itself and worthy of study. As examples of behavioural intermediate criteria Clarke gives absconding rates and premature departure from institutions. Other intermediate criteria could be self-report measures about experiences within the institution, measures of attainment or skill, measures of problem alleviation and the like.

Hoghugi (1979) was one such advocate of this approach. He is the principal of a former Approved School accepting delinquent children, but he did not see the reduction of delinquency as a primary goal for the school. He stated in unequivocal terms:

In any case, there are no acceptable and adequately demonstrated methods of "treating" delinquency. For this reason the school concentrates on the alleviation of the childrens' (and families') problems as an end in itself. It also teaches the children educational, vocational and social skills which enhance their general coping ability and quality of adjustment. This task is achieved through what is termed the "sequential treatment system", in which the children's achievements of their specified treatment goals follow one another in a predetermined fashion. (P.384).

A MAJOR ARGUMENT AGAINST RESIDENTIAL TREATMENT

The main impact of the Cornish and Clarke (1975) publication was not so much its experimental results but in the theoretical arguments, broadly based on social learning principles, *against* residential treatment.

It was argued that residential intervention is based on a *disease* model of delinquency and a *medical* model of intervention. They insisted that within the constraints of the residential environment it is almost impossible to move away from such models. Under such circumstances, institutional programmes have been based upon a view of the genesis and regulation of delinquent behaviour which fails to take adequate account of the offender's immediate environment as a continuous influence upon his behaviour, before, during and after residential intervention. On the other hand, a social learning viewpoint would emphasise delinquent behaviour as depend-

ing upon the exact stimulus conditions in the evoking situation and on an individual's previous experience of similar situations. This model of behaviour implies that intervention should aim to modify the consequences of behaviour (its reinforcements) and the emotion-arousing properties of stimuli rather than to attempt to bring about some fundamental change in the responding individual himself. Thus it is argued that it is not surprising that behaviour learned, and attitudinal changes occurring in an institutional setting, fail to carry over into the post-institutional environment.

Cornish and Clarke accepted that removal to an institution might protect a child temporarily from the environments which had elicited and maintained delinquent responses. But they argued that attempting to change behaviour in one setting by working upon it in another does nothing - of itself - to alter the original environmental stimuli and, in consequence, the probability that delinquent behaviour patterns will be resurrected when the offender has completed the institutional programmes remains high.

As an alternative to residential intervention, Cornish and Clarke mapped out three strategies for dealing with delinquent behaviour which would be appropriate according to their brand of social learning theory. First, attempts should be made to reduce the opportunities to commit delinquent acts. This would require *environmental engineering* and considerable co-operation on the part of the public at large. As an example of this, they gave the fitting of a steering column lock to all cars manufactured in this country since 1971. Second, the use of behaviour modification techniques within the offenders' natural environment, for example, to manipulate the reinforcements which follow forbidden activity in order to reduce its status in the individual's response hierarchy. Lastly, the individual could be taught responses which would compete directly with anti-social ones in his behavioural

repertoire using what might be described as *reality therapy*. This could involve teaching the offender how to deal effectively with everyday problems - such as looking for a job, interacting with officials, applying for unemployment benefits or arranging for a driving test or insurance.

It is difficult to see why the bulk of their last two strategies could not also be employed within a residential setting - as indeed often happens! For example, the use of behavioural cognitive approaches for self-control can be taught just as readily in a residential setting as can many of the coping skills which Cornish and Clarke enumerate. Nonetheless, it must be recognised that Cornish and Clarke have made an important contribution to current theoretical thinking on response strategies for delinquency. However, whether their approaches are applicable to more serious delinquency is more open to question. They admitted that some of their policies might require such an increase in surveillance and social control of the general public as to be viewed as unacceptable and constituting an undue interference with civil rights and liberties. They, therefore, recognised that institutional intervention will continue to be used for the foreseeable future, although they saw it as unlikely that institutions will make any definite impact on the reduction of juvenile delinquency. They concluded:

There will always be a limited need for controls to be placed on behaviour which genuinely endangers the public (or the child himself) where alternatives to custody would involve an intensity of surveillance too costly, or a risk to the public too great to be practical ... (P.50).

This pessimistic point returns us squarely to the main question of this review and indeed the whole study: if it is necessary for a minority of young offenders to be held in custody, is there any way in which they can be helped during this time, so that they will no longer constitute a threat to society on their release?

CONCLUSIONS

The main points which emerged from this review were:

1. Delinquency is a heterogeneous concept which comes about through a wide interaction of causes and circumstances.
2. As a heterogeneous concept, it was recognised that the methods of coping with delinquency would also be diverse.
3. Serious and persistent delinquency causes a particular threat and problem to society.
4. Because of a lack of properly designed evaluative studies, it was impossible to come to firm conclusions about most community treatment strategies. Nonetheless, there seemed to be sufficient grounds for optimism about a number of these projects to believe that they would at least be as effective as custodial disposals for many serious offenders.
5. It was difficult to show differential outcomes which persisted in the community after different types of custodial and residential sentences. It appeared that offender characteristics such as age, nature and number of previous offences, accounted for a greater proportion of the variance than factors concerning the nature of the regime or treatment.
6. It might be worthwhile to investigate differences in outcome within, rather than between, institutions. Similarly, the quest for specific types of treatment to suit specific offender characteristics might also be profitably continued.
7. In spite of the lack of positive conclusions on the outcome of treating serious delinquents in a residential setting, the reality is that a sizeable number of young offenders will continue to be incarcerated for the foreseeable future.
8. A prime aim for planners of institutions is to find methods of coping with incarcerated delinquents, in such a way that they are not made *more deviant* as a result of their institutional experience.

C H A P T E R I I I

A R E V I E W O F T H E L I T E R A T U R E

PART 2 : The Effectiveness of Counselling Approaches -
Especially with Delinquent Subjects

INTRODUCTION

This section of the literature review looks at research evidence for the effectiveness of counselling and psychotherapy. It then narrows its focus and presents evidence on the use of counselling with delinquent subjects.

DEFINITIONS OF COUNSELLING

Following Patterson (1974) this review has not attempted to make any clear distinction between counselling and psychotherapy but has used the two terms interchangeably. Patterson argued that there are *no essential differences* in terms of severity of psychological disturbance, problems, goals, or the process involved, upon which there is general agreement. For him, if the function is performed in a medical setting, or under medical auspices, and with persons having psychiatric diagnosis, it is called psychotherapy. If it takes place in other non-medical settings it is called counselling. He did, however, restrict "counselling" to a psychological endeavour which involves a helping, private, interpersonal relationship. He excluded such activities as beauty counselling, travel counselling, loan counselling, and the host of other activities which have been subsumed under this common title. Patterson suggested that counselling or psychotherapy may be placed on a *continuum of helping activities* - with both at one end and information-giving and instruction at the other. He defined counselling or psychotherapy as the helping process in which it is the *relationship* which is *necessary and sufficient*. For him it is the specific treatment for those persons whose problems inhere in or relate to the lack of or inadequacy of good human relationships.

Historically psychotherapy has its roots in a wide variety of areas such as ancient medicine, religion, faith healing, and hypnotism. In the nineteenth century psychotherapy emerged as a prominent treatment for so-called nervous and mental diseases, and its practice became a

medical art restricted to psychiatrists. Around the middle of the current century many other professions gained entry into the field, which became broadened as a result of the growing demand for psychotherapeutic services, coupled with the redefinition of the earlier "disease model". At this time the term "counselling" also became prominent and started to be used to describe many of the psychotherapeutic services. Today the terms are generic for psychological interventions designed to ameliorate emotional or behavioural problems of various kinds. Contemporary psychotherapy is characterised by a diversity of theoretical orientations and treatment modalities. However, in broadest terms, they are all concerned with *personality and behaviour change*. Strupp (1978) has described psychotherapy as an interpersonal process designed to bring about modifications of feelings, cognitions, attitudes, and behaviour which has proven troublesome to the person seeking help.

Fifteen years ago it would have been possible to divide the many psychological theories and therapies into two broad categories - that is *behavioural* and *non-behavioural*. At that time it also looked as if the behavioural therapies were destined to an "also ran" classification in the history of psychotherapy (see Mahoney and Arnkoff, 1978). However, despite continuing criticism, behaviouristic approaches have survived their fragile childhood and stormy adolescence and can no longer be dismissed as a temporary fad. Nor are they seen as the efforts of the experimental psychologist to impose his operant techniques, derived from the animal laboratory, on unwilling subjects in the face of hostile public opinion. That this should be so can be attributed more to a change in the behavioural therapies than to any fundamental change in public attitude. It was in the mid-1960's that such techniques as desensitization for the treatment of fear and avoidance patterns became accepted and gained some public regard. It was also clear that these techniques depended greatly on cognitive aspects as well as behavioural. Realizations such as these have brought a rapprochement between the

behavioural and non-behavioural perspectives. This has occurred mainly through the medium of the *cognitive therapies* which, rather than being therapies in their own right, represent the middle ground in a *continuum* between behavioural and non-behavioural approaches. It is true that the so-called cognitive therapies have original and distinctive aspects, on the other hand such techniques as stimulus control, self-monitoring, and self-reward are close bed fellows with behavioural techniques, while cognitive restructuring techniques such as those deriving from rational emotive therapy (Ellis, 1962) and fixed-role therapy (Kelly 1955) fit more readily with traditional psychotherapies. These have a prime aim of producing attitude and belief changes which are supposed to mediate changes in behaviour. Thus psychotherapy as it stands today represents not two fundamentally opposed philosophies but a *continuum* of theories and techniques with a very powerful centre which draws from an eclectic pool of resources.

EVALUATION OF COUNSELLING OUTCOME RESEARCH

Eysenck's Criticisms of Psychotherapy. In common with the custodial treatment of offenders, explored in the previous chapter, counselling and psychotherapy have been the subject of much controversy concerning their effectiveness. Large numbers of papers have been published during the last thirty years both for and against their efficacy. Eysenck, to a large measure, started the ball rolling in 1952 with his controversial article concerning the effects of psychotherapy. He followed this with subsequent articles in 1960, 1965, 1966, and 1967. Very briefly, Eysenck purported to show that about *two-thirds* of all neurotics who enter psychotherapy *improve substantially* within two years but that an *equal proportion* of neurotics who never enter thereby *improve* within an *equivalent* period. He therefore, argued that psychotherapy is *ineffective* as a mode of treatment. While this argument was specific to neurotics it has since been widely generalised to a range of patients.

Eysenck's arguments have been criticised by numerous authors and have now, to a large degree, been laid to rest. Nonetheless, the fact that they are still quoted uncritically by students of psychology (c.f. Dumas 1979, p.12) makes it worth spending some time looking at the basic question: *Is Psychotherapy Effective?* There can be no doubt that Eysenck did a great service to psychotherapy in the way that he threw down the gauntlet to psychotherapists to prove their effectiveness. He raised a number of important issues which have only been clarified as a result of his challenge. Thus he has done much to ensure that recent psychotherapy research has improved its standards of *scientific stringency*.

Eysenck originally based his conclusions on the percentage improvement in 8053 cases from 24 outcome studies. Bergin & Lambert (1978) in a further review of these studies pointed out some ambiguities in the original data. Different percentages of improvement may be derived, depending on what criteria and what methods of tabulating the results are used. It is evident that Eysenck imposed a set of criteria on the therapy data which yielded the lowest possible improvement rates while being more lenient with the spontaneous remission data. Thus to clarify the situation Bergin and Lambert carefully re-reviewed the studies from which Eysenck (1952) drew his conclusions. The data from all the 24 studies were retabulated to show how investigators with *different biases* can arrive at drastically different rates of improvement. They showed that the analysis of these studies created many difficulties which cannot satisfactorily be resolved. These included: (1) the lack of precisely comparable clients across studies, (2) the lack of equivalent criteria of outcome, (3) large variations in the amount of therapy received and in its quality, and (4) differences in duration and thoroughness of follow-up.

Notwithstanding these major problems Bergin and Lambert presented data showing an improvement rate of 83 per cent from their own analysis

compared to the rate of 44 per cent which Eysenck calculated for the same studies. They also presented two alternative ways of analysing the data which gave improvement rates of 60 per cent and 62 per cent respectively. Concerning spontaneous remission rates they calculated a median remission rate of 43 per cent, with a range of 18 to 67 per cent - far from the original estimate of two-thirds suggested by Eysenck (1952) and supported by Rachman (1973).

The Concept of Spontaneous Remission

Bergin and Lambert also raised a number of other important points. Firstly, even if a spontaneous remission rate of two-thirds was correct, psychotherapy would still show the advantage of a similar improvement over a much shorter time. Secondly, the whole concept of 'spontaneous' improvement is unsatisfactory. They questioned this mysterious concept. It is a widely used explanatory concept but is of dubious value as it explains very little. To say that something is spontaneous is actually to argue that we do not know what is happening or at least that we cannot specify what is happening. When a portion of untreated subjects show improvement what then has happened? One answer which reviewers of relevant data (c.f. Bergin, 1963, 1966, 1971) have suggested is that while the majority of people who experience psychological disturbance do not seek mental health professionals for treatment many of them do obtain counsel, advice, and support from a variety of helping persons such as spouses, friends, teachers, physicians, and clergy men. Christensen and Magoon (1974) reported such a finding in a poll of college students who were asked to indicate the source of help they would seek for emotional concerns. Friends were listed first while psychiatrists were listed twelfth (out of twelve). It is certainly conceivable that these results describe in part the process of spontaneous remission among persons not in therapy. Thus the phenomena of *spontaneous remission* might be explained to a considerable degree by therapy-like procedures, or indeed actual therapy, of which the

researcher is unaware. The whole question of no-treatment control groups must be viewed with considerable caution in psychotherapy research in the light of these findings.

Metastudies on Psychotherapy Effectiveness

The Eysenck argument concerning the effectiveness of psychotherapy has also highlighted the fact that the question is much too wide to be meaningful. So many activities go on under the name of psychotherapy, with so many different kinds of subjects, and problems, for different durations of treatment, with effects being measured in different ways that it is impossible to ask such an all embracing question as *Is Psychotherapy Effective?* and expect to receive a simple answer.

Nonetheless researchers have continued to ask this question. Two up-to-date studies have attempted to ask it but using much more sophisticated techniques than Eysenck. Meltzoff and Kornreich (1970) separately reviewed 57 studies which they considered methodologically adequate and 44 studies they considered questionable. Eighty four per cent of the adequate studies found positive effects of psychotherapy and 75 per cent of the questionable studies found positive effects. They further concluded that studies which had found no demonstrable effect of psychotherapy had been based upon an incomplete survey of the existing body of research and insufficiently stringent appraisal of the data.

In the second study Glass and Smith (1976) conducted a 'metastudy' on the effects of psychotherapy. They surveyed the outcome literature (including dissertations) and selected 375 controlled studies, each study became an element in their metastudy and was coded on a set of characteristics including the estimates they made of effect size. Instead of simply counting studies with positive or null results they calculated the mean differences on outcome measure between control and treatment groups divided by the standard deviation of the control



group, which represented a considerable advance over tallying positive and null studies. Their work was a complex approach to comparing studies that vary widely in treatments, design, measures, therapist and client characteristics and so on. They concluded:

The average study showed a two-thirds ($\frac{2}{3}$) standard deviation superiority of the treated over the control group. Thus, the average client receiving therapy was better off than seventy-five per cent (75%) of the untreated controls. (P.10)

They found on 12 per cent of the effect sizes were negative and noted that:

... if therapies of any type were ineffective and design and measurement flaws were immaterial, one would expect half the effect size measures to be negative. (P.10)

TABLE 3.1 GRAND PRIX RESULTS OF GLASS and SMITH META-ANALYSIS

Therapy Type	Number of Effect Sizes	Average Effect Size	Approximate Standard Error of the Average
Psychodynamic	96	.59	.05
Adlerian	16	.71	.19
Eclectic	70	.48	.07
Transactional Analysis	25	.58	.19
Rational Emotive	35	.77	.13
Gestalt	8	.26	.09
Client-centred	94	.63	.08
Systematic Desensitization	223	.91	.05
Implosion	45	.64	.09
Behaviour Modification	132	.76	.06

TAKEN FROM: Table 2.1 in Gottman and Markman (1978) p.26

In their study Smith and Glass (1976) also asked a second and more meaningful question than the first general question namely:

'What kind of therapy or therapeutic system is most effective?'

This question, while still general, is somewhat more specific, they referred to this as their 'Grand Prix' question. Their results are presented in table 3.1 which portrays the average effect sizes for ten therapy types. Although in these results, types of therapy were not equated for type of problem, type of outcome measure, severity of

problem, duration of treatment and so on, the authors did statistically control for these factors in other analyses. They presented their results of a Shepard-Kruskal multidimensional scaling study that grouped therapies into two superclasses: behavioural therapies, and non-behavioural therapies. The average effect size of the behavioural superclass was 0.8 of a standard deviation and the mean effect size for the non-behavioural studies was 0.6 of a standard deviation. They concluded that the difference in impact was not very large as the evaluations of the behavioural superclass therapies waited on average two months after therapy to measure its effects, whereas the post-assessment of the non-behavioural therapies was made after five months, on average. Furthermore, the reactivity or susceptibility to bias of the outcome measures was higher for the behavioural than for the non-behavioural superclass. That is, the behavioural researchers showed a slightly greater tendency to rely on more subjective measures.

Strupp (1978) in his review of the Smith & Glass study pointed out a hidden assumption in the 'Grand Prix' study; namely, that we can adequately evaluate a therapeutic approach by putting therapists with particular orientations against one another across a broad range of clients. The study thus assumed that it is unnecessary to systematically construct separate therapeutic programmes for separate types of problems, since any one therapy approach ought to enable the therapist to tailor the therapy for each individual client. This is a very questionable assumption, in fact, it can be seen that the winner of the Grand Prix was systematic desensitization, yet most observers would agree that this treatment has only a very limited applicability in terms of subject and problem.

The Bergin and Lambert Conclusions on Psychotherapeutic Effectiveness

Before leaving the general question of psychotherapeutic effectiveness some of the conclusions of Bergin and Lambert (1978) merit repetition:

(they are not summarised according to original numbering)

1. Psychoanalytic/insight therapies, humanistic or client-centred psychotherapy, many behaviour therapy techniques, and to a lesser degree, cognitive therapies, rest on a reasonable empirical base. *They do achieve results that are superior to no-treatment and various placebo - treatment procedures.*
2. Generally the above schools of therapy have been found to be about *equally effective* with the broad spectrum of outpatients to whom they are typically applied. The early dramatic results that overwhelmingly favoured behaviour therapy and its broad generalization are now fading. This is probably because many positive results came from analogue studies instead of from clinical populations.
3. If treatments are about equally effective, then *length of treatment* is crucial. The rate of change or the efficiency with which formal psychotherapy achieves change is also one of its important advantages over the many change processes that occur under labels like 'placebo' or 'spontaneous remission'.
4. Examining outcomes from the point of view of schools of therapy is still too general an approach to lead to many helpful conclusions. For the most part, *school affiliation does not accurately describe therapeutic operations* and does very little to describe the process of therapy as practised.
5. *The Process* of therapy will need to be *monitored* instead of defined by title.
6. It has proved far too simplistic to expect clients to show consistent and integrated improvement as a result of therapy. The now necessary and common practice of applying *multiple criterion measures* in research studies has made it obvious that multiple measures of say, simple fears, *do not yield unitary results.*

7. Outcome studies should assess both *changes in behaviour* and *changes in internal states of experience*. Changes in overt behaviour when targeted are currently very popular and, because they are more easily assessed, they are more impressive than phenomenological changes, though not necessarily more important.
8. The possibility of *tailoring change measures* to each individual in therapy is being mentioned with increasing frequency, and the idea offers intriguing alternatives for resolving several recalcitrant dilemmas in measuring change. By giving clients the same scales but considering movement in opposite directions for different client's improvement, or by using diverse standardised measures tailored to the individual client, more precision can be brought into outcome studies.

The above represents only a selection of Bergin and Lambert's detailed conclusions. They were chosen because of their particular reference in the design of this present study. The reader will note the implementation of some of them in chapter V of this thesis, which deals with the experimental method.

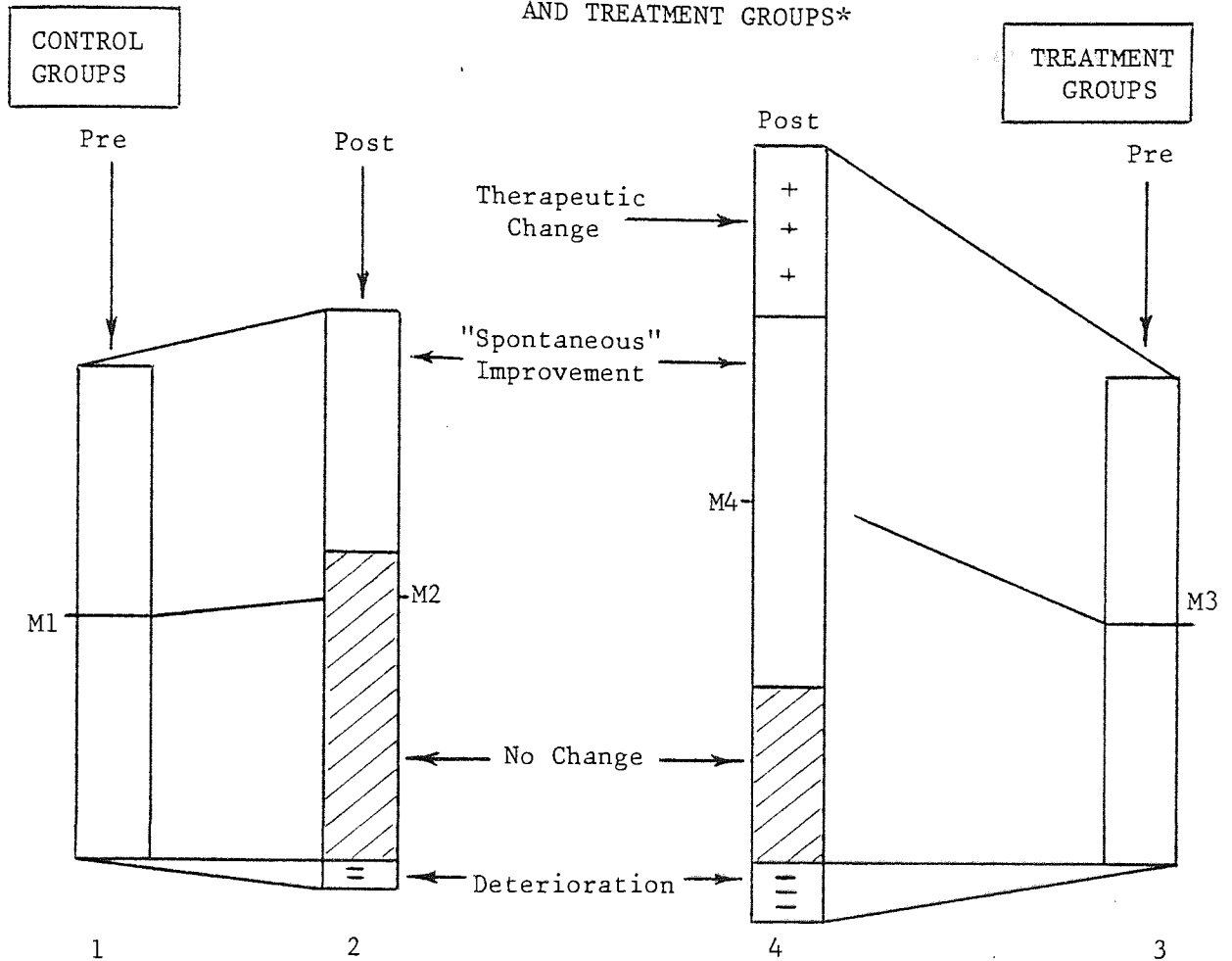
Deterioration Effects

A sub-section of the question of effectiveness of counselling is that of deterioration. Traux and Carkhuff (1967) were amongst the first to argue the possibility that if psychotherapy can produce positive outcomes then it might also in certain cases produce negative or detrimental effects. In fact, they argued that, on average, psychotherapy may be harmful as often as helpful, with an average effect comparable to receiving no help. This they referred to as the *two-way effect of psychotherapy* and used this argument to explain the often disappointing results of psychotherapy. The last section showed that current research is much more optimistic concerning the overall effects of psychotherapy than in 1967, nonetheless the question of possible

detrimental affects is still an important issue.

Bergin (1963), in a careful re-evaluation of the effects of psychotherapy, noted that the Barron and Leary (1955), the Cartwright and Vogel (1960), and the Truax (1963) studies, which showed no overall mean differences between therapy and control groups, did however show that patients receiving psychotherapy had significantly *greater variability* in personality change indices at the conclusion of psychotherapy than did the controls. Cartwright and Vogel went further in their analyses to demonstrate that the patients of *experienced* therapists tended to show more improvement than those seen by inexperienced therapists, which suggested that the experience of psychotherapy must have been different for the two groups of patients since the outcomes of the experience were different. Hadley and Strupp (1976) sought the opinion of seventy eminent clinicians and researchers by asking them the question: '*Is there a problem of negative effects of psychotherapy?*' They received a virtually unanimous 'yes' by the experts who responded to the questionnaire. They concluded that negative effects are widespread enough to influence the general evaluation of psychotherapy. Deterioration includes a number of aspects such as impairment of vigour, resilience, or usefulness, from a previously higher state. Frequently it has been regarded as a worsening of the client's symptoms or the development of new symptoms, as assessed before and after treatment. Hadley and Strupp (1976) have also suggested that the negative effects of therapy may include a sustained dependency on the therapist or therapy and the development of unrealistic expectations which result in client activities which are beyond his capability. These may end in failure, guilt, self-contempt, and possibly contribute to disillusionment with therapy and a corresponding general loss of hope about all helping endeavours. Bergin and Lambert (1978) produced a diagrammatic representation of the diverse effects of psychotherapy which has been reproduced in figure 3.1. This conceptualisation was suggested on the

FIGURE 3.1 - THE DIVERSE EFFECTS OF PSYCHOTHERAPY : A SCHEMATIC ILLUSTRATION OF CHANGES IN PATHOLOGY FOR CONTROL AND TREATMENT GROUPS*



- Bar 1 Distribution of test scores for disturbed control groups at beginning of studies
- Bar 2 Distribution of test scores for disturbed control group at end of study showing increased spread of scores due to "spontaneous" improvement and "spontaneous" deterioration
- Bar 3 Distribution of test scores for disturbed treatment group at beginning of therapy
- Bar 4 Distribution of test scores for disturbed treatment group at end of therapy showing increased spread of scores due to therapeutic change and therapist induced deterioration
- M1, M2 Median points, pre and post which show greater change for therapy groups than control groups
- M3, M4
- +NOTE: Lengths of bars are approximations

*TAKEN FROM:

THE EVALUATION OF THERAPEUTIC OUTCOMES
A.E. BERGIN + M.J. LAMBERT (1978)

basis of nine well designed outcome studies and the repeated observation that outcome measures show patients to be *both more and less disturbed* than untreated control subjects. The authors did accept that this need not necessarily be the case. There have been studies which have shown less variation in the treatment group than in the control, however, they believed that their diagram was a convenient way of describing the diverse effects of therapy interventions across a large number of studies.

They argued that deterioration can occur within a wide variety of patient populations and therapy techniques. Generally, psychoanalytic, behavioural, humanistic, and cognitive therapies have shown *positive effects* provided they have been implemented by *competent and experienced* therapists. These therapies rest on a tradition of scholarship and research. The authors seriously questioned the efficacy of such approaches as orgone therapy, primal therapy, Rolfian massage, scientology, and such likes which rest on a much less substantive base.

They listed a number of *client characteristics* which appeared to correlate with *negative change*; these included clients who were psychotic, borderline psychotic, had low self-esteem, and poor self-concept, as well as those with a high growth orientation and need for fulfillment. Casualties were also more likely to use escape modes of coping and were less likely to use interpersonal skills in their ego defence.

The whole question of deterioration in psychotherapy is a salutary warning to the would-be counsellor and highlights the need for research into factors which might prove to be psychonoxious.

COUNSELLING OUTCOME STUDIES WITH OFFENDERS

Research inadequacies

Research into the effectiveness of counselling and psychotherapeutic techniques with delinquents shares the common fault of much evaluative research into methods of dealing with criminals. Namely, the experimental designs are inadequate and in almost all cases fail to meet the *seven*

minimal criteria described by Logan (1972) which would be required to make them worthy of serious consideration. Thus the literature abounds with numerous descriptive studies of psychotherapeutic approaches which confidently assert their value with delinquents. However, when it comes to testing these claims, with properly controlled studies, the literature is sadly lacking.

Logan (1972) reported 42 studies which purported to use psychotherapeutic or counselling techniques with criminal populations. Not one of these studies met his criteria in full and some failed to meet any of them. Methods of reporting the results of treatment were diverse and ranged from reconviction rates to supervisors ratings of post-treatment behaviour. Accepting the crudity of lumping together such a wide range of studies, the overall results showed that 29 of the studies claimed some degree of success for the treated group (ranging from very high success to limited success), 6 of the studies could not be classified, and 7 reported failure (no effects, same effect as control group, or harmful effect). In a similar sort of survey Brody (1976) reported nine studies which evaluated the use of psychotherapeutic techniques with juvenile delinquents. In this survey success was measured purely on the basis of reconviction rates. When the results were tallied only four of the studies suggested an outcome in favour of the experimental group, whereas five failed to show differences between the experimental and control groups. These results would seem to suggest that if the measure of outcome is restricted to *reconviction* rates then differential results are *less* likely than with multiple outcome measures.

Teuber and Powers. One of the largest controlled studies of the effects of counselling with delinquency-prone boys was that by Teuber and Powers (1953). The initial 650 boys were individually matched in pairs on such variables as age, intelligence, school grades, delinquency ratings, and socio-economic background. One member of the pair was randomly assigned to the treatment group, the other to the control group. Much of the treatment

with three marine supervisors lived in was described as *supportive therapy* in which the individual counsellor attempted to form a friendly and supportive relationship with each boy although there was some turnover in counsellors and therapists during the eight years of the study. Both psychoanalytically orientated and client-centred counsellors participated in the experiment. As expected, the treatment group looked quite successful, but analysis of the data also indicated that the control group showed equivalent positive changes. In fact the evidence suggested a slight difference in outcome favouring the control group. Although the authors reported no overall differences favouring the treated group they indicated not only great *variability in the quality of the treatment* but also considerable *variance in outcome*. Perhaps more significantly, the more complete report suggested that certain *specific counsellors* tended to form *poor relationships* with the youths and generally had *poor outcomes*; the other therapists very seldom had either poor relationships or poor outcomes. Unfortunately, they did not specify what constituted a poor relationship. Nonetheless, it can be seen that the *quality* of the counselling relationship seemed to play a large part in explaining the high variance in outcome for the treated group and would suggest that counselling had been both for better and for worse. A most important conclusion which can be drawn from this study is the need to measure the *counsellor variable* in any outcome research.

The Grant Study. A similar study which highlighted a number of points including the importance of the 'therapist variable' in determining outcome was that of Grant (1959). He studied nonconformist confinees in a correctional institution for the U.S. Navy. He divided confinees into groups on the basis of their fitting a certain level on a seven stage scale of interpersonal maturity. In doing so he drew on the work of Obsorn (1953) who found the main difference between repeated absence offenders and matched non-offenders was an inadequacy in childhood and interpersonal relationships for the offender group. Grant then introduced a very intensive group living

programme. Twenty confined men with three marine supervisors lived in the same quarters, ate together, participated in competitions as a unit, and shared work, educational, and recreational experiences for between six to nine weeks. An attempt was made to keep all interpersonal interactions within the group. It was hypothesised that forcing the delinquent to live with and face interpersonal problems would bring about in him a challenging discomfort which would lead to personality change. This was based on the rationale that many delinquents are acting-out personalities and that the acting-out personality tends to dissipate his anxiety before he is aware of it by running away, striking out at someone and so on. Since the acting-out person periodically resolves his uncomfortableness, he abates any felt need for personality change. A large part of each day was set aside for discussion groups. During free time and evening hours one of the three supervisors was in barracks available to the men for individual or small group counselling. A psychologist was assigned to each team of three supervisors to act as a consultant. Over a two year period twenty seven such groups were run. The paper did not give any details about the counselling orientation or experience of either the supervisors or the psychologist.

The results showed that high maturity inmates had a high potential for improved restoration behaviour but only if supervision was effective. *Certain teams of supervisors showed quite consistently better results than other teams.* Thus two factors were isolated in this study; firstly the *quality of supervision*, and secondly *pre-existing characteristics* in the offender. If the inmates were of sufficiently high interpersonal maturity and the supervisors showed some, unspecified, but positive quality then effective outcomes could be expected. If either one of these factors was missing then the outcomes could be detrimental. Again the value of this study was limited because of the failure to define what quality or qualities made certain groups of supervisors effective.

The P.I.C.O. Study. Another study which supported the importance of client characteristics was the P.I.C.O. (Pilot Intensive Counselling) Project described by Adams (1961). This was a study of the effects of intensive professional counselling on older juvenile offenders in a medium security setting in California. The four-hundred youths were randomly divided into an experimental and a control group, and each group was then further divided into two types, according to whether the boys seemed *amenable* to treatment or not. Amenability to treatment was ascertained through pooled clinical judgements, by an assessment team, when the boys arrived at the reception-guidance centre. The most salient ingredient of amenability appeared to be the quality of anxiety - the typical amenable boy being described as 'bright, verbal, and anxious'; in addition to these primary characteristics, the judgement of amenability was also influenced by evidence of 'awareness of problems', 'insight', 'desire to change', and 'acceptance of treatment'.

Therapy consisted of once or twice weekly individual counselling sessions with therapists (unspecified orientation). The sessions continued for an average of about nine months for both the treated amenable and treated non-amenable. Treatment was administered by correctional case-workers who were professionally trained to the upper graduate level in clinical psychology or psychiatric social work.

Success in therapy was measured in terms of reconviction or return to state custody. The *results were favourable* and worthwhile for the *treated amenable group* but *poor* for the *treated non-amenable group* who actually fared marginally worse than the two non-treated groups. The P.I.C.O. youths were followed up for three years without any lessening in differential results.

The Guttman Study. Brody (1976) refers to a study by Guttman (1963) which yielded more complicated results. In this case juvenile offenders in two Youth Authority schools were randomly allocated either to a programme

of psychiatric treatment and guidance, or to a control group. When expectations of failure were equated, it seemed that while treatment appeared to reduce recidivism in one school, in the other the opposite result occurred. These inconsistencies were ascribed to difference in characteristics - particularly the psychological condition - of inmates in the two schools, to differences in treatment, and to staff attitudes to treatment. These results pointed to a very complex interaction between *subjects, quality of treatment and the setting of treatment* and made the findings very difficult to interpret. This was especially the case because of the failure, yet again, to describe in detail the subjects, type of treatment and the environment in which it occurred.

The Persons Study. Four studies have been much more clear cut in their ascription of positive results to the counselling of delinquents. Persons described two studies (1966) and (1967) which showed successful results. The second, larger, study was conducted at Fairfield School which is a state reformatory for boys aged between 15 and 19. Each boy received one individual and one group counselling session per week. Three social workers matched 41 pairs of boys as closely as possible on the following variables: age, intelligence, race, socio-economic background, type of offence, number of previous offences, total time incarcerated during lifetime, and nature of institutional adjustment. One member of each pair was randomly assigned to either the therapy or control group, with the other going to the remaining group. The most typical offences were auto theft, and breaking and entering, but there were several boys who had committed more serious offences such as armed robbery and assault. The average number of official offences incurred by each boy was four. All boys were serving indeterminate sentences.

Five psychotherapists participated in the study - two psychologists and the three previously mentioned social workers. The social workers had no previous experience of conducting psychotherapeutic interviews,

but they received training and supervision throughout the twenty week period of the study from the two psychologists. One of the major objectives of the psychotherapy was to encourage in each boy the development of *warm interpersonal relationship*. Therapeutic procedures included exploring the boy's past behaviour and attempting to teach him to live in a less self-defeating fashion in the future. In the early interviews, the therapists were generally supportive and accepting. They strove for a non-threatening and non-punitive relationship, yet attempted to prevent manipulation on the part of the boys. As the relationship developed the therapists began to use frequent interpretation, negative reinforcement of inappropriate behaviour, and approval of appropriate behaviour. Role playing techniques were used during the interviews by both the therapists and the boys. During approximately the fourteenth and fifteenth weeks of group therapy, the therapists began to induce extreme amounts of anxiety and stress concerning antisocial behaviour. The last three weeks were focused on the difficulties involved in returning to the community.

Three psychological tests were used on a pre- and post-therapy basis to measure change. These were the Taylor Manifest Anxiety Scale (M.A.S.), the Delinquency Scale (D.S.), and the Minnesota Multiphasic Personality Inventory (M.M.P.I.). Results showed that the therapy group could be significantly differentiated from the control group at post-therapy on nine of the thirteen M.M.P.I. scales, on the M.A.S. scale and on the two D.S. sub-scales. *The Therapy Boys* showed better institutional adjustment, better interpersonal relationships, better performance in school, fewer disciplinary reports, and received their institutional passes sooner than did boys in the control group. While the trend was slightly in favour of the more experienced therapists, there was no significant difference in delinquent improvement as a function of therapist experience. *All of the therapists* seemed to have helped the boys achieve better institutional adjustment.

Although Persons did not report recidivism rates in the community and suggested that these were likely to depend on the various types of environmental conditions with which the boys must cope after release, Shapiro (1975) when referring to the Persons study, mentioned reconviction rates. Shapiro stated that recidivism over a one year follow-up period was lower for the experimental than for the untreated group and for the base-rate of both groups. This study, therefore, produced *results entirely favourable* to psychotherapy with delinquents over a wide range of outcome measures.

Massimo and Shore. A further study which showed positive outcome with delinquents was that of Massimo and Shore (1963). This was a small scale study in which 20 boys in the age range of 15-17 with a record of repeated truancy, school adjustment problems, and overt aggression towards peers and authority were randomly assigned to a treatment group or a no-treatment control group. All boys participated voluntarily in the study after being referred by guidance personnel or attendance supervisors.

Treatment which took place over a ten month period consisted of three main areas. Firstly, each boy was involved in *intensive psychotherapy* which emphasised individual rather than group responsibility; this was aimed at exploring personality conflicts. Secondly, a *remedial education* programme aimed at supporting the learning sector of ego functioning was initiated. Lastly, *employment counselling* and help in getting a job was given. At first the counselling focused on job readiness and preparation, but after employment was found the emphasis changed to advice on dealing with problems encountered at work. Employment was seen as not only therapeutic in itself but as providing a focus in reality for the psychotherapy and re-educative endeavours.

The boys were tested on a pre- and post-therapy basis on a number of attainment measures. Attitudes were measured using thematic apperception stories which were rated by a psychologist who was experienced

with delinquents but who knew nothing about the design or aims of the project. Tests of vocabulary, reading and arithmetic all significantly favoured the treatment group at post-therapy. Measures of self-image, control of aggression, and attitude towards authority - drawn from the thematic stories, also showed significant improvement for the treatment group. This group also had a better employment record and seemed better at holding jobs. Enquiries into legal status after the experiment showed that 3 of the treatment group were on probation but none were institutionalised, whereas 4 of the control group were on probation, 4 had charges pending and 2 were institutionalised. This meant that 100 per cent of the control group as against 30 per cent of the experimental group were in trouble with the law.

The Massimo and Shore (1963) study has been criticised by Brody (1976) on the grounds that the samples were very small and were only matched for age, I.Q. level, and socio-economic background. However, surely the small size of sample would militate against the experimenter achieving statistically significant results and thus make the results reported all the more remarkable. Unfortunately, where the study does merit criticism, like so many other studies in this field, is that it did not attempt to *specify* which *aspects* of the therapy package were *therapeutic*. Instead the reader was presented with a number of choices, for example, was it the counselling or the remedial education which caused an improvement in self-esteem? One further criticism of the study worth mentioning is a point raised by the authors themselves. It would appear that some of the *control group* were *reluctant* to be re-tested and required a certain amount of persuasion. It is conceivable that this factor could have influenced the attainment test and attitude measures in a negative fashion. However, it is unlikely to have influenced job adjustment and criminal status records which also differentiated in favour of the treatment group.

Truax, Wargo, and Silber. One study which does go a long way towards specifying the active ingredients of effective psychotherapy with delinquent clients was that of Truax, Wargo, and Silber (1966). This study was undertaken to test the hypothesis that time-limited group psychotherapy led by therapists who offer high *accurate empathy* and *non-possessive warmth* would produce significant changes in delinquent behaviour. The results obtained supported this hypothesis. Significant *superiority* of the *treated subjects*, as compared with a control group, was demonstrated in the percentage time spent out of the institution during a one year follow-up, as well as on the 'C' scale of the Minnesota Counselling Inventory (M.C.I.) which was specifically designed to differentiate delinquents from non-delinquents. A major mediating effect of therapy was to change self-concepts in a positive direction which increased the congruence between self and the ideal self. The group therapy also had significant positive effects upon attitudes towards parents and siblings.

This study has only been very briefly summarised as it will be dealt with more fully in the next chapter. It was one of the very few studies which related client-centred type therapy to the treatment of delinquents. It has been mentioned at this point because it reported relatively unequivocal positive results but also, importantly, because it attempted to specify what constitutes 'good' or 'effective' counselling and then attempted to demonstrate that this was actually made available to the clients.

SUMMARY

No clear cut distinctions were made between counselling and psychotherapy. Counselling was described as an *interpersonal* process designed to bring about modifications of feelings, cognitions, attitudes, and behaviours which have proven troublesome to the person seeking help. Emphasis was placed on the relationship aspects of the client/therapist encounter.

The general question of the effectiveness of psychotherapy was examined. After looking at Eysenck's criticisms it was argued that current research is much more *optimistic* in ascribing *positive* results to psychotherapy. The findings of the Smith and Glass metastudy were quoted which showed that the average client receiving therapy was *better off* than seventy-five per cent of the untreated controls. However, it was concluded that the question: 'Is psychotherapy effective?' is much too vague to be really helpful and should be replaced by questions like: 'What specific therapeutic interventions produce specific changes in specific clients under specific conditions?'

Some of the conclusions of the Bergin and Lambert study were reported at length. These suggested that psychotherapies which rest on a *reasonable empirical* base tend to be effective. However, they argued that the *process* of therapy needs to be monitored instead of being simply defined by title. They accepted the need for *multiple outcome measures* and stressed that outcome studies should measure both changes in behaviour and changes in internal states of experience. Similarly the importance of *tailoring* change measures to the needs of individuals was stressed.

While the possibility of deterioration in psychotherapy was seen as a serious reality it was not viewed as nearly so common a phenomenon as Truax and Carkhuff believed. Indeed it was argued that provided the traditional psychotherapies, which rest on a tradition of scholarship and research, are implemented by competent and experienced therapists then the risk is minimized. It was, however, accepted that *variability* in outcome, both positive and negative, is often much greater for treated groups than for untreated control groups. Concerning the use of counselling as a treatment modality for offenders, reviews of the literature gave very mixed results. The general standards of research design left much to be desired, with most studies failing to reach even *minimal*

design criteria. However, more hopefully, there did seem to be a modest correlation between standards of research and the reporting of favourable outcomes. In other words the *better* the design of the experiment the more likely that differential results will be found.

Two major factors which affected outcome were highlighted in a number of studies. The first concerned the *quality* or standards of the counselling offered. It would appear that the therapist variable is very important, with some therapists consistently achieving better results than others. Unfortunately, apart from length of experience, only the Truax et. al, (1966) study tried to isolate what it was which made a therapist an effective counsellor. The second factor concerned the *amenability* of the client. It seemed that such variables as level of interpersonal maturity, quality of anxiety, insight, motivation for change, and the like helped to determine outcome. On the pessimistic side it was reported that treated non-amenable were actually likely to fare worse than untreated control group members. Other factors such as the environment in which the counselling takes place also played a part in determining outcome. Thus counselling outcome may depend on a somewhat *complex interaction* of factors with the primary determinants being the standard of counselling offered, counsellor characteristics, and client characteristics. The literature has demonstrated that in certain circumstances counselling may be a useful treatment or educational resource for young offenders. The quest for specificity of these circumstances remains unfinished. For example questions like: 'Is there a counselling approach which works best with offenders?', 'How can one judge amenability to counselling?', 'Does the nature of offence affect outcome?', 'Is counselling equally effective in residential institutions and the community?', and similar questions remain to be answered. Hopefully the research techniques used in answering them will be much more stringent than heretofore.

C H A P T E R I V

THE STUDY

A C O N C E P T U A L F R A M E W O R K

INTRODUCTION

This chapter specifies the conceptual framework upon which this study was based. It begins by describing the client-centred orientation in terms of what Rogers (1957) called the necessary and sufficient conditions for effective therapy. These core conditions are defined in operational terms. The research findings on the core conditions are then critically examined. From this a counselling approach is developed and a model specified for use in this study. The final section looks at the goals for counselling from a client-centred viewpoint. These goals are then related to the literature from other perspectives, especially self-esteem and delinquency, in order to develop a theoretical rationale for some of the hypotheses specified in Chapter V.

THE COUNSELLING ORIENTATION ADOPTED IN THE STUDY

Following his earlier publications Rogers (1957), in an article entitled, 'The necessary and sufficient conditions of therapeutic personality change', presented a most influential summary of what he believed to constitute effective counselling. He postulated that the following conditions need to exist and continue over a period of time for constructive personality change to occur:

1. Two persons are in psychological contact.
2. The first, termed the client is in a state of incongruence, being vulnerable and anxious.
3. The second person, termed the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.

6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

The third, fourth and fifth of these six conditions are *congruence*, *unconditional positive regard* and *empathic understanding*. Advocates of the client-centred position have regarded these as the *core* conditions for an effective counselling relationship. They have generated a considerable amount of research concerning their efficacy which is reviewed in the next section.

Rogers argued that these *core* conditions are both *necessary* and *sufficient* for desirable changes to occur in clients. While many counselling schools would accept that they are helpful and perhaps even necessary the question of their being sufficient is much more contentious. Neo-client-centred writers such as Carkhuff (1969) and Egan (1975) have argued that while the core conditions are necessary it is unlikely that they are sufficient to help the full range of clients who come for counselling. They have associated further conditions related to stages in the counselling relationship which have been described as additive or action-orientated conditions which facilitate action on the part of the client. These conditions include *confrontation*, *counsellor self-disclosure*, *immediacy*, *advanced accurate empathy*, *alternative frames of reference*, and elaboration of *problem solving programmes*. (These conditions are defined in a later section).

Patterson (1974) has described these conditions as *initiative* - as distinguished from the understanding or *responsive* aspects of the core conditions. He emphasised that no sharp line can be drawn separating the two types of conditions. The understanding conditions can lead to, and may be sufficient for client action, while the initiative conditions facilitate understanding and client insight. He suggested that the action-orientated conditions may be considered extensions of the responsive conditions, or may indeed represent high levels of these conditions.

In this way Patterson attempted to resolve what has commonly been seen as a conflict between Rogers and the neo-client-centred writers concerning the sufficiency of the core conditions.

Patterson, like Rogers, has always emphasised that it is the quality or nature of the counselling relationship which is important rather than the specific techniques. He felt that all the conditions, whether responsive or initiating, could be regarded as aspects of one basic condition which he described as 'love' or 'caring' for or about the client. To him the therapist is not a technician, operating objectively on the client. He cannot be detached or disengaged, but must be involved in a personal, human encounter. If the therapist is to help the client he must feel for him, become involved with him and like him. Rogers (1975) agreed that it is the therapist's attitudes towards the client which are of primary importance as these direct his behaviour in the counselling encounter. He reacted against the caricatures used in describing client-centred therapy, which depicted it as a technique where the therapist reflected the clients feelings or an even worse caricature which saw it as a therapy where the therapist repeated the last words the client said. Like Patterson he saw the counsellor offered core conditions as reflecting an overall philosophy or way of being with the client which permeates the whole therapy relationship. However, because of widespread interest in identifying specific counsellor responses, which can be measured in terms of their levels of the core conditions, he warned against the temptation to view client-centred counselling as a series of learnable techniques similar to those of behaviour modification.

Client-centred counselling advocates were thus presented with a dilemma which can be represented as follows: defining and measuring what actually happens in counselling is a worthwhile task as it adds to our knowledge as to what constitutes effective therapy. Yet counselling is a dynamic process which involves numerous interacting variables which often

do not lend themselves to acceptable scientific specification. Therefore, the danger is that in trying to measure such factors the whole process comes to be viewed as a mechanistic activity which can be delivered on prescription - but nothing could be further from the truth. The essence of client-centred counselling lies in the relationship formed between client and counsellor and only to a minimal degree in any techniques used in building the relationship. Unfortunately, it is unlikely that this dilemma can ever be satisfactorily resolved. From the point of view of the researcher and trainer it is necessary to break down the counselling relationship into various constituent parts and yet in doing so the nature of the whole relationship may be lost. An analogy might be the dismemberment of a jig-saw to look at the individual parts and in doing so ruining the whole picture. This is the problem for any client-centred research, including the thesis, which is governed by scientific, positivist, principles.

Definitions of the Core Conditions

The core conditions for effective therapy have been defined in a number of ways and indeed under a number of different titles. That these definitions have all been talking about the same concepts is open to debate. Kurtz and Grummon (1972) used six different measures of therapist empathy employed in previous research, they correlated the empathy measures with each other, with a measure of the therapeutic process (depth of self-exploration), and with several outcome measures. With the possible exception of client-perceived and tape-judged empathy, the measures were unrelated to each other, indicating that previous research had been measuring several different variables employing a common label. Thus what had been thought of as a unitary construct was shown to be six different variables. The problem for definition seems to depend on whether definitions are required for theoretical, conceptual, subjective, or operational purposes. The position taken in this section has been to

give an operational definition as produced by Egan (1975) (modified from the Skilled Helper, Chapter 2, pages 34-37) and then to follow up each definition with notes on their likely effect on the client as derived from Rogers (1975). The Egan operational definitions are quite close to those given by Truax and Carkhuff (1967) but can be stated somewhat more succinctly.

Accurate Empathy (primary level)

Egan: The Counsellor must respond to the client in a way that shows that he has listened and that he *understands* how the client feels and what he is saying about himself. In some sense, he must see the client's world from the client's frame of reference rather than from his own. It is not enough to understand: he must communicate his understandings.

Rogers (1975, pp. 8-9) argued that when a person finds himself sensitively and accurately understood, he develops a set of growth-promoting or therapeutic attitudes towards himself. The non-evaluative and acceptant quality of the empathic climate enables him to take a prizing, caring attitude towards himself. Being listened to by an understanding person makes it possible for him to listen more accurately to himself, with greater empathy toward his own visceral experiencing, his own vaguely felt meanings. His greater understanding of, and prizing of himself opens up to him new facets of experience which become a part of a more accurately based self. His self has become more congruent with his experiencing. Thus he has become in his attitudes towards himself, more caring and acceptant, more empathic and understanding, more real and congruent.

Genuineness (or Roger's Congruence)

Egan: The Counsellor's offer to help cannot be phoney. He must be spontaneous and open. He cannot hide behind the role of Counsellor. He must be a human being to the human being in front of him.

To Rogers, congruence or genuineness is probably the most important¹ element in the ordinary interactions of life and no less so in the counselling relationship. Such genuineness involves letting the other person know "where you are" emotionally. It may involve confrontation, and the personally-owned and straight-forward expression of both negative and positive feelings. Thus congruence is a basis for living or interacting together in a climate of realness.

Respect (or Rogers' Unconditional Positive Regard)

Egan: The way in which the Counsellor deals with the client must show the client that he respects him, that he is basically 'for him', that he wants to be available to him and work with him.

To Rogers, positive regard means caring for or prizing the client as a person in his own right. It is unconditional in that it does not depend on the client's behaviour. The client is viewed as a person - not a collection of behaviour. He is regarded as worthwhile and worthy of acceptance with his negative as well as positive aspects. Non-possessive warmth is another term which has been applied to this condition. There is a real interest in the person with no interest in dominating him or making him dependent. Rogers saw unconditional positive regard as an attitude which is known to foster creativity - a nurturing climate in which delicate, tentative new thoughts and productive processes can emerge.

Unconditionality of respect is perhaps the most *contentious* aspect of the basic core conditions and is certainly worthy of some elaboration. Barrett-Lennard (1962) when he produced his Relationship Inventory to measure the basic therapeutic conditions offered in counselling relationships subdivided 'respect' into two separate

Note 1:

Although empathy has probably the highest initial priority with clients who are hurting and vulnerable.

conditions namely 'level of regard' and 'unconditionality of regard'. It would appear that his stress on two distinct aspects of regard has been justified in the light of nine separate factor analytic studies conducted on the inventory (cited in Gurman, 1977, p. 514) which have shown unconditionality of regard to be a discreet factor. In fact, unconditionality of regard accounted for the least variance in the total relationship score compared to the other three scales in the inventory (that is: empathy, congruence, and regard) which would suggest that it is the least important factor in the total relationship.

Patterson (1974) has made some important points on the issue of 'unconditionality'. He pointed out that while Rogers used the term 'unconditionality positive regard', an analysis by Truax (1966 B) of a therapy interview conducted by Rodgers indicated that his responses were *contingent*, and varied with the statements of the client. Thus, it would seem, the level of the conditions varies during therapy, and in relationship to the behaviour of the client. The solution to the problem appears to relate to distinguishing between the client as a person - the who - and the client's behaviour or - the what. The client is unconditionally accepted and respected as a person. The counsellor manifests a basic respect, concern and warmth regardless of what he is, or of his behaviour in or out of the counselling relationship. The basic, minimum level of love, of respect and warmth, is unconditional.

This does not mean that respect must always be communicated in kind, modulated tones, but may in some instances be best communicated in anger, which may be a sign of respect for the person's self-actualising potential. On the other hand while the counsellor, through his concern for his client may not wish to see him make mistakes, the temptation to intervene actively in his life may indicate a lack of respect, faith or confidence in the client which may in the long term be more harmful than beneficial. From the client's standpoint, unless he feels the basic unconditional respect and concern of the counsellor for him it is unlikely that he will be

affected by the counsellor's differential responding to his behaviour.

A fourth condition has been identified by Truax and Carkhuff (1967) which because it is a responsive condition has been commonly included with empathy, respect and genuineness as one of the core conditions for effective therapy. This has become known as 'concreteness'.

Concreteness

Egan: Even when the client rambles on or tries to evade real issues by speaking in generalities, the counsellor must ground the helping process in concrete feelings and concrete behaviour.

Concreteness, or specificity, involves the use of specific and concrete terminology, rather than general or abstract terms, in the discussion of feelings, experiences and behaviour. It avoids vagueness and ambiguity. It leads to differentiation of feelings and experiences rather than generalisation. Specificity is the opposite of much of the verbalization of many counsellors, who attempt to generalise, categorise, and classify, with broad general labels, the feelings and experiences of the client. Many interpretations are generalisations, abstractions, or higher level labelling. Concreteness is thus the opposite of such interpretation. It suggests that interpretation is not useful but harmful. In addition to the threatening aspects of abstract interpretations, they cut off client exploration.

The relationship between the core conditions

The core conditions inter-relate with each other, both in terms of contributing to each other in the counselling process, and in being statistically correlated in research studies. Rogers and Truax have suggested that *genuineness is basic*, since warmth and empathy can be threatening or meaningless without it. In turn empathy, must be based upon warmth and respect. However, warmth and respect increase with the depth of understanding of another, and the attentiveness and listening characterizing the attempt to understand another is evidence of respect for the client. It is thus likely that the conditions interact to

facilitate or increase each other. Some of all these conditions are necessary to begin with and they grow together, each contributing to the growth of the others.

RESEARCH FINDINGS ON THE CORE CONDITIONS

The position taken by writers such as Rogers (1957), Truax and Carkhuff (1967) and Patterson (1974) has been that the above core facilitative conditions are the common elements to be found in all or most existing systems or approaches to counselling or psychotherapy which show positive outcomes. They believed that they have isolated from the varying range of psychotherapies the essential elements which lead to positive personality and behaviour change. Such brave assertions have generated much research.

Since Rogers' (1957) specification of the 'necessary and sufficient conditions' for personality change, research efforts have been marked by improved methodology and attempts to increase the precision of isolating and measuring these, presumably crucial, therapeutic variables. The research literature can perhaps be divided into two fairly discreet sections. The first being reviews up until 1970 by authors who had a fairly high commitment to client-centred theory and then that of the last ten years from researchers with a more general theoretical perspective.

Soon after Rogers' original specification of these conditions, a study was undertaken by Halkides (1958) to test the hypotheses about the importance of therapist attitude or facilitative conditions. This study has often been quoted as evidence that the facilitative conditions offered by therapists are related to positive changes in clients. Halkides sampled interviews from 20 client-therapist pairs and had three judges rate them for level of therapist unconditional positive regard, congruence, and empathic understanding. On the basis of criteria derived from several change measures, the client sample was divided into the most

and least successful cases. Highly significant associations between the criterion of success and the relationship variables were found. Rogers and his associates were sufficiently enthusiastic about the possibilities suggested by this study to embark on an extensive programme of research which continued over the next decade or so. Summaries by Truax and Carkhuff (1967) and Truax and Mitchell (1971) represent the most complete and thorough reviews by those involved in the studies themselves. A similar review has been attempted by Shapiro (1969) in this country; however his material has been drawn almost exclusively from the Truax et al. studies. It is unnecessary to go into much detail about the reviews except to give a few examples of the studies reviewed and to re-state their conclusions.

The studies fall into two main classes: firstly those which have made use of correlational data and compared outcome for clients known to have received higher levels of the core facilitative conditions during therapy compared with those who received lower levels. The second approach involves studies which have used clients treated by therapists whose ratings on the facilitative condition scales was either shown or presumed to be high and compared them to control groups receiving no therapy. The bulk of the evidence reviewed by Truax and Carkhuff (1967) was of the first type using correlational designs.

A typical design for this type of study involved a number of therapists treating a number of patients who are then split into two groups according to the mean levels of the three 'conditions' rated in recordings of their sessions. The ratings are derived from two three-minute segments from each of three of (around) 24 sessions of therapy. Psychological test changes, and more objective outcome data are then compared for the two groups of clients assembled retrospectively and receiving 'high' and 'low' therapeutic conditions. The analysis is repeated for each of the three scales in turn, and (in some studies) summed Z scores for all three scales. Psychological test data

are usually treated by analysis of co-variance, to partial out the effects of differences in pre-treatment status of clients. An example of this type of design is that of Truax and Wargo (1966) who looked at a population of 80 institutionalised juvenile delinquents receiving three months of group counselling. They reported findings that indicated significant associations between the levels of empathy, warmth and genuineness offered by the group counsellors and the degree of behavioural and personality change occurring in the delinquents. Analysis of co-variance was used to control for any possible differences in initial client status that would have differentially affected outcome. With the delinquent population, the outcome measures indicated that high conditions in group therapy were associated with positive changes, while low conditions were associated with negative or deteriorative changes. On the 19 specific measures of therapeutic outcome available, those delinquents receiving high levels on all conditions showed above average improvement on 18 measures and below average improvement on only one measure. By contrast those delinquents receiving low levels of conditions showed above average improvement on only one measure and below average improvement on 18. The differences favouring the delinquents receiving high conditions proved statistically significant on 14 of the 19 specific measures (including 5 of the sub-scales of the Minnesota Counselling Inventory, the measures of self-concepts and ideal concepts, the Palo Alto Group Therapy Scale and, most importantly, the measures of institutionalisation during the 12 month follow up).

Unfortunately, similar studies of a 'correlational' mode have not shown such clear cut results. For example the Truax, Wargo and Carkhuff (1966) study with an outpatient population receiving group psychotherapy found that patients receiving high levels of non-possessive warmth and genuineness showed above average improvement compared to those receiving low levels. However, those receiving high levels of empathy showed

poorer outcomes than those receiving low levels. Another study by Truax et al. (1966) found that while empathy and genuineness were inter-related and associated with positive outcome the reverse was true of non-possessive warmth. Truax and Carkhuff have attempted to explain these and other similar findings by suggesting that *when one of the three conditions is negatively related to the other two* in any given sample of therapists, the patient outcome is best predicted by whichever two conditions are most closely related to each other. In general form, this idea suggests that when any two of the three therapeutic conditions are sufficiently high, positive patient or client change will occur. While this might be a plausible explanation it did, nevertheless, cast doubt on Rogers' original assertion about the necessity and sufficiency of all three therapeutic conditions.

Examples of the *no therapy control group studies* have also associated high levels of the therapeutic conditions with positive outcome. Truax, Wargo and Silber (1966) selected two therapists who had in previous research provided 'very high' levels of accurate empathy and non-possessive warmth, and had each of them given 24 sessions of group counselling to two groups of ten institutionalised delinquent girls. A highly significant difference was obtained in percentage of time outside the institution over an eleven month period between the 40 girls in the groups and an untreated control group of 30 girls. Consistent with this result were significant differences favouring the treated girls on the Delinquency and Family Relationship scales of the M.C.I. and Q-sorts tests. In a study reported by Dickenson and Truax (1966), a therapist who had achieved moderately high level of performance on the Truax and Carkhuff rating scales saw three groups of eight college under-achievers for 24 hour group counselling sessions. A further 24 under-achievers were control subjects, and outcomes were assessed in terms of Grade Point Averages; these significantly favoured the treated subjects.

Truax and Carkhuff (1967) reached the following conclusions in their review:

These studies taken together suggest that therapists or counsellors who are accurately empathic, non-possessively warm in attitude, and genuine are indeed effective; the greater the degree to which these elements were present in the therapeutic encounter, the greater was the resulting constructive personality change in the patient. These findings seem to hold for a wide variety of therapists and counsellees, regardless of their training or theoretic orientation; and for a wide variety of clients or patients, including college underachievers, juvenile delinquents, hospitalised schizophrenics, college counsellees, mild to severe out-patient neurotics, and the mixed variety of hospitalised patients. Further the evidence suggests that these findings hold in a variety of therapeutic contexts and in both individual and group psychotherapy and counselling.
(p. 100)

Since 1970 a number of writers and reviewers have seriously questioned the above conclusions. Sceptical writers have been May (1971), Meltzoff and Kornreich (1970), Metarazzo (1971), and Lambert, et al. (1978). Also a number of reviewers who were once convinced of the primary importance of the therapist inter-personal skills proposed by Rogers now seem less enthusiastic and more tentative in their appraisal. These include Bergin and Suinn (1975), Mitchell, et al. (1977) and Shapiro (1976). Some studies continue to support earlier findings that one or more of the inter-personal skills are related directly to positive outcome (Truax 1970, Truax, et al. (1971)). Additional studies can be taken as offering some support (Altmann, 1973, Truax, Altmann, Wright and Mitchell 1973). Finally, there appears to be a growing body of research which has found little or no direct relationship between the interpersonal skills and outcome. (Garfield and Bergin, 1971, Kurtz and Grummon, 1972; Beulter, et al. 1972). Mitchell (1973) updating and summarising his earlier review with Truax (Truax and Mitchell, 1971) noted that of the 14 studies considered most important, the success rate was as follows: of 109 possible relationships between empathy and outcome, 24 were significantly positive; of 108 possible correlations of outcome and warmth,

34 were significant; and of 88 involving genuineness, 20 showed a significant relationship, whereas 6 showed a significant but negative relationship with outcome.

Mitchell, Bozarth and Krauft (1977) summarised the evidence of the last ten years as follows:

The recent evidence although equivocal, does seem to suggest that empathy, warmth, and genuineness are related in some way to client changes but that their potency and generalizability are not as great as once thought.

(P. 483)

Criticism of the Truax and Carkhuff Scales

It is, therefore, clear that Rogers' original postulation concerning the 'necessary and sufficient' conditions has been brought seriously into question. The earlier research has been criticised on a number of theoretical and methodological grounds. Most of the criticism surrounds the use of the Truax and Carkhuff (1967) and Carkhuff (1969) rating scales. Questions as to their validity, reliability, method of sampling interviews and the like have been paramount. Perhaps most central to the issue has been the question of the validity of the scales. This question can be subdivided into a number of separate but related aspects.

The first question: *From whose point of view should the core condition be assessed?* Rogers has repeatedly emphasised the need for the client to experience being understood. This is central to client-centred therapy and, from Rogers' point of view central to the therapeutic relationship. Rogers (1975) still contended that clients are better able to judge levels of empathy in therapy than are therapists. Truax and his co-workers have tended to disagree with Rogers' position that the client must perceive the conditions and have asserted that "high level" judges who are not part of the process are the only ones who can be relied on, to understand and rate client-therapist interactions. Ideally, both clients and judges should assess the therapists' empathy with equal accuracy. This would certainly make tests of the relationships of these

qualities with outcome much more meaningful and conclusive. Unfortunately, this ideal is rarely attained. Truax and Carkhuff (1967) have provided their own version of a client-therapist relationship questionnaire for the clients' use on the grounds that it can be more economical than the use of objective raters. They did, however, argue that it is a significantly less valid procedure than the rating of objective tape recordings by independent judges.

In a summary of the literature looking at the relationship between the clients' perceptions and non-participant judges ratings of the therapeutic relationship, Gurman (1977) argued that there are three evaluative perspectives which measure the therapeutic relationship, each of which may supply relatively unique information about the quality of the interaction between clients and counsellors. These three perspectives are *therapist-perceived*, *client-perceived*, and *judge-perceived*; he pointed out that client-perceived therapeutic conditions must not be equated with therapist-perceived and judge-perceived conditions. To him there is no 'best' way of measuring the therapeutic conditions but three different ways of looking at them from separate vantage points which are not in opposition to each other but complementary. Whilst recognising that there are three different perspectives from which the core conditions can be measured, it is rather disconcerting that the literature has not revealed a closer correspondence between the respective measures. Most researchers have tended to use non-participant observers' ratings of the therapeutic relationship, rather than ratings by the client. Unfortunately this may be an invalid procedure, at least in testing Rogers' (1957) specification of the 'necessary and sufficient' conditions which clearly stated that the conditions must be *communicated* to the client. It could conceivably be argued that any research which has used the Truax type scales as the sole measure of the therapeutic conditions cannot be cited as evidence either for or against Rogers' position.

Even if it is conceded that the Truax rating scales are a valid measure for testing Rogers' specifications a second and equally serious problem concerning the validity of the scales emerges: *How should samples be collected?* The most usual way of discovering the relationship between facilitative conditions and therapy outcome has been to sample therapist-client interactions and rate the therapists' response to his client along such dimensions as empathy and warmth, comparing this with outcome. Ordinarily 3-5 min. samples have been drawn from each of perhaps three psychotherapy sessions randomly taken from the total number of therapy sessions. It is thus assumed that therapist levels of the conditions are stable both *within* and *between* sessions. However, there is considerable evidence against this position. Karl and Abeles (1969), in a content analysis of individual psychotherapy tapes, attempted to study the possible biasing of sampling from sessions. They determined the relative frequencies of certain response measures during the first, second, third, fourth, and fifth 10 min. therapy segments. Some variables were found to occur more frequently during certain segments of the hour. This finding corresponds with other similar observations that there are important differences early and late in the interviews as well as in the therapy relationship across sessions.

Gurman (1973) compared six therapists using the measures of facilitative conditions taken over 10 min. across five sessions with the same patient. The most significant finding was that therapists varied significantly in the ratings they received, both within and between hours. This finding held up whether therapists were rated high or low on the therapist skills. Countering this some of Carkhuff's (1969) research suggested that therapists are more stable above the minimally facilitative levels and less stable below the minimally facilitative levels. Nonetheless, these results raise questions about interpreting studies that measure empathy only once per session and suggest that sample location is a very important methodological issue. It would appear that sampling

one segment per session is too insensitive a procedure with which to generalise to the entire therapy hour. It also suggests that sampling from only one session is not sufficiently reliable to represent the nature and quality of a long term therapy relationship. The results of studies that inadequately sample the therapy relationship contribute little to our knowledge of the functional relationship between therapist inter-personal skills and outcome. Most research studies have been guilty of such inadequate sampling.

A further issue which is related to sampling the therapy interaction is of major theoretical importance: *Are certain therapist levels of the conditions of particular importance at specific times in therapy?* For example, is it possible that warmth at one time and empathy at a different moment will most effectively produce positive client outcome?

Carkhuff (1969) presented a model which suggested that the *response* facilitative conditions are more relevant in the early as opposed to the later stages of therapy in establishing rapport and reducing the client's anxiety about his predicament by expressing understanding, concern, and a willingness to help. But, Carkhuff believed that in order to effect change in a client's behaviour, the therapist must engage himself in *initiative* responses, behaviours which are more action-orientated and problem solving. This may suggest one reason why empathy, warmth and genuineness have only been found to relate weakly to positive client change because all the outcome research, early and recent, in computing mean scores have assigned equal weights to segments selected over the entire course of therapy. It could be that empathy, warmth and genuineness are *necessary* and perhaps even *sufficient* in establishing an optimum therapeutic context early in therapy but do not play such an important part in later stages. Gurman (1973) presented an 'empathic specificity' hypothesis which stated that a therapist's *overall* level of functioning is less predictive of his client's outcome than "his level of functioning around issues that are more central to his patients experiences of dissatisfaction

and sufferings" (p.22)

While such hypotheses remain to be confirmed, they are an intriguing possibility and strongly suggest that the original Rogerian specifications of the conditions of therapeutic personality change are too global and hence in need of revision. Perhaps one refinement that client-centred theory must undergo is the elaboration of the critical moments when empathy, warmth and genuineness are most appropriate and helpful. This would enable researchers to examine more closely the nature of client behaviour and to refer the judgement about the process of effective therapy beyond the level of merely assigning a numerical value to a complex interaction that surely deserves more refined assessment. Lambert et al. (1978) have suggested that the random sampling of therapy sessions might become a thing of the past ... "one of these interesting but crude first steps towards a more complete understanding of human behaviour" (p.484)

One final point before summarising the current evidence for the effectiveness of the core conditions concerns the actual levels of the core conditions recorded in many of the research studies. Mitchell et al. (1977) re-examined the earlier studies (pre-1970) and found that (1) many studies failed to indicate the numerical averages and ranges for therapists classified as 'high' or 'low' facilitators and (2) many of the studies which did note the numerical scores revealed averages of the 'high' facilitative therapists which were '3.0' or lower. It is clear from the standpoint of the operational definitions of the scales (i.e. that 3.0 on the Truax and Carkhuff scales are minimally facilitative levels), and that there are few high functioning psychotherapists. Indeed several of the 'high group' mean scores were only slightly above 2.0. Regardless of the reasons for the low scores, the fact is that most studies have not recorded high facilitators as defined by Truax and Carkhuff. Instead most comparisons have been between therapists who are non-facilitative and those who are barely facilitative. Under such circumstances it

is virtually impossible to explore the full impact of empathy, warmth and genuineness on client changes. Mitchell et al. (1977) argued that it is of the utmost importance that future research reports include the means and range of the interpersonal skills scores and furthermore, that researchers include more high facilitative therapists.

This section set out to look at the research evidence concerning Rogers' (1957) necessary and sufficient conditions. It would appear that the Truax and Carkhuff (1967, p.100) conclusions that therapists who are accurately empathic, non-possessively warm in attitude, and genuine are effective; that this applies regardless of therapeutic orientation, and across a wide range of clients, were much too optimistic. Previous research has been criticised on a number of accounts mainly concerning the validity of using the Truax and Carkhuff type rating scales and on the sampling procedure involved. This highlighted not only that Rogers' position has not been adequately tested but also that it was in need of much greater specification concerning the times during therapy when high levels of conditions are effective. Research indicated that the conditions were unlikely to be stable, within and between sessions and also across clients.

Despite more than 20 years of research, all that can be claimed at present, is that a modest relationship exists between the facilitative conditions and therapy outcome. This relationship has consistently been found to be somewhat stronger within client-centred approaches to therapy than with other therapeutic orientations. Bergin and Suin (1975) offered the view that the interpersonal skills are not related to client outcome except when the therapists are client-centred in orientation. This might lead one to believe that the conditions are indeed helpful but perhaps not 'necessary and sufficient' and certainly suggest that the relationship with outcome is exceedingly more complex than had been understood earlier.

Remembering Rogers' (1957) original specification of the facilitative conditions which maintained the need for the conditions to be communicated

to the client one must seriously question research studies which relied purely on objective ratings of the conditions by external judges. The Barrett-Lennard Relationship Inventory which attempts to measure the conditions as perceived by the client in a generalised form (either over a complete therapy session or a course of therapy) is more in keeping with Rogers' original formulation than the Truax-type scales. Barrett-Lennard (1962) and Truax et al. (1970) were both able to relate outcome of client centred-counselling with the levels of the conditions as perceived by the client and measured by the Inventory. It would appear that the use of such inventories is more in keeping with Rogers' emphasis on the overall quality of the relationship and attitudes of the therapist towards the client and is thus more suitable for use in trying to verify his hypotheses than are the ratings of outside observers. Unfortunately, such inventories do little to highlight specific events or periods in counselling which may be maximally helpful to the client.

THE COUNSELLING APPROACH

It is not sufficient to simply state that the counselling orientation of this study was client-centred. It is crucial to the researcher that what actually went on in the counselling sessions is specified and that some attempt was made to measure its implementation. Yet defining and measuring what actually happened in the counselling is an almost impossible task. Each counselling session was different from the last one. Nonetheless, it is important to know *what it was* that succeeded or failed. It was noted in Chapter 3 that the literature shows some evidence that counselling can be for better or for worse. It is, therefore, essential that factors which might lead to growth or deterioration are available to scrutiny.

The Counselling Model

At all stages throughout the counselling sessions the importance of self-direction for the client was emphasised. The levels of the core

conditions, of accurate empathy, warmth and genuineness were *expected to be high*. Few questions were asked of the client except where clarification was required for a comment misunderstood. Thus such questions as 'Perhaps you could explain that further,' or 'Excuse me, would you repeat that?' were the order, rather than direct fact-finding questions. Particular emphasis was placed upon providing a non-threatening, warm atmosphere in the early stages of counselling.

The therapist at all times tried to focus on specific, concrete issues, rather than generalisations and often replied using personal pronouns in an attempt to keep the conversation personally relevant to the client. The aim at this stage of counselling was to help the client explore the feelings and behaviour associated with the problematic areas of his life.

As the client came to trust the counsellor and the relationship developed - more stress was placed on the *initiative* skills; although with more vulnerable clients, few attempts were made to go beyond the *responsive skills* and then only very tentatively.

The initiative or active skills can be defined as follows: (see Egan, 1975, p.127).

Accurate Empathy (advanced level) - the counsellor must communicate to the client an understanding, not only of what the client actually says, but also of what he implies, what he hints at, and what he says non-verbally. The counsellor begins to make connections between apparently isolated statements made by the client. In the whole process, however, the counsellor must invent nothing. He is helpful only to the degree that he is accurate.

Self-Disclosure - the counsellor is willing to share his own experience with the client, if sharing will actually help the client understand himself better. He is extremely careful, not only to lay another burden on the client.

Immediacy - the counsellor is willing to explore his own relationship to the client, "you - me" talk, to explore the here and now of client-counsellor interactions, to the degree that it helps the client gain a better understanding of himself, of his interpersonal style, and of how he is co-operating in the helping process.

Confrontation - The counsellor challenges the discrepancies, distorting games, and smoke screens in the client's life: he also endeavours to reflect his interactions within the helping relationship itself, to the degree that it helps the client develop the kind of self-understanding that leads to constructive behavioural changes.

Alternative frames of References - the effective counsellor can offer the client alternative frames of reference for viewing his behaviour, to the degree that these alternatives are more accurate and more constructive than those of the client. For instance, the client might see his verbal interchanges as witty (one frame of reference), while the counsellor might suggest that his interchanges seem biting and sarcastic to others (an alternative frame of reference). This, of course, overlaps with confrontation.

Action Programmes - this entails summarising a particular problem situation in a manner which may help to identify and clarify the problem. The counsellor then offers a number of possible solutions (usually already suggested by the client) and encourages the client to make an active choice when he feels ready for it. In this way he learns how to risk himself. He must learn that, paradoxically, it is 'safe' to risk himself. This may mean that at first he must take small risks and then increasingly greater ones. At this time it is particularly important that the client experiences the basic ingredients of empathy, warmth and genuineness.

A Personal Note

The question of why client-centred counselling was the approach used in this study (as opposed to any other) has to a large extent been answered

Figure 4.1

AN OVERVIEW OF THE COUNSELLING MODEL

PHASE 1.

Emphasis on the responsive skills of accurate empathy, respect, genuineness and concreteness. Occasional use of Gestalt techniques for subjects who found it difficult to talk.

Aims To build a trusting relationship and facilitate the client's self-exploration

PHASE 2.

All the basic responsive skills of Phase 1, but with increasing emphasis on the initiative skills of advanced accurate empathy, self-disclosure, immediacy, confrontation, alternative frames of reference and development of action programmes.

Aims To help develop the client's self-understanding. To encourage change and action. To help the client assimilate information which will be useful in the elaboration of action programmes.

in previous sections, but in the present context is worth answering - in more personal terms. The author found himself in considerable sympathy with a humanistic, phenomenological approach to psychology. He believed in the personal, unique worth and dignity of the individual. He accepted that each person has, within himself, a very considerable potential for growth in the direction of self-help and self-direction, and these are basic client-centred sentiments. Moreover, experience has led the author to conclude that it is crucially important to understand another person from his own (the other person's) point of view. His counsellor training has also been strongly towards a client-centred approach - but not exclusively. In the period between the completion of his counsellor training and the initiation of this study he had been implementing a client-centred approach in practice and this experience had taught him to value it. However, he would not describe himself as a purist Rogerian. He has been influenced by Gestalt therapy, Personal Construct Theory and Social Learning Theory and he is not averse to using his knowledge of these approaches when he feels it appropriate. The Gestalt techniques are used, in particular, when a client appears to be experiencing difficulty in talking or engaging in self-exploration in the counselling situation. In such cases, clients are encouraged to work through fantasies, to be aware of their present bodily feelings such as breathing rate, body position and the like, and to use the 'empty chair' technique to talk to people with whom they are experiencing difficulty. When used in the counselling setting, these techniques are suggested tentatively to the client as experiments which the client is free to accept or reject as he pleases.

Returning to the investigator's client-centred orientation, it may be worth noting that he tends to have a somewhat less optimistic view of human nature and its intrinsic, positive growth directedness - than would Rogers. It also seems important that the fact that the author tended to go outside the traditional client-centred school should be

taken into account as a possible confounding variable in determining exactly what was available as part of the counselling approach in this study. Every effort was made to adhere to more orthodox client-centred approaches throughout the experimental phase. Nonetheless, as counselling is a dynamic process between two people in a real life situation, it sometimes proved impossible to stick rigidly to what might be described as traditional client-centred counselling. The counselling did, however, still seem to fall well within the client-centred spectrum and might best have been regarded as coming under the same rubric as some chapters in Wexler and Rice's (1974) "Innovations of Client-Centred Therapy" or more specifically the three stage developmental model suggested by Egan (1975).

The author completed the Counsellor Attitude Scale (C.A.S.) developed by Nelson-Jones and Patterson (1975) for measuring client-centred attitudes on three occasions. (The Scale has been described in more detail in the Instruments section of Chapter 6). The first was completed at the end of his counsellor training at the University of Aston. It was completed again at the beginning of the experimental phase of this study and in the last quarter of the experimental phase. The first completion of the scale was probably the most valid - as at that time the author was naive as to the construction of the scale, whereas, on the second and third occasion he was more familiar with it. Nonetheless, he made every effort to answer the scale as honestly as possible on all three occasions. Unfortunately, the record of the first occasion has been lost, but the author remembers that a score in the low 60s was achieved. The score on the second occasion was 64 and for the third, 60. This gave a mean score of around 62 - which compared favourably with the mean score of 66 which Nelson-Jones and Patterson (1975) found for the 11 trainees on the University of Aston, one year, full-time, postgraduate, counselling course. Furthermore, the Aston post-training mean score of 66 was 9 points higher than the best of Illinois counsellor trainee means and 31

points higher than the Illinois non-counselling post test mean (Patterson, 1967). Such scores would suggest that the author did achieve a reasonably high client-centredness rating - which was gratifying if one accepts Nelson-Jones and Patterson's (1975) argument that a counsellor with a basic client-centred attitudinal orientation will be advanced in implementing the core conditions of client-centred therapy.

THE GOALS OF COUNSELLING

Rogers saw the person and not the problem as the focus for counselling. The aim was not to solve one particular problem, but to assist the individual *to grow* so that he can cope with the present problems and with later problems in a better integrated fashion. The overall aim of counselling was, therefore, to strive for what Rogers (1959) described as 'the fully functioning person'. Patterson (1974) concurred with this view and used the term *self-actualisation* to describe the ultimate goal of counselling. This ultimate goal, he believed, to be a common goal which is universal for all clients, in all situations and in all cultures. He felt that this common goal allowed for the presence of individual differences in the manner in which individuals might actualise themselves and similarly allows us to be more specific and concrete in our formulation of goals. However, these are simply steps towards, or more accurately by-products of, the self-actualisation process. Both Rogers and Patterson believed that self-actualisation is the prime goal towards which all human functioning is directed. Both emphasised that it is a continuing process and not an end point. The fully functioning person would be a person-in-process, a person continually changing. His behaviours would be adequately adaptive to each new situation, and he would be a person continually in a process of further self-actualisation.

Returning from this somewhat philosophical position to more practical details, it is evident that Rogers postulated that the client will change in a number of ways as a result of effective counselling. These changes relate especially to his self-concept, self-esteem or self-evaluation,

perception of significant others, evaluation of his adjustment and behaviour by others, and behaviour changes relating to his ability to cope with life's problems.

Rogers (1959) described the client-centred theory as being of the 'if-then' variety. If certain conditions exist (independent variables), then a process (dependent variable) will occur which includes certain characteristic elements. If this process (now the independent variable) occurs, then certain personality and behavioural changes (dependent variables) will occur. It is with measuring these personality and behavioural variables that this section is primarily concerned.

Rogers (1967) made no clear-cut distinction between the process and the goals of counselling but he did believe that certain characteristic changes occur in the client, which are measurable and can, therefore, be regarded as goals from the point of view of outcome research.

He argued that if the core conditions of empathy, warmth and genuineness are offered at minimally facilitative levels by the counsellor, then a process will typically be set in motion which will result in the following relatively permanent changes in the client: (taken from Sahakian, 1976, pp. 387-388).

1. The client is more *congruent*, more *open to his experience*, less *defensive*.
2. He is consequently more realistic, objective, and *extensional* in his perception.
3. He is consequently more effective in problem solving.
4. His *psychological adjustment* is improved, being closer to the optimum.
5. As a result of the increased congruence of self and experience, his *vulnerability to threat* is reduced.
6. His perception of his *ideal self* is more realistic, more achievable.
7. His *self* is more congruent with his *ideal self*.

8. As a consequence of the increased congruence of *self* and *ideal self*, and the greater congruence of *self* and *experience*, tension of all types is reduced - physiological tension, psychological, and the specific type of psychological tension defined as *anxiety*.
9. He has an increased degree of positive *self-regard*.
10. He *perceives* the *locus of evaluations* and the locus of choice as residing within himself;
 - (a) He feels more confident and more self-directing,
 - (b) His values are determined by an *organismic valuing process*.
11. He perceives others more realistically and accurately.
12. He *experiences* more *acceptance* of others, as a consequence of less need for distortion of his perceptions of them.
13. His behaviour changes in various ways;
 - (a) Since the proportion of *experience* assimilated into the self-structure is increased, the proportion of behaviour which can be 'owned' as belonging to the *self* is increased.
 - (b) Conversely, the proportion of behaviours which are disowned as *self-experiences* felt to be 'not myself' is decreased.
 - (c) Hence his behaviour is *perceived* as being more within his control.
14. His behaviour is perceived by others as being more socialised and more mature.
15. His behaviour is more creative, more uniquely adaptive to each new situation and each new problem, more fully expressive of his own purposes and values.

It can be seen from the above statements that a number of testable hypotheses can be derived and explicitly stated. It was clearly essential within the context of this study to develop a number of specific hypotheses relating to Rogers' postulates and to choose methods of measuring change

compatible with these hypotheses. Before doing this, it was necessary to examine some of the postulates in the light of the literature on delinquency and to relate the two perspectives. This was particularly the case with the concept of self-esteem or self-evaluation.

Self-esteem

Wells and Marwell (1976) described *self-esteem* as a more or less phenomenal process in which the person perceives characteristics of himself and reacts to those characteristics emotionally and behaviourally. This conception utilises the idea of attitude in any of its various meanings - cognitions, feelings, beliefs, predispositions to act and so on. Allport (1937) suggested:

Self-esteem ... enters into all sentiments and traits, and is commonly defined as - "the evaluative component of self-conception." (p.171)

This simple attitudinal perspective describes self-esteem as both global and specific - a person has many different qualities to which he attaches evaluations, but he also may sum these in some way to form an overall evaluation. Thus self-esteem may be regarded as a kind of linear combination of individual, specific self-estimates, each weighted by the value of the characteristic (how important it is to the person) and summed in some psychological fashion. This would allow self-esteem to be described at a variety of levels of specificity or generality.

Self-esteem may also be defined from a different perspective as a psychological relation between different sets of attitudes. James (1890, p.310) conceptualised it as "a ratio of our actualities to our supposed potentialities". This definition involves two sets of attitudes - how the person actually perceives himself to be with respect to some quality or ability and how he might be or ought to be.

Relations or disparities between different self-perceptions is a common conceptualisation of self-esteem, although differences between attitudes, rather than ratios, are commonly used. Cohen's (1959, p.103)

discrepancy - based definition of self-esteem is - "the degree of correspondence between an individual's ideal and actual concepts of himself", - "a discrepancy between ideals and actual attainment".

This discrepancy approach to self-esteem has been particularly popular within the phenomenological and client-centred traditions. The disparity description is generally couched in terms of a relation between different selves. How a person actually perceives and estimates himself is termed the *actual self*, or simply, the self-concept. How the person would like to be, or how he feels he should be, is termed the *ideal-self*. In addition to self-esteem, the discrepancy between actual and ideal self-conception has frequently been labelled by such terms as *self-satisfaction*, *self-acceptance*, and *personal adjustment*. Other research efforts do not attempt to attach abstract theoretical labels but refer simply to '*self-ideal discrepancy*' or '*self-ideal congruence*'. Wells and Marwell (1976) point out that, in spite of these alternative labels of disparity descriptions of self-esteem, the actual treatment and explication of the concept has been virtually identical in all cases. A distinction between the simpler attitude definition and these attitude - discrepancy definitions of self-esteem is that the former leave implicit the standard of evaluation while discrepancy definitions of self-esteem explicitly include this standard. As a consequence, the major difference between attitudinal and disparity descriptions is in the ways that they are translated into empirical operations purporting to measure self-esteem; the former usually involve single self-report items, while the latter tend to require multiple responses to items and the use of derived combination scores. It was decided in the context of this study to attempt to measure self-esteem from both perspectives.

A large proportion of literature generated from client-centred clinical perspectives do not actually use the term 'self-esteem' but instead deal with the process of 'self-acceptance'. However, Wells

and Marwell (1976) considered the two constructs to be equivalent because descriptions of the two are virtually indistinguishable. It is clear from the above postulates, taken from Rogers (1959), that as a result of client-centred therapy the client's self-structure will change. He expected that the client's ideal-self will become more realistic and more achievable. He expected that the person's self will become more congruent with his ideal-self, - in other words, in the language of discrepancy theories, his self-esteem will increase.

This makes the assumption that *high* self-esteem is related to *healthy* or '*good adjustment*'. This position asserts that high self-esteem is not only more hedonically preferred than low self-esteem, but also more socially and psychologically functional. This assumption is basic to self-acceptance perspectives (e.g. you can't like other people if you don't like yourself) and is unanimously made in sociological treatments of the self-concept. It is commonly accepted in literature on delinquency and deviancy that low self-esteem is associated with such behaviour. The Containment theory of Reckless (1962) for example associated a poor self-concept or low self-esteem with delinquency and high self-esteem as an insulator or buffer against deviation from social and moral norms, despite the influence of delinquency-prone neighbourhood environments. Kaplan (1975), on the other hand, agreed that self-devaluation was a precursor of delinquent behaviour but believed that such behaviour was then a response to feelings of self-derogation and acted to increase self-esteem again, only in this case the source of self-esteem derives from behavioural characteristics which are valued by an alternative reference group, namely a delinquent sub-group of peers. The fact that Kaplan's (1975) explanation of a causal relationship between self-concept and delinquency improves considerably on the method of predicting delinquency rates offered by Reckless in Containment theory, suggests that the relatively simple relationship derivable from Reckless and Rogers is indeed too simple. The situation is further complicated

when one considers whether the delinquent subjects being studied are in the community or are incarcerated in an institution. Goffman (1968) and Norris (1977) have shown that the act of institutionalisation tends to produce a decrease in self-evaluation and self-esteem. Thus one is presented with the rather complicated model: a boy prior to a delinquent act experiences feelings of self-devaluation, he may as a response to such feelings engage in a delinquent act which enhances his self-evaluation (with reference to a delinquent sub-group), however, the act of getting caught and brought to court and institutionalised serves to cause a decrease in self-esteem again. It, therefore, seems that a great deal will depend upon the stage at which the self-esteem is measured.

Just to further complicate the picture this author has found that delinquent subjects sometimes find difficulty in understanding the concept 'ideal self'. Some boys find it impossible to visualise themselves as being different from they are now, in the same way as some depressed people cannot see how they can ever have a future. In such cases when using a discrepancy measure for self-esteem such subjects appear to have unduly high scores as they tend to rate both actual and ideal self similarly but often at quite a low level. Such scores would, therefore, be misleading and give the impression that the subject has a much higher level of self-esteem than is really the case. The use of a simple attitude measure to evaluate self-esteem, based solely on the actual self, would help guard against an artificially high level of self-esteem being attributed to such subjects. Thus for whatever reason, whether it be a failure to understand the concept 'ideal self' or a tendency to 'fake good' or some other personality variable it may be that high self-esteem is not always indicative of good psychological functioning.

Cohen (1959) suggested that people have different levels of self-esteem primarily because they use different kinds of defenses. He

described high self-esteem people as:

*characterised by a preference for ego-defenses
which help them to repress, deny or ignore challeng-
ing and conflicting impulses. (p. 116)*

Low self-esteem persons; on the other hand, tend to use more projective or expressive defenses. Thus high self-esteem people are less open to change because they are more rigid in their cognitive field and tend to avoid or ignore negative information. In contrast, low self-esteem people tend to seek out, reflect on, and incorporate such negative information. Cohen's characterisation of self-esteem is obviously more complex than the 'high' position, so it is difficult to figure out who he believed the 'good guys' are. Byrne's (1961) description of the repression - sensitization dimension offers a similar self-esteem model. Repressors tend to have high self-esteem because they avoid negative information, while sensitizers have low self-esteem because they are sensitive to such negative information. As might be expected, there is also a moderate position which holds that some *medium* amount of self-esteem is *optimum* for healthy personality functioning - e.g. the idea of "normal discrepancy" (Cole et al. 1967). This "medium" position suggests that the relationship between self-esteem and adjustment, rather than positive or negative, is *curvilinear*. It basically assumes that extreme responses are not "good" for personal adjustment, and that the middle group represents a reasonable and realistic amount of self-appraisal and self-acceptance. According to Worchel and McCormick (1963), persons with medium self-esteem seem best able to handle problem-solving situations, because their reactions to dissonance are more affected by reality factors. High self-esteem is equated with narcissism or defensive facades and low self-esteem with self-loathing or self-rejection. A 'healthy' person must be aware of his shortcomings, accept those shortcomings, and be willing to change and improve. This has been the position taken in the hypothesis section of this thesis which suggests that client-centred

counselling should bring about a moderate level of self-esteem (as based on normative samples) rather than a very high level as one might suppose from Rogers' (1959) position.

Relationship with Others

It can be seen from Rogers' (1959) postulates concerning changes consequent to client-centred counselling that the client will come to perceive his concept of himself in a different relation to significant others in his environment. (This will also apply to his concept of his ideal self). Thus he is likely to identify himself with those whom he sees as more 'fully functioning' and less so with those who are failing to achieve their basic needs. As he perceives others more realistically and accurately it is likely that he will come to identify more closely with certain 'authority' figures such as parents, liked teachers, and possibly even policemen. This could also be a corollary of them coming to view his behaviour as more mature and more socialised. In social learning theory terms the young person is likely to model himself on people whom he sees as achieving their needs effectively and in a socially acceptable way. The position concerning his relationship with his parents is a difficult one. The common conception of a delinquent is of a young person who is very much 'at odds' with his parents, often rejecting their values and norms. However, Jesness (1972) suggested that:

He shows a marked distrust of authority, blames others for his problems, but maintains what is probably an unrealistic, overgenerous evaluation of his own parents" (p.7)

Again we are probably in a very complex area where some delinquents do experience poor and hostile relationships with their parents, especially fathers, while others tend to be overgenerous and idealistic in their evaluation of their parents. This makes hypothesis formulation extremely difficult and would again suggest that a 'moderate' hypothesis, whereby parents would be viewed neither too positively nor too negatively, as being most indicative of healthy psychological functioning.

Behaviour Changes

Undoubtedly the major behaviour problem for the majority of young offenders is the breaking of the law which has landed them in Court. This in turn, in the case of the present sample, has resulted in their loss of freedom and committal to an institution. Thus their twin goals are to get out of the institution and to stay out. (These are the most frequently expressed goals of such boys - with very few exceptions). Fortunately, provided these goals are achieved in a socially acceptable way, they are also the wishes of society for these young people. Rogers (1959) has postulated that the client, consequent to effective client-centred counselling, will demonstrate more socialised and mature behaviour and that he will adopt more creative and adaptive problem-solving strategies. In the case of young institutionalised offenders, the major aim is, therefore, to stop making court appearances for criminal offences and to stay out of correctional institutions. It has, therefore, been regarded as the *major goal* for counselling in this study. Other behavioural changes such as ability to maintain employment or to make educational progress are important, but they are clearly secondary compared to the ability to avoid recidivism.

Summary of Goals

For Rogers (1959) the overall goal of counselling is 'the fully functioning person'. However, this is not an end point but a continuing process. Such a person's behaviours would be adequately adaptive to each new situation and problem, he would be more creative, more fully expressive of his own purposes and values. A by-product of such 'self-actualisation' would be a more realistic perception of self and significant others. As a consequence of such changes in behaviour and self-conception the person would be perceived by others as more socialised and mature. Within the context of this present study this would be operationalised primarily by a reduction in criminal behaviour.

CHAPTER V

METHOD

PURPOSES, DESIGN, PROCEDURE, and HYPOTHESES

INTRODUCTION

This chapter, after stating the purposes of the study, outlines the main features of its design and procedure. Further explanation concerning the development of the study and the reasons for key decisions are reserved for Chapter VI. The chapter ends with an explicit statement of the hypotheses.

THE PURPOSES

To examine the outcomes of individual client-centred counselling with delinquent boys with particular reference to:

1. Measures of criminal behaviour, for example reconviction rates as measured during a one year follow-up after counselling.
2. Changes in self-concept, self-evaluation and ways of construing others in the subjects' phenomenological environment (as measured by psychological tests sensitive to such changes).
3. The relationship between changes in self-concepts, the evaluation of significant others and delinquent behaviour.

The aim of this study was to ascertain how effective sessions of individual counselling or psychotherapy would be as part of the treatment resources for delinquent boys. A secondary aim was to attempt to discover criteria for suitability for counselling.

DESIGN

The experimental design involved the comparison of 20 subjects who after random allocation received regular predominantly *client-centred* counselling over a twenty-eight week period (the experimental group) with 20 subjects who received no extra counselling except that which might be incidental to the therapeutic aims of the school (the control group) over a similar period of time. Thus the independent variable was the provision of predominantly client-centred counselling during the experimental period.

Subjects

Subjects for the study, details of whom may be seen in Table 5.1, were the consecutive intake of boys into the Special Unit of Lisnevin School between March 1976 and September 1979. All new entrants were included in the study - subject to three provisos. Firstly, they had to be willing participants and agree to engage in client-centred counselling, (this was true of both the treatment and control groups). Secondly, they had an IQ rating above 70. Subjects with an IQ below that level were considered to be atypical of the training school population and most unlikely to be able to adequately complete the various pre and post-test psychometric measures required. It was also believed that this criterion would exclude most seriously brain-damaged subjects. Thirdly, subjects exhibiting clearly defined psychotic reactions were also ruled out. (In fact no potential subjects were excluded on the grounds of low intelligence or a psychotic diagnosis).

All subjects participating in the investigation had appeared before a Juvenile Court, often charged with a criminal offence - but sometimes described as being in need of "care and protection" because of maladjusted or unruly behaviour. They were subject to a Training School Order (HMSO, 1968) and had failed in the environment of the open Training Schools in Northern Ireland. The reasons for their subsequent placement in the security of the Special Unit were diverse but most prominent characteristics of this group of boys were their abscondings from the open-Training Schools, seriously disturbed behaviour including violence and aggression and serious problems with inter-personal relationships (especially with peers). The boys typically came from broken or inadequate homes with separation, hospitalisation and suicide being common amongst their parents. There was usually a longstanding delinquent history with, in many cases, the boys having been institutionalised from an early age and having experienced failure and unhappiness in Children's Homes. Over 70 per cent of the

TABLE 5.1 : A Summary of the characteristics of the 40 subjects in the study.

Variable	Mean	S.D.	Range
Age	14.8	1.2	12.3 - 16.5
Verbal IQ	89.5	11.2	70 - 120
Reading Age	9.6	1.9	6.6 - 12.7
Length of institutionalisation pre-Lisnevin (months)	21.4	16.9	3 - 54
Number of previous offences	18.7	15.6	0 - 67
Number of offences 1 year before admission	7.7	9.8	0 - 43
Range of offences (7 = maximum range)	2.8	1.4	0 - 6
Family Adversity Index (6 = maximum adversity)	3.9	1.0	2 - 6

subjects had previously been referred to the Child Guidance or School Psychological Services on account of their behaviour.

Dependent Measures

The dependent measures were specifically designed measures to test for changes which might be expected to occur consequent to facilitative counselling predominantly from a client-centred orientation. These measures were taken on two occasions for each subject; firstly prior to the experimental phase of the study (the counselling period) to measure his pre-experimental status and then again after the experimental phase to measure his post-experimental status and thus to give an indication of any changes which had occurred. These measures fell into two main categories: behavioural and self-perception.

The first and most important were the *behavioural measures* relating to criminal behaviour - these included:

1. The rate of criminal offences for different follow-up periods.
2. The range or seriousness of offending for different follow-up periods.
3. The length of time in custody or institutionalised during a one year follow-up period.
4. A composite behavioural measure of criminality.

The second group of dependent measures consisted of psychological *measures* which were *sensitive to the subjects' conceptions of self* and significant other persons and events. They monitored the subjects' evaluations of these entities and also looked at the relationship between the subjects' construction of self and significant others. These measures were taken at the pre-test and again at the post-test phase of the study which allowed indices of change to be calculated. The two main measures are described in detail in the relevant section of the next chapter but can briefly be described as:

1. A Semantic Differential. (Osgood, et al. 1952). This looked at the subjects' evaluation of such concepts as (a) Current and ideal selves, self as seen by others and future life, (b) Parents and authority figures, and (c) Criminal activities such as burglary and stealing cars.
2. A Repertory Grid. This gave a number of indices such as (a) The identification between the subjects' current self and ideal self, (b) The identification between the current self and delinquent and truant acquaintances, (c) The identification between current self and friends who are not delinquent, (d) The identification between current self and parents, and (e) Various structural indices of the grid which past research or theoretical considerations would suggest demonstrate improved functioning.

While the psychological measures were regarded as dependent or outcome measures in their own right, they also played a second role as *explanatory* variables by which changes in criminal behaviour could be explained in terms of changes in attitude to self or others.

A further measure, which was of secondary importance and not really a dependent measure, was the weekly marks record which reflected the consensus opinion of staff about each subject's behaviour during his time in Lisnevin. It was of some interest to find out if there was any evidence of differences in behaviour during the counselling phase of the study between the experimental and control groups.

PROCEDURE

The key events in the procedure are outlined in figure 5.1. This graphically represents the procedure by way of a flow chart.

Pre-test. The experimental design entailed randomly allocating newcomers to the Unit to either the experimental (counselling) group or to the control (no extra counselling) group. The following procedure was adopted. Sometime during the third week after admission to the Unit,

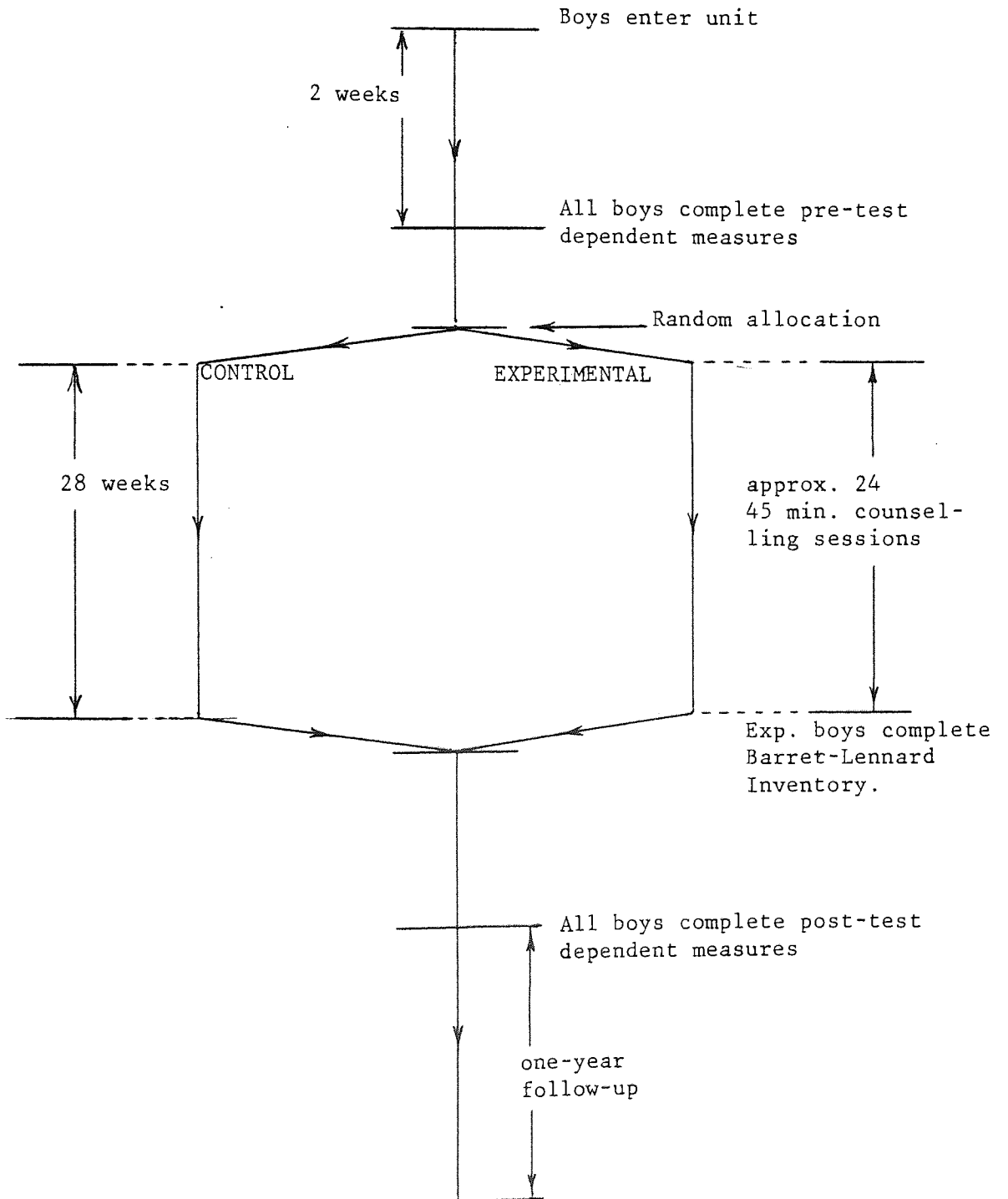
FIGURE 5.1

...to a number of psychological tests.

...8-10-12-14-16-18-20-22-24-26-28-30-32-34-36-38-40-42-44-46-48-50-52-54-56-58-60-62-64-66-68-70-72-74-76-78-80-82-84-86-88-90-92-94-96-98-100

FLOW CHART

EXPERIMENTAL = 20 Subjects
CONTROL = 20 Subjects



the new boy was invited to complete a number of psychological tests. This standard psychometric battery included the Revised Version of the Wechsler Intelligence Scale for Children (W.I.S.C.-R.), the Eysenck Personality (Junior) Questionnaire (E.P.Q.) (for the first 16 subjects, the earlier Junior Eysenck Personality Inventory was administered) and the Hostility and Direction of Hostility Questionnaire (H.D.H.Q.). At around the same time the Neale Analysis of Reading Ability was administered by one of the teaching staff. Other information such as the social background was available from the files which accompany each boy on admission. At this time two of the dependent measures - the Repertory Grid and the Semantic Differential (to be specified in the next chapter) were also completed.

Total testing usually amounted to three hours; this was usually divided into two one-and-a-half hour sessions on consecutive days, occasionally a third forty-five minute session was necessary for slower or less co-operative subjects. Testing always took place individually in the privacy of the experimenter's office. The subjects were seated in a comfortable chair beside a desk - with the experimenter sitting at the side of the desk, at an angle of approximately forty-five degrees to the subject and a distance of approximately three feet separating them. In the case of the W.I.S.C.-R., the experimenter sat directly opposite the subject. With the E.P.Q. and the H.D.H.Q., subjects were provided with a tape-cassette of the questionnaire items to facilitate poor readers. Subjects could choose whether or not to use the cassette. In these cases the experimenter usually sat at some distance away and busied himself at something else, although he enquired from time to time of the subject if he was experiencing difficulty and gave him appropriate help where necessary. Special details of administration of the Repertory Grid and the Semantic Differential will be given later. Otherwise administration followed the guidelines set out in the respective test manuals.

The reason for delaying testing to the third week after admission was to avoid possible confounding variables which may have been only specific to the actual period of admission. For example, admission to the Special Unit is often after a crisis period in the boy's life, which is frequently associated with high levels of anxiety, frustration, depression, hostility, despair and the like - but experience has shown this quickly subsides after an initial settling-in period of a week or so. To use psychological tests during the first few days after admission could give unusually inflated readings of anxiety and such like, against which to measure change. Therefore, it was concluded that the person should be allowed time to become attuned to his new surroundings, or to return to an "even-keel", before measures were taken.

Allocation. After the boy had completed what will be called the pre-test phase, he was invited to become involved in the counselling programme. The invitation is paraphrased in Appendix A. As experimenter, the author re-read the paraphrase before the pre-testing session in order to familiarise himself with the content; he then made the invitation to the subject in his own words - as closely in concordance with Appendix A as his memory would allow. The boy's response to the invitation was recorded.

All subjects who accepted the invitation to participate in counselling were then randomly allocated to the experimental or control group. This allocation was achieved on the toss of a coin: heads - counselling; tails - control. Because of the small numbers involved in the study it was not possible to have a completely randomised design. It seemed preferable to pair the boys according to their chronological entry to the Unit, i.e. boy 1 was paired with boy 2 and 3 with 4 and so on. The coin was then tossed just once per pair - that is for boys 1, 3, 5, etc., and he was then allocated to the experimental or control group according to the fall of the coin; the other boy in the pair, i.e. boys 2, 4, 6, etc., were placed in the alternative group. This had the drawback that for

fifty per cent of the subjects the experimenter already knew during the pre-test session to which group the boy was going to be allocated (which could lead to a charge of experimenter bias). It seemed preferable to run this risk rather than have the possibility of grossly unbalanced and experimental control groups which could have resulted from a completely randomised design with the small numbers involved. This method insured that there were equal numbers in both the experimental and control groups. It also avoided the possibility that at certain stages in the experimental phase of the study the investigator could have been very heavily involved in counselling while at other times have had little counselling commitment. The procedure outlined above ensured a fairly even spread of counselling commitment throughout the experimental phase of the study.

Drop-outs. In the case of a subject dropping out of the programme his allocation number was taken on by the next subject entering the Unit and allocation proceeded as outlined above. Reasons for dropping out fell into three main classes. Firstly, boys who declined to participate in the study. Secondly, subjects who for voluntary reasons dropped out of the counselling programme before they had completed ten counselling sessions. Lastly, subjects who were removed from the Unit involuntarily before at least ten counselling sessions or an equivalent time period had elapsed (this included both experimental and control subjects) or subjects who although they had participated for the minimal time period had been removed from the Unit before they could be post-tested. (Two boys declined to participate in the counselling programme, five boys dropped out of the counselling programme voluntarily, two dropped out involuntarily. A further five boys were post-tested before the end of the twenty-eight week period because of involuntary removal from the Unit. In these cases the minimum time period involved in the study was 15 weeks which met the criterion to be included as experimental subjects in the analysis of results).

Counselling Period. It was explained to subjects who had been allocated to the control group that they might not actually take part in counselling. It was pointed out that it would not be possible for the counsellor to see every boy in the Unit each week and, therefore, he had to make a more or less random decision as to which boys to include. The experimenter thanked them for their help and asked for their co-operation again before they left the Unit. Every effort was made to ensure that such subjects did not feel hurt or rejected because of their non-inclusion in the counselling programme.

For subjects included in the counselling programme a time for the first counselling session was discussed. Sessions usually took place during school hours, Monday to Friday, at a time mutually convenient to client and counsellor. Every effort was made to meet on the same day at the same time each week. Where this was not possible the counsellor endeavoured to inform the client in advance and an alternative time was arranged. At the same time permission was sought from the teacher whose class the client would be missing. During holiday periods more flexible arrangements were often necessary.

Counselling sessions took place in a comfortably furnished office with as few interruptions as possible. Occasionally sessions occurred in single bedrooms when a subject was sick. Only rarely was there more than one session per week and this was always at the instigation of the client. Such sessions usually coincided with a time of crisis.

Sessions lasted for forty-five minutes which was the equivalent of one class period. Sessions were terminated early at the client's request - in a similar way sessions were omitted completely if the client did not wish to participate at that particular time. On these occasions the client was always asked if he wished to postpone it until later in the week. From time to time sessions did over-run the forty-five minute allocation, usually through the counsellor losing track of the time. Every effort was made to stop the client manipulating a longer session in order to

miss his next class. It was made clear to the client at the outset of counselling that sessions would normally last forty-five minutes.

Post-test. At the end of 28 weeks, (measured from the date of the invitation to come to counselling), or as soon as possible thereafter, each subject was post-tested using the Repertory Grid and Semantic Differential measures. With one exception every subject who had agreed to testing at the pre-test phase also agreed to be post-tested. This subject, who was a voluntary drop-out before ten sessions in the counselling programme, declined to be post-tested and was, therefore, not included in the analysis of results. For technical reasons (remand to the Young Offender Centre) one subject in the control group failed to complete all his post-test measures but it was decided that sufficient information was available to include him in the analysis.

Subjects from the experimental group were also asked to complete the Barrett-Lennard Relationship Inventory (1962) which is a measure of the level of client-perceived therapeutic conditions in the counsellor/client relationship. This was crucial in measuring that the main experimental variable (client-centred counselling with at least minimally facilitative levels of core conditions) had actually been implemented. As the counsellor and the experimenter in this study were one and the same person it was decided to have the Barrett-Lennard Relationship Inventory (B.R.I.) administered by an independent person. Testing was conducted by a Senior Research Officer based at Whitefield House and therefore, relatively unknown to the subjects. The Research Officer was asked to see each boy shortly after his counselling period and to seek his co-operation in the research project. Testing was in an atmosphere of privacy and confidentiality. The Research Officer was instructed to read the items from a separate copy of the B.R.I. If the subject experienced any difficulty in understanding an item it was permissible to give whatever help and elucidation considered appropriate to aid understanding. Any undue

difficulty in understanding the Inventory was noted, as well as any other factors considered relevant - such as suspicion, lack of co-operation, embarrassment and so on.

The use of an independent test administrator was to cause unforeseen problems. As it was normal practice for the experimenter to store test data, without scoring, until the end of the complete experimental phase for all subjects, it was discovered that one subject had missed filling in the B.R.I. through a misunderstanding between the experimenter and the tester. Similarly three subjects filled in by mistake a slightly modified version of the B.R.I. The experimenter had hoped to develop this version but was later forced to abandon it because of lack of time to establish its validity and reliability. This version omitted the Congruence Scale, anglicised some of its items, and adopted a slightly different scoring system. Fortunately the error was discovered and the rest of the experimental group filled in the correct B.R.I. (Form OS-M-64). The sources for the three subjects who filled in the wrong versions were pro-rated and included in the final analysis, although their scores for the Congruence Scale had to be omitted.

Follow-up. Through the co-operation of the Social Research Division, Department of Finance, Stormont, the complete criminal record for each subject was received from the Criminal Records Office of the Royal Ulster Constabulary. This data was received in November 1980 for all subjects participating in the study. (Further requests had to be made for subjects who had not yet completed the one year follow-up). The data, as well as giving details of court appearances also provided information on the date of commission of offences. From this data it was possible to ascertain the total number and range of offences the boy had committed: (1) before entering Lisnevin, (2) one year before entering Lisnevin, (3) during the experimental period, (4) one year from the date of the post-test, and (5) from the date of the post-test until November 1980. It was also possible to tell from Lisnevin files and the Criminal Records

how much time the boy had spent institutionalised or in custody during the one year follow-up period.

THE HYPOTHESES

In the following hypotheses the minimum acceptable levels of statistical significance for differences between the counselled and control groups will be 0.05. In those tests where the expected direction of differences is specified the appropriate tests will be one-tailed.

1. Behavioural dependent variables

The experimental or counselled group will exhibit less criminal behaviour than the control or non-counselled group of subjects. More specifically, criminal behaviour was measured on the following dimensions:

(a) Rate of convictions

Data were collected on the number of criminal convictions to cover the following time periods:

- (1) a one year follow-up period after each subject's experimental or control post-test,
- (2) the period after each subject's experimental or control post-test until November 1980, (average = 2.5 years).

(b) Seriousness or range of offences

Data were collected on the range of criminal convictions to cover the following time periods:

- (1) a one-year follow-up period after each subject's experimental or control post-test,
- (2) the period after each subject's experimental or control post-test until November 1980 (average = 2.5 years).

(c) Time spent institutionalised

Data were collected to cover the length of time in months for:

- (1) a one-year follow-up period after each subject's experimental or control period.

(d) Behavioural composite measure

All the above measures were converted to standard scores based on the mean and standard deviation of all 40 subjects participating. These standard scores were combined to form a composite measure of behavioural outcome to test the hypothesis that the experimental group would have a lower score on the behavioural composite measure than the control group.

2. Psychological (self-conception) dependent variables

Self-conception dependent variables relate to differences in personal meanings and constructs between the experimental and control groups at post-test, while controlling for differences at pre-test. These were measured by (a) the Semantic Differential and (b) the Repertory Grid.

(a) The Semantic Differential

The hypothesis was:

The experimental group would show more appropriate evaluation (in a direction suggesting better adjustment) of concepts in the Semantic Differential at post-test compared to the control group after adjusting for pre-test evaluations. The more appropriate evaluation was operationalised as:

- (1) Counselling subjects would evaluate *themselves* more highly than non-counselled subjects. This was measured on the following concepts:-
 - (i) myself as I am now
 - (ii) myself as I would like to be
 - (iii) myself as others see me
 - (iv) my future life
- (2) Counselling subjects would evaluate *their parents* more highly than non-counselled subjects. This was measured by the following concepts:-
 - (i) my mother
 - (ii) my father

- (3) Counselling subjects would evaluate *criminal offences* less highly and a *steady job* more highly than non-counselled subjects. This was measured by the following concepts:-
- (i) burglary
 - (ii) stealing cars
 - (iii) a steady job
- (4) Counselling subjects would evaluate "*authority figures*" more highly than non-counselled subjects. This was measured by the following concepts:-
- (i) a policeman
 - (ii) Lisnevin staff

(b) The Repertory Grid

The first hypothesis was:

The experimental group would show more appropriate identification (in a direction suggesting better adjustment) between the element MYSELF AS I AM NOW and a number of other elements in the Repertory Grid at post-test compared to the control group after adjusting for pre-test identifications. More appropriate identifications were operationalised as:-

- (1) Counselling subjects would show closer identification (higher self-esteem) between the elements MYSELF AS I AM NOW and MYSELF AS I WOULD LIKE TO BE than would non-counselled subjects.
- (2) Counselling subjects would show less identification between the elements MYSELF AS I AM NOW and 'anti-social' elements than would non-counselled subjects. This was measured by the element distances:-
 - (i) MYSELF AS I AM NOW - A DELINQUENT
 - (ii) MYSELF AS I AM NOW - A TRUANT

(3) Counselling subjects would show closer identification between the elements MYSELF AS I AM NOW and 'pro-social' elements than would non-counselled subjects. This was measured by the element distances:-

(i) MYSELF AS I AM NOW - A BOY MY OWN AGE WHO HAS NOT GOT INTO TROUBLE

(ii) MYSELF AS I AM NOW - A FRIEND WHO GETS ON WELL IN LIFE

(4) Counselling subjects would show closer identification between the elements MYSELF AS I AM NOW and the 'parent' elements than would non-counselled subjects. This was measured by the distances:-

(i) MYSELF AS I AM NOW - MY MOTHER

(ii) MYSELF AS I AM NOW - MY FATHER

It will be remembered from the last chapter that it was argued that high self-esteem is not always indicative of good psychological adjustment as it may reflect *defensively* high self-esteem. An alternative hypothesis was, therefore, formulated which set forth a 'moderate' position. Assuming that the element distance MYSELF AS I AM NOW - MYSELF AS I WOULD LIKE TO BE is a measure of *self-esteem* according to the discrepancy definition of self-esteem the hypothesis was:-

(5) More subjects in the counselling group would have a self-esteem rating within 'normal limits' than for the control group at post-test.

Hypotheses derivable from further grid indices. A number of what can be loosely described as 'structural' indices were derived from the work of Ryle (1975) and from other theoretical considerations. The rationale concerning these hypotheses is fully discussed in the relevant section of the next chapter. The hypotheses were:-

(6) The percentage variation accounted for by the first two components of a principal components analysis of the

Repertory Grid would be lower for counselled subjects, after controlling for pre-test differences.

- (7) The multiplicative factor of the loading of MYSELF AS I AM NOW times the percentage of variation accounted for by the first component would be lower for counselled subjects than for control subjects, after controlling for pre-test differences.
- (8) The general degree of correlation between the pre-test grid and the post-test grid would be lower for counselled subjects than for control subjects.
- (9) The percentage of variation accounted by the element MYSELF AS I AM NOW in the grid of differential changes, compiled from the pre-test and post-test grids, would be greater for counselled subjects than for control subjects.
- (10) The percentage of variation accounted for by the element MYSELF AS I WOULD LIKE TO BE in the grid of differential changes, compiled from the pre- and post-test grids, would be greater for counselled subjects than for control subjects.

3. The Weekly Marks Record

While strictly not a dependent variable, it was considered worthwhile to see if any differences in behaviour between the counselled and non-counselled subjects could be detected concurrent with the actual process of counselling. It was expected that changes during the second half of counselling between the two groups of subjects would be more marked than during the first half of counselling. Accordingly the following hypotheses were formulated:

- (1) Counselled subjects would have a higher average weekly mark than control subjects during the total experimental period (usually 28 weeks).

- (2) There would be no differences in the average weekly mark between counselled and control subjects during the first half of the experimental period (usually 14 weeks).
- (3) The counselled subjects would have a higher average weekly mark than the control subjects during the second half of the experimental period (usually 14 weeks).

C H A P T E R V I

METHODOLOGICAL ISSUES AND DEVELOPMENT OF THE STUDY

METHODOLOGICAL CRITERIA, THE PILOT STUDY,
THE DESCRIPTION, THE DEVELOPMENT OF MEASURES,
and EVIDENCE OF THEIR VALIDITY and RELIABILITY

THE DEVELOPMENT OF THE STUDY

This chapter concerns the main reasons for the key decisions in the development of the study. It traces the early proposals, pilot study, and development of measures. Evidence on the validity and reliability of tests and measures used in the study is also presented.

Methodological Criteria

Firstly it is important to specify the criteria which were constantly in use in planning the study. Logan (1972) reviewed research studies on the effectiveness of various corrections and preventive practices with criminals and delinquents. He argued that there are certain minimal methodological requirements which a study must meet in order to merit serious consideration as to its scientific adequacy. He listed seven criteria which would appear to command general acceptance as being necessary on methodological grounds. These seven criteria are summarised as follows:

- Criterion 1. *There must be an adequate definition of the programme or set of techniques whose effectiveness is being tested.* This definition should be sufficiently operational that the components of the programme can be clearly identified. Spurious operational definitions - such as defining casework as the actions of the caseworker - should be avoided. It is not enough to know that a programme ended in success or failure if we cannot determine "what it was" that succeeded or failed.
- Criterion 2. *The technique must be capable of routinization.* This does not mean that it has to be purely mechanical activity, but it must be something that can be repeated in all its components at different times, with different administrators of the technique.

- Criterion 3. *There must be some division, preferably random, of a given population of offenders into treatment and control groups. The two groups should differ as little as possible with respect to the characteristics of the subjects and their basis of selection.*
- Criterion 4. *There must be some evidence that the treatment group is in fact receiving treatment as defined, but the control group is not. While great care is almost always given to be sure that the experimental group receives treatment - only rarely is enough attention given to the control group to be sure that it does not somehow also receive important elements of that treatment.*
- Criterion 5. *There should be some "before-and-after" measurement of the behaviour or characteristics that is sought to be changed, and a comparison made between the two groups. This measurement must be made for both the treatment and the control group. Since there is no clear referent to the terms "before" and "after" with respect to the control group, they should be measured at the same times as the treatment group, or at comparable points in their case histories.*
- Criterion 6. *There must be a definition of "success" or "failure" that is sufficiently operational to provide a valid reliable measurement for determining outcome of treatment.*
- 6a. *This definition should be compatible with ordinary notions of what would be successful or unsuccessful outcomes of treatment. Logan argued that when dealing with delinquent populations such ordinary notions of success should refer to the correction or prevention of criminal behaviour and rejected*

such measures as personal adjustment, happiness, mental health, employment or family relations.

Criterion 7. *There should be some follow-up or delayed measurement in the community for both the treatment and control groups.* This is especially important with respect to criminal behaviour, which cannot be measured on-the-spot since it only manifests itself over some period of time.

It can be seen from the design, subjects, and procedures sections that many of these criteria have, in fact, been met in the planning of this study. Chapter IV also presented evidence that criteria 1 and 2 have been fulfilled.

THE PILOT STUDY

A short pilot study was instigated between March and October 1975. This was to test the feasibility of certain aspects of the design and to help in the development of the outcome measures. Subjects for the pilot study were eight boys in the Special Unit (and thus very similar to the subjects in the main study). The actual procedure varied from subject to subject as new ideas were tested. Essentially each boy was invited to participate in individual counselling with a predominantly client-centred orientation. All boys invited agreed to become involved. Each completed a number of psychological measures pre-counselling and then completed the same measures post-counselling. There was no control group.

The counselling sessions were varied to include different times of the day, such as evening sessions when school was not in operation. Similarly different lengths of sessions ranging from forty-five minutes to one hour were tried. It was also planned to tape cassette each session - however this had to be abandoned as some of the boys showed extreme suspicion of the cassette recorder and were much less talkative

when it was used. In the case of boys who did not object to being recorded, the quality of the recording proved to be poor - mainly through the predominance of rather unclear regional accents and because of background noise interference.

Different types of psychological measures were tested as dependent measures. These included the Cattell High School Personality Questionnaire (H.S.P.Q.) and the Junior Eysenck Personality Inventory (J.E.P.I.). It was decided that because both these questionnaires were designed to measure relatively enduring personality traits, they were, therefore, not sufficiently sensitive to measure the change likely to occur through counselling. Both were thus rejected as dependent measures. The Q-sort technique developed by Stephenson and described by Rogers and Dymond (1954) was also experimented with in different forms but eventually was replaced by a form of repertory grid technique (to be described later) which appeared to give added flexibility in administration and also measured information more personally relevant to the individual.

Other measures were retained but modified because of information gained from the pilot study. This included the Osgood Semantic Differential which will be described in more detail later. Similarly a *case rating scale* (taken from Rogers and Dymond, 1954) completed by the counsellor at the termination of therapy, was replaced by *case notes* written by the counsellor at the end of each session. These notes focused on the counsellor's feelings about the session, rather than going into detail about the factual content of what the client had said. Nonetheless, the notes did help to trace the course of counselling as perceived by the counsellor and also gave information as to the time and length of sessions. In a similar way a method of rating staff-written comments on an individual boy's behaviour proved difficult to interpret and was replaced by the straightforward weekly mark assigned by staff to every boy each week.

The pilot study served a useful function in testing certain practical aspects of the counselling programme and in giving information about the

suitability of dependent measures. From the study it was possible to ascertain (1) that most boys would be likely to participate in the main study, (2) that counselling sessions of forty-five minutes, during school hours, could best be fitted into the daily time-table, (3) that a cassette recording of each session was not feasible, (4) that boys participating in regular individual counselling sessions would not be viewed as *strange* or *scapegoated* by the other boys or staff, (5) that dependent measures which made use of personally relevant material, such as the Semantic Differential or Repertory Grid technique, were more meaningful to the subjects than standardised personality tests.

The main research proposal was drafted and submitted for approval in March 1976. No major modifications in the basic experimental design occurred after this stage.

INDEPENDENT VARIABLES WHICH MIGHT AFFECT COUNSELLING OUTCOMES

It was hypothesised that there would be no major source of variance between the experimental and control groups of a type which would have had a bearing on the outcome (dependent) measures in this investigation. To test this hypothesis a number of measures were taken during the pre-test phase and the two groups compared on a post hoc basis after the final composition of the groups was known. This was to test if the random allocation procedure had worked. It was necessary to know to what extent the two groups were comparable. If one group did better than the other in terms of the outcome criteria it needed to be shown that this was not due to original differences between the groups but to variation in treatment. Of course it can never be demonstrated that the groups were comparable in every respect but differences were sought between them with respect to variables that were measurable and considered to be relevant. The results of these measures were compared using standard statistical techniques and are presented in the relevant section of chapter VII.

The variables which were compared were:-

1. INTELLIGENCE. Verbal I.Q. as measured by the Wechsler Intelligence Scale for Children (Wechsler 1976). There is some evidence (Adams 1961) that bright verbal boys are more amenable to counselling.
2. Age of subject on admission to the Special Unit. It is possible that age differences may help account for variance in residential intervention e.g. younger boys might respond better or vice-versa.
3. Reading attainment as measured by the Neale Analysis of Reading Ability, (accuracy score) (Neale, 1966). This gave an indication of academic achievement which might influence self-esteem and so on and hence counselling amenability.
4. Length of Institutionalisation. This was the time spent in months in the care of Local Welfare Authority Homes, Residential Schools for the Maladjusted, Training Schools, Voluntary Organisations, etc., from birth until the date of admission to Lisnevin. This score would seem to give a crude index of degree of maladjustment or delinquency. This score was recorded from the subject's personal history report.
5. Number of previous offences. More delinquent subjects are likely have a poorer prognosis with respect to their ability to abstain from delinquent activity.
6. Number of offences 1 year before admission to Lisnevin. This gave an indication of the rate of offending over a specified time period.
7. Range of Delinquency. As measured by an eight point classification of types of offences (see Appendix C). Each subject could score between 0 and 7 depending upon the seriousness of his offence/s - recorded from the subject's criminal record.
8. Family Adversity Index. Six variables found by Rutter (1978) to be associated with problems in children were given a score of 1 if present, so that each subject had a score on the index which was in the range of 0 to 6. Rutter suggested that high scores on this index are indicators of poor prognosis for behavioural outcome.

The variables on the index were as follows:-

1. Father; unskilled/semi-skilled job.
 2. Overcrowded or large family size.
 3. Marital discord and/or broken home (assessed by case record).
 4. Mother; depression/neurosis (assessed by case records).
 5. Subject; ever "in care".
 6. Father; any offence against the law (assessed by case records).
9. Personality Profile. Extraversion and Neuroticism scores from the Junior Eysenck Personality Inventory (J.E.P.I.) (Eysenck, 1965). A latter version also gives a further dimension called Psychoticism. Eysenck argued for a typical criminal or delinquent personality type. If such is the case it would seem arguable that such persons are less likely to respond to treatment and are more likely to become recidivists.
10. Hostility, Direction of Hostility and Guilt. As measured by the Hostility and Direction of Hostility Questionnaire, (H.D.H.Q.) (Caine et al, 1976). It had previously been suggested by Haimowitz (1948) that intra-punitive males make better use of the experience of client-centred therapy than others.
11. Counsellor Attitude Scale. (Nelson-Jones and Patterson, 1974). Scores from C.A.S. completed by each subject's personal counsellor while in Lisnevin, on the grounds that there may be variation in the level of the core therapeutic conditions available to subjects in the general environmental milieu which would act as an independent variable. C.A.S. scores could to some extent control for this possibility.

The above scores were also used for the experimental group to look at what might be described as "amenability to counselling". In keeping with Bergin and Lambert's view (1978) that the largest proportion of variation in therapy outcome is accounted for by pre-existing client

factors, it was necessary to examine if client outcome could be an interaction between counselling and pre-existing independent factors such as those suggested above. To do this each outcome measure (dependent variables) was treated as a criterion score and regression equations were calculated (Kim and Kohout, 1975) using the eleven variables. A similar regression equation was calculated for a composite outcome score (to be described later) and the eleven independent variables. This procedure was important from the point of view of extrapolation of results - it is necessary to determine if some types of subjects are more amenable to client-centred counselling than others and to take this into account in the future planning of availability to counselling. Client-centred counselling is an expensive, time-consuming resource; it is, therefore, important to be selective if it is to be offered in a cost/effective manner.

MEASURES OF THE COUNSELLING COMPONENT

Logan's (1972) fourth criterion, that there must be some evidence that the treatment group received the treatment, as defined, but the control group did not, is of vital importance. It was essential to measure that the counselling, as defined, was actually delivered. There were several ways of doing this - none of them being entirely satisfactory.

The first approach was to measure the counsellor's *attitude* towards client-centred counselling on the basis that client-centred counselling is more concerned with the attitudes and philosophy of the counsellor than with a set of techniques. It was assumed that it is unlikely that a counsellor who does not have basic client-centred attitudes will satisfactorily provide a counselling relationship with a client-centred orientation. The second approach was to measure the *actual* behaviour of the counsellor on the grounds that it may be possible to have client-centred attitudes but not to be able to put them into practice. From a client-centred perspective the essential ingredients in the counsellor's behaviour are to provide the client with high levels of accurate empathy, warmth

and genuineness. These ingredients can be measured in two distinct ways; firstly by receiving from the client a report of how he experienced the counsellor's behaviour in terms of accurate empathy, warmth and genuineness. Secondly, by getting some objective rating from observers who have either directly observed the counselling sessions or have had available a recording of the sessions, e.g. transcript, audio or video recording. In this study the counselling component was measured in all three ways, viz. counsellor attitude measure, client report, and ratings from audio-recordings of the counsellor in counselling sessions.

The Counsellor Attitude Scale

The Counsellor Attitude Scale (C.A.S.) was developed by Nelson-Jones and Patterson (1974) for measuring client-centred attitudes. The authors hypothesised that there is a theoretical construct of client-centredness and that it can be measured. They argued that the counsellor who has a basic client-centred attitudinal orientation of respect for the client's self-actualising potential will be advanced in implementing the core conditions of an effective counselling relationship. The C.A.S. consists of 70 statements to which the respondent is asked to agree or disagree (see Appendix B). The scale takes between 15-20 minutes to complete and is easily scored. Reliability data on the C.A.S. were collected from three different groups: 11 trainees on the University of Aston 1972/73 year-long postgraduate Counselling course; 30 trainees on the City of Birmingham College of Education 1973/74 year-long Health Education and Counselling Course; a 25 student group on the University of Birmingham's 1973/74 one-evening-a-week Introduction To Counselling extra-mural course. The test-retest reliability coefficients for the scale were consistently high for all the groups for periods ranging between one week and three weeks, being of the order of 0.89. Odd-even split - half reliability coefficients were also high and ranged between 0.94 and 0.75 when corrected for attenuation. Construct validity was measured by asking four counsellor

trainers from the University of Illinois to answer the items as they would expect them to be answered by a client-centred counsellor. Two of these had 2 disagreements each with the scoring key; one had 6 disagreements and one had 10 disagreements. Nelson-Jones and Patterson (1974) believed that these results demonstrated reasonable construct validity. It can be seen that the C.A.S. has some claim for being a reliable and valid instrument.

The counsellor's scores on this measure have already been reported in Chapter IV. The results showed that he scored sufficiently highly to be regarded as basically client-centred in attitude.

A further use of the C.A.S also related to Logan's (1972) fourth criterion, which asks for evidence that the control group did not receive the same treatment as the experimental group. It was mentioned in Chapter I that all boys entering the Unit were involved in the personal counselling system operational in the School. It was possible that this could have acted as a confounding variable as it was conceivable that the boys in the control group may have experienced a highly client-centred relationship with their personal counsellor. This would have meant that they were not true control subjects, as they may have experienced the essential ingredients which, it was hypothesised, were the effective elements in the counselling programme for the experimental subjects. To guard against this, all members of staff who acted as personal counsellors to the boys in the study (either experimental or control) were asked to complete the Counsellor Attitude Scale. The score from the C.A.S. was one of the variables included in the "post hoc" analyses to see if there were any significant differences in the independent variables between the experimental and control subjects, which might have accounted for differences in the dependent variables at the end of this study, apart from the counselling programme offered to the experimental subjects.

It can be seen from the relevant section in the next chapter that the means for the experimental and control groups did not differ signifi-

cantly. The counsellor providing the client-centred counselling in this study scored more than five standard deviations higher than the mean for the combined staff scores on the C.A.S., which would suggest that he was very significantly more client-centred in attitude than any of the other staff.

Other Confounding Factors Related to Criterion Four

It was conceivable that during the experimental phase control subjects may have formed relationships with other persons apart from their personal counsellor which provided them with levels of empathy, warmth and genuineness. The fact that they were institutionalised during the experimental stage considerably limited the number of adults and peers with whom they were in close contact. Nonetheless, it must be accepted that high level (core conditions) relationships could have been formed with such people as ancillary workers, students on placement, and outside social workers. It seems impossible to control for such chance occurrences. Suffice to point out that compared to similar studies in the open community the opportunities for such chance relationships to be formed were much more limited.

This leads to another point; in an institutional setting there was considerable social interchange between experimental and control subjects which does not usually occur in studies in the open community. While in some ways this was ideal, in that the experimental and control subjects were likely to experience essentially similar environments throughout the experiment, (controlling for all sorts of confounding variables which might have arisen in the community), in another sense it gave rise to a possible confounding variable. The counselling offered to the experimental subjects could possibly have, to some degree, "rubbed off" on the control subjects through their close social interchange. As one of the goals for counselling was to produce more empathic, warm and genuine individuals, it is reasonable to assume that if this goal was achieved, then they might have influenced those with whom they lived (i.e. control subjects). Persons and Pepinsky (1966)

presented evidence that following 20 weeks of individual and group therapy (mixed therapeutic orientation), 30 of 41 incarcerated delinquents were judged to have been successfully treated. Twenty of these thirty successfully treated boys were shown to converge (become more similar) towards their therapists' personality traits, value patterns and behavioural routines. The question which must be asked in the context of this present study is: was it possible that "successfully" treated experimental subjects became in their turn "counsellor" to control subjects? While this is an interesting possibility it was not easily answered and became a confounding factor in the extrapolation of results.

Perhaps the greatest weakness in the design of this study was the fact that the same person was acting both as experimenter and counsellor. Apart from the obvious charge of experimenter bias a further problem arose in relation to criterion 4 which seeks evidence that the experimental subjects were receiving treatment which the control subjects were not. As experimenter, it was necessary to administer almost all the dependent measures as well as independent measures, such as intelligence and personality testing. To do this it was essential to see all the control subjects for at least two one and a half hour sessions at the pre-test stage and for a similar period at the post-test stage. It is a necessary part of psychometric testing to put the subject at ease and to give him some explanation for the testing. It also helped from the point of view of co-operation to spend some time in getting to know the subject and showing an interest in him. The experimenter spent approximately ten to fifteen minutes, before testing, chatting to the person and explaining things to him.

Gottman and Markman (1978) in their section on control groups suggested that testing sessions of even one interview can have therapeutic benefit to clients, and therefore, that the clients in supposed *no treatment control groups* may, in fact, be receiving some treatment. The design

of the present study was further complicated by the fact that as psychologist for the Special Unit the author had out-of-counselling contact with boys in both the experimental and control groups. This entailed supervising them in recreational activities and meeting them informally in the corridor, common room, etc. It did happen from time to time that boys approached him on such occasions with a particular problem. It would have been inhumane and unethical for him to refuse to talk to them on the grounds of experimental niceties. As these were casual meetings no permanent record of their frequency was kept.

The above points are one of the hazards of an applied study compared to a laboratory one. The fact that they could not be adequately controlled for must be accepted as methodological weaknesses in the study.

Measures of the Core Conditions from the Client's Point of View

Introduction. It was argued in Chapter IV that Roger's (1957) assertion that the client must *experience* the core conditions is central to his view of client-centred therapy. Therefore, any investigation into the outcomes of client-centred therapy which neglects to measure that the client actually experienced empathy, warmth and genuineness cannot be an adequate test of Roger's position. Supporting this position Barrett-Lennard (1962) argued that it is the client's experience of his therapist's response which is the primary locus of the therapeutic influence in their relationship. From this standpoint he made the logical presumption that it is what the client himself experiences that affects him directly. It follows that the relationship as experienced by the client is most crucially related to the outcome of counselling. He qualified the above position with the following statement:

Although it is not supposed that a client's conscious perceptions would represent with complete accuracy the way he experiences his therapist, it would seem that his own report, given under suitable conditions, would be the most direct and reliable evidence we could get of his actual experience, (Barrett-Lennard, 1962, p.2)

Truax and Carkhuff (1967) argued that by virtue of the fact of their patient-hood status, patients are unable to perceive accurately the nuances and affective qualities of interpersonal relationships, especially those of an intimate nature, as in psychotherapy. Based largely on this position much research with psychiatric patients has shown a marked tendency to rely on the objective ratings of non-participant observers as opposed to the patients' own ratings. Truax and Carkhuff (1967) did, however, accept that there may be value in looking at the relationship from the client's perspective in some cases such as:

Juvenile delinquents, outpatient neurotics, and a wide variety of vocational rehabilitation clients. (p.73)

In fact they produced their own version of a relationship questionnaire for the clients' use on the grounds that it can be more economical than the use of objective raters. They did, nevertheless, continue to argue that it is a significantly less valid procedure than the use of objective tape recordings.

The Barrett-Lennard Relationship Inventory

The most commonly used measure of the client-perceived therapeutic conditions has been the Barrett-Lennard Relationship Inventory (B.R.I.). This was the measure of choice in this study.

A recent account of the B.R.I. can be found in Gurman (1977) who gave a description of the content, scoring, validity, and reliability of the instrument. It is more up-to-date than the manual produced by Barrett-Lennard (1962) himself. The B.R.I. (Form OS-M-64) used in this investigation consists of 64 items and four main scales, these are: empathic understanding, unconditional regard, level of regard, and congruence (See appendix C). Each scale is represented by 16 items - eight expressed positively and eight expressed negatively. The items are arranged so that every fourth item taps the same variable. Positive and negative items for each version are equally distributed between the two halves of the test. The item content was derived from Roger's (1957) paper on the

conditions of therapy and from Bown's Relationship Sort (1954). A formal content validation was carried out to eliminate non-differential items. Five judges (client-centred therapists) were used in the categorisation of items as to whether or not they were an adequate expression of the therapeutic conditions which they were meant to represent.

Sample items from each scale are: (taken from Gurman, 1977)

1. Empathic Understanding (E) (see p.3)

"He realises what I mean even when I have difficulty in saying it"
(Positive)

"He may understand my words but he does not see the way I feel"
(Negative)

2. Level of Regard (R) (see p.9)

"He respects me as a person" (Positive)

"He finds me rather dull and uninteresting" (Negative)

3. Unconditionality of regard. (U) (see P.5)

"How much he likes or disliked me is not altered by anything that
I tell him about myself" (Positive).

"His interest in me depends upon the things I do or say" (Negative)

4. Congruence (C) (see P.4)

"He is comfortable and at ease in our relationship" (Positive).

"I feel that he puts on a role in front of me" (Negative).

Each item calls for a choice of one of six possible levels of agreement ranging from +3 to -3. That is from "I strongly feel that it is true" to "I strongly feel that it is not true". A face-value weighting of the response to each item allows each response for a variable to either add or detract from the total score on that scale, according to the direction of its theoretical meaning. Thus, on theoretically negative items, the sign is reversed. This method yields a possible scoring range of +3N to -3N, where N=16 items per subscale.

The stability of the B.R.I. has been assessed in 14 studies of inter-

nal reliability and in 10 studies of test-retest reliability (Gurman, 1977). The split-half reliabilities for each of the B.R.I. subscales and the B.R.I. overall score (T) are uniformly high. The mean internal reliability coefficients across these studies are: E, 0.84; R, 0.91; U, 0.74; C, 0.88; and T, 0.91.

Reports of the mean test-re-test reliability correlations were: E, 0.83; R, 0.83; U, 0.83; C, 0.85; and T, 0.90.

The therapeutic conditions measured by the B.R.I. are theoretically assumed to represent different aspects of the counsellor's manner of relating to the client, but to be, nevertheless, conceptually related to each other to some degree. Barrett-Lennard (1962) argued that counsellor congruence would set upper limits, particularly to the level of his empathic response, and, in addition, affected qualities of regard and unconditionality. In this sense congruence is seen as the primary condition for the communication of warmth and empathy. Thus, in a statistical framework, one would predict significant moderately positive correlations among these conditions. Gurman (1977) presented a summary of studies which have reported intercorrelations among the B.R.I. scales. Three trends emerged from these studies: (1) among E, R, and C, there is a moderately positive degree of inter-relationship or, stated otherwise, these dimensions appeared to be relatively dependent. (2) U bears a very low relationship to the other conditions. (3) E, R, and C were all either moderately or highly related to T, whereas U accounted for the least variance in T among the four scales.

However, the generally high degree of concordance between E, C, and R subscales found in the studies based on interscale correlations were not supported by the results of studies based on item correlations (Gurman 1977, p.513). These studies based on properly conducted factor-analytic techniques indicated that the B.R.I. tapped more than just the two factors suggested above (i.e. a conglomerate of C, E, and R and a second of U) but in fact measured a number of dimensions quite con-

sistent with Barrett-Lennard's original work on the inventory. The data also backed up Barrett-Lennard's stress on the two distinct aspects of regard - the level of regard and the unconditionality of regard. These findings represented a development from Roger's original concept of respect and unconditional positive regard and has been, in this sense, a refinement leading to greater specificity.

A literature search revealed two studies which have used the B.R.I. with delinquent populations. Balpaire and Archambault (1973) looked at the relationship between delinquent boys (no numbers or ages given) and their teachers using B.R.I.; this study was written in French and the author was unable to obtain a copy but Gurman (1977) presented figures for split-half reliabilities for the various scales of the measure (see table 6.1) which would suggest that the boys were able to use the inventory in a consistent manner.

In the second study Ferris (1978) used the B.R.I. to look at the relationship perceived by delinquent boys (N=36, mean age 14 years 3 months) and their housemasters at a training school in Northern Ireland. He related this to their delinquent attitudes as measured by the Asocial Index of the Jesness Inventory (Jesness, 1966). He was able to show an inverse relationship between the total relationship score and the Asocial Index, in that the house unit which offered the greatest degree of relationship also appeared to produce the most significant positive change in attitudes and to have the lowest absconding rates. The fact that Ferris was able to show meaningful results would seem to be some indication of the suitability of using the B.R.I. with a delinquent population. This study was of particular relevance because the subjects were from one of the feeder schools to Lisnevin Special Unit and, therefore, likely to have had a very similar background and ability range to the subjects in this present study.

By way of a pilot study for this current investigation the author (Lockhart, 1975) used the B.R.I. with seven boys from Lisnevin. He was

looking for a relationship between the boys' perceived level of relationship with his personal counsellor and the counsellor's ability to rate the concept "myself" (referring to boy) on the Osgood Semantic Differential (Osgood et al., 1957) as he thought the boys would rate it. It was argued that the degree of similarity between the boy's and the counsellor's rating of "myself" could be regarded as an index of the counsellor's ability to enter the boy's frame of reference - to be able to see the boy from his point of view. It was hypothesised that there would be a positive relationship between the B.R.I. ratings and counsellor's ability to enter his counsellee's frame of reference.

None of the correlations in the study reached statistical significance, but the trend was in the predicted direction for level of regard (R), unconditionality of regard (U), congruence (C) and the total relationship score (T), but not for empathic understanding (E). In discussion of the results, Lockhart suggested a number of reasons why the results failed to reach statistical significance. The main reason was probably the very small number of subjects involved (N=7) which would have required high correlation coefficients to reach statistical significance. A further possibility was that the B.R.I. was too sophisticated for use with boys in the study and, therefore, not a valid instrument with this range of subject. To test whether the boys were able to use the instrument in a consistent manner, split-half reliability coefficients (using the Spearman-Brown formula for correction) were calculated. The results are presented in table 6.1, along with results from the Belpaine and Archambault (1973) study.

TABLE 6.1 : Split-half reliability coefficients for the Barrett-Lennard Relationship Inventory

AUTHOR	E	R	U	C	T
Belpaine & Archambault (1973)	0.91	0.92	0.49	0.90	-
Lockhart (1975)	0.65	0.92	0.33	0.73	0.73

It can be seen that the Lockhart results were generally lower than those of Belpaine and Archambault. Nonetheless, there appeared to be sufficient grounds to proceed with the use of the B.R.I. in this study, albeit with certain reservations as to its reliability and validity. It will be noted from Table 6.1 that both the Belpaine and Lockhart studies show very low reliability coefficients for the unconditionality of regard (U) scale which may indicate that some delinquent subjects experience particular difficulty in understanding or responding consistently to items from this scale. The reliability coefficients reached more acceptable levels for the other scales.

Summary of use in this study

At the end of the twenty-eight week counselling period each subject in the experimental group was asked to complete the B.R.I., with respect to how they perceived their relationship with the counsellor during counselling. Test administration was conducted by a Senior Research Officer, based at Whitefield House, and therefore, relatively unknown to the subjects.

Carkhuff Ratings of the Counsellor from Tape Cassettes

In Chapter IV the author was very critical of the Truax and Carkhuff (1967) and the Carkhuff (1969) rating scales which use objective, independent judges to rate the levels of the core facilitative conditions. These criticisms were based on a number of grounds and are worth summarising. Firstly it was argued that for a true test of the Rogerian position on the "necessary and sufficient conditions" it is what the client *experiences* himself which is of importance and not the ratings of the conditions by independent judges. Secondly, there are serious doubts about the validity, reliability and sampling methods of the scales themselves. Not only are the scales very *subjective* in nature in spite of their claims to be objective, but there is strong evidence of counsellor variability within and between sessions which is not adequately accounted for by present sampling methods.

Nevertheless, because much recent research has used the scales as a method of measuring the levels of the facilitative conditions available to clients, it was decided to do so in this study for the purposes of comparability. At first it had been planned to tape-cassette every counselling session with each subject and to draw random samples from these for rating. However, the pilot study showed that this was not practical as many of the subjects were likely to be extremely suspicious of being recorded, which in turn was likely to affect the whole counselling relationship. There were also problems of unclear regional accents affecting the quality of recording and the heavy expenditure involved in taping every session. Instead it was decided to follow a precedent set by Truax, Wargo and Silber (1966) who provided ratings of the counsellors in their study from outside the actual study itself. Their aim was to show that their counsellors were capable of providing minimally facilitative levels of empathy, warmth and genuineness, which was exactly the same aim for using objective ratings in this study. It was, therefore, decided to record counselling sessions between the present therapist and clients who were not actually subjects in the study.

The plan was to obtain recordings for up to ten sessions with each of three clients and then to take samples from each session for rating. Unfortunately even this plan met with serious, unforeseen difficulties. It would appear that suspicion over having anything recorded is a particularly strong trait in Northern Ireland. Three clients were located who were willing to engage in counselling - however the only client to come for ten sessions changed his mind and refused to be recorded! The other two clients who agreed to be recorded only came for two sessions each! The first client was a male university student in his early twenties, who was an out-patient in the Department of Mental Health, Belfast City Hospital. Unfortunately, just after his second counselling session, his psychiatrist advised him to leave university and to return home and thus this contact was severed. The second client was a middle-

aged lady who was a voluntary referral with the Probation and After-Care Service. After her first session she regained employment (after many abortive attempts), and she came back several weeks later for a second session during which she concluded that she was now 'coping' very much better and would not require further counselling. Accordingly, instead of having approximately 30 sessions recorded for rating - only 4 were eventually available. It was decided that in spite of these limitations, the four sessions were fairly typical of the counsellor's style in introductory counselling relationships and were sufficient for the purposes of providing a valid sample of his ability to provide the core facilitative conditions.

Procedure. A tape containing 12 three minute samples of the four counselling sessions was prepared by an undergraduate Psychology student who was on a fieldwork placement with the experimenter. He was given the four cassettes and instructed to choose, at random, samples from each third of each session - making 12 samples in all. The order of presenting each sample was determined by using a table of random numbers. The only other instructions given to the student were: to start each random sample with a statement made by the client and to make each sample last for at least three minutes without overlapping with the next tape extract.

When the final tape containing the 12 samples was available, it was sent to Dr. Nelson-Jones at Aston, who in turn chose two raters (unknown to the experimenter) to rate each sample using the Carkhuff (1969) Scales for Assessment of Interpersonal Functioning (see Appendix C). The scales used were those for Empathic Understanding, the Communication of Respect, and Facilitative Genuineness. Both assessors were graduates of the University of Aston Postgraduate Counselling Course and so they were already familiar with client-centred concepts and the nature of the scales. (No information is known about their own counselling experience). Both assessors rated the samples independently and on

two occasions - each occasion being separated by approximately one week. The mean rating between assessors and over the 12 samples was used in reporting the results for each scale, (see Chapter VII).

Reliability. Carkhuff (1969) claimed good validity and reliability for his scales. However, an attempt was made to establish the reliability of the scale in the present circumstances, first by computing the inter-rater reliability for the two assessors and secondly, by calculating the mean test/re-test reliability for both assessors. This was done using the Pearson Product Moment correlations. The results are shown in table 6.2.

Table 6.2 : Reliability Coefficients for the Carkhuff Scales for Assessment of Interpersonal Functioning

Scale	Mean Test/Re-Test Reliability	Inter-rater Reliability	Observer A Test/Re-Test Reliability	Observer B Test/Re-Test Reliability
Empathy	0.59	0.18	0.71	0.47
Respect	0.26	0.41	0.36	0.16
Genuineness	0.44	0.51	0.66	0.22

All the reliability coefficients were very low, which was a disappointing result. Obviously with such low reliability between raters, the value of the scales in the context of this study must be seriously questioned. There could be a number of reasons for such a result - apart from weaknesses in the construction of the scales themselves. For instance, the small number of samples may have had an effect, as could the nature and quality of the samples. It is interesting to note that both assessors, in written comments on their tasks, stated that they found difficulty with the Ulster accents and to assess "counsellor qualities" from 3-minute excerpts which lacked context and continuity. It is also apparent from Table 6.2 that Observer B had particular low Test/Re-test Reliability, which may indicate that he had not clearly grasped how to use the scales. This point is further emphasised when one realizes that for two out of the three

scales there was greater reliability between Observer B and Observer A than there was for Observer B with himself on the two test occasions. Nonetheless, Truax and Carkhuff (1967) similarly found very low reliability coefficients in reporting the reliability of similar scales across 24 separate studies - in one case it was found to be as low as 0.25! On the other hand, they also reported reliabilities as high as 0.95. It would seem that the reliability of the scales varies considerably - depending upon the actual assessors, their amount of training, and the contexts in which the scales are used.

DEPENDENT MEASURES USED IN THE STUDY

Preliminary Considerations. It is now generally accepted that *multiple* change measures are necessary to measure outcome, but unfortunately such multiple measures rarely yield unidirectional results. For example we find in studies using multiple criterion measures (e.g. Ross and Proctor, 1973) that a specific treatment used to reduce seemingly simple fears may result in a decrease of behavioural avoidance of the feared object while not affecting the self-reported lack of discomfort associated with the feared object. Likewise, a physiological indication of fear may show no change in response to a feared object as a result of treatment while improvement in subjective self-report will be marked. This means that divergent processes are occurring in therapeutic change; that people themselves embody divergent dimensions or phenomena; and that divergent methods of criterion measurement must be used to match the divergency in human beings and in the change processes that occur in them. The available evidence from research studies (c.f. Bergin and Lambert, 1978) would suggest that there may often be a lack of consensus between these criterion measures. Strupp and Hadley (1977) in a discussion of therapeutic outcomes emphasised the multiple effects of psychotherapy and the need for a conceptual model in evaluating the diverse changes that result from psychotherapy. They presented a tripartite model which suggests that we view outcome from the vantage point of *society*

(behaviour), the *individual* himself (sense of well-being), and the *mental health professional* (theories of healthy mental functioning). They suggested that these three views be assessed simultaneously.

It is clearly possible that a counsellee may report an increased sense of well being after counselling but still show no changes in behaviour. Within certain counselling settings this may be regarded as a perfectly satisfactory outcome from counselling and accordingly for the counselling to be judged successful. Within the context of this present study such an outcome cannot be viewed as satisfactory. The avowed aims of Lisnevin are to change unacceptable delinquent behaviour. Therefore, a young person who says he feels happier or more at ease with himself but who shows no decrease in anti-social or criminal behaviour cannot, from society's point of view, be regarded as having been successfully treated, no matter how much he himself feels to have improved.

In determining a hierarchy of change measures, using Strupp and Hadley's tripartite model, it is clear that, in our present context, behavioural measures must come first. Second, in priority, will be measures of how the individual feels he has changed and lastly measures designed to test the theoretical basis for the counselling model.

The widely recognised inadequacies of global personality measures of outcome has meant that they have been largely superseded with specific objective and subjective measures in outcome research (c.f. Kazden and Wilson, 1978). Typically, conclusions about treatment are drawn on the basis of comparing mean scores of clients receiving various treatment or control conditions. Statistical analyses then serve as the basis for concluding that groups differ. Yet, group differences in mean performance provide a limited criterion for comparing treatments or for evaluating a given treatment. Kazden and Wilson (1978) have pointed out that several other related criteria need to be considered,

including the importance of change, the proportion of treated individuals who change, the breadth of the changes, the durability of the change, the efficiency and costs of treatments, and consumer evaluation of treatment. These criteria are not necessarily subordinate to the commonly used criterion of group differences, particularly when making recommendations for individual treatment or policy decisions about treatment in general.

The above factors were borne in mind in selecting the outcome measures which were used in this study. Of paramount importance was the need to show that positive behavioural changes did occur and that these were of sufficient importance and durable enough to justify the cost and energy expended in providing individual client-centred counselling. Secondly, it was important to be able to show how the individual himself thought he had changed, with particular reference to his self-concept, relationships to others and attitudes to crime. The third task was to try to show how such subjective or attitudinal changes mediated behavioural changes in the context of client-centred theory and Roger's views on self-actualization.

Behavioural Measures

Reconviction Rates. Reconviction has sometimes been criticised as a crude or insensitive criterion of the effectiveness of a treatment programme (c.f. Burns, 1976), however, few will argue that it is objective and clear cut. Cornish and Clarke (1975) in their Home Office Research Study: 'Residential Treatment and its effects on Delinquency' argued strongly that reconviction rates are in fact the most important and realistic manner in which one can measure the effects of a treatment programme. They pointed out that while changes in attitude, self-concept, and so on are very interesting, the way in which most people would judge the effectiveness of treating young offenders is in terms of their ability to stay out of trouble with the law. It is because of their delinquent

behaviour and not their attitudes that children come to the attention of the authorities and are committed to residential programmes. They suggested that research indicates that post-programme *recidivism* is actually a *good index* of poor adjustment in many other areas of a person's life. Glueck and Glueck (1934) commented:

... success or failure as measured by post treatment recidivism is so highly reflective of success or failure in such other major fields of activity as industrial life, the meeting of family obligations, use of leisure, etc., that for practical purposes success or failure in respect of criminality may be used as a satisfactory index of success and failure in all major respects.

Recidivism can be measured in a number of ways but the clearest and most *objective* manner seems to be in terms of reconviction rates in law courts. While this obviously omits any recidivist who avoids detection it is difficult to see how any valid measure could be taken in such cases.

In this study a one year follow-up measure of reconviction rates was taken, from the time of termination of counselling, for all boys participating in the study. One year appeared to be a practical period for such an investigation. While it was hoped that the effects of counselling would extend beyond one year it was expected that the effects should become apparent during this time. Therefore, reconviction over one year after counselling ended was the major measure, with reconviction up to date (i.e. when the data were collected in November 1980) being a secondary source of information about the duration of effects of counselling. (This period ranged over different lengths of time for each subject depending upon when they entered the programme).

Criminal Record Sources. The data on convictions were obtained from the Criminal Records Office, Royal Ulster Constabulary, Belfast. This information was obtained through the auspices of the Social Research Division, Department of Finance, Stormont. It consisted of a photostat copy of the full criminal record for each subject as it appeared in

November 1980. This copy gave information concerning the nature of the criminal charge, the number of separate charges, the name of the court, the date of the court, and the sentence given on each charge. In addition, written in by hand, was information about the date of the committal of the offence; this was obtained, where possible, from the original summons sheet by Social Research Division personnel.

The criminal records contained information supplied from courts in the United Kingdom, including the Isle of Man. Information about offences committed in the Irish Republic was rarely included. However, where firm documentary evidence existed on the files of Lisnevin School that criminal convictions had taken place in the Irish Republic this information was also calculated in the final tally of offences.

Definition of Criminal Convictions. West and Farrington (1973)

defined juvenile delinquency convictions as:

... findings of guilt for offences normally registered in the C.R.O. This meant excluding minor non-indictable traffic offences and breaches of regulations, as well as appearances for non-attendance at school, for care and protection proceedings, or for non-payment of fines. Breaches of conditional discharges, probation orders, or attendance centre orders were also excluded. These exceptions were necessary in order to avoid one criminal offence being counted as two convictions, thereby exaggerating the statistics of recidivism. Moreover, minor traffic offences not counted as convictions could result in breaches. (P.24)

This present study followed the above criteria with the exception of including all traffic offences which had been committed in association with the theft of a motor vehicle. While this served to inflate the number of offences committed, it was considered that an important difference in criminal intent existed between a person stealing a motor vehicle, driving without licence and insurance etc. and a person prosecuted for driving with defective tyres or over the speed limit, but who was otherwise legally entitled to drive the car. In fact, only four instances of traffic offences appearing on the criminal record were excluded from the analysis. These were: failure to wear a

crash helmet, failure to maintain car in roadworthy condition, jay walking and 'L' driver unaccompanied. Drunkenness and offences associated with drunkenness, for example 'failure to quit licenced premises' were included as criminal offences.

Offending rate. Much research into the treatment of young offenders has used recidivism, as reported by C.R.O. as an outcome measure. However in almost all cases (c.f. Cornish and Clarke, 1975; Hammond, 1968; McKay, 1967; and Simon, 1971) they have reported reoffending as a simple dichotomous variable. That is on a simple measure of whether or not the young person has reoffended. This seems to be unnecessarily crude and insensitive, (as is admitted by a number of authors quoted above). While a complete stop to offending is obviously the ultimate measure of success in the treatment of offenders it is very rigid. Most people would regard a reduction in offending rate as a very highly desirable goal in itself even if the offending had not completely stopped. For example, if a young person were to be found guilty of a long series of burglaries but was then observed to be guilty of only a minor shop-lifting charge, during a period of follow-up after treatment, surely this would be seen as an indication of success which would be masked by a dichotomous measure? The use of a continuous variable, such as offending rate, also makes the use of sophisticated statistical techniques more meaningful.

Accordingly the rate of offending was calculated in this study. This meant examining the criminal record for specific time periods and counting the number of separate charges, for which the person had been found guilty, during this time. This included charges which were taken into consideration at the time of the court appearance, but for which no specific sentence was given. The time periods for which the offences were counted were as follows:

Period 1 = one calendar year before the pre-test on entering
Lisnevin.

- Period 2 = one calendar year after the post-test.
- Period 3 = during the experimental period in Llisnevin
(usually 28 weeks).
- Period 4 = from the first entry on the criminal record until
the pre-test date. Mean = 2.4 years. S.D. = 1.6
years. (range: 3 months - 5 years 10 months).
- Period 5 = from the post-test date until November 1980.
Mean = 2.5 years. S.D. 1.1 (range: 1 year -
4 years 3 months). Note: Boys whose follow-
up period extended beyond November 1980 were
measured for only one year after post-test.

Analysis. Analysis of Covariance (SPSS Version 7) was used to compare the scores of the experimental and control groups over time period 2 using period 1 as a covariate. Similarly, period 5 was compared for both groups using period 4 as a covariate. Subjects' scores on periods 1, 2, 4 and 5 were converted to standard scores and used in the calculation of composite outcome scores and regression analysis.

Seriousness of Offence

In contrast to the example given earlier in this section an alternative situation could be for a young person to be found guilty of a series of burglaries before treatment and during a follow-up period to be guilty of only one offence, but a more serious one such as robbery with violence. In this situation the actual rate of offending may have decreased but this could hardly be viewed as evidence of success if the offences, although diminished, were more serious.

The problem of measuring the seriousness of offending is a much more difficult one than measuring the rate of offending. It is hard to find suitable criteria by which seriousness might be determined. In the case of an adult the severity of a court sentence might have been used as an indication as to how serious the judge or magistrate believed the case to be. However, with juveniles in Northern Ireland the major custodial

sentence, the Training School Order, is indeterminate in length and can be given for a very wide range of offences. It is unlikely that many people would view a Training School Order for non-attendance at school as more serious than a Probation Order for burglary.

Sellin and Wolfgang (1964) developed a scale for measuring the seriousness of various types of juvenile offences. Although their work was primarily aimed at constructing an index to measure the incidence of juvenile delinquency in a community rather than as a criterion of behaviour which would be used for individuals, their results also have application to the latter purpose. After thoroughly exploring the problems of measuring criminality, Sellin and Wolfgang developed a scoring system (based on ratings by students, police, and juvenile court judges in Pennsylvania) for scaling the seriousness of certain kinds of delinquent events (those involving physical injury to a victim, property theft or damage). The total of scores for such events formed a delinquency index, but the score for any one event could also be attached to a participant offender, thus measuring the seriousness of his offence. The criminality of an individual over any given period of time could be measured by summing the scores for his offences during that time.

Unfortunately it was not possible to use the sophisticated Sellin and Wolfgang scale in this study for two major reasons. Firstly, the problem of relating two independent criminal justice systems and their different ways of categorising crimes was too great. Secondly, the information available from criminal records was too limited to allow for the discrimination required by the Sellin and Wolfgang index.

In the absence of a properly validated scale of seriousness it was necessary to devise an index which could make use of the limited information available from criminal records and yet add to the simple frequency count of offending described earlier. An annual publication:

Social and Economic Trends in Northern Ireland (H.M.S.O., 1980) was of help in this respect. It presented statistical information concerning juvenile convictions and court sentences. In doing so it broke down juvenile crime into seven categories, namely: burglary and robbery, offences connected with motor vehicles, disorderly behaviour, theft and handling stolen goods, malicious damage, assaults, and other offences. It was apparent that the information on offences gained from individual criminal records allowed offences to be assigned to one or other of the above categories. Accordingly it was possible to tell how many discreet offence categories in which a given individual had committed offences during a certain period of time. It was arbitrarily decided that a person guilty of offences in more than one category was likely to be a more serious offender than persons who had committed offences in only one category. The justification for this decision was based on personal experience and the suggestion by Farrington and West (1973) that:-

*more seriously delinquent behaviour tends to go
hand in hand with more convictions (p.19)*

They argued that serious juvenile offenders were likely to have committed offences over a wide range of categories and that it was rare for a serious offender to have committed offences in only one category. Using this rationale it was decided to assign to each subject a score which related to the number of offence categories in which he had committed offences. Thus a non-offender was given a score of 0, an offender who committed offences in only one category was assigned a score of 1, an offender with offences in two categories a score of 2, and so on. This gave an offence seriousness scale with a minimum of 0 and a maximum of 7.

The time periods for which offence seriousness was calculated were the same as for the rate of offending namely:

Period 1 = one calendar year before the pre-test on
entering Lisnevin.

- Period 2 = one calendar year after post-test.
- Period 3 = During the experimental period in Lisnevin
(usually 28 weeks)
- Period 4 = From the first entry on the criminal record
until the pre-test date.

Note: Boys whose follow-up period extended beyond November 1980 were measured for one year after post-test.

Analysis. Analysis of Covariance (SPSS Version 7) was used to compare the scores of the experimental and control groups over time period 2 using period 1 as a covariate. Similarly, period 5 was compared for both groups using period 4 as a covariate.

Subjects' scores on periods 1, 2, 4, and 5 were converted to standard scores and used in the calculation of composite outcome scores for regression analysis.

Period of Time Institutionalised during 1 year follow-up

In their study into the effects of group psychotherapy with female institutionalised delinquents Truax et al. (1966) showed that the experimental subjects were significantly better at *getting out* and *staying out* of the institution than controls during a one year follow-up period.

A similar measure was taken in this study. Thus the time in months during one calendar year from the date of post-test in which a subject was institutionalised, or in some form of restrictive custody, was ascertained. This included the time spent in Lisnevin, time in borstal, or time in prison. This information was readily available from the subject's file in Lisnevin which was kept up to date by the after-care officer. Information on subjects beyond the one year follow-up period became more unreliable and difficult to ascertain and was, therefore, not used in any further analysis of outcome.

The period institutionalised included periods of casual leave, such as weekend, Christmas and summer leave. It did not include 'extended' leave, whereby a subject was released home on a trial basis, usually for a period of weeks, before being finally released from the school on licence. However, in cases where the trial period broke down and the boy had to be returned to school the time spent at home was not excluded from the calculation of the time spent institutionalised nor were periods when a subject was 'unofficially' missing from the school through abscondings. Thus the time out of the institution was only calculated for periods when the subject was officially absent from the school and which were *always* followed by the official licencing procedure of the school.

The time spent institutionalised was calculated in months to allow for comparison with the length of time in institutions before entry to Lisnevin which was only available to the nearest month. In the calculations fractions of a month were converted to whole months according to the following criteria. If the period was greater than 15 days then this was uprated to one month, if the time was less than 15 days then it was downrated. Thus for example, a subject who was institutionalised for 8 months and 7 days received a score of 8 months, whereas a subject who spent a period of 8 months and 20 days in the institution was given a score of 9 months.

As psychologist to the Special Unit the experimenter was in a position to have some influence on release dates. However, he made every effort not to express his opinion at case conferences, and the like, on the suitability of a candidate for release during the one year follow-up period, but instead tried to restrict his contribution to presenting any factual information required of him.

Validity. Apart from the Lisnevin files no other reliable source of information was available with which to **cross-validate** the measure.

An effort was made to check periods of institutionalisation with criminal record information. Unfortunately, while the date of sentence was always given on the criminal record the date of release was not always given nor were periods spent on remand awaiting sentence. Thus the validity of the measure depended on the accuracy of the Lisnevin records. There was no reason to believe that they were inaccurate.

Behavioural Composite Measure

There appeared to be an advantage in having an *overall* measure of outcome composed of the main behavioural measures used in the study. Using this measure it would be possible to determine the most changed and the least changed subjects. This 'global' measure of change would facilitate the interpretation of results. The composite measures could act as a criterion variable on which to regress various independent variables and thereby find out which variables accounted for the greatest variation in the criterion. This information would help determine the significance of such factors as: counselling, intelligence, number of previous offences, and the like; in the prediction of overall behavioural change.

At first it was considered having two composite measures of change - each representing the different follow-up periods used in the study. The first version would have measured the rate and range of offending over the one year follow-up period plus the length of time institutionalised during that period. The second version was to measure the rate and range of offending up until November 1980 (range 1 year to 4½ years) plus the length of time institutionalised during the one year follow-up period. Version 2 yielded additional and important information which was not included in version 1, and yet included all the information of version 1. It was, therefore, decided to adopt version 2 as the sole composite measure of outcome and to use it as the criterion in the multiple regression analyses.

Procedure. The scores for each subject on each of the three variables for the composite score were converted to *standard scores*, based on the means and standard deviations for all 40 subjects. This process was easily accomplished by computer. The composite scores were then calculated according to the following formula:

$$\begin{aligned} \text{Behavioural Composite Measure} &= \text{Offending rate (until Nov. 1980)} \\ &+ \\ &\text{Offence range (until Nov. 1980)} \\ &+ \\ &\text{Length of Institutionalisation} \\ &\quad (1 \text{ year}) \end{aligned}$$

This meant that the lower the score achieved by a subject the better in terms of behavioural outcome. These composite scores were used as the criterion outcome scores for the multiple linear regression analyses.

MEASURES OF SELF-CONCEPTION AND OTHER PHENOMENOLOGICAL INDICES

In a chapter considering counselling research Kemp (1970) argued that an investigator's research design should be congruent with the assumptions and methods he uses; he further stressed that this is particularly the case when it comes to deciding what outcome measures to use in determining client change due to therapy. To do this one must look at the goals and aims of counselling and what changes are likely to be affected. This has already been discussed at length earlier in this Chapter and in Chapter IV, where it was stressed that behavioural changes must be the prime aim for counselling in the Lisnevin context. However, Rogers (1965) emphasised that consequent to client-centred counselling certain changes in the personality or self-structure would occur. Snygg and Combs (1949) claimed that one of the criteria for effective therapy is a change in a client's meanings, especially with respect to the phenomenal self. Sullivan (1953) added the importance of changes in the meaning of the father and mother figures which occur during therapy. Others such as Thompson (1974) and Mulligan (1979) have stressed the importance, in the determination of delinquent behaviour, of how the person believes himself to be perceived by others, such as

peers and authority figures.

Two instruments were developed in order to measure changes in aspects such as: the self-concept, evaluation of significant others, and personal constructs. These were specially tailored forms of the Semantic Differential and Repertory Grid Techniques.

The Semantic Differential

Charles Osgood published the first formulation for the semantic differential method in the Psychological Bulletin in 1952. Since then, use of this method of measuring meaning and attitudes (Osgood, Suci, and Tannenbaum, 1957) has increased considerably and has been applied in many areas including social psychology, educational settings, marketing, and cross-cultural studies. Finstuen (1977) in a survey of 751 published semantic differential studies stated that 19.7 per cent of its use has been in the area of counselling and clinical psychology - often in the study of therapy. The technique measures meaning, an intervening variable, explicitly defined as *a representational mediation process*, a learned state, that is elicited by *signs* (stimuli) and constitutes their *significance*, and that initiates overt responses (linguistic and non-linguistic) and constitutes their *intention*. The subject's overt responses to the Semantic Differential serve as an operational index of the *representational mediation process* or meaning. The construct of meaning is derived from a general conceptual scheme presented by Osgood, et al. (1957).

The original goal of the Osgood research was to see whether human beings' "connotative" meanings for a very wide variety of concepts might be construed as involving a limited number of meanings. More recently the label "connotative meaning", which has proved to be ambiguous and misleading, has come to be replaced by the label *affective* or *emotional*, with the agreement of Osgood and his co-workers. Factor analytic studies of the Semantic Differential have yielded relatively pure factors of the construct of meaning (Osgood, et al. 1957). The scales used in these

factor analyses have generally been shown to fall into three main clusters identified as *Evaluation*, *Activity*, and *Potency*. These have been taken to represent the three major dimensions of meaning (usually accounting for more than 60 per cent of the total variance, with about 70 per cent of the common variance due to the evaluative factor). A more recent factor analysis on scales developed specifically for use in clinical settings to measure such concepts as "How I see myself", "graduate students in psychology" and the "institutionalised patient" and reported by Aronson (1979), broadly supported the Osgood et al. findings. He found that three factors accounted for an average of 53 per cent of the total variance. The percentage of common variance accounted for by factor one ("general - evaluative") varied between 50 and 52 per cent, across administrations. Factor two ("active independence") accounted for 31 to 34 per cent of the common variance, while factor three ("passive-acceptance") accounted for 16 to 18 per cent of the common variance.

The Semantic Differential technique employs a multidimensional approach and is considered to be relatively free from response biases. The subject is asked to rate each of several *concepts* on each of a number of bipolar adjective scales. A concept can refer to a specific person or object, for example, MYSELF AS I AM NOW or MY FATHER, or its referent can be more inclusive, for example, POLICEMEN or TEACHERS, or it can refer to more abstract ideas, such as MY FUTURE LIFE or BURGLARY.

The particular form of Semantic Differential used in this present study was derived from those used in two earlier studies by Endler (1961) and Thompson (1974). Endler used his Semantic Differential to measure changes in meaning during psychotherapy. His subjects were 22 college students who were seen for a median of 19 sessions by eight counsellors of different theoretical orientations. The main concepts on which he looked for change were ME, MOTHER, and FATHER. The results indicated that there were significant changes in the evaluative meaning of self concept (ME),

and that changes in the evaluation and activity meanings of the self concept were significantly related to estimated improvement. Changes in the potency meaning of the mother concept and the activity meaning of the father concept were significantly related to estimated improvement. Thompson (1974) used the Semantic Differential technique to compare well-adjusted, maladjusted, and delinquent first year pupils as identified by their teachers. These pupils were asked to complete Semantic Differential scales on which they rated such concepts as MYSELF, MY MOTHER THINKS I AM ..., MY TEACHER THINKS I AM ..., and MY FRIENDS THINK I AM... The investigation was repeated for most of the same pupils in the fourth year. There was little difference in the self-evaluation of the three groups, but interesting differences emerged between the groups as to how they believed others saw them.

The final version of the Semantic Differential used in the present study was developed from two earlier versions used in the Pilot study. Each subject was asked to rate twelve concepts on ten, seven point bipolar rating scales. They did this on two occasions at pre-test before the experimental period and then again at post-test. (A copy of the instructions to subjects and a sample concept can be found in Appendix B). The concepts which were rated were:-

1. A KING (Trial item)
2. MYSELF AS I AM NOW
3. MY FUTURE LIFE
4. BURGLARY
5. MY MOTHER
6. MY FATHER
7. TAKING CARS
8. MYSELF AS I WOULD LIKE TO BE
9. A STEADY JOB
10. LISNEVIN STAFF
11. A POLICEMAN
12. MYSELF AS OTHERS SEE ME

The bi-polar scales used in the Semantic Differential are also listed below. The factor on which the scale was most heavily loaded is in parenthesis. The order of presentation and the polarity were, with the exception of the first item 'good - bad', randomly allocated.

1. Good - bad (evaluative)
2. Fast - slow (activity)
3. Weak - strong (potency)
4. Unreliable - reliable (evaluative)
5. Dirty - clean (evaluative)
6. Small - large (potency)
7. Unhelpful - helpful (evaluative)
8. Foolish - wise (evaluative)
9. Cruel - kind (evaluative)
10. Noisy - quiet (activity)

As the instrument on this occasion was to be a measure of attitudes, the majority of the scales (six out of ten) were selected to represent the evaluative dimension. This is the factor which accounts for the largest percentage of the variance and has been identified as the attitudinal component of meaning. The other four scales, two representing the potency dimension, and two the activity dimension, were initially included in order to prevent the subjects from identifying the purpose of the instrument too clearly. While five of the six evaluative scales were taken from Thompson (1974) all the scales were checked against tables provided by Osgood et al. (1957) to determine their highest factor loading. Osgood et al. (1957) have shown that the factors on which scales load vary according to the concept being rated. Evidence also exists that when judging particularly highly or lowly evaluated concepts all scores should tend to rotate towards the single dominant evaluative dimension. However, in the present context, the assumption has been made that the six scales selected to represent the 'evaluative dimension did indeed do so.

Scoring. Osgood suggested the use of two types of measures:

(a) factor scores, and (b) 'D', or generalised distance, scores which indicate the overall distance between profiles. Warr and Knapper (1968) amongst others, have criticised the use of the D statistic, as the formula can result in the same score being derived from a number of different relationships between profiles. They have stated their preference for analysing differences between sets of responses to each scale. However, this is a fairly time consuming procedure. A third method is that used by Thompson (1974) and supported by Morrison and Teta (1978) whereby a *Total Evaluation* score is obtained by summing the ratings on each concept on all the evaluative scales. This is a very simple and quick procedure and was the one adopted for use in this current study.

Analysis. It was possible to predict the direction of positive change on the total evaluation score on each of the eleven concepts contained in the Semantic Differential (the twelfth was a trial item). The post-test results for the experimental and control groups were analysed to test for differences using the MANOVA programme (SPSS 1977). This is a generalised multivariate analysis of variance and covariance programme which will perform univariate and multivariate linear estimations and tests of hypotheses on a vector of dependent variables simultaneously. The pre-test scores on each concept were used as covariates. The general form of the analysis was:

[V1 (Post) to V11 (Post)] By [Group] with [V1 (Pre) to V11 (Pre)]
dependent variables exp. or control covariates

Using this method it was possible to test for differences between the experimental and control groups at post-test on all eleven concepts combined.

A further, more simple score, was derived for all eleven concepts as a whole. This involved determining whether the change score for each subject from pre to post-test, was in the direction of that hypothesised

for each concept. If so, the magnitude of the change was recorded as positive, if not, it was recorded as negative. The scores for each concept were then summed across all eleven concepts to give an overall *Semantic Differential Change Score*.

Validity. Osgood et al. (1957) have pointed out that the validity of the Semantic Differential technique rests primarily on its face validity. This means that the distinctions which the Semantic Differential provides correspond with those one would make without the aid of the instrument.

Studies which have used the Semantic Differential as a method of measuring outcomes of psychotherapy, such as Endler (1961), and Morrison and Teta (1978) have been able to relate changes on the Semantic Differential scores with other independent outcome measures of therapy. This, they have argued, is a good indication of its validity.

Reliability. Osgood et al (1957) claimed that the reliability of the individual items cannot be computed because the variance is too small, the ratings too consistent, and so the correlation coefficient is meaningless. They offered instead the concept of probability limits. The figures given below in Table 6.2 are the average scores over the combined evaluative scales for that factor. It can be seen that the probability of obtaining a given deviation in scale units between occasions declines rapidly to where 1 scale point is within a 5 per cent significant area.

Repertory Grid Technique

Introduction. Unlike the Semantic Differential, which is essentially directed to looking at differences between groups, Repertory Grid Technique is primarily individual or subjective in approach. The Generalized Grid Technique, as it is sometimes called, is specially adapted for studying individual cases where an attempt is made to view and measure the internal universe of the individual, without being too concerned about where the individual comes in the external universe of psychometric scales. The emphasis is on the variation within an individual rather than the variation

Table 6.3 : Probability of obtaining given deviations from test to re-test on factor score items for individual subjects. (Reliability Experiment Data, 112 subjects, 30 minutes re-test)

Absolute Deviation	Evaluative Items	
	Per cent	Probability
0.00	25.5	1.000
0.25	31.2	.645
0.33	0.9	.333
0.50	17.6	.324
0.67	0.2	.148
0.75	8.4	.146
1.00	3.3	.062
1.25	1.6	.029
1.33	0.1	.013
1.50	0.5	.012

between individuals, as is the case with the Semantic Differential. The two techniques were derived from very different theoretical frameworks. While, in this study, the primary interest rests in the methods of measurement rather than in their theoretical derivations it is interesting to note that the theoretical background from which Grid Technique was derived is much more sympathetic to the theoretical orientation to counselling and psychology used in the study than is the Semantic Differential, which was developed from a mainly learning theory approach to psychology.

Repertory Grid Technique derives from the work of the late George Kelly (1955). He produced a comprehensive psychological theory, the *theory of personal constructs*, which has been further developed and expanded by psychologists such as Bannister and Mair (1968), Adams - Weber (1979), and Ryle (1975). Kelly's view is that an individual is a scientist or hypothesis tester continually attempting to interpret or construe himself and the world around him, and in order to understand the individual we must discover the constructs he uses and the way he uses

them. In his several definitions of constructs he always retained the essential notion that constructs are *bipolar*. His argument was that we never affirm anything without simultaneously denying something. This makes the notion of a *construct* quite different from the notion of a *concept*. When we say John Smith is *strong* we are also saying he is not *weak*. We do not always, or even very often, specify our contrast pole but Kelly's argument was that we make sense of our world by simultaneously noting likenesses and differences. It is in the contrast that the usefulness of the construct subsists.

Thus constructs can be viewed as bipolar scales which can be used to compare objects, for example, a construct such as 'kind - cruel' may be a highly significant dimension for construing people for a particular individual. Such a construct may be one of a sub-system of constructs used in construing people, all the constructs having a similar range of convenience or applicability. Each person may have a number of sub-systems for construing people, objects, or whatever. These sub-systems may overlap or be indirectly related to each other to some extent. The total personal construct system of the individual can be seen as a pyramidal structure of constructs arranged in a hierarchy. At the base of the pyramid are the various minor constructs and construct sub-systems that have the most limited range of applicability or convenience. At the apex are the *core* constructs, that is those constructs regarded by Kelly as most important to the individual in maintaining his *sense of identity*.

The individual, whose processes are psychologically channelised by the way he anticipates events, uses his construct system to predict future events and to decide upon his behaviour according to these predictions. His construct system is *constantly* being developed and refined in the light of perceived experience. Change of constructs is in the direction of increased meaning for the individual. Personal Construct Theory is firmly placed within the phenomenological approach to psychology and as

such is a near neighbour to Rogers' personality theory. Many fundamental concepts have clear parallels in both theories.

Repertory Grid Technique was developed as a way of investigating the constructs of an individual that form a sub-system with a common range of convenience or applicability. The objects to be construed are called *elements*, for example, significant persons known to the subject, such as mother, father, liked person, unliked person, etc. The constructs might be 'like - dislike', 'interesting - boring', etc. The grid is perhaps best looked on as a particular form of structured interview. Our usual way of exploring another's construct system is by conversation. In talking to each other we come to understand the way the other person views his world, what goes with what for him, what implies what, what is important and unimportant and in what terms they seek to assess people and places and situations. The grid formalises this process and assigns mathematical values to the relationships between a person's constructs. The information it gives us is not novel or some peculiar product of 'scientific method'. It is a formalised version of the kind of information we are always seeking about each other. It is an attempt to stand in others' shoes, to see their world as they see it, to understand their situation, their concerns. The methods of administering, collecting and analysing grids are immense. There is no such thing as *the* repertory grid, it is a highly flexible technique which can be tailored for individual requirements. Essentially most grids have the common characteristic of being a matrix of numbers, which represent the individuals appraisal of elements on a series of bipolar constructs. By convention, *the constructs* form the rows and *the elements* form the columns in the matrix. The grid data in numerical form can be subjected to a systematic mathematical analysis to determine relationships between construct and construct, element and element, construct and element, etc. The assumption is that the mathematical relationship between constructs, and the like, is in some way related to the psychological relationship for the individual.

Slater (1969) stated:

A grid may be said to have certain essential properties: notably that the variation it records is due to construct/element interactions; that it defines by column a dispersion of constructs in an element space, and by row a dispersion of elements in a construct space; that the whole of the variation is restricted to a limited number of independent components, which can be ordered in magnitude from largest to least, and that each component refers to an axis in the element space and to a corresponding axis in the construct space. In terms of these properties a systematic, exhaustive analysis can be made of the grid.

It also has an indefinitely large number of derived properties - that is to say ones which follow necessarily from its essential properties. Their relations to one another can be inferred from their relations to the essential properties. Such for instance are the correlations and angular distances between the constructs, and the distances between the elements; and many others might be added. (pp. 1288-89)

Most forms of grid analysis are not as detailed and exhaustive as those of Slater and frequently restrict themselves to one particular aspect of grid structure.

The Grid Used In This Study

Various forms of repertory grid have been used to measure outcome and process in both individual and group psychotherapy, (see for example, Ryle and Lunghi, 1969; and Fielding, 1975). It has also been used to measure the psychological effects of incarceration on such aspects as self-esteem and perception of significant others, (see for example Gunn et al. 1976; Norris, 1977; and Lockhart and Elliot, 1980). Similarly grids have been used with adolescent, delinquent subjects in Northern Ireland by Hamilton (1979), Mulligan (1979) and Quinn (1980). The grid developed for this study was designed in such a way as to take into account the individually elicited constructs of each subject and yet to allow for comparisons between subjects on a number of indices. It was, therefore, necessary to have subjects complete grids of similar specifications - that is having approximately the same number of elements and the same number of constructs. (Similarly the method of rating or ranking the elements and the same number of constructs.) Similarly the method of

rating or ranking the elements had to be the same for each subject, as did the administration procedure.

It would have been possible to have provided each subject with the same set of bipolar construct labels for inclusion in the grid. However, this would have lost a great deal of the idiographic character of the grid and would have resulted in a measure somewhat similar to the Semantic Differential; this would have been a sharp contrast to Kelly's views on *personal* constructs. Also Adams - Weber (1970) has presented evidence that individuals prefer to use their own elicited constructs rather than provided dimensions to describe themselves and others. There is also some evidence that specific information about an individual's personal constructs is useful to others in predicting his behaviour. It was, therefore, decided to *elicit constructs from each subject* rather than to provide him with constructs. This presented a certain amount of difficulty when it came to making comparisons between subjects; however, this was overcome by *providing the same element role titles for each subject*. This allowed comparisons to be made on such indices as the identification between 'self' and other elements for all subjects. The similar grid specifications, mentioned above, also allowed comparisons on structural aspects of the grid.

A further problem concerned the method of allocating elements to constructs. In the earlier pilot studies the method used in Kelly's original Role Construct Repertory Test was followed. With this method once a construct had been elicited the subject is asked to allocate each element on an 'all or nothing' principle as to whether or not the element has that characteristic or not (as defined by the emergent pole of the construct). This was a fairly crude method of allocation and missed many of the nuances of discrimination used in everyday life, for example one person might be perceived as very 'athletic' another as quite 'athletic' and yet another as 'not athletic'. One problem experienced by Kelly with

this grid was that sometimes a person would see hardly any other people as being characterised by one pole of a construct. This resulted in lopsided constructs in the grid which presented problems for statistical analysis. Kelly suggested that these rows should be eliminated from grid calculations, but Bannister (1959) suggested an alternative method. The subject is asked to allocate the elements equally to the emergent and implicit poles of each construct. While this does away with the necessity of eliminating those rows with few ticks or blanks, it imposes considerable constraint on the subject.

Two other types of grid which allow the subject a wider choice are the 'rank order grid' and the 'rating grid'. The rank order grid arose out of an attempt to deal with the lopsidedness problem and has remained the method of choice for many. It was suggested by Phillida Salmon and first described by Bannister (1963). The basic task facing the subject is to rank in order those elements most readily subsumed under the contrast pole (e.g. from most generous to most mean). Pilot work for this present study showed that the adolescent boys in Lisnevin handled the idea of rank ordering very competently and seemed to prefer it to the rating scale method, whereby each element is *rated* on a scale defined by the two construct poles. This format is similar to the Semantic Differential scales and allows the person greater flexibility of response than does the rank grid. However, it brings in again the problem of lopsided constructs and their analysis difficulties. It was decided to use a ranked version of grid for this study on the grounds that (1) the subjects found the task intuitively simple to grasp, (2) they had already used rating scales for the Semantic Differential and, therefore, any difficulty a particular subject had in grasping the concept of rating scales would be compounded, (3) rank grids present less difficulty in terms of statistical analysis, (4) Salmon (1976) had found the task involved in ranking grids more simple to grasp for child subjects than rated grids, (5) Barton et al. (1976) had found similarly for subjects of below average intelligence.

Procedure. Each subject at the pre-test phase of the study was presented with 14 paper cards. These measured 3 inches by 2½ inches and each had written on it a different role title. These titles were the same for each subject and were chosen in advance by the experimenter to represent a sample of the significant people in the subject's life. The titles were:

1. Myself as I am now
2. A liked person
3. A delinquent (someone who does jobs)
4. My sister
5. My brother
6. My father
7. Myself as I would like to be
8. A disliked person
9. A liked teacher
10. A disliked teacher
11. A truant (Someone who mitches off school)
12. My mother
13. A boy who has not got into trouble
14. A friend who gets on well in life

The subject was instructed to examine the cards and then to write in pencil where appropriate, the name of a person who best fitted the title on the card. Where the title was not applicable, for example in the case of a subject who has no brother, he was told to think of a person who most nearly filled the role or else to invent the name of an imaginary brother. The cards, when completed, formed the elements for the grid.

The constructs for the grid were then elicited using what Kelly (1955) referred to as the *self-identification form*. This entailed presenting the subject with triads of elements which always included the 'myself as I am now' element and two other elements chosen at random. The use of the 'self' element ensured (as far as possible) that all constructs were personally

relevant. The subject was then asked to specify *some important way in which two of the people on the cards are alike and thereby different from the third*. Having recorded the reply, he was asked in what way the third person differs from the other two people. The answer to the question concerning the difference was designated as the *contrast pole* of the construct. Ten different triads of elements were presented to the subject which resulted in ten construct labels being elicited for the grid.

Certain types of construct were not acceptable (see Bannister & Mair, 1968; pp. 49-50) for use in the grid. If the subject provided any of the following he was asked to provide an alternative or to elaborate on the construct he had given.

1. Excessively permeable constructs:

"These two are alike, they are both men".

2. Situational constructs:

"These two are alike, they're both from the same town".

3. Excessively impermeable constructs:

"These two lost a leg in the war, this one did not"

4. Superficial constructs:

"They both have the same colour of eyes".

5. Vague constructs:

"They're both O.K." The examiner would then ask the person to explain further and to give possible examples of other people who are O.K.

6. Constructs which are a direct product of the role title:

"They are both members of my family". The examiner might then say "Is there something about their being members of your family which makes them alike?"

When ten suitable constructs had been elicited from the subject all 14 element cards were laid out on the table in front of him. The examiner then read out the title of the first construct and asked the subject to point to that element which was best described by the construct. That card was then

removed from the table and the subject was asked to point to the card, among the remaining 13, that was best described by the construct. This procedure was repeated until only one card was left on the table. From time to time a subject would reply that none of the remaining cards was described by the emergent pole of the construct. On these occasions the subject was asked to point to the element which was best described by the implicit pole of the construct and the ranking continued from there. When all 14 cards had been ranked on construct 1, they were returned to the table but in altered positions (so that the person did not obtain spurious correlations by simply pointing to cards moving from left to right and so forth) and the procedure repeated for each construct in turn.

This procedure resulted in a matrix of rankings, this was then transcribed into rank orders for each element so that the relationship between rankings could be statistically analysed. The whole administration procedure took between 30 to 40 minutes for each subject.

At post-test the grid was readministered using the same element and construct titles. On this occasion the time taken for administration was rather less as the constructs did not have to be elicited. (An example grid matrix, ready for analysis, is given in Appendix B).

Analysis. The rank order grid lends itself to numerous forms of analysis, both by hand and computer methods. A major aim of most descriptive analysis in current use is to *simplify* the data represented in the grid as much as possible, while still accounting for the major part of the variability in the data. Traditional methods have included the D^2 (non-metric) method of factor analysis both metric and non-metric (Cronbach, 1955, Coombs, 1964) and multidimensional scaling, (Kruskal, 1964). Slater (1969) has criticised these methods of factor analysis and has developed his own form of principal components analysis which is fully detailed in his book describing his Grid Analysis Package (Slater, 1977). However, Shaw (1980) has argued that these methods of factor analysis, including principal component analysis, are quite closely related, the main differences being

in the number of dimensions extracted and the form of representation. She has developed her own form of cluster analysis (Shaw and Thomas, 1978) as has Goodge (1979). One advantage of these more recent techniques is the relative simplicity of analysis which can either be done by hand or by an interactive computer with simple, easily interpretable, output.

The debate as to the *best* method of analysing grids will surely continue for the foreseeable future. One major problem is the nature of grid data and the assumptions which are often made about the scales used in eliciting the data. Orthodox statistical manipulations are frequently performed on the data on the assumption that it is at least 'interval' in character. This assumption may not be violated in the case of ranked data, however, the use of product - moment correlations in its analysis must surely be questioned. Another criticism of the use of computer methods of analysis has been the tendency to see grids as a scientific procedure not because of their value in helping us to understand another's outlook but simply because of the reams of paper output. There is a temptation to be caught up with the 'mathematical magic' of the computer and to ascribe psychological meaning to indices from the output way beyond that warranted by the original data. These difficulties, notwithstanding, it was decided to make use of Slater's suite of computer programmes known as the Grid Analysis Package (G.A.P.) which was available at the Queen's University Computer Centre, Belfast. This package is centred on the INGRID '72 programme which performs a principal components analysis on a grid. The method consists of the replacement of the construct (or element) correlation matrix with a matrix having the maximum values on the leading diagonal and all other values zero, if possible. This identifies the principal components of the matrix which may then be plotted geometrically as orthogonal axes. It relies on the fact that most of the variability can often be expressed in two or perhaps three components, and that the meanings of the components may be interpreted from a component loading matrix. In addition the output from INGRID '72 also gives a number of

other useful indices such as the correlations and angular distances between constructs, the distances between elements and the amount of variation accounted for by each element.

The other programme from G.A.P. which was used for analysis in this study was the DELTA programme. This programme was designed to compare two grids aligned by construct and element. In this study the pre and post- test grids were first individually analysed by INGRID '72 for each subject. Then DELTA was used to look for changes between the two grids. The essential operation was to form a grid of differential changes by subtracting the first grid from the second, and then to put it through a principal component analysis. The results show the extent and direction of the changes that have occurred. In addition to the usual output provided by standard procedures DELTA gives element change as well as construct change, the correlation between each construct on grid 1 and grid 2 and yields a correlation between grid 1 and grid 2 as a whole.

Indices derivable from grid analysis

In order to relate the results of grid analysis to the hypotheses for this study it is important to describe some of the indices available from INGRID '72 and DELTA analyses.

1. Percentage of variation accounted for by the first two components

(INGRID)

Ryle 1975 has presented evidence that patients (students who had problems of sufficient severity to warrant at least four long appointments) differed significantly from controls by having a greater percentage of total variance accounted for by the first and second principal components combined. He argued that these differences indicated that patients see themselves as more extreme in respect of the main discriminations they made between people than do controls, and that they judge themselves and others in a simpler, more one or two - dimen-

sional system, than do controls. Millar (1980) has also suggested that the amount of variance accounted for by the first two components is a good measure of 'cognitive complexity' which is normally regarded as the capacity to construe social behaviour in a multi-dimensional way. A more cognitively complex person has available a more differentiated system of dimensions for perceiving others' behaviour than does a less cognitively complex individual (see Bieri et al., 1966, p.185). Thus the higher the percentage of variance accounted for by the first two components the lower the cognitive complexity of the person and the 'tighter' their construing. Kelly (1955) argued that the process of successful therapy should be characterised by a loosening of construing which in turn should be reflected in a drop in the percentage of variance accounted for by the first two components.

2. Percentage of variance accounted for by first component times the loading of self on first component (INGRID)

Ryle (1975) has shown that patients (same as above) had significantly greater loadings of the self on the first principal components of their grids than did controls. Such persons are likely to take a more extreme view of themselves than do the normal population. An index of improvement would be a decrease in the loading of the self on the first component.

3. The general degree of correlation between grid 1 and grid 2 (DELTA)

It is argued that persons showing a lower degree of correlation between their grids are demonstrating a greater change in their overall construing of self and others. Therefore, experimental subjects should have lower correlations than controls if they are hypothesised to have changed more in their views of self and others.

4. The amount of variation accounted for by 'actual self' change (DELTA)

Persons who have shown a greater change in their ways of construing self should show a greater percentage change in variation on the actual self element compared to subjects who have changed little.

5. The amount of variation accounted for by 'ideal self' change (DELTA)

Persons who have shown a greater change in their ways of construing their ideal self should show a greater percentage change in variation on the ideal self element compared to subjects who have changed little.

6. Distances between elements (INGRID)

Two elements receiving similar rankings on every construct must be perceived by the subject as very alike in terms of the constructs used. Conversely, two elements ranked at opposite extremes on each construct must be regarded as highly dissimilar. Overall similarity of any two elements is indicated on the INGRID print-out by a measure of distance which indicates where, between these two extremes, any two elements lie in relation to each other, taking into account the degree to which they are rated similarly or differently on all the constructs used in the test. In the programme, the value of this distance between elements is calculated in such a way that two elements drawn at random from a grid of the same size would have a distance apart of 1. Element distances of less than 1 indicate that the subject sees two elements as relatively similar, while distances of more than 1 indicate that they are relatively dissimilar. The overall similarity, or identification, between any two elements in a grid can be obtained from the table of element distances in the print-out. Values for

the distances between elements have a lower limit of 0 and an upper limit of the square root of $N-1$, where N = the number of elements in the grid. Slater (1977) reported that the analysis of a large number of grids showed that the distribution of values of element distances was virtually a normal one with a mean of just below 1.

7. Self-identity plots using element distances (INGRID)

The element distance between the 'self' element and any other element in the grid is a very useful measure of identification.

Norris and Makhoul-Norris (1976) have described a measure of self-identity using the element distances given by INGRID. They plot the distances between 'self' and all the other elements and 'ideal self' and the other elements simultaneously using orthogonal axes. A central area between 0.8 and 1.2 on both dimensions is marked by dashed lines. Elements within these limits are close to the average of all element distances, and, being neither similar nor dissimilar, can be said to be 'indifferent' to each other. Using the GRANNY programme (Slater, 1974) 100 grids of fourteen elements by ten constructs were generated and analysed, and it was found that 92 per cent of all element distances fell between 0.8 and 1.2. Thus the set limits of the indifference area were found to contain 92 per cent of all randomly determined element distances. As Norris and Makhoul-Norris have pointed out, there is little advantage in adjusting these limits to the value of 95 per cent in order to set a criterion of significance. Therefore, any elements lying outside the central indifference area are regarded as being of psychological significance to the subject.

Norris and Makhoul-Norris (1976) have shown that many subjects with clearly defined psychological disturbance have unusual self-identity plots. They have given a number of operational definitions for describing these unusual and pathological self-identity plots.

They have presented evidence that their method seems to be both adequately stable, and adequately sensitive to change, to be useful for evaluating responses to treatment when taken along with behavioural records.

8. Self-esteem as measured from element distances

The element distance between the 'actual self' element and the 'ideal self' element can be defined as a measure of 'self-esteem' according to the discrepancy model of self-esteem (Cohen, 1959). This was the main measure of self-esteem used in this study. It will be remembered from Chapter IV that a 'medium' position was seen as optimum. That is the relationship between self-esteem and adjustment was regarded as *curvilinear* and that neither very high nor very low self-esteem is good for personal functioning.

Unfortunately, no adequate norms, using this measure of self-esteem, are available for non-delinquent boys. Quinn (1980) did, however, show that he could successfully discriminate between delinquent and non-delinquent samples in Northern Ireland on the basis of their repertory grid self-esteem score. The 14 elements in his grid contained eight of the element titles used in this present study, while the 12 constructs supplied by Quinn were taken from an analysis of the most common constructs elicited from the 40 subjects used in this study. Therefore, the measure of self-esteem used by Quinn and that used in this study were very similar.

Quinn presented data on the self-esteem scores of 12 school boys between the ages of 12 and 16 years from two secondary schools in working class areas of Belfast. They were equally divided on religious persuasion and had mixed academic ability. None had a record of criminal convictions. Thus although the data on these subjects represent very limited norms they are the best available indication of the range of 'normal' self-esteem. They were shown to have a mean self-

esteem score of 0.64 element distance units with a standard deviation of 0.22 units. The 95 per cent confidence limits for these scores were 0.51 and 0.76. It was decided to use these limits as the criterion for the 'normal' range of self-esteem in this study. Therefore, subjects whose scores fell within this range were seen as having satisfactory self-esteem while those outside these limits were regarded as having either too high or too low self-esteem. An aim for counselling was to help subjects reach this 'normal' level of self-esteem.

Reliability. Kelly (1955) rejected the concept of reliability which he said was that characteristic of a test which makes it insensitive to change. One reason for the increasing use of grid techniques, particularly in clinical studies, is their ability to measure *change*. The importance of exploring personal change is fundamental to Kelly's psychology of personal constructs and is one of the major differences between his theory and traditional trait personality theories. However, if repertory grid measures do elicit important aspects of the individual's construing, then it would be expected that grids completed by the same individual at different times would show some degree of stability. Also such changes as do occur should be predictable in terms of life changes which the person involved has experienced. Thus our concern in determining the value of grid technique should not be with the 'reliability' of grids but with *predictable* stability and *predictable* change.

As noted earlier the grid is a data form open to many kinds of analysis and thus there are numerous possible indices of stability between test and retest. Sperlinger (1976) presented evidence on the test/retest grid stability, after approximately eight months, for 18 subjects drawn from the roll of two general practices in Birmingham. He used three different types of measure of stability and concluded that there was a considerable degree of stability for most of the grid measures.

The general degree of correlation between two grids calculated by the DELTA programme is also a good indication of overall stability. This was the indicator of stability chosen for use in this current study. The average degree of correlation for the grids from pre to post-test was found to be +0.63 (N = 39) with a standard deviation of 0.12 and a range of +0.34 to +0.84. The type of grid used in this study did, therefore, demonstrate quite a high level of stability over the seven months from pre to post-test.

Validity. Validation of test measures requires the existence of independent criteria for measuring the function assessed. In the case of repertory grid technique, an extensive range of data are available and open to interpretation in a number of ways. There is, therefore, no general validation available for the method. A number of grid theorists (c.f. Fransella and Bannister, 1977) have tended to reject the concept of validity, as traditionally understood, with respect to grids and have introduced the idea of *usefulness*. A grid is seen as useful if it is helpful in giving increased understanding of, or in explaining, a particular phenomenon or set of phenomena. Nonetheless, the utility of a grid method would be questionable if it provided data without discernible meaningful associations with any other kind of information. The discovery of such associations would be evidence that the grid method was measuring something of psychological significance.

Happily the literature abounds with evidence that the information derivable from various forms of repertory grid can indeed be associated with other sources of independent information. This however, only holds true if the grid has been properly developed to include elements and constructs within range of convenience of the area to be studied. Fransella and Bannister (1977) have documented a number of studies where grids have been shown to be sources of useful information. This includes such areas as clinical studies, social relationships, linguistics-

tic meaning, politics, and professional training.

The present author has used grids in studies with institutionalised delinquents and has been able to show that independently observed behavioural and attitudinal changes have been reflected in grid measures. For example, Lockhart and Elliot (1980) demonstrated that grid technique was sensitive to observed attitudinal changes of Roman Catholic and Protestant boys towards each other during a five week assessment period. Similarly, Lockhart (1979) was able to relate self-identity plots derived from ranked repertory grids to clinical and behavioural information. He was also able to show that these self-identity plots changed after therapeutic intervention in a direction predicted by independent behavioural observation.

Weekly Marks Recorded

This was part of the normal evaluative system used for all boys in Lisnevin. The accumulated weekly mark determines a boy's progress through the Special Unit. It is used in determining qualification for leave, trips away from the school, pocket-money, and certain other privileges. Each member of the daily teams (described in Chapter 1) allocates a mark between 0-10 to each boy every Thursday. Normally sixteen staff (eight care staff and eight teachers) separately give each boy a mark. These marks are then totalled and averaged to give the consensus mark for that week. The boy is then informed of that mark at a weekly 'marks meeting' held on Friday mornings. Staff are given little guidance or criteria on how to allocate their marks. They are merely told to give marks according to how they see a boy's behaviour, but a definition of desired behaviour is not specified. However, certain criteria are laid down for the deduction of marks from the weekly mark for particular forms of misbehaviour - for example, dormitory misbehaviour reported by the night supervisors entails a loss of four marks from the weekly total. Absconding or non-permitted absences away from the school results in a loss in all

marks for that week and any subsequent week the boy is away from the school.

It was decided to use this marks system as it was a readily available easily interpretable, measure of how staff evaluate a boy's behaviour during a specified period of time. Accordingly the average mark for all subjects was calculated for the following time periods:

1. The total experimental period for the individual subject (usually 28 weeks)
2. The first half of the experimental period for the individual subject (usually 14 weeks)
3. The second half of the experimental period for the individual subject (usually 14 weeks).

GENERAL SCHEME OF ANALYSIS

When the scores for all the independent variables and outcome measures, for each subject, were calculated according to the methods described in the previous sections, they were punched onto computer data cards in a format suitable for analysis by the Statistical Package for the Social Sciences (SPSS) (Nie et al. 1975).

This meant that the scores on 91 separate variables were available for each subject. This data was stored along with SPSS control cards, (which specified the nature and format of the data) on file at the main computer in the Computer Centre in the Queen's University of Belfast. Thereafter, most of the main statistical analyses were completed using the procedures of SPSS (Versions 5 and 7). Exceptions were independent 't' test and Chi Square analyses which were, for convenience, calculated using a Rockwell 920 programmable calculator available at Lisnevin.

Preliminary analysis using SPSS entailed looking at the characteristics of the distribution of many of the variables using the CODEBOOK sub-programme. This gives details such as the mean, mode, median, range, standard deviation, skewness and kurtosis of the

distribution. This made available information concerning the validity of using some of the variables in other types of statistical analysis. It also provided a check on the accuracy of the data stored in the computer, as the experimenter knew, in advance, the likely distribution of some of the variables and was able to check the actual CODEBOOK scores against his expectancies.

A second form of preliminary analysis was to run a large number of Pearson product moment correlations within different blocks of variables, using the PEARSON CORR sub-programme of SPSS. The variables included in each block were chosen when "a priori" considerations suggested that the variables might be related to each other. This procedure enabled considerable "sorting" of the data to take place and saved much time at later stages of the analysis. For example, where several variables were found to be highly inter-correlated it was possible to choose just one to represent them all for later analyses. Similarly it helped to guard against things like excessive multicollinearity between predictor variables in multiple regression analyses which would have led to misleading results.

Main Analysis

Three major forms of analysis were based on *independent 't' tests, analyses of covariance and multiple linear regression* procedures. The analysis of covariance followed the general form of comparing post-test scores on a particular outcome measure for the counselling and control groups while controlling for their pre-test status by using scores on this measure as a covariate. An advance on the ANOVA sub-programme, which performs univariate analyses of variance, was to use the MANOVA sub-programme which performs multiple analyses of variance simultaneously, and looks for differences between the counselling and control groups across a range of related outcome measures.

Multiple regression. This is an extension of the bivariate correlation coefficient to multivariate analysis. It is available on the REGRESSION sub-programme and allows the research to study the

linear relationship between a set of independent variables and a dependent variable, while taking into account the interrelationships among the independent variables. The basic goal of multiple regression is to produce a linear combination of independent variables which will correlate as highly as possible with the dependent variable. This linear combination can be used to 'predict' values of the dependent variable, and also assess the importance of each of the independent variables in that prediction equation.

In the present context the dependent or criterion variable was either the composite measure of outcome or individual measures of outcome, while the independent variables were such factors as previous rate of offending, age, intelligence, membership of experimental or control group, and the like.

C H A P T E R V I I

THE RESULTS

INTRODUCTION

The results presented in this chapter are structured in such a way as to first give evidence as to the equivalency of the experimental and control groups. Then data pertaining to the independent variable of client-centred counselling is presented to demonstrate the level of the core facilitative conditions offered to the counselled subjects.

The next section, which is central to the whole study, gives the results of the behavioural dependent measures and tests the hypotheses associated with them. The psychological dependent data is presented next, first to test the hypotheses relating to self-conception and then to examine the relationship between self-conception and behavioural changes. The final sections of the chapter look at the results concerning such factors as behaviour concurrent with the counselling period and pre-existing factors which might make a subject more amenable to counselling.

All critical statistical values were taken from Edwards (1976), except for specialised tests such as MANOVA where the probability level given by SPSS was used. The following convention for stating the significance of various statistical tests has been followed in the tabular presentation of results: N.S.= not significant, 0.05, 0.01, 0.001. All tests are one tailed except where otherwise stated.

THE EQUIVALENCY OF THE EXPERIMENTAL AND CONTROL GROUPS

It will be remembered from the last chapter that limitations on the availability of subjects did not allow for the matching of subjects prior to the experimental phase of the study. While the random allocation of subjects to the experimental and control groups should have guarded against major differences between the groups, it was advisable to test 'post hoc' that the groups were in fact equivalent and did not exhibit differences which might affect outcome. To do this eleven independent variables were selected on theoretical grounds as being likely to affect delinquent propensity or amenability to counselling.

Some of these variables were divided into sub-scales - for example, Personality Profile was sub-divided into Extraversion, Neuroticism, Defensiveness and Psychoticism scores.

The results of 't' tests for the mean scores of the experimental and control groups are presented in table 7.1. Examination of the table shows that the two groups did not differ significantly across any of the independent variables. It was, therefore, concluded that the two groups were *broadly equivalent*.

MEASURES OF THE INDEPENDENT VARIABLE

The independent variable was the provision of predominantly client-centred counselling, characterised by facilitative levels of empathy, warmth and genuineness, for experimental subjects during the period. This was measured in three ways: firstly, by the level of the core conditions as perceived by the counselled subjects at the conclusion of counselling and measured using the Barrett-Lennard Relationship Inventory. Secondly, by the counsellor's client-centred attitudinal predisposition as measured by the Counsellor Attitude Scale. Lastly, by the counsellor's ability to offer the core conditions of empathy, warmth and genuineness as measured by independent judges on the Carkhuff (1969) scales.

The Barrett-Lennard Relationship Inventory

The four scales in the Barrett-Lennard Relationship Inventory represent empathic understanding, unconditional regard, level of regard (respect) and congruence. The inventory is structured so that the score on each scale can range from -48 to +48. For example, a high positive score on the empathic scale would represent the perception of a high level of empathy on the part of the client and vice-versa.

From the theoretical perspective, a positive score on a particular scale of the inventory should represent at least minimal levels of that facilitative condition as perceived by the client. However, because of

TABLE 7.1 : Summary of the mean values and 't' tests on the subject variables which might affect outcome

INDEPENDENT VARIABLE	EXP. GROUP		CONTROL GROUP		d.f.	t.	Sig.
	MEAN	(S.D.)	MEAN	(S.D.)			
Age	14.9	(1.2)	14.8	(1.2)	38	0.24	N.S.
Verbal I.Q.	90.9	(13.0)	88.1	(8.7)	38	0.81	N.S.
Reading Age	9.8	(1.8)	9.5	(2.0)	38	0.45	N.S.
Length of time institutional- ised (months)	17.8	(15.4)	25.0	(17.5)	38	1.39	N.S.
Number of previous offences	17.2	(13.7)	20.3	(17.6)	38	0.63	N.S.
Number of offences 1 yr. before admission	8.3	(9.4)	7.2	(10.4)	38	0.34	N.S.
Range of offence	2.9	(1.5)	2.7	(1.4)	38	0.44	N.S.
Family adversity Index	3.8	(1.0)	3.9	(0.97)	38	0.32	N.S.
Extraversion (E)	17.2	(4.8)	18.2	(4.1)	38	0.68	N.S.
Neuroticism (n)	12.7	(5.4)	12.9	(4.8)	38	0.12	N.S.
Defensiveness (L)	6.1	(3.5)	4.9	(3.6)	38	1.03	N.S.
Psychoticism (P)	4.2	(2.9)	5.4	(2.9)	22	1.02	N.S.
Hostility (H)	30.7	(6.7)	30.0	(5.3)	38	0.25	N.S.
Direction of Hostility (DOH)	-3.7	(7.0)	-4.3	(6.9)	38	0.25	N.S.
Guilt (G)	4.2	(1.6)	4.5	1.7	38	0.49	N.S.
Consellor Atti- tude Scale (CAS)	28.9	(6.8)	28.0	(6.0)	38	0.44	N.S.

the manner of construction of the inventory, a more rigid criterion would be achieved by using scores of +16 and above. This would mean that the respondent has given, on average, at least a +1 response across all 16 items of that scale. (A +1 response signifies that the respondent feels the item is probably true, a +2 rating means that he feels it is true and a +3 rating indicates that he strongly feels it is true).

Unfortunately, Barrett-Lennard (1962) did not specify what scores on the inventory he believed should represent at least minimal facilitative levels of the therapeutic conditions. He did, however, give the scores achieved by 21 therapists, with different levels of experience, as rated by 42 clients. He was able to associate the scores on each of the four scales with various measures of client outcome. This showed that the higher the level of each facilitative condition recorded by the inventory, then the better chance of favourable client outcome.

A problem arose over comparing the scores quoted by Barrett-Lennard (1962) for his therapists with those achieved by the counsellor in this study. The original form of the inventory did not have the same number of items per scale as the later form used in this study. It had 18 items on the respect scale, 16 items on the empathy scale, 18 items on the unconditionality of regard scale and 17 items on the congruence scales, whereas the later form had 16 items on each scale. It also included a 'willingness to be known' scale which was omitted from the later version. A further problem was that Barrett-Lennard (1962) measured the relationship at four different stages during therapy, but none were exactly equivalent to the stage at which the relationship was measured in this study. Lastly, there were important differences between the two client samples. Barrett-Lennard's population was 42 college-educated young people, who presumably had a greater level of test sophistication than the 20 teenage offenders used in this study.

The problems of unequal items and different occasions of testing were dealt with by pro-rating the Barrett-Lennard (1962) scores onto scales of 16 items and taking the mean score across all four occasions of testing. The other problems did not appear to have a satisfactory solution.

The results presented in table 7.2 represent the scores achieved by 8 expert therapists who had a mean of 45 clients in the past, 7 non-expert therapists who had a mean of 11 clients in the past, and the scores achieved by the counsellor in this current study. It will be noted that the scores achieved by the present counsellor were lower than those of either of the Barrett-Lennard samples. However, for three of the scales the differences were not very large and fell within one standard deviation of the non-expert group of counsellors (who were still able to show positive client outcome). On the fourth scale - 'conditionality of regard', the difference was very large with the counsellor only just achieving a positive mean score. Possible reasons for these differences will be discussed in detail in the next chapter. At present it seems sufficient to state that the counsellor in this study *achieved the minimum criterion* of at least +16 on three of the scales, namely, level of regard, empathic understanding and congruence, but failed to reach it on the unconditionality of regard scale.

The Counsellor Attitude Scale

The mean score of 62, (quoted in Chapter IV) achieved across three occasions of testing, by the counsellor in this study, was more than five standard deviations above the mean score of the rest of the Lisnevin staff who were involved in personal counselling (mean = 28.4, S.D. = 6.5). It also compared favourably with other figures quoted by Nelson-Jones and Patterson (1975). From this it can be concluded that the counsellor *did have highly client-centred attitudes.*

The Carkhuff Ratings of the Counsellor from tape cassettes

The aim in using the Carkhuff (1969) scales was to demonstrate that

TABLE 7.2 : Barrett-Lennard Relationships scores for the perception of clients

Variable	Barrett-Lennard 1962				This Study		
	Experts		Non-Experts		(N = 18)		
	Mean	(S.D)	Mean	(S.D)	Mean	(S.D)	Range
Level of Regard	32.3	(14.9)	28.6	(10.0)	21.1	(15.0)	-16 to +44
Empathic Understanding	28.8	(8.4)	19.1	(14.5)	16.3	(12.1)	-15 to +36
Congruence	30.8	(8.0)	21.2	(15.2)	19.9	(9.7)	+3 to +38
Unconditionality of regard	27.8	(8.7)	22.8	(10.6)	3.4	(6.9)	-13 to +16

the counsellor in this study was capable of achieving at least *minimally facilitative levels* of the core conditions in the counselling setting.

Two independent judges who were end-of-course University of Aston postgraduate Diploma in Counselling trainees, unknown to the counsellor, rated 12 three-minute excerpts from interviews with two clients who were not subjects in the experiment. The excerpts were drawn at random from each third of the first two interviews the counsellor had with each subject. Thus these excerpts represented samples of the initial phase of counselling with two separate clients.

Ratings were made on the Carkhuff Scales for Assessment of Interpersonal Functioning (see Appendix C) which are a series of five point scales ranging from non-facilitative (Level 1) to highly facilitative (Level 5). Carkhuff contends that Level 3 constitutes the minimal level of facilitative interpersonal functioning. The three scales which were used in this study were - empathic understanding, communication of respect and facilitative genuineness.

The mean scores obtained by the counsellor are shown in table 7.2 along with the scores obtained from each judge independently. Each score falls *above* 3.0 which means that the counsellor has been rated as being 'on average' above the minimal facilitative levels for each scale. These scores compare favourably with those quoted by Carkhuff and Berenson (1967) using similar five point scales. They looked at the mean scores of 14 different groups of people such as Lay helpers, Graduate Students (Psychology), High School Counsellors and Experienced Counsellors and Therapists. A group of 32 Experienced Counsellors and Therapists headed the list for facilitative ability with mean scores of 1.86 on the scale for empathy, 2.04 for counsellor respect and 2.20 for genuineness. From this it must be concluded that none of the groups of counsellors were far advanced in their facilitative ability.

While these results demonstrate that the present counsellor was able to reach minimally facilitative levels on the three primary con-

TABLE 7.3 : The mean level of the primary core conditions achieved by the counsellor on Carkhuff Rating Scales

Scale	Mean (S.D.)	Assessor A (S.D.)	Assessor B (S.D.)
Empathy	3.4 (0.54)	3.59 (0.56)	3.21 (0.46)
Respect	3.53 (0.39)	3.46 (0.40)	3.60 (0.38)
Genuineness	3.07 (0.40)	3.13 (0.31)	3.02 (0.48)

ditions, it should be remembered that *grave doubts* were expressed about the reliability of the scales in the present context and the validity of the scales in general. Nevertheless, the combined results from the Barrett-Lennard Relationship Inventory, the Counsellor Attitude Scale, and the Carkhuff Scales are sufficient to demonstrate that there are grounds to believe that the independent variable of predominantly client-centred counselling, at facilitative levels, was implemented.

BEHAVIOURAL DEPENDENT VARIABLES

This section relates to the central hypothesis of the study; namely that counselled subjects will exhibit less criminal behaviour than non-counselled subjects during various follow-up periods.

1(a) Rate of convictions

Data was collected for two time periods, the first was for one calendar year after post-test for each subject and the second was the number of convictions up until November 1980 for all subjects. The second period gave the most up-to-date measure of the conviction rate for each subject. This follow-up time varied from 1 year to 4.3 years, with a mean of 2.5 years and S.D. of 1.1 years; the length depended upon the time when the subject entered the programme; there was no significant difference between the experimental and control groups on this length of time. In the original experimental design the reconviction rate over one year was intended to be the major measure, with reconviction up-to-date (November, 1980) being a secondary measure yielding information about the duration of counselling effects. At that time the experimenter believed that one year would be a sufficient follow-up period. Reasons why this was not the case will be discussed in the next chapter.

The data was analysed using analysis of covariance. This was in order to control for previous rates of offending prior to admission to Lisnevin, which could obviously have had an important influence on the rate of offending post-Lisnevin. For the one year follow-up the covariate

was the number of offences committed during the one year before entry to Lisnevin. For the follow-up period until November 1980 the covariate was the number of offences committed from the date of the first offence recorded until admission to Lisnevin (mean = 2.4 years). These time ranges were approximately equivalent, considering both groups as a whole. The results of these two analyses are shown in table 7.3. It will be noted that while the rate of convictions for the experimental group during the one year follow-up period is less than half that of the control group the results did not reach statistical significance. However, the experimental group during the longer follow-up period *continued to have a lower reconviction rate*, this time by a factor of more than 3, which reached the *required level of statistical significance*.

To accept the null hypothesis that there was no genuine difference between the counselled and non-counselled subjects during the one year follow-up period may be an example of what is known in statistical terms as a *type 2* error or a 'false negative' result. This means to accept a null hypothesis when it is in fact false. The small number of subjects and large standard deviations involved meant that a statistically significant result would be very difficult to achieve and would require large differences between the two groups. Nonetheless, the fact that a significant difference was found during the longer follow-up period is suggestive that genuine differences were beginning to emerge during the period corresponding to one year after counselling. This trend is further emphasised when one looks at the original data which show that only two of the counselled subjects had a *higher* rate of offending in the one year post-counselling compared to one year pre-counselling. Yet six of the non-counselled subjects had a *higher* rate during similar periods. This result was again not significant (using the Chi Square Test), but it is an example of an emerging trend.

There appear to be two possible interpretations of the reconviction results for the one year follow-up period. First, that there was

TABLE 7.4 : Analysis of covariance of rates of offending during the follow-up periods

Behavioural dependent variable	<u>Exp. Group</u>		<u>Control Group</u>		Covariate controlling for...	Significance of Group
	Mean	(S.D.)	Mean	(S.D.)		
Offences 1 yr. after post-test	2.3	(4.5)	4.9	(7.5)	offences before pre-test	N.S.
All offences after post-test (mean = 2.5 yrs)	3.6	(6.2)	12.0	(13.9)	all offences before pre- test (mean = 2.4 yrs)	0.05

genuinely no difference between the two groups, alternatively, that there was a difference but that the small numbers involved and the large standard deviations obscured a significant result. The most likely interpretation is probably the latter. It would seem that a process had begun which only became clearly apparent during a longer period of follow-up.

Obviously from the point of view of design and extrapolations from this study it is important to emphasise that the finding of significant differences between the two groups during the longer follow-up period is a *most satisfactory* result. It will be remembered that the data for this follow-up period not only included the data for the one year period after counselling but *added* to them, in some cases by as much as 3.5 years, and were therefore a better index of change. Ideally a follow-up of around 3 years for all subjects should have been aimed at, but this would have placed unacceptable constraints on the timetable for the whole study.

The major point to emerge from the data on reconviction was that the counselled subjects did *significantly better* than the non-counselled during the longer follow-up period. Two other points are worth mentioning as they are not apparent from table 7.4. Firstly the covariates, namely the number of offences before admission to Lisnevin for the two time periods, were both good predictors of the reconviction rates during follow-up and were significant at the 0.05 level of confidence. Secondly the number of offences for both groups taken as a whole was lower during the follow-up periods than for the corresponding periods before entry to Lisnevin. In other words the control group also showed signs of improvement - but not as great as that of the experimental group. The actual figures for both groups combined showed a drop in the mean number of offences before admission to Lisnevin of 18.7 offences to 7.8 offences during the follow-up period until 1980. From the point of view of the

instrumental goals of Lisnevin school (see Chapter 1), this was a gratifying result.

1(b) Range of offences

It was argued in Chapter VI that the range of offence could be construed as a crude index of the seriousness of offences. Data for the range of offence were collected for exactly equivalent time periods as for the rate of offences in the last section. Similarly the data were analysed using analysis of covariance - the covariates being the range of offence one year before Lisnevin for the one year follow-up period and the overall range of offence for the longer follow-up period (November 1980).

The results were, in fact, very similar to those for the rate of offending and are shown in table 7.5. It can be seen that the range of offence was one-third lower for counselled than non-counselled subjects during the one year follow-up period after post-test, but not significantly so. However, during the longer follow-up period the results did *significantly favour* the counselled subjects. Thus non-counselled subjects were, on average, guilty of committing offences in one more offence category than were counselled subjects during the longer period of follow-up. This result was seen as *supporting* the main behavioural hypothesis that counselled subjects would exhibit less criminal behaviour during follow-up.

1(c) Time spent institutionalised during one year follow-up from post-test

Following the work of Truax et al. (1966) with institutionalised delinquents receiving counselling, data were collected to measure the length of time in months from the date of post-test for a one year follow-up that subjects spent institutionalised in Training Schools or other custodial establishments. It should be noted that as in the study of Truax et al. (1966), post-test did not normally coincide with release from Lisnevin, but simply with the end of counselling and an equivalent date for the control group. The results of an analysis of covariance

TABLE 7.5 : Analysis of covariance of the range of offence during the follow-up periods

Behavioural dependent variable	<u>Exp. Group</u>		<u>Control Group</u>		Covariate controlling for	Significance of Group
	Mean	(S.D)	Mean	(S.D.)		
Range of offence 1 year after pre-test	1.05	(1.61)	1.5	(1.47)	Range of offence 1 yr. before pre-test	N.S.
Range of offence Long term follow-up	1.45	(1.82)	2.45	(1.90)	Range of offence before Pre-test	0.05

are shown in table 7.6 (a). This controlled for the length of time institutionalised before entry to Lisnevin by using this variable as a covariate. The mean time spent institutionalised during the one year was significantly *lower* for the counselled subjects - a finding which *supports* both the main behavioural hypothesis of less criminal involvement and the results of Truax et al. (1966). Interestingly the covariate was not shown to be a significant predictor of post-test institutionalisation.

In the Truax study the above measure was taken as evidence of the subjects ability to 'get out' and 'stay out' of the institution. It is clear that a measure taken from the date of post-test measures two separate factors, the first being the length of time before release to the community, and the second being the amount of time spent in the community during the specified time. The results of table 7.6 (a) are therefore, somewhat ambiguous and do not clarify whether counselled subjects are better at 'getting out' or 'staying out' or both.

The results were, therefore, reanalysed using slightly different criteria. The length of time from post-test to the date of release¹ from Lisnevin was measured, and a 't' test performed between the counselled and control groups. The results are presented in table 7.6 (b). The time in custody from the date of release from Lisnevin for a one year follow-up was then calculated and a similar 't' test performed. The results of this test are shown in table 7.6 (c). A further measure was taken for all subjects from the date they *left* Lisnevin for a one year

Note 1

Not all subjects were released on licence to the community after post-test. Six subjects, from both the counselled and control groups, received sentences to either Borstal or the Young Offenders Centre for offences committed during their time in Lisnevin. One subject in the counselled group was subject to a life sentence and thus had a completely different release procedure, however, during the follow-up periods he had regular daily employment in the community and received weekend leave. A further subject in the control group had still not been licenced at the time of writing. None of these subjects were included in the analyses of tables 7.6 (b) or (c) but were included in the analyses of tables 7.6 (a) and (d). A notional release date of 30 November 1980 was used in table 7.6 (d) for any subject not yet released into the community.

follow-up. This included subjects who were released on licence to the community and those who went on to other custodial institutions without first being released into the community. The results of a 't' test between the groups for this measure are shown in table 7.6 (d). These analyses do indeed clarify the situation. It is apparent that counselled subjects differed *significantly* from the control subjects in their ability to get out of Lisnevin. While the results still favoured the counselled subjects, the groups did *not* differ significantly in their ability to 'stay out'.

The length of time to release (or leaving) Lisnevin was *strictly* accurate, however, the measure of the time spent in custody from leaving Lisnevin for a one year follow-up was open to a number of sources of error. This was because the Criminal Record from which the information was gathered failed to record periods of remand (before trial) in custody nor did it always give an accurate date of release from custody. The data for the analysis in table 7.6 (a) were gained from Lisnevin After-Care files which were likely to be accurate for the first few months after the boys left Lisnevin - unfortunately their accuracy then began to fall away quite rapidly. In consequence the information about time in custody for subjects who left Lisnevin and then went on to receive a further custodial order is of dubious validity.

Nonetheless, it would seem that the main effect of counselling was to *reduce* the time spent in Lisnevin before release on licence, rather than to lessen the time in custody after leaving Lisnevin. Table 7.6 (b) also yielded further information of relevance to the rate of conviction data of the previous sections. It will be remembered, that it was argued that to accept the null hypothesis that there was no genuine difference between the counselled and non-counselled subjects on rate of conviction during the one year follow-up period, may be an example of a type 2 statistical error. The results of table 7.6 (b) lend weight to this argument. It will be noted that non-counselled

TABLE 7.6(a) : Analyses of covariance for the length of time institutionalised during the 1 year follow-up after post-test

Behavioural dependent variable	<u>Exp. Group</u> Mean (S.D.)	<u>Control Group</u> Mean (S.D.)	Covariate controlling for	Significance of Group
Length of time institutionalised during 1 yr. follow-up (months)	7.5 (4.6)	10.5 (2.8)	Length of institutionalisation before entry to Lisnevin (months)	0.01

TABLE 7.6(b) : 't' test for length of time from post-test until release on licence from Lisnevin

Behavioural dependent variable	<u>Exp. Group</u> Mean (S.D.)	<u>Control Group</u> Mean (S.D.)	d.f.	't'	Significance
Time from post-test to release on licence	5.0 (4.0)	12.5 (9.2)	24	2.70	0.01

TABLE 7.6(c) : 't' test for length of time in custody for 1 year from release on licence from Lisnevin

Behavioural dependent variable	<u>Exp. Group</u>		<u>Control Group</u>		d.f.	't'	Significance
	Mean	(S.D.)	Mean	(S.D.)			
Time in custody for 1 year from release from Lisnevin	1.8	(3.6)	2.8	(4.6)	24	0.61	N.S.

TABLE 7.6(d) : 't' test for length of time in custody for all 40 subjects for 1 year from leaving Lisnevin

Behavioural dependent variable	<u>Exp. Group</u>		<u>Control Group</u>		d.f.	't'	Significance
	Mean	(S.D.)	Mean	(S.D.)			
Time in custody for 1 year from leaving Lisnevin	5.1	(5.6)	6.0	(5.8)	38	0.50	N.S.

subjects had to wait on average 12.5 months from the date of post-test before being released on licence, while counselled subjects had to wait for an average of 5 months. This meant that during the one year follow-up period from post-test, non-counselled subjects were more likely to be still in Training School and thus would have had much less *opportunity* to offend.

1(d) Behavioural Composite Measure

The rate and range of offence for the longer follow-up period, plus the length of time institutionalised during one year after the post-test were converted to standard scores. These three standard scores were then summed to form a composite measure of behavioural outcome. This gave an overall measure of improvement across these three behavioural measures.

The scores on this new variable were rank ordered from most improved to least improved across all 40 subjects. A simple transformation of the data allowed a Mann-Whitney U test to be performed. This gave $U=101$ which showed that there were significant differences between the experimental and control groups at the 0.01 level of confidence on this composite behavioural measure. A more graphic way of presenting these results is shown in table 7.7. This shows the number of subjects who fell into the most improved quartile as rated by the Composite Behavioural Measure. It will be noted that 9 of the counselled subjects fell into the most improved category, whereas only 1 of the non-counselled subjects was in that category. These frequencies were tested using the Chi Square test. The resultant Chi Square of 6.5 showed that the two groups differed from the expected frequencies, with *more counselled subjects* falling into the improved category than could be expected by chance. This result was significant at the 0.05 level of confidence. Only 2 counselled subjects fell into the least improved quartile, whereas 7 of the non-counselled subjects fell into that category.

TABLE 7.7 : The dispersion of subjects on the Composite Behavioural Measure showing the most improved quartile

	Experimental Group	Control Group
1st Quartile (most improved)	9	1
2nd - 4th quartiles	11	19

NB : Chi Square = 6.53. d.f. = 1. Significant at 0.02 level of confidence (one-tailed)

Further uses for the Behavioural Composite Measure. The values generated for the Behavioural Composite Measure by SPSS (not ranked data) were used as a criterion variable on which to regress a number of the independent variables mentioned earlier. It was felt that a number of these variables such as age, I.Q., neuroticism, hostility and so on might affect propensity towards criminal behaviour. Therefore, it was decided to run a number of regression analyses using four or five possible predictor variables with the Behavioural Composite Measure as the dependent variable. The groupings of the predictor variables were chosen to guard against excessive multicollinearity between the variables. Multicollinearity refers to the situation in which some or all the independent variables are very highly intercorrelated. It can cause problems with respect to the interpretation of the regression analysis. Multicollinearity was determined by referral to Pearson Product Moment Correlations which had been calculated during the initial sorting of the data. In a similar way some of the independent variables were omitted from the regression analyses completely, as they appeared to be adequately represented by other variables with which they were highly intercorrelated. The tables required to report these preliminary regression analyses would have been quite extensive and would not have added much significant information, therefore, it was decided in the interests of clarity to simply state that the analyses were performed and to mention briefly the variables which were excluded at this stage.

The following variables were omitted from further analyses because the preliminary analyses had not shown them to significantly predict criminal behaviour for this group of subjects: namely, I.Q., Reading age, Length of time institutionalised before Lisnevin, Extraversion, Psychoticism, Defensiveness, Hostility, Direction of Hostility, Guilt and Counsellor Attitude Scale. It should be stressed that this does not mean that such factors as I.Q., Reading age and Hostility do not play their part in explaining delinquent behaviour in the general

population, but only that they do not contribute a large amount with this specific sample of delinquents. The reason for this may be that the distribution of scores for this particular sample is skewed towards such characteristics as lower intelligence or higher hostility than the general population. The predictive validity of such variables would, therefore, be masked because of the skewed and restricted distribution for this sample.

The independent variables which were included in the final analyses were those which had been shown in the preliminary analyses to be significant predictors of either the Behavioural Composite Measure or one of the three separate dependent variables which made up the Composite Measure. It was a simple matter to run regression analyses for each one of these dependent variables separately, along with the analyses for the Composite Measure. Thus the independent variable list for the final analysis consisted of the following variables: the number of previous offences before entering Lisnevin, the Family Adversity Index, age on admission, and the Eysenck Neuroticism score. To this list was added the independent variable of *Group* membership - which defined whether the subject had belonged to the counselled or control group during the study.

The procedure for this analysis was to use stepwise inclusion of independent variables - according to certain predetermined criteria. First, the computer was instructed to choose a maximum of three 'best' predictors from the independent variable list. The second criterion set a limit on the F ratio which was acceptable for the variable to be included in the equation. In this case the minimum acceptable F ratio was set at 4.1 which was equivalent to that necessary for the variable to be significant at the 5 per cent level of confidence. The third criterion specified the *tolerance* level at 0.30. The tolerance level of an independent variable being considered for inclusion is the proportion of the variance of that variable not explained by the independent variables

already in the equation. The tolerance index has a possible range of 0 to 1. A tolerance of 0 would indicate that a given variable is a perfect linear combination of other independent variables. A tolerance of 1.0 would indicate that the variable is uncorrelated with the other independent variables. An intermediate value of 0.30 would indicate that 30 per cent of the variance of the potential independent variable is unexplained by predictors already entered. It can thus be seen that the criteria for inclusion of a variable were fairly strict.

The results of the analysis are summarised in table 7.8. Membership of either the experimental or control group proved to be the best predictor of outcome as rated by the Behavioural Composite Measure and accounted for 21 per cent of the variance. Thus, subjects in the experimental group were significantly less likely to become involved in criminal activities as reflected by the Composite Measure. A close second, and the only other variable which proved to be a significant predictor, was the number of offences committed before entry to Lisnevin. This finding is very much in line with previous research which has found that previous criminal history strongly and consistently influences re-conviction (see Brody, 1976). Nonetheless, the fact that Group membership proved to be an even stronger predictor of future criminal activity would appear to be clear evidence in support of the central behavioural hypothesis of this study - namely that experimental subjects will exhibit *less criminal behaviour* than control subjects as an outcome of counselling.

This hypothesis is further supported when one looks at the other results in table 7.8 which shows that Group membership again played a significant role in predicting both the length of time institutionalised during the one year after post-test and the number of offences until November 1980. As was to be expected, age on admission to Lisnevin related to the length of institutionalisation during the one year follow-up period. The older the boy, the less time he spent institutionalised -

TABLE 7.8 : A summary of the significant relationships between Criterion and Independent Variables

Criterion Variable	Predictor Variable	R ²	Increase in R ²	Simple R	Beta	F Ratio	d.f.	Significance
Behavioural Composite Measure	Group	0.21	0.21	0.46	0.48	13.9	1.37	0.01
	Previous Offences	0.38	0.17	0.39	0.41	10.2	1.37	0.01
Period Institutionalised Post-test	Age on admission	0.18	0.18	-0.42	-0.41	9.1	1.37	0.01
	Group	0.30	0.13	0.36	0.36	6.7	1.37	0.01
Offences Long Term Follow-Up	Previous Offences	0.17	0.17	0.42	0.44	10.5	1.37	0.01
	Group	0.33	0.15	0.37	0.39	8.5	1.37	0.01
Range of Offence Long Term Follow-Up	No variable was found to be significant							

a situation which might well have been predicted because of a tendency to release boys, on attaining the school leaving age of 16, to seek employment. Rather surprisingly, age on admission was not significantly related to the number of offences during follow-up, in spite of the fact that researchers such as West and Farrington (1977) have shown that criminal convictions for youths tend to increase with age until they reach a peak in the age range of 17-18 years. In this study a positive relationship was not found between the boy's age on admission and the number of offences during follow-up. The fact that this trend was not apparent, can be interpreted as evidence that this group of subjects had started to deviate from the expected pattern for young offenders; that is, their rate of offending was not continuing to rise with age as would have been predicted from other research.

The best prediction of the number of offences during follow-up was the number of previous offences. Nonetheless, it should be again noted that Group Membership was almost as strong a predictor accounting for 15 per cent of the variance, as opposed to 17 per cent for previous offences. Both were significant at the 0.01 level of confidence.

Two variables which were in the original independent variable list, but which did not figure in the final analysis, summarised in table 7.8 were the Eysenck Neuroticism score and the Rutter Family Adversity Index. This was due to the fact that the more stringent F ratios and tolerance levels operational in the final analysis excluded them. The preliminary analyses had shown a tendency for the more neurotic subjects to commit fewer offences during follow-up, while the Family Adversity Index had been shown to relate to the range of offences, as had the previous number of offences. This relationship had been in the expected direction, that is, the greater the number of previous offences the greater the likelihood of a wider range of offence during follow-up.

Summary. To summarise the results from the Behavioural Dependent Measures, it is clear that the central hypothesis of less criminal behaviour

for the counselled subjects compared to the non-counselled subjects has been supported. During the longer follow-up period they showed themselves to be involved in committing fewer offences and a smaller range of offences. They also showed an ability to spend less time in custody than the non-counselled subjects during the one year follow-up period after post-test.

PSYCHOLOGICAL (SELF-CONCEPTION) DEPENDENT VARIABLES

The self-conception dependent variables related to the Semantic Differential and Repertory Grid measures which were taken at pre and post-test. The results relating to the Semantic Differential will be presented first.

2(a) The Semantic Differential

It was hypothesised that the counselled subjects would show more appropriate evaluations (in a direction suggesting better adjustment) of concepts in the Semantic Differential at post-test compared to control subjects after adjusting for pre-test evaluations. Since the hypothesis is of a relatively global nature it was decided to analyse the data using the MANOVA program in SPSS. With this program it was possible to test for differences between the experimental and control groups at post-test on all 11 concepts simultaneously, using the 11 pre-test scores as covariates.

The results of the MANOVA are presented in table 7.9. It can be seen that Group membership did not affect the 11 dependent variable scores after adjusting for pre-test covariates. This was a disappointing result as it had been hoped to show differences between the two groups at post-test on all these measures. However, the MANOVA test does not take the direction of change into account, but *only* the magnitude. It will be remembered from the hypotheses section of Chapter V that a specific directional hypothesis was stated for each concept. If one looks at the raw data for the Semantic Differential presented in table 7.10

TABLE 7.9 : Results of MANOVA for all 11 Semantic Differential scores post-test, after adjusting for pre-test scores as covariates

Source of Variation	Wilk's	Significance
Covariates	0.00024	N.S.
Group (over and above covariates)	0.36636	N.S.

TABLE 7.10 : Scores on each Semantic Differential concept at post-test and at pre-test

Dependent Variable	<u>Pre-Test</u>				<u>Post-Test</u>			
	<u>Exp. Group</u>		<u>Control Group</u>		<u>Exp. Group</u>		<u>Control Group</u>	
	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)
SELF NOW	31.4	(5.9)	32.1	(4.4)	30.1	(7.5)	32.4	(5.6)
SELF IDEAL	39.9	(3.3)	39.1	(5.5)	41.1	(2.1)	40.6	(2.8)
SELF OTHERS	29.6	(9.6)	28.5	(7.7)	31.1	(5.5)	28.3	(7.7)
FUTURE LIFE	36.2	(5.8)	35.9	(5.4)	38.2	(5.5)	38.1	(4.8)
BURGLARY	16.8	(11.1)	18.1	(9.9)	13.9	(7.7)	13.9	(8.9)
STEALING CARS	19.6	(11.6)	16.1	(8.7)	14.9	(8.1)	17.0	(9.6)
MOTHER	38.1	(4.7)	38.6	(5.9)	39.0	(3.7)	39.1	(4.5)
FATHER	32.1	(9.5)	33.4	(10.0)	33.2	(9.5)	37.0	(7.5)
STEADY JOB	36.7	(8.2)	36.5	(8.7)	9.3	(3.9)	35.9	(6.1)
POLICEMAN	23.9	(12.8)	24.1	(11.7)	29.2	(10.4)	20.5	(10.5)
LISNEVIN STAFF	35.7	(8.8)	35.1	(8.4)	36.0	(6.2)	34.1	(6.4)

and compares the post-test scores with the pre-test scores, it will be noted that the experimental group changed in the direction predicted by the hypotheses in 10 out of 11 cases, whereas the control group changed in this direction in only 5 cases out of 11. Using the non-parametric Fisher Exact Probability Test (Siegel, 1956) the differences between the two groups proved to be significant at the 0.05 level of confidence in a direction favouring the experimental group. This gave further information concerning the rather unsatisfactory result that there was no significant difference in the magnitude of Semantic Differential scores, since when direction of change was taken into account there was a trend favouring the counselled group. Thus one was left with the suspicion that, while differences were small, there was an *underlying trend* for counselled subjects to change in a direction suggesting *better adjustment*, as measured by the evaluation of Semantic Differential concepts. Therefore, the results were rather like those for the one year reconviction follow-up data. There were signs of differences between the experimental and control groups but these were not sufficient to reject the null hypothesis of no difference with confidence - on the other hand, to accept the null hypothesis might be another case of a type 2 statistical error. Unfortunately, unlike the reconviction data, it was not possible to re-test the subjects at a further stage to see if the trend had continued or increased. Again the small number of subjects added to the problem of statistical inference.

2(b) The Repertory Grid

Self-other identifications. The first hypothesis for the Repertory Grid was that the counselled subjects would show more appropriate identification between the element MYSELF AS I AM NOW and a number of other elements in the Repertory Grid at post-test compared to the control subjects, after adjusting for pre-test identifications. The data

resulting from the INGRID analysis of the grids were analysed using the MANOVA program which performed a multiple analysis of covariance on all seven self/element distances simultaneously. The pre-test distances were included as covariates.

The results of this analysis are reported in table 7.11 which shows that there was a difference across all seven element distances between the groups at the post-test. This was significant at the 0.05 level of confidence. When one examines the actual element distances which are given in table 7.12 it is apparent that the experimental subjects have done better than the control subjects (according to the directional hypotheses of Chapter V) in their self-identifications at post-test on 6 of the 7 identifications. For the seventh identification both groups scored exactly the same - this was for the SELF - A FRIEND WHO GETS ON WELL IN LIFE identification. The possibility of this result happening by chance was tested using the non-parametric 'sign' test which showed that it was unlikely to happen more than 6 times in 100. However, once again the magnitude of differences between the experimental and control groups at post-test was not very great, as was demonstrated by individual 't' tests performed on each self-element distance at post-test using pre-test scores as covariates. The results have not been reported in tabular form, but only the SELF-BOY NOT IN TROUBLE identification proved to be significant at the 5 per cent level. This showed that counselled subjects were likely to identify more closely with a non-delinquent acquaintance than were control subjects. Other identifications which almost attained the required significance level were, SELF-IDEAL, SELF-DELINQUENT and SELF-TRUANT, which helps explain the positive result obtained with the MANOVA analysis.

Normal Self-esteem. It is assumed (see Chapter IV) that the element distance MYSELF AS I AM NOW - MYSELF AS I WOULD LIKE TO BE is a measure of self-esteem according to the discrepancy definition of

TABLE 7.11 : Results of MANOVA for all 7 self-element distances at post-test, after adjusting for pre-test distances as covariates

Source of Variation	Wilk's	Significance
Covariates	0.0259	0.001
Group (over and above covariates)	0.51387	0.01

TABLE 7.12 : Self-element identifications at pre-test and post-test

Dependent Variable	Pre-test				Post-test			
	Exp. Group		Control-Group		Exp. Group		Control Group	
	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)
SELF-IDEAL	0.66	(0.30)	0.72	(0.45)	0.72	(0.21)	0.86	(0.33)
SELF-DELINQUENT	0.77	(0.21)	0.78	(0.20)	0.88	(0.19)	0.82	(0.21)
SELF-TRUANT	0.71	(0.34)	0.72	(0.17)	0.88	(0.20)	0.80	(0.23)
SELF - BOY NOT IN TROUBLE	0.95	(0.17)	0.85	(0.24)	0.83	(0.37)	0.97	(0.23)
SELF - FRIEND WHO GETS ON WELL	0.96	(0.15)	0.96	(0.35)	0.97	(0.18)	0.97	(0.23)
SELF - MOTHER	1.28	(0.22)	1.26	(0.38)	1.19	(0.20)	1.23	(0.21)
SELF-FATHER	1.17	(0.30)	1.18	(0.26)	1.03	(0.25)	1.10	(0.23)

this concept (see Cohen, 1959). It was argued by Cole (1967), that a *medium* level of self-esteem is optimum for healthy personality functioning. In other words that the relationship between self-esteem and adjustment is *curvilinear*. Very high self-esteem was equated with narcissism or defensive facades and low self-esteem with self-loathing or rejection - while persons with medium self-esteem were regarded as being best able to handle problem-solving situations because their reactions to dissonance are more affected by reality factors.

The range of *normal* self-esteem for the purposes of this study was taken from Quinn (1980) who used a similar Repertory Grid Index. The 95 per cent confidence limits for the self-esteem scores of 12 non-delinquent pupils from two secondary schools in working class areas of Belfast were used. The hypothesis was that more subjects in the counselled group would have a self-esteem rating within 'normal limits' than control subjects at post-test.

This hypothesis was tested by drawing up a frequency table. Subjects were allocated to each cell of the table according to group membership and as to whether they fell within the normal limits of self-esteem at post-test. The resultant frequencies for each group were then tested for differences using the Chi Square test. The results can be seen in table 7.13. While more counselled subjects fell within normal limits, the Chi Square of 0.73 was not significant. A similar test was completed for pre-test self-esteem. The Chi Square of 0.49 was not significant either. The hypothesis concerning more counselled subjects falling within normal self-esteem limits had, therefore, to be rejected.

Hypotheses derivable from further grid indices. These hypotheses were derived mainly from the work of Ryle (1975) and from other theoretical considerations. They have been loosely grouped together as they deal mainly with 'structural' aspects of the grid. The first hypothesis related to the percentage variation accounted for by the first two

TABLE 7.13 : Chi Square test between groups at post-test, for self-esteem falling inside normal limits

Self-esteem	Exp. Group	Control Group
Inside Normal Limits	8	5
Outside Normal Limits	12	14

Chi Square = 0.73. N.S.

components of a principle components analysis of the Repertory Grid. Ryle argued that more improved clients would show a reduction in the percentage accounted for by these two components, which would signify a more cognitively complex system of construing. Accordingly the hypothesis was that the percentage variation accounted for by the first two components of the Repertory Grid will be lower for counselled subjects, after controlling for pre-test differences. The second hypothesis related to the loading of MYSELF AS I AM NOW multiplied by the percentage of variation accounted for by the first component of the Grid. Ryle (1975) argued that persons scoring highly on this index were more likely to judge themselves in extreme terms on their construct systems. It was assumed that less extreme judgements of self would indicate improved psychological functioning. The hypothesis was, therefore, that the multiplicative factor of the loading of MYSELF AS I AM NOW times the percentage of variation accounted for by the first component would be lower for counselled subjects than for control subjects, after controlling for pre-test differences.

These two hypotheses were tested using analysis of covariance and the results are shown in table 7.14. It can be seen that, while the results are in the direction hypothesised in each case, they did not reach statistical significance. Both hypotheses were therefore *rejected*.

The next three hypotheses related to changes on the Grid of Differential Changes (DELTA). This program looked at differences between the pre and post-test grids and gave indices of change. The first index was the general degree of correlation between pre and post-test. It was argued that subjects who changed more in their methods of construing would have a lower correlation between the two grids. Accordingly it was hypothesised that counselled subjects would have a lower degree of correlation than non-counselled subjects. The other

two hypotheses were based on the assumption that subjects who changed most in their ways of self-construction would show the greatest variation on the MYSELF AS I AM NOW and the MYSELF AS I WOULD LIKE TO BE elements between the two occasions of testing. It was hypothesised that counselled subjects would change more on these elements than non-counselled subjects. The results of 't' test analyses are shown in table 7.15. There were very small differences between the groups for the first two hypotheses. The counselled subjects did show greater variation on the 'ideal' self element; however, the result just failed to reach the accepted criterion for statistical significance. All three hypotheses were accordingly *rejected*.

Summary of self-conception variables. In view of the positive outcomes for the behavioural dependent variables, the results for the self-conception dependent variables were disappointing. While many of the results were in the direction of the hypotheses, and hence in favour of the experimental group, all too frequently they failed to reach the required level of statistical significance. It may be that the small number of subjects goes some way to explaining this failure. A further possibility is that while differences at post-test tended to be small, this simply represented the beginning of a process of self-re-evaluation, which may have yielded more significant results had the psychological measures been taken after a period of follow-up, in the same way as the behavioural data.

THE RELATIONSHIP BETWEEN SELF-CONCEPTION AND BEHAVIOURAL CHANGE

Following Rogers' (1951) theory of constructive personality change, one would expect changes in self-conception to antecede and mediate changes in behaviour. It should, therefore, be possible to relate changes in the way that a person sees himself to changes in observable behaviour. Truax, Wargo and Silber (1966) were able to show, in their controlled study of group counselling with institutionalised female delinquents, that a major effect of therapy was to change self-concepts in a positive

TABLE 7.14 : Analysis of covariance for structural aspects of the Repertory Grid

Dependent Variable	<u>Exp. Group</u>		<u>Control Group</u>		Covariate controlling for...	Significance of Group
	Mean	(S.D.)	Mean	(S.D.)		
Percentage variation in 1st two components (post-test)	70.1	(7.2)	72.3	(8.4)	Percentage variation in 1st two components (pre-test)	N.S.
SELF NOW x % Variation on 1st component (post-test)	52.4	(388.3)	192.5	(399.4)	SELF NOW x % Variation on 1st component (pre-test)	N.S.

TABLE 7.15 : Results of 't' tests for differences in the Grid of differential changes between the groups

Dependent Variable	<u>Exp. Group</u>		<u>Control Group</u>		d.f.	t.	Significance
	Mean	(S.D.)	Mean	(S.D.)			
General degree of correlation	0.63	(0.12)	0.64	(0.12)	37	0.12	N.S.
SELF NOW Variation	8.1	(4.8)	8.6	(3.6)	37	0.33	N.S.
SELF IDEAL Variation	11.2	(6.6)	8.5	(4.0)	37	1.52	N.S.

direction thus increasing congruence between self and the ideal self. It will be remembered that their study was also able to show behavioural differences between experimental and control subjects.

The fact that many of the changes in the ratings of the concepts on the Semantic Differential, and in identifications on the Repertory Grid, in our present study had been in the direction which suggests better adjustment for the counselled subjects was some evidence of attitudinal change having taken place. The aim of this section is to examine changes in attitude and self-conception in relation to behaviour changes to see if there is any evidence of them acting as mediating variables on behaviour.

The procedure was to rank the counselled subjects in order of improvement on the Composite Behavioural Measure and then to rank order changes on the psychological self-conception measures. Spearman-Rho correlations were then calculated to see if any relationship existed between the Composite Behavioural Measure and each self-conception measure.

The results of these analyses are shown in table 7.15. It can be seen that a number of these measures of change did *relate significantly* with the behavioural measure. Subjects who showed behavioural improvement tended to have increased positive evaluation of their 'myself as I am now' (actual) concept as measured by the Semantic Differential. They also showed more variation on their MYSELF AS I AM NOW element from pre to post-test on the Repertory Grid measure. This would suggest that a restructuring or a reconstrual of the 'actual' self had been occurring. The failure to find a similar relationship for the 'ideal' self would suggest that the 'ideal' self concept had remained fairly stable. This is borne out by the evaluation for the 'ideal' self concept on the Semantic Differential which in fact remained so stable that a valid Spearman Rho correlation could not be calculated between it and the Composite Behavioural measure.

TABLE 7.16 : The correlation between the Composite Behavioural Measure and various self-conception measures for counselled subjects

Self-conception change from pre-test to post-test	Spearman Rho Correlation	Significance
Self-esteem (Rep. Grid)	-0.02	N.S.
Self-evaluation (Semantic Diff.)	+0.60	0.01
Self-now Variation (Rep. Grid)	+0.79	0.01
Self-ideal Variation (Rep. Grid)	+0.28	N.S.
Self-others evaluation (Semantic Diff.)	+0.27	N.S.
Self/Ideal Discrepancy (Semantic Diff.)	+0.71	0.01

Interestingly no relationship between behaviour and self-esteem (as measured by identification between self and ideal self on the Repertory Grid) was shown. However, another possible index of self-esteem did show a positive relationship with behaviour. This was the self/ideal self discrepancy on the evaluative scales of the Semantic Differential. It may be, in fact, that this was a *more valid* index of self-esteem. It was based on how the subject say 'himself' in comparison to his 'ideal' self on the evaluative scales of the Semantic Differential. Whereas the Repertory Grid index measured the degree of identification between 'actual' and 'ideal' self across the 10 personal constructs used in the Grid. These constructs may or may not have had a strong evaluative component depending upon the subject. Somehow the concepts of '*esteem*' and '*evaluation*' seem to be intuitively similar and thus this index, based upon evaluation, may be more *meaningful*.

To summarise the results in table 7.16, it would appear that subjects who showed a reduction in criminal behaviour during follow-up did tend to experience a change in their self-concept. This change was based in a *re-evaluation* of their 'actual' self-concept rather than their 'ideal' self. They tended to evaluate themselves more favourably and to have less discrepancy between their 'actual' and 'ideal' selves as measured by the Semantic Differential. Such a picture is very much in keeping with Rogers (1967) conceptualisation of the process of therapy which suggests a *greater congruence* between 'self' and 'ideal' self. It also supports the empirical findings of Truax, Wargo and Silber (1966) who showed that a change in self-concepts in a positive direction, which increased the congruence between the self and the ideal self, was a mediating factor in improved behaviour for institutionalised delinquent girls.

RATINGS OF BEHAVIOUR CONCURRENT WITH THE COUNSELLING PERIOD

The Weekly Marks Record. It was of some interest to see if any differences in observable behaviour occurred, during the actual process

of counselling, between counselled and non-counselled subjects. The Weekly Mark was a consensus mark allocated from the ratings of care and teaching staff who were in frequent contact with the subjects. It was expected that, if there were differences between the two groups, these differences would be more marked during the second half of counselling than during the first half. Accordingly three hypotheses were tested - firstly, that counselled subjects would obtain a higher average weekly mark than control subjects during the total counselling period (unusually 28 weeks); secondly, that there would be no differences during the first half of counselling; and thirdly, that counselled subjects would have a higher average mark during the second half of counselling. Independent 't' tests between the groups for the periods mentioned above were used to test these hypotheses.

Examination of table 7.17 shows that there were no significant differences for the average weekly mark between the experimental and control groups for any of the time periods mentioned. The means for both groups were, in fact, remarkably similar. This would lead one to believe that counselling had led to no changes in behaviour, observable to staff, while subjects are in Lisnevin during the experimental period.

FACTORS RELATING TO AMENABILITY TO COUNSELLING

It will be remembered from the statement of Purposes in Chapter V that a secondary aim of this study was to attempt to discover criteria for suitability for counselling. In the review of the literature in Chapter III it was concluded that questions like: "Is psychotherapy effective?" are too vague and should be replaced by questions like: "What specific therapeutic interventions produce specific changes in *specific clients* under specific conditions?" In that chapter it was also argued that much research has shown that factors concerning the *amenability* of the client are important. It seemed that such variables

as, levels of interpersonal maturity, quality of anxiety, insight, motivation for change, and the like, helped to determine outcome. More specifically Haimowitz (1948) had suggested that intra-punitive males make better use of the experience of client-centred therapy than others. But Adams (1961) presented evidence that bright, verbal and anxious delinquent boys are more amenable to counselling. On the other hand, Rogers (1957) in his specification of the 'necessary and sufficient conditions of therapeutic personality change' only required that the client should be in a state of incongruence, being vulnerable and anxious. He did not limit the effects of therapy to specific client groups. Truax and Carkhuff (1967) were in broad agreement with this stance and stressed the importance of therapist rather than client variables in determining outcome. They did, however, conclude:

"... although some of the evidence is conflicting, the client most likely to benefit is the one who (1) has a high degree of inner or 'felt' disturbance but a low degree of behavioural or 'overt' disturbance; (2) has a high degree of readiness, positive expectancy, or hope of personal improvement; and (3) engages in deep extensive self-exploration". (p.2)

To test whether there were any predetermining factors which made some of the subjects in this study more amenable to counselling than others the following procedure was adopted. Variables which previous research had shown might affect amenability to counselling were included as predictor variables in a regression analysis, along with measures connected with the actual counselling conditions themselves. The criterion variable was the Composite Behavioural Measure of outcome. The predictor variables were as follows: Verbal I.Q., Neuroticism score (Eysenck), Direction of Hostility (H.D.H.Q.), the Total Relationship Score (Barrett-Lennard), the Unconditional Regard score (Barrett-Lennard) and the Number of Counselling Sessions received. The Total Relationship score from the Barrett-Lennard Relationship Inventory was used because it was found to be very highly correlated to the Empathy, Level of Regard, and Congruence scales, which were all highly inter-

correlated with each other. Whereas, the Unconditionality of Regard score was included separately as it was not strongly correlated with the other three scales.

The number of subjects in the analysis was unfortunately restricted to 15 because two of the subjects failed to complete the Barrett-Lennard Relationship Inventory accurately, while three subjects completed the wrong version of it. Undoubtedly the small number of subjects limited the possibility of finding significant results.

The results of the analysis showed that *none* of the predictor variables were significant at the required level of statistical confidence. Thus no variables were shown to influence amenability to counselling. This result is in line with the Rogers (1957) and Truax and Carkhuff (1967) positions and would suggest that as long as a subject is a willing participant in counselling, no other criteria for suitability should be required. Nonetheless, the above opinion should be viewed tentatively considering the small number of subjects upon which it is based. The results did show a positive but non-significant correlation of +0.24 for both I.Q. and Direction of Hostility with the Composite Behavioural Measure. Thus there may be a tendency for brighter, intra-punitive subjects to fare better after counselling.

The failure to find a significant relationship between the Composite Behavioural Measure and the Barrett-Lennard Total Relationship was disappointing. Again the small number of subjects may help account for this, but also the distribution of the Relationship scores was almost certainly crucial. It will be remembered that the counsellor set out to offer the *same* level of the core conditions to each subject and while subjects perceived these conditions at different levels, the range was skewed towards the upper half of the scale which meant a restricted distribution. There was a mildly positive correlation of 0.20, which suggests some tendency for subjects who perceived the core conditions at higher levels to have better behavioural outcomes. The correlation of

TABLE 7.17 : Analysis of Weekly Marks Record for behaviour rated at various periods during the experiment

Time Period	Exp. Group		Control Group		d.f.	t	Significance
	Mean	S.D.	Mean	S.D.			
Total experimental period (28 weeks)	7.6	0.89	7.5	0.81	38	0.20	N.S.
1st half of experimental period	7.7	0.74	7.8	0.59	38	0.43	N.S.
2nd half of experimental period	7.5	1.24	7.4	1.29	38	0.38	N.S.

+0.06 between outcome and Unconditional Regard suggests that there was no relationship between these two variables.

Summary of Results

The main points to emerge from the results of this study can be briefly stated as follows: the experimental and control groups did not differ significantly across a wide range of independent variables at pre-test, which suggested that the random allocation of subjects to the experimental and control conditions had been successful. The results from the Barrett-Lennard Relationship Inventory and the Carkhuff Scales for Assessment of Interpersonal Functioning suggested that the counsellor was able to offer the core conditions as postulated by Rogers (1957) at at least minimally facilitative levels.

The central hypothesis of the study, that counselled subjects would show less criminal behaviour during follow-up (until November, 1980) compared to the control subjects, was supported. Counselled subjects showed a lower rate and range of offending. They also spent less time institutionalised during a one year follow-up.

Self-conception measures gave less clear results. The direction of change towards better adjustment favoured the counselled subjects but the magnitude was often small. For counselled subjects the relationship between self-conception and the behavioural outcome measures was examined. This showed that those with most positive behaviour change tended to have significantly improved self evaluation, less self/ideal self discrepancy (as measured by the Semantic Differential) and more variation on the 'actual' self-concept (as rated by the Repertory Grid). Thus changes in self-conception were shown to relate to improved behavioural functioning for the counselled subjects.

When criteria for the amenability to counselling were examined none were found to be significant. Therefore, within the context of this study it was not shown that it is possible to predict in advance those subjects who would be likely to benefit most from client-centred counselling.

C H A P T E R V I I I

THE DISCUSSION

INTRODUCTION

In this chapter the results of the study are first discussed from a theoretical perspective. Then the design of the experiment is critically examined in the light of Logan's (1972) seven criteria for methodological adequacy. Strengths and weaknesses of the experiment are highlighted and where possible recommendations for improved design are made. The final section of the chapter looks at extrapolations from the study and makes suggestions concerning possible developments in future research, counselling practice, and institutional programmes.

AN OVERVIEW OF THE RESULTS FROM A THEORETICAL PERSPECTIVE

The fact that the central hypothesis of this study was supported (with counselled subjects showing less criminal behaviour than non-counselled subjects measured over a substantial period of time) must be regarded as strong evidence in favour of the Rogers (1957) position on the 'necessary and sufficient' conditions for therapeutic change. The results are indeed remarkable when one considers the limited extent of the counselling, which consisted of once weekly forty-five minute sessions over a period of seven months (mean =19 sessions), yet the outcomes were still measurable after an average of 2.5 years. Indeed there was substantial evidence that the effects were *increasing* with the passage of time. This raises the question of what was happening during these brief counselling sessions which led to changes which were measurable over lengthy periods.

The basic premise of the client-centred approach is a conscious renunciation of and avoidance by the counsellor of all control over, or decision making for, the client. Its purpose is to facilitate self-ownership by the client and it thus entails placing the locus of decision making and the responsibility for the effects of these decisions on the client. Consequently it is centred on the client rather than on the counsellor.

It will be remembered from Chapter I that it was argued that Lisnevin

shares many of the characteristics of a 'total institution' whereby the pupils have few rights and responsibilities combined with a rigid adherence to rules, regulations and routines. Within this context it is not surprising that a client-centred counselling approach was perceived as radical by the boys. For the brief space of forty-five minutes per week counselled subjects were afforded the opportunity to take responsibility for themselves. They could choose what they wanted to talk about and were not 'preached at' or advised, but in a climate of empathy, respect and genuineness they could explore problematic areas of their lives. No restrictions were placed on the topics for conversation or the language used. Instead the hypothesis was tested that each individual has within himself vast resources for self-understanding, for altering his self-concept, his attitudes, and for engaging in self-directed behaviour. Furthermore, that these resources can be tapped within the climate of facilitative psychological attitudes on the part of the counsellor.

The focus of counselling was the individual *person* and *not* the *problem* with the aim being not to solve one particular problem but to assist the individual to *grow* so that he could cope with both present and later problems in a more integrated fashion. It aimed directly toward the greater independence and integration of the individual rather than hoping that such results would accrue if the counsellor assisted in solving a particular problem. The argument being that if the client can gain enough integration to handle one problem in more independent, more responsible, less confused, and better organised ways, then he will also handle new problems in that manner. This position was concisely summarised by Rogers (1978):

It relies much more heavily on the individual drive toward growth, health and adjustment. Therapy is not a matter of doing something to the individual, or of inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development, of removing obstacles so that he can again move forward. (p.6)

Thus client-centred counselling is seen as the initiation of a *process* which will hopefully continue throughout life. As the person becomes more *fully functioning* one would expect increases in coping behaviour with the passage of time which would in turn be self-reinforcing. This model of intervention is, therefore, in stark contrast to the *medical* model on which much residential intervention is based and which has been so strongly criticised by Cornish and Clarke (1975). They argued that most institutional programmes teach inmates behaviours which fail to be reinforced when the person returns to his own natural environment. Consequently when the old evoking stimuli recur in his home environment, the problematic behaviour quickly becomes established because it is reinforced in the natural setting. However, this argument depends on a perspective of man as a purely *reactive* being. On the other hand, the client-centred or humanistic view sees man as an *active* as well as a reactive being. He can determine stimuli and to a large extent the consequences of these stimuli - so in this sense he is not purely the victim of his environment. The client-centred approach is based on the premise that the human being is basically a goal-directed organism, capable of evaluating the outer and inner situation, understanding himself in its context, making constructive choices as to the next steps in life, and acting on those choices.

A facilitative person can aid in releasing these capacities when relating as a real person to the other, owning and expressing his own feelings; when experiencing a non-possessive caring and love for the other; and acceptantly understanding the inner world of the other. When this approach is made to an individual, it is discovered that, over time, the choices made, the directions pursued, the actions taken, are increasingly constructive personally and tend toward a more realistic social harmony with others. (See Rogers, 1980).

In many respects the client-centred approach is the antithesis of the philosophy which removed the young person from his home and placed him in the secure and structured setting of Lisnevin. Yet it may be that because of this very *contrast* the power of the client-centred approach was revealed in clear relief to the client. Instead of the counsellor following the old authoritarian medical model of keeping the patient in the dark - as a patriarch might treat a child, he gave away the authority, the secrecy and the unquestionability of the professional therapist. Power over his own life was left completely in the hands of the client in the context of a nurturant atmosphere, but not a forcing one.

This writer must admit that while the above comments make sense to him now after the completion of the experiment, in many respects he was a 'doubting Thomas' throughout the course of the investigation. He had been ready to accept prior to the experiment that positive results might accrue during the counselling period through improved social relationships and better social behaviour. Similarly he had also believed that counselled subjects might show less criminal behaviour during a short follow-up period. But, being much influenced by the social learning perspective, he had pessimistically believed that when the counselled subject returned to his home environment he would eventually succumb to the old environmental stimuli and the effects of counselling would dissipate. In this respect while he had a knowledge of client-centred theory, he did not fully believe in its *power* in practice. He had failed to grasp that a process would be initiated which would be self-reinforcing and which would, therefore, have an increased probability of continued development.

Rogers (1980) has related many similar conversions of persons who were induced to try a person-centred approach in practice and who were agreeably surprised at the outcomes. The approach does not, therefore, depend upon the counsellor being an ardent believer in the theory but

can be put into practice by persons who are in general agreement with the principles. This author would still not describe himself as a convinced Rogerian - with all that this implies in terms of his views on the nature of man and society. The very fact that he continues to work in a secure establishment for young offenders is perhaps the strongest evidence of this assertion. In working in Lisnevin he is accepting 'de facto' the need for limitations and restrictions on some members of society. Nonetheless, the evidence from his scores on the Counsellor Attitude Scale showed him to be 'substantially' client-centred in attitude.

COMMENTS ON ASPECTS OF THE DESIGN OF THE EXPERIMENT

The basic design of this experiment was to test whether a counsellor who was perceived as conveying, (at least) minimally facilitative levels of the core conditions to his clients could expect positive outcomes from his clients. It was, therefore, in its most general form a retest of the Rogers (1957) position on the 'necessary and sufficient' conditions for effective therapy. However, it was original in two important respects. Firstly, it is the first documented account of an evaluative study of client-centred counselling with a British delinquent population. Secondly, and most importantly, in view of Logan's (1972) criticisms of the methodological adequacy of almost all earlier criminological and penal research, this study has attempted to demonstrate its scientific adequacy using Logan's seven criteria as guidelines. In doing this the author believes that the basic Rogerian position has been more fully tested than in many previous experiments. The next sections of this discussion will attempt to highlight the strengths and weaknesses of this study using the Logan criteria as a yardstick.

The Methodological Adequacy of the Experiment

Criteria 1 and 2

Logan's (1972) first criterion is that there must be an adequate definition of the programme or set of techniques whose effectiveness is

being tested. The second criterion is related to the first and insists that the technique or programme should be capable of routinization. Logan demanded that the definition should be sufficiently operational that the components of the programme could be clearly identified.

The independent variable in this study was defined as *predominantly client-centred counselling*, characterised by high levels of empathy, respect and genuineness. It was argued that to be a true test of the Rogers (1959) position the core conditions must not only be available from the counsellor but must be *experienced* by the client. Therefore, the main method of demonstrating that the counselling programme, as defined, was actually delivered was the Barrett-Lennard Relationship Inventory (B.R.I.). Two other measures were also used as 'back ups' for the B.R.I. These were the Carkhuff (1969) Scales for Assessment of Interpersonal Functioning and the Counsellor Attitude Scale (C.A.S.) developed by Nelson-Jones and Patterson (1974). The relevant sections of Chapter VII showed that the mean scores on all three measures were *sufficiently high* to justify the claim that client-centred counselling at, at least, minimally facilitative levels was available to, and experienced by, the counselled subjects as a whole. Yet none of these three measures - nor indeed all three combined, can be regarded as entirely satisfactory in demonstrating the levels of the core conditions experienced by the counselled subjects.

The Barrett-Lennard. The Barrett-Lennard Relationship Inventory has limitations to its use. While it does purpose to measure the core conditions from the client's point of view it has definite weaknesses. In Chapter VI doubts were raised concerning its reliability and hence its validity with subjects of similar background and ability range to those in this study. In its current form it needs to be anglicised as it contains a number of terms which would not be immediately meaningful to British subjects. Also the semantic structure of some of the

items requires a reasonably high educational standard to understand the meaning. An example of this is item 39: 'How much he likes or dislikes me is not altered by anything that I tell him about myself', to which the respondent must answer in varying degrees of true or false, which seems to require a fair degree of mental agility. (See Appendix C).

A further problem concerns its length which, with 64 items, requires a minimum of ten to fifteen minutes to complete. Such time constraints makes it impossible from a practical point of view to administer frequently to the same subject - especially if an independent administrator is required to explain some of the items. Yet without such administrations little information can be gained about the levels of the core conditions at specific stages in the counselling process, which in turn could lead to greater elaboration of the Rogerian position. It could be, for example, that the client needs to experience high levels of the core conditions in the early stages of counselling, but that these are not so important at the later stages.

In this study the B.R.I. was administered only once. This came at the end of counselling which gave a relatively 'global' view of how the counsellor viewed his *overall* relationship with the counsellor. It would have been preferable to have had it administered on more than one occasion, with perhaps a testing after the first five sessions and then every five sessions thereafter until the end of counselling. However, this proved impossible because of the need for an independent test administrator who would not have been available sufficiently often. Likewise the structure of the current form of the B.R.I. meant that the subjects found it a fairly tedious task and sufficient co-operation on their part could not have been guaranteed. The author did attempt to develop a simplified, shorter and anglicised version of the B.R.I. which would have been easier to administer and hence could have been used more frequently. However, he had to abandon it because of difficulties

in proving its validity within the time available. Nonetheless, the need for a simplified, more easily administered relationship inventory, which would measure the core conditions from the client's point of view has been highlighted and should be a priority for persons wishing to continue research in this area.

One of the experimental subjects failed to fill in the B.R.I. in a satisfactory manner. For this reason his scores had to be excluded from the analysis of results. This boy answered every item on the inventory with a +3 response (which meant that he strongly felt it to be true). As he was above average in intelligence there was no doubt about his understanding the inventory. The administrator did note unusual suspicion about the reasons why he was being asked to fill in the inventory. It appeared that he thought that the inventory administrator (a senior research officer) was trying to spy on the counsellor and therefore, out of loyalty to the counsellor, he gave information which he knew would be meaningless when scored. It was encouraging to note that this subject did have the second best overall outcome of all the subjects. Nonetheless, it showed that subjects, out of a sense of loyalty to the counsellor, could have given false reports about their relationship with him, to someone they perceived as acting in an 'inspectorial' role. This was not an easy problem to resolve as the alternative would have been for the counsellor to admit in advance to the subjects that he was fully aware that they would be asked questions about their relationship with him and that he would be given their responses. In this case the temptation of 'fake good' would have been even higher. On balance the approach adopted in the study seems to be preferable whereby the counsellor did not disclose in advance that he knew that each subject would be asked to complete a B.R.I. concerning their relationship with him. He did, however, reveal when questioned by several subjects after they had completed the Inventory

that he had been aware that they would be asked to do so. On these occasions he reasserted that the results were purely for research purposes and would not in fact be scored until a much later date.

The fact that one experimental subject failed to fill in the B.R.I. while three others filled in the wrong version of it, highlighted the need for close co-operation between the independent test administrator and the experimenter. Luckily the error of using the wrong version of the B.R.I. was discovered fairly quickly and was easily rectified for the rest of the subjects. It did underline that what appeared to be a simple procedure had a number of unforeseen difficulties. This indicated the need for very clear instructions on the part of the experimenter when relying on people who are not fully aware of the experimental design.

The failure to find a significant relationship between the Barrett-Lennard Total Relationship score and the Composite Behavioural measure was discussed in Chapter VII. It was explained in terms of the small number of subjects and the fact that the distribution of scores was skewed towards the positive end of the scale. That the scores should be skewed was not surprising as the counsellor tried to offer high levels of the core conditions to all subjects. In fact only one subject had a negative score (-2). When the counsellor looked at his notes, which he made after each session, it was soon apparent that he (the counsellor) had felt very ill at ease in this relationship. A number of excerpts will illustrate this:

10.7.79 : Session 11, 45 minutes duration
Session was early at David's request, yet I feel considerable resistance from him, - a desire to manipulate and humiliate me. I have told him of my feeling. I feel that in some way I am failing as a counsellor - does he not trust me? Does he see no point in lowering his defences? What happens in these sessions is up to David, yet I feel a responsibility when no work appears to be done - is it because of my lack of facilitative ability? Many questions

few answers. He did express concern about his grandmother and the present fall of snow. He decided to ask for early leave to attend to her if the snow continues. A responsible decision. There are no great problems during periods of silence - in one sense we are at ease with each other. David very clearly knows the purposes of counselling - it is up to him to avail himself if he wants.

Missed session - early leave. Arrested at weekend for burglaries.

24.1.79 : Session 12, 30 minutes duration
Short session at David's request. Considerable tension - David intent to resist self-disclosure and work. Cat and mouse games which make me ill at ease. Sits in swivel chair with his back to me most of the time, yawns, revolves and asks me apparently trivial questions. Hardly mentioned burglaries, very self-complacent and smug. I'm not too happy at all with this relationship.

1.2.79 :
Refused to come to counselling - in a cheeky vindictive manner.

9.2.79 : Session 13, 45 minutes duration
After allowing David the opportunity to open I felt the need to confront him with the feeling that a great gulf had opened up between us and that he was deliberately trying to annoy me and keep me at a distance. I told him that it was increasingly hard for me to like him. At first he denied it and then he suddenly said he felt like 'cracking up' - he was mad at himself and everyone. He alluded to the very high tension in the unit at present. He blamed it on the move to the new common room. He said he was going to make an effort in future but at this stage I feel he lapsed into insincerity and a certain amount of tension returned. David ended the session by looking at the clock and saying "You have had your session".

Interestingly, although the counsellee had reported his dissatisfaction with the relationship and the counsellor had done likewise in his 'notes', this subject had a moderately good outcome being ranked twelfth out of all forty subjects on the Composite Behavioural measure. In most instances there appeared to be a general agreement between the counsellor's subjective notes on the counselling relationship and the counsellee's ratings on the B.R.I. This was not always the case as there were one or two notable exceptions. This is illustrated by the case of Ernest. He reported experiencing a moderately positive relation-

ship (+64) with the counsellor, yet the counsellor considered this to be his worst ever relationship with a client. This is illustrated by excerpts from the notes:

1.6.78 : Session 4, 40 minutes duration.
Another session in which I felt very threatened and manipulated by Ernest. Took place in the evening at his request. He played with the calculator most of the time - hard to be empathic! Very frustrating for me. He tried to bargain with me, e.g. I will tell you my problems if you will take me outside. He did eventually mention his frustration that he could do nothing right in this school. I told Ernest my feelings as best I could but felt they were falling on deaf ears.

9.6.78 : Session 5, 45 minutes duration.
The most difficult session I have ever had with anyone. Started in the single rooms - I made my position clear right at the start that I was not there to be manipulated. I told him I did not feel strong enough to be made a fool of without reacting. Ernest rhymed continually to be taken outside. Eventually I agreed to take him to my office for twenty minutes on a contract basis. I felt very threatened and angry. He played with the calculator and continually called out loudly, "Don't bug me". Then when time was completely up I had difficulty trying to get him to keep the contract ... I feel as if he is just completely making a mug out of me and that there is no mutual basis for carrying on our relationship - I feel very disturbed and distressed about this. I don't know what to do. I told Ernest that I seriously questioned if there is any point in carrying on.

This subject just did not appear to be able to accept a client-centred relationship. He used the freedom given to him as licence to embarrass and test the counsellor to his limit. It may be that with a more experienced counsellor he would eventually have responded to a facilitative relationship. Unfortunately, this boy came to counselling with an extensive delinquent record and at follow-up he had amassed a record which was of almost similar proportions. He had the worst Composite Behavioural score of all twenty counselled subjects and was ranked thirty-fourth out of forty for the counselled and control subjects combined.

In this case the counsellor was aware of a poor counselling relationship, neither behavioural nor the psychological outcome measures showed

much sign of positive development, yet the subject reported that he experienced a moderately facilitative relationship with the counsellor! A number of interpretations are possible for this situation but the most plausible would appear to include either deliberate falsification in reporting the relationship, or else the subject was so distorting experience that he believed that the relationship was a positive one. It is on occasions like this that ratings of independent objective judges would be helpful.

Returning to the mean scores obtained from counselled subjects on the B.R.I., it was apparent that the counsellor achieved at least minimally facilitative levels on three of the four scales. These were: empathic understanding (E), level of regard (R), and congruence (C). On the fourth scale, unconditionality of regard (U), his mean score of +3.4 was very low. The first three scales all had high positive correlations with each other and with the total relationship score, whereas the unconditionality of regard scale was uncorrelated with the other three scales and the total relationship score. This finding was in keeping with other research quoted by Gurman (1977) who reported a general trend for U to bear a very low relationship to the other three conditions (i.e. it is quite independent). Obviously this finding is important from the point of view of Rogers' (1957) position on the 'necessary and sufficient' conditions for therapeutic change. From the present study it is apparent that positive outcomes still accrued even when the clients did not report experiencing 'unconditional regard' which suggests that regard does not have to be perceived as 'unconditional' to be effective. The present study certainly supports Barrett-Lennard's (1962) distinction between *level of regard* and *unconditionality of regard* and would suggest that Rogers' (1957) position is in need of refinement. A further possibility would be the view taken by Truax and Carkhuff (1967) who suggested that when one of the three core conditions is negatively related to the other two in any

given sample of therapists, the client outcome is best predicted by whichever two conditions are most closely related to each other. In general form, this idea suggests that when any two of the three therapeutic conditions are sufficiently high, positive client change will occur. Whichever position is accepted, it is obvious that the original Rogers' (1957) assertion about the necessity and sufficiency of all three therapeutic conditions must be cast in doubt with most doubt cast upon the notion of the necessity for positive outcome of unconditional positive regard.

In Chapter VII it was promised that the low unconditionality of regard score obtained by the counsellor in this study would be discussed in more detail. As envisaged in the experimental design, the counsellor certainly set out to offer high levels of unconditional regard to the counselled subjects. Yet they did not report experiencing this unconditional regard as evidenced by the low scores on the U scale of the B.R.I. The first question must concern the validity of the U scale for measuring unconditionality. It will be remembered from Chapter VI that Lockhart (1975) found a very low split-half reliability of 0.33 for the U scale with a group of subjects of similar background to those in this study. Such a low reliability co-efficient would suggest that the subjects were not using the scale consistently, which would, therefore, cast doubt on the validity of the scale in measuring unconditionality of regard. This again highlights the need for a relationship inventory to be developed with proven validity over a wide range of subjects and conditions. Nevertheless, if the validity of the B.R.I. U scale is assumed, further possibilities exist for explaining the low mean score. It may be that the counsellor, while intending to be unconditional in attitude, was displaying conditionality through his non-verbal and verbal nuances of which he was unaware. A

further and very plausible explanation is that by virtue of his *role* as full-time psychologist and member of staff in the Special Unit, he was perceived by the subjects as holding clearly defined moral attitudes and values regardless of whether he actually displayed them in the counselling relationship. The fact that the counsellor did have day to day contact with the subjects outside the counselling relationship, when of necessity he had to be more judgemental and controlling in attitude, further reinforced this position. The important thing is that although the counselled subjects did not perceive the counsellor as being *unconditional* in behaviour, positive outcomes from counselling still occurred. It is a moot point whether even greater positive outcomes would have occurred had the subjects perceived the counsellor as being unconditional in regard. No doubt many teachers and child care workers will derive some comfort from this finding that a person does not have to be perceived as 'unconditional in regard' to be facilitative! Nonetheless, the position taken by Patterson (1974) concerning 'unconditionality' is probably worthy of repetition. He distinguished between the client as a person - the who - and the client's behaviour or - the what. He believed the client must always be unconditionally accepted and respected as a *person* but this does not mean that his behaviour must always be unconditionally accepted. There may indeed be instances where the unconditional acceptance of a person's behaviour may demonstrate a *lack* of respect for the person.

The Carkhuff Scales for Assessment of Interpersonal Functioning. In Chapter IV the author was highly critical of the Carkhuff (1969) scales and other similar scales. First it was argued that they did not constitute a true test of the Rogers (1957) position which demanded that the core conditions must be *experienced* by the client. Secondly, the validity of the scales was questioned on the grounds that they were too subjective and used inadequate sampling techniques, which tended to assign

equal weights to excerpts taken across the whole range of therapy but this ignores counsellor variability and the 'empathic specificity' hypotheses of writers such as Gurman (1973). Other criticisms include the use of audio cassettes or typescript which limits information to only one modality and ignores such valuable information as non-verbal communication, which plays a major part in relationships.

Nevertheless, it was decided to include Carkhuff ratings of the counsellor as part of the experimental procedure. This was to comply with the recommendation of Mitchell et al. (1977) that it is important for future research to include the means and range of the interpersonal skills scores of the therapists. As most research reports these in terms of the Carkhuff (1969) or Carkhuff-type scales, it seemed appropriate for this research to do likewise. For practical reasons it was impossible to audio record every counselling session with each client. Instead it was decided to follow the precedent set by Truax, Wargo and Silber (1966) and to report the counsellor's ratings with clients outside the actual counselled subjects in the study. Chapter VI documented the difficulties in obtaining an adequate number of counselling samples, which in the end were restricted to just 12 excerpts with two clients. These were rated on the Carkhuff (1969) scales by two students who had almost completed their postgraduate Diploma in Counselling at the University of Aston. The mean score obtained by the Counsellor on each of the three scales was above 3.0, which meant that the counsellor had been rated as being 'on average' above the minimum facilitative levels for each scale. However, the poor test/re-test reliability co-efficients quoted in Chapter IV must lead one to question the validity of these scores - although it should be emphasised that similar low reliability co-efficients are not uncommon using the Carkhuff scales! It may be that more attention should have been given to training the raters in the use of the scales and that this would have improved the reliability.

Instead it was assumed that persons who had recently undergone practicum training in developing the facilitative conditions would be sufficiently able to recognise these conditions in another and would, therefore, be good judges. Unfortunately persons specifically trained in the use of the Carkhuff scales do not appear to be available in this country. For the experimenter to set about training people specifically to become raters would infringe on other necessities - namely that the raters should be independent and unknown to the counsellor. This obviously highlights the undesirability of the experimenter and the counsellor being the same person.

The preceding discussion emphasises that the whole area of measuring the counselling process is fraught with difficulties and, as yet, no method appears very satisfactory. Advances are being made, for example, with the increasing use of video-recording equipment which permits important non-verbal cues and expressive behaviours to be taken into account in the communication of facilitative attitudes. Foot switches can be linked to this equipment, thus allowing the client to signal, unknown to the counsellor, those occasions when he is feeling understood, etc. However, such equipment is expensive and the tapes require a large amount of time to analyse. Such procedures may be possible in analogue studies but there are genuine difficulties in instituting such methods with real live clients. It takes a very special sort of client to agree to talk about his problems in front of a video camera while pressing a foot switch at those moments when he feels the counsellor is being especially empathic, genuine or whatever!

There is undoubtedly a need for the development of more sophisticated measurement methods, especially those relying heavily on client-perceived empathy. Such improvements in methodology may yet lead to a significant revision of the client-centred hypothesis and in its ability to specify conditions leading to therapeutic change.

264

In the absence of such sophisticated techniques this author believes that the B.R.I. or similar self-report inventories offer the best method presently available for measuring how the client has perceived the counselling relationship in terms of the facilitative conditions. As such he would contend that the B.R.I. scores quoted in Chapter VII present evidence that the client group as a whole received the basic ingredients of client-centred counselling. The scores from the Carkhuff Scales for the Assessment of Interpersonal Functioning and the Counsellor Attitude Scale present supplementary and corroborating evidence.

Logan's 3rd and 4th criteria. These criteria stated that there must be some division, preferably random, of a given population of offenders into treatment and control groups and that there must be some evidence that the treatment group is, in fact, receiving treatment as defined, but the control group is not. He contended that the two groups should differ as little as possible with respect to the characteristics of the subjects and their basis for selection.

In Chapter VII, table 7.1 it was shown that the random allocation of subjects into the experimental and control conditions had been successful, in that the two groups did not differ significantly across a range of 16 variables. These included factors which were likely to influence delinquent propensity or amenability to counselling. It would of course have been possible to have extended the list of variables to include other factors on which the two groups might have differed. In hindsight the only factors which the experimenter would have liked to have included were a measure of client motivation to change and some indication of the extent of the client's problems as perceived by the client. No suitable published measures were known to the experimenter at the outset of the experiment to measure these factors. Since that time there has been the publication of the Lewis

Counselling Inventory (Lewis and Pumfrey, 1978) which would probably have sufficed to measure the client perceived extent of problems. No adequate measure of client motivation for change is as yet known to the experimenter. The inclusion of measures of this type would have provided a better test for some of the Truax and Carkhuff (1967) criteria for clients likely to benefit most from counselling; namely those with a high degree of inner or 'felt' disturbance but a low degree of behavioural disturbance and those with a high degree of readiness, positive expectancy, or hope of personal improvement.

The need to show that the treatment group in fact received the treatment as defined, but the control group did not, was answered to some extent by the use of the Counsellor Attitude Scale (Nelson-Jones, and Patterson, 1975). It was shown that the counsellor in the experiment scored very significantly higher in his client-centred attitudes than any other member of staff involved in any sort of counselling or therapeutic relationship with the subjects in the school. It should also be remembered that the restricted nature of Lisnevin meant that neither counselled nor control subjects had much opportunity for forming 'unknown' therapeutic relationships, which can be quite a common occurrence with clients living in the community (See Bergin, 1971).

The fact that both the experimental and control subjects experienced such a similar environment during the experimental phase of the study has many advantages from a methodological point of view. It did, however, have a rather serious disadvantage - namely, the possibility of 'contamination' between experimental and control subjects: for example, if the experimental subjects became more 'fully functioning' persons, a by-product of this self-actualisation might have been that they consequently were positive models for control subjects. Such an interaction would be most difficult to monitor. What seems important in the context of the present experiment is that even if the reverse form of contamin-

ation had operated (i.e., control subjects had adversely effected experimental subjects) it was not sufficient to mask the effects of counselling. It would certainly be interesting to see if the outcomes of counselling would be increased if all boys in the Unit received regular client-centred counselling.

Drop-Outs. At this stage in the discussion it seems appropriate to mention the nine boys who 'dropped out' of the study. They can be divided into three classifications. The numbers in each classification were too small to allow proper statistical comparison with either the experimental or control groups on various characteristics. The two boys in the first group were, strictly speaking, not drop outs but 'non-starters'. These were boys who entered the Unit during the study but refused the offer of regular client-centred counselling. Both had extensive delinquent records before admission but, apart from a particularly high rate of offending in the one year prior to admission, they did not appear to differ from the experimental or control groups across a wide range of factors such as age, intelligence and so on.

The second group of five boys consisted of *those who dropped out voluntarily* from the counselling before they had received the agreed minimum of ten sessions. This group could be further sub-divided into those who dropped out for administrative reasons and those who no longer wanted to continue with counselling. The three boys who dropped out for administrative reasons included two boys who obtained employment outside the school which made attendance at the sessions difficult and a third who returned to the feeder school after only six weeks in the Unit. Both these occurrences were very rare and could not have been anticipated when the study was planned. The average number of offences at the November 1980 follow-up date for these three boys was 4.6 (range 0 - 9) which was closer to the average for the

counselled subjects (3.6) than for the control subjects (12.0). The two boys who declined to continue in counselling both did so because they realised after a few sessions that counselling was truly 'voluntary'. They had initially agreed to come to counselling because they thought it was the 'best' thing to do in order to get on well in the institution. Both boys had found it particularly difficult to talk about themselves on the few occasions on which they attended. One boy had a moderately good outcome of 5 offences at the November follow-up date, while the other had a poor outcome of 20 offences. Neither boy completed all the self-conception or psychological measures at post-test.

The third group consisted to two boys who were *involuntary*, *drop outs* and who were removed from the Unit by process of law before post-test. The first boy was removed to Borstal after only four weeks in the Unit and two counselling sessions. He had a history of very disturbed and aggressive behaviour. There were minor neurological and clinical signs of brain damage. During his short time in the Unit he had shown a number of violent outbursts which were regarded as being dangerous to both the staff and other boys. He was eventually brought before a Juvenile Court and charged with serious misconduct whilst in training school. At follow-up he had no further criminal charges, however, he had spent a large part of this time in custody. The second boy received leave prematurely on compassionate grounds to be with his estranged and dying father. When his father died, the boy refused to return to Lisnevin and was subsequently charged with a number of serious offences for which he was sent to Borstal. He has continued to have a serious criminal record (10 offences) - the latest being a charge of attempted murder.

With the exception of the boy who had suspected brain damage, none of the other nine 'drop outs' appeared to deviate substantially from the

characteristics of the boys in the experimental and control groups. Their mean offence rate at follow-up was intermediate between that of the experimental and control group at 7.5 offences. Insufficient data was available to give meaningful information on psychological outcome measures at post-test. It would have been interesting to have been able to have compared the 'voluntary' with the 'involuntary' drop outs to see if any differences in outcome would have emerged. Unfortunately, the small number of subjects in each sub-group precluded such a comparison. No doubt a study with a much larger number of subjects would have resulted in a sufficient number of drop outs in each category to have allowed a statistical analysis to have been completed.

Logan's criteria 5, 6, and 7. These three criteria can be grouped together as they concern the measurement of outcome. Criterion 5 can be summarised as requiring that there be some 'before-and-after' measurement of the behaviour that is sought to be changed and that a comparison be made between the experimental and control groups on that measurement. Criterion 6 requires that there must be a definition of "success" or "failure" that is sufficiently operational to provide valid reliable measurement for determining outcome of treatment. While criterion 7 requires that there should be some follow-up or delayed measurement in the community for both experimental and control groups.

The outcome measures chosen for this study fell into two major groupings: those relating to behaviour and those relating to self-conception. The behaviour measures were concerned with measuring criminal involvement and time spent in custody. These met quite rigidly Logan's 5th, 6th and 7th criteria. Other behavioural measures could have been included but it was argued that it was primarily criminal offences which had caused the subjects in this study to be removed from the community and that, therefore, these should form the

main criterion of success or failure. The use of official convictions as the criterion could be questioned on the grounds that many offences occur for which no one is convicted - indeed some offences may not even be reported to the police and it is these which constitute the 'dark' figure of crime. From this it follows that the subjects may have continued to commit crimes for which they were not detected. It could even be argued that counselling did not help reduce the subjects' crime rate, but rather increased their ability to avoid detection - a state of affairs which may have helped the subject but not society! On balance this would appear to be a most unlikely situation - as the general trend in the self-conception and attitude measures was towards more pro-social and less delinquent attitudes for the counselled subjects at post-test. It would, perhaps, have been interesting to have included a delinquency self-report measure. While such a measure would have been less objective than official criminal convictions, it would have provided some evidence about delinquent activities which would otherwise have been unrecorded. West and Farrington (1977) have found such measures surprisingly valid instruments for measuring delinquent involvement.

Cornish and Clarke (1975) argued that reconviction rates are in fact the most important and realistic manner in which one can measure the effects of a treatment programme with young offenders. Much recent research has tended to report reconviction as a simple dichotomous variable. In this study it was decided to treat reconviction as a continuous variable and measure the rate of offending over specified times. This is in keeping with current behavioural methods where the idea of measuring the instances of a problem behaviour over a known time is common practice (c.f. Ciminero et al. 1977). Similarly within medical research it is accepted practice to measure the ability of a particular treatment to reduce the number of attacks of a complaint during a given time period. If the treatment significantly reduces

the number of attacks (e.g. epileptic fits) and assuming there is no unacceptable side effects, then the treatment is judged to be successful. Within the criminal justice system it seems to be unnecessarily restrictive to only allow a treatment to be termed successful if it completely eradicates the criminal behaviour.

In the Provo Experiment, Empey and Erikson (1972) found that a substantial reduction in *offence rate* - by as much as two-thirds - had taken place for all boys who had undergone community supervision, but the decrease was only by about a quarter for boys who had gone to a reformatory. However, when they re-analysed their results in absolute terms (whether or not new offences are committed), these real differences were not apparent. They contended from these figures that measurement of effectiveness of sentences in absolute terms not only tends to ignore the complexities associated with changing human behaviour and providing realistic opportunities for delinquents, but it raises the haunting possibility that important changes have been overlooked by other research. This study has attempted to obviate this possibility by using 'offence rate' as in the Empey and Erikson (1972) experiment.

Nevertheless, to describe a treatment as 'successful' if it significantly reduces the number of offences, compared to a base rate or to a control group, is not completely satisfactory as it does not answer the question of cost-effectiveness. It is quite possible that a treatment may significantly reduce offences in a statistical sense, but that even the reduced level is still intolerably high or is produced at an unacceptably high cost. This important point will be returned to in the final section of this chapter.

Before leaving the discussion of the main criminal behavioural outcome measures it is worth considering Logan's criterion 7: that there should be some follow-up or delayed measurement in the community for both experimental and control groups. Logan (1972) did not specify

the minimum length of time for such follow-up. In the design phase of this experiment it was supposed that a follow-up of one year after post-test would be an adequate test for post-counselling criminality. It was considered that such a follow-up period would suit the time constraints imposed on a study of this nature. Clearly a one year follow-up period was too short a time for clear differences between the groups to emerge. The fact that the control group spent, on average, almost the complete year in Training School after post-test meant that they had relatively less opportunity than the counselled group for delinquent activity and, therefore, a valid comparison could not be made during that year. There is evidence from both sides of the Atlantic (see Mannheim and Wilkins, 1955, and Gottfredson and Ballard, 1965) that almost all offenders are reconvicted, if they are going to be, within five years of freedom, and almost half of them within two years. This means that a relatively short follow-up will be enough to give a fair picture of comparative rates, and a two or three year period has been accepted as conventional. The time limits set on this study did not allow even a two year follow-up for all subjects: however the procedure outlined earlier of following-up all subjects until a specific date (November, 1981) seemed to offer the best alternative available to the experimenter. This resulted in a range of follow-up from a minimum of 1 year to a maximum of 4.3 years and a mean of 2.5 years. In a study with less time constraints a period of two years follow-up for all subjects should be regarded as the minimum.

Self-conception measures. Truax et al. (1966c) used the Butler-Haigh Q sort for Self and for Ideal (Butler and Haigh, 1954) as the basic measures of self-concepts, both pre and post-therapy. They also used the Minnesota Counselling Inventory to provide measures of change in attitude or personality functioning. Finally, the

Anxiety Reaction Scale was used to estimate the effects of group therapy on the anxiety levels of the delinquent girls.

After early experimentation with the Q sort during the pilot study it was decided to abandon it in favour of Repertory Grid Technique, as this appeared to give added flexibility in administration and also measured information more personally relevant to the individual. What was important was to use a measure which was congruent with the goals and aims of counselling. Rogers (1965) had emphasised that consequent to client-centred counselling certain changes in the personality structure of the client would occur. Sullivan (1953) stressed the importance of changes in the meaning of the father and mother figures, while Mulligan (1979) pointed to the importance of how the client believes himself to be perceived by others in determining delinquent behaviour. Both the Repertory Grid Technique and the Semantic Differential Technique seemed to be ideal measures of these factors.

A conscious decision was made to reject the various paper and pencil personality measures (such as the Minnesota Counselling Inventory) on the grounds that they are too insensitive to relatively small but important changes in how the person construes himself and others. Such measures are geared to comparing the respondent with normative samples and classifying him in relationship to them. In hindsight this decision may have been short-sighted and the inclusion of at least one such measure on a pre/post-test basis may have yielded interesting information. A number of studies (Quinn, 1980; Jardine et al. 1977) have shown that the Jesness Inventory (Jesness, 1966) can successfully differentiate between various delinquent and non-offender populations. It is a measure of criminal or anti-social attitudes and is made up of a number of subscales, which can be combined to give an 'asocial' index. At the planning stage of this

study the Jesness Inventory was not available from British publishers, nor were any up-to-date norms available based on British populations. However, since that date, extensive norms based on Northern Ireland delinquent and non-delinquent populations (Harbison, et al. 1978) have been published. The possibility of the existence of such norms would certainly have influenced the author to have included the inventory as a measure of change. It would have been valuable to have compared the counselled and non-counselled subjects with the norms for the various criterion groups.

A further development since the planning of the study has been the publication of the IDEX technique (Weinrich, 1980) which is based on the Repertory Grid Technique but contains a number of innovations. This author has since had experience of IDEX (Lockhart, 1981) and believes that it has certain advantages over the INGRID program (Slater, 1977) which was used to analyse the grids in this study. It appears to make more psychologically meaningful use of the data, especially with reference to construals on which the subject is uncertain or undecided. With INGRID these are assigned a mid-point on the ranking or rating scale and included in the analysis, while with IDEX such ratings are excluded from the analysis on the grounds that they can lead to ambiguous results. A further advantage of IDEX is the inclusion of a clearly defined measure of self-esteem which is, in rather a novel way, based upon the past self-concept as well as the present and ideal self-concepts. Unfortunately it was not possible to re-analyse the grid data gathered for this study using IDEX, as the method of recording the subjects' responses was slightly different from that required by IDEX. Persons wishing to measure changes in self-perception which result from therapeutic intervention would do well to consider using IDEX. It retains all the flexibility of more orthodox repertory grid techniques but incorporates a number of advantages.

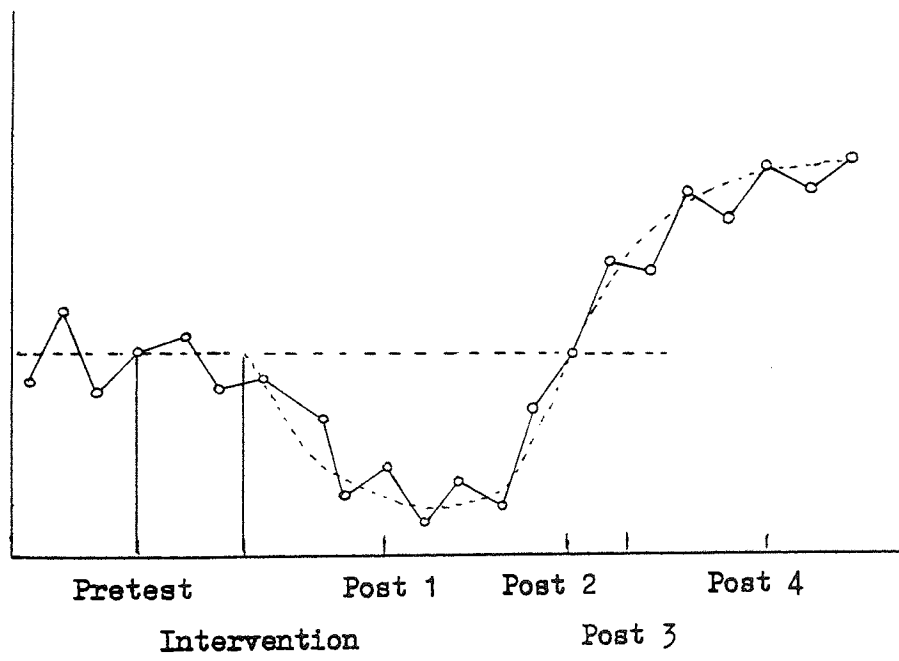
It would have been satisfying had the self-conception results been as clear-cut as the behavioural outcome measures. The general trend for both the Semantic Differential and the Repertory Grid measures was to favour the counselled subjects in the direction of the hypotheses - this suggests that positive changes in attitude were beginning to occur. Unfortunately the magnitude of such changes was often not sufficient for the differences between the groups to reach statistical significance. In many ways the self-conception results are similar to those for the rate of offences during the one year follow-up after post-test. In both cases there appeared to be an underlying trend favouring the counselled subjects. Fortunately for the rate of offences it was possible to follow-up most subjects for a much longer period which allowed the trend to be confirmed. It will be remembered from the early sections of this discussion that it was argued that client-centred counselling may initiate a self-reinforcing process in which changes may actually *increase* rather than dissipate with the passage of time. From this perspective it is a pity that a further re-test using the Repertory Grid and Semantic Differential had not been built into the experimental design. This re-test could have occurred one year after the initial post-test or at another suitable period. While there would have been considerable difficulties in contacting the subjects and securing their co-operation the effort may well have proved worthwhile. It would have allowed the hypothesis to be tested that consequent to a client-centred approach changes in self-perception of significant others, and in attitudes would continue to occur even after counselling has ended. Indeed a design incorporating several follow-up tests would have yielded important information about the *form* of change. For example, the effects may be gradual, they may be cyclic or we might expect effects at certain

times and not at others. Gottman and Markham (1978) quote the EVOP curve (Glass, et al. 1975) as an example of this situation. Figure 8.1 illustrates the EVOP curve.

They made the assumption that the EVOP is the fundamental change curve one would expect in psychotherapy research. Following the intervention, there is an initial decrement, followed by an eventual increment. We might expect such a curve when the intervention requires the unlearning of some set of behaviours before the learning of a new set of behaviours. Suppose that four investigators took their post-test at four different times as depicted in Figure 8.1. Investigator 1, who took a post test at Time 1, would show deterioration effects; investigator 2, who took a post-test at time 2, would show no significant effects; investigator 3's effects would be marginally significant; and investigator 4 would show a significant effect. The real situation is, no doubt, more complex than this, but it does illustrate that the *form* of change over time is very important and highlights the need for change measures to be taken on a number of occasions after intervention. Without such measures important differences may not be detected and thus the full effects of intervention may not be realised. Unfortunately, the use of a series of measures requires a much more complicated experimental design and considerable effort upon the part of the experimenter in contacting the subjects in order to test them. Inevitably there will be some loss of data through failure to contact all subjects on each occasion or because of lack of co-operation on their part. Nonetheless, the effort would significantly add to our ability to measure outcome.

The essential aim of the research was to answer a practical question concerning the efficacy of client-centred counselling with the institutionalised delinquent boys in Lisnevin. The study has provided sufficient grounds to optimistically continue with a client-

FIGURE 8.1 : THE EVOP CURVE



(Taken from: Gottman and Markman (1978), p.49)

centred approach on the basis of both outcome and cost-effectiveness. When it comes to generalising from the study the problems are more difficult since it contained a number of weaknesses which were artifacts of the resources available and the conditions under which the experimenter worked. The most serious limitations were: the small number of subjects, having only one counsellor, and the counsellor and experimenter being the same person.

A Wider Scale Study

An obvious development from this study would be the initiation of a much wider scale investigation. Such a study could include a number of separate counsellors implementing a client-centred approach with a number of different delinquent client-groups. It would also necessitate an independent research team to design and execute the study. Inevitably this would require a vast increase in resources and personnel. Unfortunately similar large scale studies, such as those of Teuber and Powers (1953) and Adams (1961), which have looked at the outcomes of counselling with delinquent populations have tended to yield disappointing results. These studies have included large numbers of subjects, a number of counsellors and independent assessors. Both studies have shown considerable variability in outcomes; this must clearly be due to the much larger number of independent variables introduced in the more complex experimental design. Indeed the Teuber and Powers (1953) study suggested that certain counsellors had quite consistently better outcomes than others (the counsellor variable), while the Adams (1961) study stressed that certain subjects were more amenable to counselling than others (the client variable). Present day statistical techniques would go a long way to help partial out such effects and thus make the results more clear. Nevertheless, this would not obviate the need for very careful experimental design. Some of the most important factors which have already been

stressed in the earlier sections of this discussion are worth brief repetition. Perhaps the most important factor is to show that the counselling model as defined was *actually* delivered to the client. It is essential to specify the *necessary* features of the model. Even when this is done, the *difficulty* of measuring such conditions has already been highlighted. The need to specify the *goals* of counselling and to choose outcome measures *commensurate* with these goals is also vital. This will require the use of a battery of outcome measures - some of which will need to be specifically designed for the experiment. These measures should be taken more than just once after counselling but should be used on a series of occasions over a fairly lengthy follow-up period of at least two years, or preferably longer. Apart from ensuring that the counselled and control subjects have a similar background, particularly concerning their criminal careers, it is important to show that control subjects did not actually receive essential elements of the counselling process.

Perhaps the best way of proceeding with such a large scale study would be to design a series of separate experiments which would include common elements such as outcome measures, length of follow-up and so on. To do this a pool of counsellors from a variety of settings would be required. They should either be specifically trained or already show an ability in providing the core conditions of empathy, warmth and genuineness at facilitative levels in a counselling relationship. This ability should be measured both before counselling and during the counselling process. The subjects would come from a number of backgrounds representing the delinquent spectrum, such as intermediate treatment, probation, open training school, secure unit, and so on. Various other refinements could be added to the main experimental design such as the inclusion of counsellors who were not shown to be functioning at high facilitative levels or resistant subjects, etc., - although this would raise significant moral dilemmas.

It can be visualised that such a study would go a long way to answering some of the questions concerning the effectiveness of a client-centred approach with delinquents in general which have been left unanswered by this present study. Such a study is idealistic and is unlikely ever to be implemented because of the considerable resources required and the need for co-operation between various institutions. Yet without such large scale studies it is likely that future research on methods of working with delinquents will continue to be a labourious process - like looking for the proverbial needle in a haystack! This is not to decry limited small scale studies designed to answer specific questions - but rather to point out the need for co-operation and communication between researchers and thus to save much valuable time and resources.

Developments in Client-Centred Theory

Carl Rogers did not intend the client-centred approach to be a static technique, but rather the beginnings of a philosophy for helping in human relationships. Indeed he has elaborated his position frequently since his early writings. He has abandoned the term "client-centred" in favour of the more general 'person-centred' and has expanded the range of influence of his views from therapy and counselling to marriage, to parent and child, to teacher and student, to living in groups or communities. More recently he has even expressed the opinion that it is applicable in politics and international affairs (see Rogers, 1980). His recent writings (Rogers, 1980) are frequently more reminiscent of those of an eastern mystical philosopher than those of a scientific psychologist. He is to be found quoting liberally from the teachings of Buddhism, of Zen, and especially the sayings of Lao-tse, the Chinese sage who lived some twenty-five centuries ago. He believes that his thinking and action has been something of a bridge between Eastern and Western thought.

Other thinkers from the client-centred tradition have similarly developed their positions - sometimes in notably different directions from Rogers. Eugene Gendlin (1978) in his book 'Focusing' has looked at the whole question of bodily awareness and feeling in relation to problem-solving - in a manner which brings him close to 'gestalt' thinking. Patterson (1974) in his book 'Relationship Therapy' has developed the concept of 'unconditional positive regard' and has placed increased emphasis on the action orientated conditions in therapy. Carkhuff (1969) has gone even further in this respect and has developed a systematic model for human relationship training. Yet all these writers still have in common the feature of having emphasised (and continue to emphasise) the efficacy of the three basic responsive core conditions of empathy, warmth and genuineness in any human helping relationship. In this sense they are all still 'client-centred' in orientation.

Like Carkhuff (1969) and Egan (1975), this author finds himself interested in the development of the action-orientated dimensions - especially those of cognitive problem solving and skills training. Carkhuff (1969) presented in his counselling model the concept of two main phases in the helping relationship. Phase 1 he called the *Downwards* or *Inwards* phase of self-exploration, which in turn consisted of two stages: the initial stage during which empathy, respect, genuineness and concreteness are expected to be at Level 3 on his scales for interpersonal functioning (see Appendix C); the second, or intermediary, stage allows for Level 4 and 5 responses and the introduction of Level 3 confrontation and immediacy. Phase 2 he called the *Upward* or *Outward* phase of emergent directionality and action. Here all the dimensions were frequently expected to be at Levels 4 and 5. However, at this phase, empathy is communicated only as a means of periodic feedback, while the nature of respect changes qualitatively as the counsellor

differentially reinforces the client and in so doing introduces the dimension of conditionality. The more action-orientated dimensions, in turn, are expected to operate at the highest levels.

In summary, the early stages of the helping dimensions enable the client to make himself known, then intermediary stages allow the counsellor to give the helping process internal direction. The later stages of helping emphasise a shared, highly interactional process in which both the counsellor and the client concentrate upon the inter-relationship of the internal and external worlds of the client and the resolution of his areas of dysfunctioning within and between these worlds. The three stage developmental model of helping in human relationships presented by Egan (1975) is not substantially different from that of Carkhuff as he also puts considerable emphasis upon the importance of the core conditions of empathy, respect, genuineness and concreteness in the early stages of helping. Also when it comes to the later stages Egan stresses the action-orientated dimensions and like Carkhuff introduces action programmes which include problem-solving techniques, decision-making processes, behaviour modification programmes, 'homework', and training in interpersonal and other kinds of skills. Obviously both these authors have gone much further than the Rogers* (1957) concept of the 'necessary and sufficient' conditions for effective therapy. Yet by stressing the importance of the core conditions in the early stages of therapy they have acknowledged a most crucial distinction which places them firmly in the Rogerian tradition. This implies their commitment to such ideas as the unique personal worth of the individual and the individual's capacity for self-understanding, self-direction and self-actualisation.

The contribution of Patterson¹ at this stage is helpful. He

wrote:

Note 1: This is found in C. H. Patterson's Foreword to Carkhuff's (1969) *Helping and Human Relationships*. Vol. 2. Holt, Rhinehart + Winston.

The development of the concept of the two phases of the helping relationship, the facilitative and action phases, is a major contribution. To me, facilitative relationships lead inevitably to action . . . I perhaps would hope that the helpee could go through this phase more on his own, unless there is some handicap such as lack of knowledge or skill or need for training or retraining or re-education in which case perhaps others might be more effective than the therapist.

Patterson appears to be making an interesting distinction between therapy and teaching (or skills training). He seems to be arguing that the initiation of some of the action programmes are more rightly the role of the teacher or trainer, than of the counsellor or therapist. In other words he sees the counsellor more as a facilitator than a teacher. From this point of view it is not the role of the counsellor to impart information to the client, but rather to help him unleash his full potential as a human being by allowing him to take responsibility for himself and his decisions. Obviously where counselling ends and skills training begins is a somewhat arbitrary decision. The counsellor cannot be a 'Jack of all trades', on the other hand he is often the best person to teach certain interpersonal and cognitive skills which would not otherwise be available to the client. Egan's (1975) point is that much erratic and immature human behaviour can often be traced in part to lack of skills. This implies that a skills-deficit is an important part of any behaviour problem. It would surely be incongruous for a counsellor to expect a client, who has become aware of certain skills deficits through counselling, to then always go to another person to seek training in social skills, relaxation training, sex education, etc. In practical terms this help may not be readily available, nor would such a system be very cost-effective. There are of course occasions when the counsellor is bound to advise specialist help when the deficits go beyond those skills normally available to him - this could include speech therapy, literacy training and so on.

The answer to the question of where counselling ends and skills training begins depends in part on the individual counsellor. If, for example, the counsellor is a professional psychologist it is reasonable to assume that he will have available to him a pool of information and skills which will be useful in planning action programmes. He may be able to devise a behaviour modification or social skills programme or be able to introduce some of the newer cognitive strategies for altering behaviour. On the other hand the counsellor may be someone who is able to provide the basic core conditions at high levels but who does not have such a reservoir of skills and techniques. This can often happen with lay counsellors, child care workers and so on. While these people may well be able to perform a very valuable counselling function they would do well to refer clients for more specialist skills training. Thus when looking at a model for counselling its scope will depend, to a great extent, upon the level and range of training of the counsellor. What is apparent is that counsellors who lack the ability to convey the basic core conditions to their clients, even if they possess high levels of other skills and techniques, may well do more harm than good. If one takes the Patterson position and accepts that *facilitative* relationships *inevitably* lead to *action*, and if one assumes that the client comes from a community which is rich in skills training opportunities, which the client can tap, then Carl Rogers' position on the 'necessary and sufficient' conditions for therapeutic change is still defensible - even if it may not be particularly cost-effective!

A possible future Model for Intervention in Lisnevin

The results of this current study have given grounds for optimism concerning the ability of a client-centred counselling approach to positively influence and reduce criminal behaviour with

the sort of boy typically sent to Lisnevin. A future question must centre around whether the present model of individual counselling, provided by a single counsellor, is the most efficient and realistic method of implementation. There are a number of alternative models based upon a client-centred strategy which are worthy of consideration.

Facilitative Skills Training

The first two are inter-related and are off-shoots of client-centred therapy. They are based on the systematic training in interpersonal relationship skills and are typified by the work of Robert Carkhuff and his associates. Carkhuff (1972) argued that training in relationship skills has a powerful effect on the adequacy of all trainees. He suggested that his model for training has clearly demonstrated positive effects on psychological adjustment and the total functioning of the personality. Within the Lisnevin context this training model could be applied in either of two (non-exclusive) ways. The first would be to teach all staff, both teaching and child-care, these facilitative interpersonal skills in an attempt to establish what might be described as a 'person-centred' community. The second would include training in the facilitative skills as part of the curriculum for all boys entering the school.

The training of staff in the facilitative skills would have very major implications affecting the nature of the institution. It would require decisions at the highest level to allow such a philosophy to be implemented. It would need the co-operation and enthusiasm of all the staff, as many would have to completely re-think their roles. It was argued in Chapter 1 that Lisnevin possesses many of the characteristics of a 'total institution' in which a 'them and us' attitude concerning the boys and staff is apparent. The idea of devolving responsibilities to the boys, which would allow them increased self-direction, would be anathema to some of the staff. Indeed the

function of Lisnevin as a secure unit would seem to militate against a person-centred approach. It is very difficult to act as a custodian one moment and then as an empathic, warm helper the next. Thus the idea of training all the staff to provide high levels of the facilitative conditions might itself be an example of incongruence and lack of genuineness. It would not appear to be a very realistic model, though nevertheless some staff might benefit from such training.

A rather more modest model would be the teaching of the facilitative skills to the boys in class groups as part of their daily time-table. This would involve much less threat to the total institution and would only require simple modifications to the timetable. The training programme could be implemented by one or two staff using already published manuals and schemes of work (for example, Bullmer, 1975; Egan, 1975). The assumption being made with this model is that learning to become more empathic towards others, and so on, will not only improve interpersonal functioning but will positively influence attitudes towards the self and increase self-understanding, feelings of worth and self-control. In other words the assumption is that the teaching of facilitative interpersonal skills will produce much the same effect as a client-centred counselling relationship, only with much greater economy in time and personnel. While Carkhuff (1972) has listed more than 30 studies which he purported as providing evidence for the efficacy of this helping model, this position has been severely criticised on a number of points by Lambert and De Julio (1977). Most of their criticisms centre around the methodological adequacy of the studies but their more poignant point relates to their theoretical position. Rogers (1975) believed that in the proper environment individuals may become more empathic and genuine, but the focus for training has shifted from a somewhat philosophical, existential emphasis on counsellor attitudes and beliefs, to a technology

for teaching appropriate concrete responses. It seems possible, even likely, that people are now being trained to use technically sound responses but are missing the *experiential* meeting of persons which Rogers believed was so essential to the effective counselling relationship. If such is the case then the teaching of 'interpersonal relationship' skills cannot be equated qualitatively with the sort of growth-promoting experience which a person receives in a counselling relationship. Therefore, there is a little point in implementing a programme which, although it may save in economic terms, is by no means guaranteed to deliver an equivalent therapeutic environment or outcome.

Group Counselling. Another possible model would be to follow Truax et al. (1966c) and use a group counselling approach with delinquents. There is a body of evidence (see Truax and Carkhuff, 1967) suggesting that groups with facilitative counsellors, who can offer high levels of the therapeutic conditions, can produce therapeutic change to a similar degree as individual counselling. This author has organised a number of groups, both in Lisnevin and elsewhere, with delinquent young people. His experience is that some of the participants display such high levels of disturbed behaviour that the group becomes a very threatening and disruptive situation for both the participants and the facilitator. This is by no means always the case and some productive sessions have occurred in such situations. The problem appears to be one of selection for group membership. Past behaviour in different situations is not always the best indicator of behaviour in a group counselling setting. Boys who have shown 'acting out' behaviour in more formal settings sometimes settle well in the less structured group environment, while others react to the increased freedom by showing signs of threat and anxiety. Unfortunately, predicting in advance the best 'mix' of boys is an almost impossible task, with the result that the group often becomes too volatile an experience

to be growth-promoting. This author has found that most boys settle better into the one-to-one individual counselling relationship, where they can be assured the counsellor's undivided attention throughout the session.

The Development of an Individual Counselling Model

It has been the experience of this author that when boys enter Lisnevin and other similar establishments they display evidence of anxiety, unhappiness and confusion. At these times they are amenable to an offer of a counselling relationship with someone with whom they can express their fears and confusions. If the offer of counselling is postponed for too long (several weeks), they tend to settle into the institutional routine, become less anxious, and are less likely to perceive themselves as being in need of counselling. Thus an important factor in establishing a counselling relationship is to make the offer to the client when he perceives himself as being in need of it. In most instances this will be *very soon* after the person has been admitted to the school. From past evidence it is unlikely that a new boy will make a direct approach to seek help, but is much happier to accept an offer made to him in a private and confidential manner. Throughout the present investigation the counselling offer was always time-limited (to seven months). The author was never happy with such a situation and would much prefer an 'open-ended' agreement to last for as long as the client feels he needs to come. There were one or two occasions throughout the present study when the writer is convinced that counselling was ended prematurely in order to comply with the experimental design. While an 'open-ended' model might cause problems from a research design perspective, the needs of the client *must* be placed first in any future investigation.

The question of who should be the counsellor depends upon the counselling model. In her influential book 'The Needs of Children', Mia Kellmer Pringle (1975) couples the twin needs of *love* and

security as being of principal importance. Of course when Kellmer Pringle speaks of 'security' she is not talking of the 'physical security' of locked doors, etc., which are to be found in a closed training school - she is referring to the emotional security of stable family relationships; of a familiar place; and of a known routine. Yet there is a sense in which physical security plays an important part in the attempt to establish emotional security for the boys who enter Lisnevin. It is very difficult to show love and care for someone when he is not present. Many of the boys who are admitted to Lisnevin have demonstrated a long history of flight and absconding - from their parents, their schools, childrens' homes, and the open training schools. Frequently they arrive at Lisnevin after a lengthy period 'on the run' when they have 'lived by their wits' around the streets of inner Belfast. Their most common response to a problem situation is to run away from it. In Lisnevin they are faced with the fact that it is difficult to abscond. They are also introduced to a structured living routine and to clear limits upon their behaviour.

On a number of occasions in this thesis the difficulty of reconciling 'custodial' and 'caring' roles has been mentioned. This situation is even further amplified if one tries to reconcile the concepts of 'custody' and 'trust'. When a young person is placed in Lisnevin he loses many of his rights which are taken for granted in the outside world. Apart from being locked up, he needs to ask permission to move from one room to another and he is constantly supervised by staff. He is subjected to frequent searching and his mail is censored. He is not allowed to carry money or other valuables while in the school. While this situation improves for him as he makes progress in the school, the initial situation is one of reinforcing that he is not *trusted*. We, therefore, appear to have a

conflict of needs - the needs of society to have a troublesome or dangerous young man kept under control, and the need of the young person to feel secure - both emotionally and physically, versus the needs of the person for trust, freedom and responsibility. This is the potential dilemma of the secure residential environment, where some of the basic needs of both society and the person may be a threat to the other equally basic needs. There are numerous medical analogies to this situation; for example, the encasing of a broken leg in plaster necessarily restricts movement in the leg and may cause the wasting of muscles; yet without such a plaster the patient may never be able to walk again. Thus at that given time the need to allow the bone to heal is greater than the need to allow muscles to develop. The ultimate aim should be to allow both the bones to heal and the muscles to develop in unison and as quickly as possible.

Within the secure residential environment one answer to this dilemma may be to recognise that it is difficult for staff to play multiple roles - especially those of custodian and counsellor. During the present study it was feasible for the psychologist to act in a counselling capacity because he did not carry prime responsibility for security, rule-keeping and so on, and therefore, he did not have to play clearly incongruent roles. In any future model for counselling this should be taken into account, which means that the persons acting as counsellors should not also have to carry a heavy burden in the day-to-day routine of upholding the rules and regulations of the institution. This may entail employing people to act specifically in the role of counsellor or to ensure that the psychologists continue to see counselling as one of their functions.

The training of the counsellors will also depend upon the model in use. Throughout this study the main emphasis was placed upon

providing the core facilitative conditions and not really developing the action-orientated dimensions to any great extent. If this should continue to be the model, then a basic counselling training, with a client-centred orientation, would be sufficient. However, if a model such as Egan's (1975) three stage model for Helping and Human Relationships was to be implemented, then a much wider basis for training would be required - and this would need to include a sound education in psychological theory.

This writer, on the basis of experience, would be inclined towards the wider model. In this model counselling would become a formal part of the programme for the boys who accept this form of help. The counsellor would be aware of the wide range of social and life skills presently being made available as part of the school's daily curriculum - but he would also be expected to provide an additional range of skills training where appropriate.

The counselling model would form part of the overall philosophy of the school. This would explicitly recognise the apparent paradox that while the boy may be in need of *physical security* and *control* he is also in need of the feeling of *self-direction* and *self-control* if he is to grow as a person. Help towards developing his capacity for self-direction would come through the counselling relationship. This would mean that, while a great part of a boy's time might be taken up with structure and routine, right from his earliest days in the institution he would be given the opportunity to take responsibility for himself through counselling.

In the earliest sessions the counsellor will concentrate on the responsive skills, providing a non-threatening environment and encouraging self-exploration. As the relationship progresses and a mutually trusting relationship develops, the counsellor will introduce the initiative conditions of advanced accurate empathy, self-disclosure, confrontation and alternative frames of reference.

By stage three of the model the counsellor's main aim will be to initiate action. Also by this stage the boy's progress through the school should allow him a much wider range of behavioural options. It is at this stage that this writer has found the methods of the cognitive therapies to be valuable. This entails helping the counsellee to change how he thinks about himself and other people or events by using specific techniques. In an excellent review of the 'cognitive therapies', Mahoney and Arnkoff (1978) divided them into two main categories - these were *behavioural self-control* and *cognitive learning theories*. While the behavioural self-control techniques such as stimulus-control, self-monitoring, thought-stopping and covert sensitization have some limited value in the counselling setting, it is in the cognitive learning theories that most value has been found.

The cognitive learning therapies are a loose aggregate of procedures that share a few fundamental assumptions but that vary widely in their theoretical parentage and technical operations. The contributions of cybernetics and information-processing, social psychology, perception, developmental psychology and decision theory can be detected. Therefore, to implement these therapies successfully a fairly wide theoretical knowledge is helpful on the part of the counsellor. There are three major divisions of the current cognitive learning therapies: (1) cognitive restructuring, (2) coping skills therapies, and (3) problem-solving therapies - all three of which have relevance in working with delinquent subjects. There is a growing literature on each of these perspectives.

Cognitive Restructuring. An example of cognitive restructuring is rational-emotive therapy, developed primarily by Ellis (1962). Ellis believed that certain core irrational ideas are at the root of most emotional disturbance. The goals of the counsellor are fundamentally those of helping the client to (1) discover and detect maladaptive

cognitions, (2) recognise their deleterious impact, and (3) supplement them with more appropriate and adaptive thought patterns. Another example of cognitive restructuring comes from Kelly (1955) and his fixed role therapy. This he saw not as a treatment but as an investigative project in which the client himself is the chief investigator and is fully aware of this fact. According to Kelly an individual enacts a role (in the Personal Construct Theory use of the term) only to the extent that his behaviour is guided by his own anticipations of another person's construction of events. Fixed-role therapy requires that the client and the counsellor understand the meaning of role in precisely these terms. The client is first asked to write a brief character sketch of himself from the perspective of a third person who knows him well. The counsellor studies this sketch and then prepares an *enactment sketch* in which he attempts to formulate at least one hypothesis to be tested. The client has to enact as best he can the part of the hypothesised person - all he might do, say, think, or even dream for about two weeks. The client and the counsellor meet frequently during the period of the enactment to plan experiments and evaluate results. At the end of this period the client is asked to appraise the experience in whatever way makes most sense to him. The aim is to show the client that his own personality is a hypothetical construction, as well as that of the hypothetical person in the enactment sketch and that as such it can be restructured.

Coping Skills. The coping skills therapies are a more heterogeneous collection of procedures that overlap with both cognitive restructuring and the problem-solving approaches which will be discussed next. The distinguishing feature of these intermediate strategies seems to be their emphasis on helping the client to develop a repertoire of skills that will facilitate adaption in a variety of stress situations. These skills include self-instructional procedures along with supple-

mentary skills such as relaxation training, self-distraction and performance rehearsal. Examples of these strategies are Suin and Richardson (1971) who used *anxiety management training* and Meichenbaum (1975) in the technique called *stress inoculation*. The common denominator of these various procedures seems to be their attempt to *induce* stress (through imagery, electric shock, etc.) and then to train clients in effective coping strategies.

Problem-Solving Strategies. According to Mahoney and Arnkoff (1978) much of the credit for the recent growth of problem-solving strategies must go to Spivack and his colleagues (Spivack et al. 1976). In a series of studies on emotionally disturbed children, adolescents and institutionalised psychiatric patients, they reported two important findings; (1) they encountered differences in the problem-solving skills of 'normal' and 'deviant' populations, and (2) they reported preliminary success in several projects in which 'deviant' subjects were given systematic training in personal problem solving. Of particular note was the finding that individuals labelled as 'emotionally disturbed' were significantly inferior to normal peers in the sheer number of possible solutions that they perceived in hypothetical problem situations. In addition to this apparent deficiency in their ability to generate options, however, was the fact that the solutions they did suggest were often anti-social (e.g. physically aggressive) and they frequently had very inaccurate expectancies about probable consequences of different options.

While much of the problem solving work is still in its infancy a number of promising studies have been reported. Kifer et al. (1974) reported that instruction and practice in problem-solving skills were beneficial in helping pre-delinquent youths to negotiate conflict situations and Sarason and Ganzer (1973) reported success in the use of modelling to teach problem-solving skills to delinquents.

With the problem-solving approaches, clients are not only taught specific coping skills, but also the more general strategies of assessment, problem definition, and so on. In a sense, the counsellor is sharing his professional training by making the client an apprentice in therapy - a student of effective self-regulation. Despite its broad therapeutic goals this approach allows substantial room for the uniqueness of individual clients. In fact, the core feature of problem-solving as a counselling approach would seem to be *pragmatism* - its focus on helping the individual to discover and implement whatever adjustment strategies are effective in a given situation. It allows client and counsellor to look at specific situations which have been problematic in the past, such as those involving the commission of a criminal offence and to consider the possible range and consequences of responses which in future might occur in a similar evoking situation.

Clients are taught to evaluate changes in their behaviour and to adjust their self-directive efforts according to their own individual progress. Because they emphasise broad coping skills, the problem-solving therapies may also fare much better in the realms of generalization and maintenance. The problem-solving therapies require the active and responsible participation of the client in therapeutic decisions and actions, as such he determines the extent that he can learn personal adjustment skills that will enhance his independent ability to cope and grow with a changing environment.

Overview of Model. The above model draws from a number of theoretical orientations, yet it is not disjointed. There is an underlying philosophy which is not discordant with the client-centred tradition. At all stages the responsibility and worth of the client is emphasised. The model is developmental and assumes a number of

inter-related stages which prepare the client directly for behavioural change and assists him throughout the change process itself. It allows for individual differences and can operate at a speed which best suits the client. This developmental model suggests that the best counsellor is the one who has the widest repertory of helping skills and who can readily call upon any of these skills to meet the different needs of any client.

Another advantage of this model is that it goes some way to resolving the dilemma of secure residential intervention which was first introduced in Chapter 1. Milham et al. (1975) classified the goals of residential intervention into three types: (1) *instrumental* - that is skill acquiring, (2) *expressive* - things worthy of themselves like self-discipline, and (3) *organisational* - those concerned with the maintenance and survival of the institution. They pointed out that it often happens that these goals conflict with an inherent tendency - for organisational and instrumental goals to displace expressive goals. This model recognises that it is important for an institution to have organisational and instrumental goals if it is to run smoothly and meet many of the most basic needs of the pupils, such as food, warmth, clothing and protection. Yet by including individual counselling as part of the overall school programme it accepts the need for expressive goals and allows for them to be met in a manner which need not conflict with the other goals for the institution.

Accordingly the model would entail inviting each new boy, very soon after arrival, to become involved in an individual counselling programme. The counsellors would be clearly designated as such and would not have a heavy responsibility concerning the organisational goals of the school. They would have a wide training in psychological theory but with particular reference to the cognitive and problem solving therapies. Most importantly they would be basically *client-*

centred in attitude and should be able to demonstrate high levels of the responsive skills of accurate empathy, warmth and genuineness to their counsellees.

The initial stage of counselling would involve building a mutually trusting relationship between counsellor and counsellee, during which time the counsellor would emphasise the responsive skills to encourage counsellee self-exploration. In the next stage the counsellor would introduce the initiating conditions of advanced accurate empathy, self-disclosure, confrontation and alternative frames of reference. The aim of the third and final stage would be to initiate action on the part of the counsellee by highlighting cognitive restructuring and problem solving strategies, particularly where these would be applicable to situations which have evoked delinquent behaviour in the past. These stages would hopefully be commensurate with the boy's general progress through the school and thus avoid the frustration of the counsellee deciding upon an independent course of action and being restrained from proceeding with it through institutional constraints. The counselling contract would be open-ended with the decision to terminate it resting with the counsellee.

In Chapter II it was recognised that there will always be a small number of dangerous and persistently troublesome young people who will require a custodial sentence. In that chapter the question was raised concerning how such young people may best be helped through this period so that they no longer constitute a threat to society. The results of this study would suggest that the inclusion of a formalised and comprehensive counselling programme in custodial institutions, using well-trained and clearly designated counsellors, may go some way in answering this question.

THE COST EFFECTIVENESS OF THE COUNSELLING IN THIS STUDY

Earlier in this discussion a promise was made to return to the

vitaly important question of cost-effectiveness. While it would be relatively easy to determine the economic cost of providing client-centred counselling, it would be an almost impossible task to calculate the financial value of a reduction in offences. Many factors would have to be taken into account - for example, the actual cost in terms of damage or loss to the victim of the offence, the police time in investigating and prosecuting, the legal cost of solicitors and judges, and the cost to the community of the sanctions imposed by the court. This completely ignores the emotional cost to the victim in terms of pain, fear and so on - not to mention the distress caused to the perpetrator as the result of court appearances, incarceration, etc. Until and acceptable way is found to measure, in financial terms, the cost of a given offence the question of cost-effectiveness will be difficult to answer. However, when one realises that counselled subjects had, on average, eight offences less than the control subjects during the longer follow-up period, and when one considers present day legal costs, it would not be untenable to assume that individual client-centred counselling is likely to be cost-effective.

Another approach to cost-effectiveness is to look at the difference between the counsellor and control group on the length of time spent in custody during follow-up from post-test. The results clearly favoured the counselled group by an average of three months (see Table 7.6a). It transpired that most of the difference between the groups was accounted for by the time it took to 'get out' of Lisnevin rather than by a reduction in the time in custody for offences committed after leaving Lisnevin. Table 7.6b showed that counselled subjects, who were released from Lisnevin, left the school on average an incredible 7.5 months earlier than similar control subjects. If one considers that the average cost per boy for the financial year 1976/77 was around £1,000 per month and the cost of providing 24 sessions of individual counselling was about

£100, then counselling was very cost-effective indeed! Obviously such a finding must be interpreted with caution as the cost per boy is subject to considerable fluctuation, depending upon the occupancy rate of the school and so on. Also, the small number of subjects in the study and the high standard deviations for the length of time before release would indicate considerable variability within both experimental and control groups. Nevertheless, the results were, to say the least, optimistic concerning cost-effectiveness! These figures give sound grounds to predict that future counselling programmes need have no fear concerning their financial viability.

EPILOGUE

EPILOGUE

This study set out to answer practical questions relating to the usefulness of counselling from a client-centred orientation with the delinquent and behaviourally disturbed boys in the Special Unit of Lisnevin School. First and foremost it was designed to give the author feedback concerning his counselling approach with these boys. In this respect it was to satisfy him that he was doing a worthwhile and cost-effective job. It also had more general applications both in providing evidence which could be used in the development of an overall treatment philosophy for the boys in Lisnevin, and also in giving guidelines for the help of many other young people who find themselves the subjects of custodial sentences.

The research has been successful in meeting some of these objectives. It showed that counselling did produce significant changes for counselled subjects when compared to control subjects of similar history and background. Counselled subjects were shown to have a reduced rate of offending and were also guilty of a smaller range of offences during an average follow-up period of 2.5 years. They also received their freedom from Lisnevin substantially earlier and spent less time in custody during the 1 year following the termination of counselling. However, this latter difference was mainly accounted for by the former; that is it was the subjects' ability to get out of Lisnevin sooner which accounted for the greatest variance during the 1 year follow-up.

The Repertory Grid and Semantic Differential self-conception measures also showed differences favouring the counselled subjects. There were signs on the Repertory Grid indices that counselled subjects identified more closely with pro-social persons and less closely with anti-social persons after counselling than did boys from the control group, but fortunately the magnitude of change was often small. Small positive changes were also indicated by the Semantic Differential results

where there appeared to be an underlying trend for counselled subjects to change in a direction suggesting better adjustment when compared to the control subjects. Within the counselled group those subjects who showed the greatest behavioural improvement tended to have increased self-evaluation and less self/ideal self variation on their MYSELF AS I AM NOW element from pre to post-test on the Repertory Grid measure. This would suggest that a restructuring or a reconstrual of the 'actual' self had been occurring.

Thus it can be seen that the question concerning the usefulness of individual counselling with the boys in Lisnevin has been answered positively. Limitations on the size and scope of the study make broader generalisations more tentative. The use of the Logan (1972) criteria for methodological adequacy ensured that the basic minimal requirements for scientific acceptability were met. Very serious consideration was given to Logan's first criterion that there must be an adequate definition of the programme (the independent variable) whose effectiveness is being tested. In this study the independent variable was defined as: "predominantly client-centred counselling". To meet the requirement of being "client-centred" it was necessary to show that Rogers' 'necessary and sufficient' conditions were available to and perceived by the clients. The main measure of these conditions was the Barrett-Lennard Relationship Inventory which, while it had limitations, seems to be the best instrument then available. It would have been preferable, from a design point of view, to have had a number of counsellors, each offering a client-centred relationship, to help show that it was the levels of the core conditions of empathy, warmth and genuineness offered by the counsellor which initiated client change rather than some other characteristic of the counsellor. However, recommendations for a much larger scale study have been made in Chapter VIII. These recommendations have taken into account the weaknesses of the present study and, if implemented, would allow greater generalisations to be made concerning the scope of

a client-centred counselling approach to delinquent boys.

In the introduction to this thesis it was stated that both the residential treatment of young offenders and the use of psychotherapeutic and counselling approaches have come under considerable criticism concerning their effectiveness in recent times. It is hoped that the results of this study have shown that the use of secure residential provision need not be a completely negative and damaging experience and that the formalised counselling, using well-trained and clearly designated counsellors, has its part to play in helping young people who require this sort of care.

Many of the questions which were raised at the end of the literature review in Chapter III still require to be answered. These questions were: 'Is there a counselling approach which works best with offenders?', 'How can one judge amenability to counselling?' and 'Is counselling equally effective in residential institutions and the community'? All the above await further study and research.

APPENDIX A

A P P E N D I C E S

A PARAPHRASE OF THE INVITATION TO COME TO COUNSELLING

The experimenter read the following paraphrase before seeing the subject and then repeated it to him from memory. Any questions from the subject were answered using the information contained in the paraphrase. The invitation always took place after the subject had completed the pre-test measures.

As you may already know I do what is called 'individual counselling' with some of the boys in the Unit. I have been doing it for a couple of years now and some of the boys have found it helpful. What it really means is just coming down to see me for one period a week to talk about things. We talk about anything the person wants to talk about; sometimes it might be about problems they are having, sometimes about how they are getting on in the Unit, how they are getting on with people, things that make them angry or cross, or things that make them happy or they are looking forward to - perhaps their plans for the future or just anything they want to talk about.

Everything we talk about is kept private or secret and there is no need to worry about me telling anything to anybody, not even the staff, about what goes on. We meet every week for seven months or until you leave the Unit, whichever is the shortest. It is voluntary and you don't have to come unless you want to and you can stop coming if you really want to. Although I would like it if you decide to come that you should give it a try for a few weeks to see if you find it helpful.

It is not meant to interfere between you and your personal counsellor. You are still meant to go to him or her if you want something arranged or done for you - its over and above personal counselling - a sort of extra.

It is impossible for me to see every boy who comes into the Unit for counselling because I just haven't got the time, but I try to see about half of the boys. I don't pick them because I think there is anything specially wrong with them or because they might need special help but I ask them more or less at random according to how I can fit them into my timetable.

I was wondering if you would be interested in coming to individual counselling if I find I can fit you in?

THE BOY ANSWERS:

If affirmative then:

Well then I will get in touch with you later if I find it in the counselling, O.K.?

This appendix contains examples of dependent measures used in the study to measure self-conception.

SEMANTIC DIFFERENTIAL

Each subject was given a booklet which contained the instructions and twelve concepts on separate pages to be rated. The procedure was repeated at post-test. Example.

INSTRUCTIONS Please Read:

The purpose of this test is to measure the meanings of certain ideas or things to various people by having them make a series of judgements about them. On taking this test please make your judgements on the basis of what these things mean to you. On each page of the booklet you will find a different word or idea to be judged and beneath it a set of scales. You are to rate the word on each of these scales in order.

Here is how to use the scales:

If you feel the word or idea at the top of the page is very well described by one end of the scale you should place your cross as follows:-

Fair	<u>X</u>	—	—	—	—	—	—	Unfair
Fair	—	—	—	—	—	—	<u>X</u>	Unfair

If you feel the word is quite closely related to one or the other end of scale (but not extremely) you should place your cross as follows:-

Strong	—	<u>X</u>	—	—	—	—	Weak
Strong	—	—	—	—	—	<u>X</u>	Weak

If the word seems to be slightly related to one side as opposed to the other side (but is not really neutral) then you should place your cross as follows:-

Active	—	—	<u>X</u>	—	—	—	Passive
Active	—	—	—	—	<u>X</u>	—	Passive

The direction towards which you make your mark, of course, depends upon which of the two ends of the scale seem most characteristic of the thing you are judging.

If you consider the word to be neutral on the scales, both sides of the scale equally associated with the word, or if the scale is COMPLETELY IRRELEVANT, unrelated to the word, then you should place your cross in the middle space:-

Central Booklet

Safe — — — X — — — Dangerous

IMPORTANT

Place your check-marks IN THE MIDDLE OF SPACES, and not on the boundaries. Be sure to mark every scale for every word - do not omit any. Never put more than one cross on a single scale. Sometimes you may feel as though you have had the same item before on the test. This will not be the case, so DO NOT LOOK BACK AND FORTH through the items. Do not try to remember how you marked similar items earlier in the test. Make each a separate and independent judgement. Work at fairly high speed through the test. Do not worry or puzzle over individual items. It is your first impressions, the immediate 'feelings' about the items that we want. Please do not be careless.

THIS TEST IS FOR RESEARCH PURPOSES ONLY AND WILL NOT BE USED FOR TREATMENT PURPOSES WHILE YOU ARE HERE. YOUR ANSWERS WILL BE KEPT PRIVATE.

An example from a subject's Semantic Differential Booklet.

which were written

MYSELF AS I AM NOW
.....

R A T I N G

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	
1. GOOD	_____	_____	_____	_____	<u>X</u>	_____	_____	BAD
2. FAST	_____	_____	<u>X</u>	_____	_____	_____	_____	SLOW
3. WEAK	_____	_____	_____	_____	<u>X</u>	_____	_____	STRONG
4. UNRELIABLE	_____	<u>X</u>	_____	_____	_____	_____	_____	RELIABLE
5. DIRTY	_____	_____	_____	_____	_____	_____	<u>X</u>	CLEAN
6. SMALL	_____	_____	_____	_____	<u>X</u>	_____	_____	LARGE
7. UNHELPFUL	_____	_____	_____	<u>X</u>	_____	_____	_____	HELPFUL
8. FOOLISH	_____	_____	<u>X</u>	_____	_____	_____	_____	WISE
9. CRUEL	_____	_____	_____	_____	<u>X</u>	_____	_____	KIND
10. NOISY	_____	_____	_____	_____	<u>X</u>	_____	_____	QUIET

THE REPERTORY GRID

14 'element' cards.

Each subject was presented 14 'element' cards on which were written the following titles:

- A. MYSELF AS I AM NOW
- B. A LIKED PERSON
- C. A DELINQUENT (SOMEONE WHO DOES JOBS)
- D. MY SISTER
- E. MY BROTHER
- F. MY FATHER
- G. MYSELF AS I WOULD LIKE TO BE
- H. A DISLIKED PERSON
- I. A LIKED TEACHER
- J. A DISLIKED TEACHER
- K. A TRUANT (SOMEONE WHO MITCHES OFF SCHOOL)
- L. MY MOTHER
- M. A BOY WHO HAS NOT GOT INTO TROUBLE
- N. A FRIEND WHO GETS ON WELL IN LIFE

Where appropriate the subject was instructed to write in pencil on the card the name of a person who fitted the title role. Then in the manner detailed in Chapter VI ten constructs were elicited from the subject. He was then asked to rank order each element card on each construct and his responses were recorded to form a matrix or grid (see example overleaf). This grid was then put on computer punch cards and analysed using the Grid Analysis Package (Slater, 1977), which gave a number of indices which could be used as change measures from pre to post-test.

This appendix gives examples of other measures or scales which were used in the study which are not readily available in publicised form.

CATEGORIES OF JUVENILE OFFENCES

These categories were taken from 'Social and Economic Trends in Northern Ireland', (H.M.S.O., 1980), which detailed the types of offences committed by juveniles in Northern Ireland during 1978 as arranged for government statistical purposes. A similar classification scheme was used in earlier editions of the above publication.

The categories were as follows:-

- (1) Burglary and robbery,
- (2) Offences connected with motor vehicles,
- (3) Disorderly behaviour,
- (4) Theft and handling stolen goods,
- (5) Malicious damages,
- (6) Assaults,
- (7) Other offences, e.g. sex offences, fraud and forgery.

In order to obtain a rating of the range of offences for the purposes of this experiment the Criminal Record for the particular subject was examined and the number of separate categories of offences during a given time period was counted. Each category of offence present on the record added cumulatively to the range of offences score. Subjects could thus score on a range of 0-7 on this measure.

For example:

A subject whose Criminal Record during the 1 year follow-up after post-test showed him to be guilty of three cases of burglary and one of assault would receive a score of 2 on the range of offences measure for that time period. Thus while he committed four separate offences they only fell into two offence categories.

Barrett - Lennard

RELATIONSHIP INVENTORY - FORM OS-M-64

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. PLEASE MARK EVERY ONE. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

+3: Yes, I strongly feel that it is true.

+2: Yes, I feel it is true.

+1: Yes, I feel that it is probably true,
or more true than untrue.

-1: No, I feel that it is probably untrue, or more untrue than true.

-2: No, I feel it is not true.

-3: No, I strongly feel that it is not true.

-
- _____ 1. He respects me as a person.
 - _____ 2. He wants to understand how I see things.
 - _____ 3. His interest in me depends on the things I say or do.
 - _____ 4. He is comfortable and at ease in our relationship.
 - _____ 5. He feels a true liking for me.
 - _____ 6. He may understand my words but he does not see the way I feel.
 - _____ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he feels about me.
 - _____ 8. I feel that he puts on a role or front with me.
 - _____ 9. He is impatient with me.
 - _____ 10. He nearly always knows exactly what I mean.
 - _____ 11. Depending on my behaviour, he has a better opinion of me sometimes than he has at other times.
 - _____ 12. I feel that he is real and genuine with me.
 - _____ 13. I feel appreciated by him.
 - _____ 14. He looks at what I do from his own point of view.
 - _____ 15. His feelings toward me doesn't depend on how I feel toward him.
 - _____ 16. I make him uneasy when I ask or talk about certain .../

- _____ 17. He is indifferent to me.
- _____ 18. He usually senses or realises what I am feeling.
- _____ 19. He wants me to be a particular kind of person.
- _____ 20. I nearly always feel that what he says expresses exactly what he is feeling and thinking as he says it.
- _____ 21. He finds me rather dull and uninteresting.
- _____ 22. His own attitudes toward some of the things I do or say prevent him from understanding me.
- _____ 23. I can (or could) be openly critical or appreciative of him without really making him feel any differently about me.
- _____ 24. He wants me to think that he likes me or understands me more than he really does.
- _____ 25. He cares for me.
- _____ 26. Sometimes he thinks that I feel a certain way, because that's the way he feels.
- _____ 27. He likes certain things about me, and there are other things he does not like.
- _____ 28. He does not avoid anything that is important for our relationship.
- _____ 29. I feel he disapproves of me.
- _____ 30. He realises what I mean even when I have difficulty in saying it.
- _____ 31. His attitude toward me stays the same; he is not pleased with me sometimes and critical or disappointed at other times.
- _____ 32. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.
- _____ 33. He just tolerates me.
- _____ 34. He usually understands the whole of what I mean.
- _____ 35. If I show that I am angry with him he becomes hurt or angry with me, too.
- _____ 36. He expresses his true impressions and feelings with me.

- _____37. He is friendly and warm with me.
- _____38. He just takes no notice of some things that I think or feel.
- _____39. How much he likes or dislikes me is not altered by anything that I tell him about myself.
- _____40. At times I sense that he is not aware of what he is really feeling with me.
- _____41. I feel that he really values me.
- _____42. He appreciates exactly how the things I experience feel to me.
- _____43. He approves of some things I do, and plainly disapproves of others.
- _____44. He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.
- _____45. He doesn't like me for myself.
- _____46. At times he thinks that I feel a lot more strongly about a particular thing than I really do.
- _____47. Whether I am in good spirits or feeling upset does not make him feel any more or less appreciative of me.
- _____48. He is openly himself in our relationship.
- _____49. I seem to irritate and bother him.
- _____50. He does not realise how sensitive I am about some of the things we discuss.
- _____51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to his feeling toward me.
- _____52. There are times when I feel that his outward response to me is quite different from the way he feels underneath.
- _____53. At times he feels contempt for me.
- _____54. He understands me.
- _____55. Sometimes I am more worthwhile in his eyes than I am at other times.

- _____56. I have not felt that he tries to hide anything from himself that he feels with me.
- _____57. He is truly interested in me.
- _____58. His response to me is usually so fixed and automatic that I don't really get through to him.
- _____59. I don't think that anything I say or do really changes the way he feels toward me.
- _____60. What he says to me often gives a wrong impression of his whole thought or feelings at the time.
- _____61. He feels deep affection for me.
- _____62. When I am hurt or upset he can recognise my feelings exactly, without becoming upset himself.
- _____63. What other people think of me does (or would, if he knew) affect the way he feels toward me.
- _____64. I believe he has feelings he does not tell me about that are causing difficulty in our relationship.

Counsellor Attitude Survey

ALL REPLIES ARE STRICTLY CONFIDENTIAL

Name: _____

Date: _____

After considering each statement, indicate whether or not you are in basic agreement (A), disagree (D), or cannot decide (?) by encircling the appropriate letter in the left-hand margin. Do not use (?) unless absolutely necessary. While there is no time limit, do not spend too much time pondering any one item.

- A D ? 1. The counsellor's goal is to make people better adjusted to society.
- A D ? 2. It is not the job of the counsellor to solve the boy's problems.
- A D ? 3. A thorough diagnosis is unnecessary for effective counselling.
- A D ? 4. After the first interview the counsellor should plan each interview carefully before meeting the client.
- A D ? 5. In the counselling session the boy may discuss any area of concern he wishes.
- A D ? 6. The counsellor should be in control of the interview at all times.
- A D ? 7. The best way to understand the boy is to compare him with other people.
- A D ? 8. Whether the boy requests it or not, the counsellor should suggest reading material pertinent to his problems.
- A D ? 9. In order for the boy to benefit most from the counselling experience he must be given unconditional acceptance by the counsellor.
- A D ? 10. If the boy is unable to understand his problem, the counsellor should explain it to him carefully and clearly.
- A D ? 11. The function of the counsellor is to create and maintain an atmosphere in which the boy may explore his feelings and attitudes in any way he wishes.
- A D ? 12. The boy must first establish a dependency relationship upon the counsellor before he can become independent.
- A D ? 13. The counsellor does not have the right socially or professionally to allow a boy to choose an inadequate or anti-social solution to his problem.
- A D ? 14. The counsellor should always be the one to determine when counselling should be terminated.
- A D ? 15. Each boy has within himself the capacities to work out a solution to his problem without manipulation by the counsellor.
- A D ? 16. If the counsellor has some negative feelings toward the counsellor in the intial interview, he should firmly but gently refuse to continue with him.

- A D ? 17. If counselling is to be successful, the counsellor must depend, for the most part, on the boy's own potential for growth.
- A D ? 18. A complete case history is unnecessary before the counsellor actually begins counselling with the boy.
- A D ? 19. The counsellor should permit the boy to solve his problem in his own way.
- A D ? 20. The boy has the right to consider and possibly choose goals that are antisocial or immoral.
- A D ? 21. In the counselling interview the boy has the right to say anything he wishes about the counsellor.
- A D ? 22. The counsellor should offer the boy advice when it is clearly needed.
- A D ? 23. The best way of understanding the boy is to try to see him as he sees himself.
- A D ? 24. In the final analysis people must work out their own solutions to their problems.
- A D ? 25. If the boy talks about a number of problems at the same time the counsellor should tell him to concentrate on one problem at a time.
- A D ? 26. The counsellor should praise the boy whenever appropriate.
- A D ? 27. One of the counsellor's main functions is to try to convey to the boy that he accepts the boy's feelings and attitudes.
- A D ? 28. After the boy has decided upon his goals the counsellor should tell him how he can achieve them.
- A D ? 29. When a boy feels his situation is hopeless the counsellor should not try to reassure him.
- A D ? 30. When the boy does not understand the meaning of a particular piece of behaviour the counsellor should explain it to him.
- A D ? 31. The counsellor should not permit the boy to express attitudes which are contrary to his own in the field of ethics, religion, politics, etc.
- A D ? 32. When the counsellor feels that the boy is making a mistake he should not try to discourage him.
- A D ? 33. The counsellor should ask questions only when he does not understand what the boy has said.
- A D ? 34. If the boy presents a point of view that is obviously prejudiced or distorted, the counsellor should set him straight.
- A D ? 35. Verbalization of insight is not crucial in counselling.
- A D ? 36. After a therapeutic working relationship has been established the counsellor should begin to interpret the boy's unconscious

- A D ? 37. If a boy announces his intentions of performing a criminal act, the counsellor should discourage him.
- A D ? 38. The counsellor's main function is to provide a thoroughly accepting and permissive atmosphere in which the boy may work out his problems if he desires.
- A D ? 39. After a boy has stated his problem the counsellor should offer one or more possible solutions to serve as a basis for further discussion.
- A D ? 40. Early in the counselling process the counsellor should reassure the boy that his problem is not insoluble and thereby reduce his anxiety so he can start working on his problem.
- A D ? 41. The counsellor should feel free to ask the boy questions in order to obtain pertinent information necessary for the solution of the boy's problem.
- A D ? 42. If a boy wants to discontinue counselling he should be allowed to do so.
- A D ? 43. When the counsellor sees that the boy is solving his problems realistically he should praise and encourage the boy.
- A D ? 44. If the boy's life situation demands an immediate decision, or some course of action, and the boy feels unable to make a choice, the counsellor should make suggestions.
- A D ? 45. If the boy wishes to spend long periods in silence, the counsellor should let him.
- A D ? 46. If a boy threatens suicide, the counsellor should endeavour to help the boy explore his underlying feelings.
- A D ? 47. The counsellor should end each interview with some word of reassurance.
- A D ? 48. The counsellor should give advice when the boy requests it.
- A D ? 49. A formal verbal structuring of the counselling relationship should occur in the first interview.
- A D ? 50. Boy resistance should not be interpreted to the boy but merely accepted.
- A D ? 51. In the initial contact with the boy the counsellor should develop a friendly social relationship as a basis for counselling.
- A D ? 52. The counsellor should not assume the major responsibility for the content of discussion during counselling.
- A D ? 53. Most boys are unable to take the responsibility for the solution to their problems; otherwise they would not be in counselling.
- A D ? 54. The major contribution of the counsellor to the solution of the boy's problems is the providing of an objective, external point of view.
- A D ? 55. The boy should be allowed to indulge in self-pity.

- A D ? 56. The counsellor should discourage long pauses in counselling to keep the boy from feeling embarrassed or uncomfortable.
- A D ? 57. When a boy seems to be unable to talk about himself, the counsellor should engage in "small talk" to get him started.
- A D ? 58. It is rarely helpful for the counsellor to let the boy know what he would do when faced with the same problem.
- A D ? 59. The purpose of the first interview with a boy is to get a survey of the nature of the boy's problem.
- A D ? 60. If the counsellor feels the boy persists in wasting interview time, he should share his feeling with the boy.
- A D ? 61. The counsellor should try to help the boy see his problem in a logical way.
- A D ? 62. The counsellor should never take a boy's statements at face value, since the boy is not aware of the hidden import behind them.
- A D ? 63. The counsellor should be objective and impersonal in his relationship with the boy.
- A D ? 64. The more information the counsellor has about the boy prior to the counselling interview, the better he will be able to understand the boy.
- A D ? 65. When the boy veers away from the discussion of a significant problem area, he should always be brought back to it in a gentle, subtle or round-about way by the counsellor.
- A D ? 66. The successful counsellor is one who is able to suggest solutions to the boy's problems in such a way that the boy feel they are his own.
- A D ? 67. The counsellor should allow the boy to make self-derogatory statements.
- A D ? 68. When the boy makes conflicting statements, the counsellor should try at the true facts in the situation.
- A D ? 69. It is unnecessary for the counsellor to obtain a clear picture of the nature and origins of the boy's problem before he can help him.
- A D ? 70. The counsellor should refrain from adapting the counselling relationship to the expectations of the boy.

PERSONAL Dr Richard Nelson-Jones
Professor C H Patterson

SCORING KEY FOR COUNSELLOR ATTITUDE SCALE

(1) D (2) A (3) A (4) D (5) A (6) D (7) D (8) D (9) A (10) D
(11) A (12) D (13) D (14) D (15) A (16) D (17) A (18) A (19) A (20) A
(21) A (22) D (23) A (24) A (25) D (26) D (27) A (28) D (29) A (30) D
(31) D (32) A (33) A (34) D (35) A (36) D (37) D (38) A (39) D (40) D
(41) D (42) A (43) D (44) D (45) A (46) A (47) D (48) D (49) D (50) A
(51) D (52) A (53) D (54) D (55) A (56) D (57) D (58) A (59) D (60) A
(61) D (62) D (63) D (64) D (65) D (66) D (67) A (68) D (69) A (70) A

The final score is the sum of the correct answers.

Reference (and in many ways a manual for the scale)

Nelson-Jones R. and Patterson CH "Measuring Client-Centered Attitudes" British Journal of Guidance and Counselling Vol.3 No.1, Winter 1975

CARKHUFF (1969) SCALES FOR ASSESSMENT OF INTERPERSONAL FUNCTIONING

SCALE 1

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT.

Level 1

The verbal and behavioural expressions of the first person either *do not attend to or detract significantly* from the verbal and behavioural expressions of the second person(s) in that they communicate significantly less to the second person's feelings than the second person has communicated himself.

EXAMPLES: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s) he does so in such a way that he *subtracts noticeable affect from the communications* of the second person.

EXAMPLES: The first person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially *interchangeable* with those of the second person in that they express essentially the same affect and meaning.

EXAMPLE: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

EXAMPLE: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of on-going deep self-exploration on the second person's part, to be fully with him in his deepest moments.

EXAMPLES: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

SCALE 2

THE COMMUNICATION OF RESPECT IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT

Level 1

The verbal and behavioural expressions of the first person communicate a clear lack of respect (or negative regard) for the second person(s).

EXAMPLE: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences, and potentials of the second person.

Level 2

The first person responds to the second person in such a way as to communicate little respect for the feelings, experiences, and potentials of the second person.

EXAMPLE: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

In summary, in many ways the first person displays a lack of respect or concern for the second person's feelings, experiences, and potentials.

Level 3

The first person communicates a positive respect and concern for the second person's feelings, experiences, and potentials.

EXAMPLE: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life situation.

In summary, in many ways the first person communicates that who the second person is and what he does matter to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator clearly communicates a very deep respect and concern for the second person.

EXAMPLE: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicates a very deep caring for the feelings, experiences, and potentials of the second person.

Level 5

The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

EXAMPLE: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the other person as a human being.

SCALE 3

FACILITATIVE GENUINENESS IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT

Level 1

The first person's verbalisations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

EXAMPLE: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality. Where he is defensive he does not employ his reaction as a basis for potentially valuable inquiries into the relationship.

In summary, there is evidence of a considerable discrepancy between the inner experiencing of the first person(s) and his current verbalisations.

Where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2

The first person's verbalisations are slightly unrelated to what he is feeling at the moment, or when his responses are genuine they are negative in regard to the second person; the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

EXAMPLE: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed role rather than expressing what he personally feels or means. When he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.

Level 3

The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

EXAMPLE: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary, the first person appears to make appropriate responses that do not seem insincere but that do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator represents some positive cues indicating a genuine response (whether positive or negative) in a nondestructive manner to the second person(s).

EXAMPLE: The facilitator's expressions are congruent with his feelings, although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings, and there is no doubt as to whether he really means what he says. He is able to employ his responses, whatever their emotional content, as a basis for further inquiry into the relationship.

Level 5

The facilitator is freely and deeply himself in a nonexploitative relationship with the second person(s).

EXAMPLE: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful. In the event of hurtful responses the facilitator's comments are employed constructively to open a further area

of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

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