

Offender Rehabilitation as a Value-Laden Process

Andrew Day

Centre for Offender Reintegration, Deakin University, Victoria, Australia

Tony Ward

Victoria University of Wellington, New Zealand

This article investigates some of the primary assumptions and values that underpin correctional practice in the area of offender rehabilitation. It is suggested that values are reflected in offenders' and clinicians' fundamental beliefs about the rehabilitative process and as such underlie their various actions. This article identifies three areas in which values may be important (organisational values about crime and punishment, professional values, and personal values) and discusses each in relation to its relevance for rehabilitative practice. It is concluded that despite the apparent role of values in the correctional domain, very little is known about the values of those who deliver rehabilitative programs and how these might influence rehabilitative outcomes.

Keywords: *values; rehabilitation; offender; ethics*

Although forensic practitioners have in recent years become interested in understanding more about the personal concerns of offenders and their associated goals (e.g., McMurrin, 2002), often the primary focus of this work has been on motivational and responsivity issues rather than the values that arguably underlie them. Values reflect fundamental commitments concerning what is worthwhile and best in life and as such underlie choices about how to behave. In this way, it is suggested that values are evident in the broad life goals individuals set for themselves and others and in the way in which these goals are pursued. In this article, we discuss the potential importance of the values that therapists hold about offenders and the rehabilitation process. We consider how these values might influence their assessment and treatment activities and affect, either directly or indirectly, their ability to successfully rehabilitate offenders. Our discussion is necessarily general and tentative in nature in view of the apparent neglect of this topic in forensic psychotherapy¹ and the broader correctional domain: A search of the major psychology and criminology databases revealed that almost no published empirical work on this topic has

Authors' Note: We would like to thank the anonymous reviewers of an earlier version of this article. Please address correspondence to Dr. Andrew Day, Centre for Offender Reintegration at Deakin, School of Psychology, Deakin University, Geelong Waterfront Campus, Geelong, Victoria 3217, Australia; e-mail: andrew.day@deakin.edu.au.

been published. It is also an area that is likely to be contentious: Prilleltensky and Prilleltensky (2006) have argued that the very term *values* provokes strong reactions in people, leading to the polarisation of debate about, for example, issues such as the rights of the individual versus the rights of the state. The intention of this article then is to examine how values might influence rehabilitative practice and to stimulate further discussion among both researchers and practitioners about this topic. Although we acknowledge that values reveal individuals' fundamental commitments and as such carry additional political, cultural, and social meanings alongside narrower self-regarding concerns, in an introductory article such as this we cannot cover this important but vast territory. Therefore, we do not aim to discuss or apply critical psychological jurisprudence perspectives to the practice of rehabilitation, although interested readers are referred to the work of Arrigo (2002) for an excellent analysis of some of these issues.

Why the Interest in Values?

Before it is possible to engage in empirical research into values and their impact on practice, it is first necessary to inquire into their conceptual nature. Even a cursory glance at the relevant literature reveals that there have been numerous attempts over time to define values, ranging from simply equating them to individuals' desires and preferences to regarding them as part of the very fabric of the world (Rescher, 1993). That is, ranging from subjective, somewhat idiosyncratic phenomena to features of the world created by a religious entity or possibly having evolved through a process such as natural selection. In our view, one of the most rationally persuasive and psychologically helpful ways of understanding values is to view them in naturalistic terms as important features of individuals' lives and experiences, based on human needs and shared living conditions, that reliably meet their core interests and promote individual and community well-being (see Kekes, 1993). That is, values reflect individuals' judgements about what kind of activities and experiences are worth pursuing in their lives and likely to meet their core and related interests. This definition encompasses those offered by others, such as Mayton, Ball-Rokeach, and Loges (1994), who define values as "enduring prescriptive or proscriptive beliefs that a specific mode of conduct (instrumental value) or end state of existence (terminal value) is preferred to another mode of conduct or end state" (p. 3). Values are arguably derived from individuals' social and cultural allegiances that as a person develops provide him or her with a set of normative resources that guide both day-to-day and important life decisions. The social world encountered by children is usefully construed as a web of beliefs, practices, and goals that help them to construct a sense of meaning and purpose. As individuals become persons (autonomous agents) and acquire the capabilities necessary to reflect critically on their goals and actions, they to some extent become self-creating. It is at this point that values become recognisably their own and provide a sense of meaning and uniqueness. Ultimate

values are evident in the abstract principles people call on to justify or defend their actions when challenged or when engaged in evaluating significant life options, whereas more concrete values represent specific ways of realising these abstract values in particular contexts. Ward and Maruna (2007) have suggested that criminal actions can be partly viewed as problematic ways of seeking abstract values that are intrinsically worthwhile but in ways that ultimately result in anti-social outcomes and frequently self-defeating consequences. An example of such criminal and self-defeating strategies is the attempt to establish a sense of personal autonomy through intimidating and physically assaulting a romantic partner.

A particularly important issue here is the nature of the relationship between values and behaviour. Values can be understood as either embodied in our actions or as relatively independent from them. These are complex philosophical issues, but for the present discussion we have chosen to understand values primarily in relation to their influence on those attitudes and beliefs about ourselves and other people that signify moral worth and, as a consequence, influence how we relate to others. As such, values are directly related to core principles such as those that underpin most contemporary professional codes of ethics.

It has been suggested that although values are *always* implicit in what researchers and practitioners say or do, they are often not articulated in specific discourses or practice guidelines (Ward & Maruna, 2007). Others have suggested that ethical codes are typically too abstract or too general to influence psychological practice, advocating a process of ethical decision making in situations when ethical issues arise. Such approaches demand a consideration of personal and professional values if ethically responsible decisions are to be arrived at (Bush, Connell, & Denney, 2006).

What is the connection between values and forensic psychotherapeutic practice? We propose that values play a significant role in offender rehabilitation theories because they serve to identify therapeutic goals and to place boundaries on what might be considered to be appropriate rehabilitative attempts (e.g., we should not subject individuals to empirically unsupported interventions or expose them to unnecessarily stressful situations). Furthermore, values inform decisions about how to balance the needs of individual offenders with those of the community when developing intervention and management plans. We would suggest that such decisions need to be made in an explicit and reasoned manner.

It has further been suggested that the process of behaviour change is also facilitated by practitioners, who, by the way in which they relate to offenders, display particular sets of values. For example, during 50 years of counselling, clinical psychology, and psychotherapy, research has consistently pointed to the contribution of a number of non-specific features of treatment to positive outcomes, such as Truax and Carkhuff's (1967) triad of accurate empathy, non-specific warmth, and genuineness. Such characteristics are reliably associated with beneficial outcomes for both individual clients and the broader community and are clearly underpinned by a set of values that are accepting of client perspectives about their problems and afford them autonomy and control over their lives.

For others, the active exploration of values is an important part of the rehabilitative process. Ward and Marshall (2007), for example, have argued that the therapeutic change process for sexual offenders is itself intimately bound up with the use of self-reflection to alter personal values to help offenders fashion a sense of their future that is personally fulfilling and socially responsible. The process requires therapists to present their own values—or at the very least those that they see as representative of the community—as reference points from which self-reflection can occur. Thigpen, Beauclair, Keiser, Guevara, and Mestad (2007) have further suggested that the therapist should act as a model and demonstrate anti-criminal expressions of behaviour and that the effective practitioner must be consistent and unerring in communicating pro-social and high moral values. Interventions for perpetrators of domestic violence offer another example of where the modelling of pro-social values is regarded as critical to therapeutic change (Pence & Paymar, 1983).

Although this position might on first glance appear unorthodox (given the long-standing tradition within psychology that the values of the therapist are not to be expressed or imposed on the client—Freud, for example, encouraged the clinician to be opaque to his patients), closer examination of the psychotherapy literature across the past 40 years reveals that not only do therapists freely communicate their values to their clients but that clients are also frequently influenced by these communications (e.g., Kessel & McBrearty, 1967). Martin (2006) has argued that ethical values are evident in mental health practices in at least three major ways: (a) Ethical behaviour is likely to result in better levels of well-being and psychological health (e.g., compassion deepens relationships), (b) clients are expected to take at least some degree of responsibility for their treatment, and (c) many mental disorders such as personality disorders and the paraphilias are in part defined by the values that the community holds about certain behaviours.

Commentaries on contemporary psychotherapy, such as that offered by Richardson (2006), have identified some of the paradoxes in approaches that result from attempting to create a value-neutral psychotherapy (particularly in relation to the promotion of individualism and instrumentalism). Fowers (2006) offers what he terms a “frankly moral dialogue” in relation to the application of virtue ethics to psychotherapy as a means of “helping clients to cultivate the best in themselves and to live the best kind of life available to them” (p. 39). The underlying premise of Fowers’s approach is that human beings are goal-seeking beings who act to accomplish meaningful aims, with virtues seen as the character strengths by which people can pursue human goods. This work has clear application to the criminal justice arena and resonates with the approaches to offender rehabilitation that promote the pursuit of human goods as an effective method of managing risk (see Ward & Maruna, 2007).

The focus of this article is on understanding those values that underpin forensic psychotherapeutic practice. It is suggested that the acquisition of these types of values is partly the result of professional training, correctional contexts (i.e., the “culture” of

an institution or agency), self-reflection, experience, and the personal experiences of therapists.

Criminal Justice Values

The values held by therapists typically derive from their professional roles, conceptions of mental health, theoretical commitments, and social identities (Martin, 2006). Those psychotherapists working within criminal justice settings adopt a professional helping role that contrasts with a system that is based primarily on punishing “bad” behaviour, thus placing them in a rather unique clinical situation. This suggests that for these therapists at least, there is likely to be a particularly close relationship between the moral and therapeutic aspects of their practice (although see Martin, 2006).

Slobogin and Fondacaro (2000) have proposed three different models that can be used to justify the deprivation of liberty of an individual within the criminal justice system. A *punishment model* where the focus is retrospective and on punishing people for the harm they have caused; a *prevention model* where the focus is prospective and concerned with preventing harm to self or others, through either deterrence or restraint; and finally a *protection model* that seeks to ensure rights and privileges of individuals. Although there are examples where these models are mixed, for example, in prison hospitals, therapeutic communities within prisons, and “program prisons,” Slobogin and Fondacaro note that the criminal justice system is in essence “the closest manifestation of the punishment model” (p. 501). Indeed, punishment in response to crime is the prevailing practice in most societies (Wachtel, 1999).

Although the core values of most modern correctional systems explicitly espouse rehabilitative ideals in their mission statements, few would maintain that prisons are not punishing environments. Although it is acknowledged that punishment can be ethically justified by appealing either to its consequences or to the nature of wrongful acts themselves, there is little doubt that the conditions of imprisonment frequently add significant burdens on offenders beyond the simple deprivation of liberty (Kleinig, 2008). A combination of unsympathetic public attitudes and overly crude interpretations of retributive ethics may result in harsh and at times demeaning conditions for imprisoned individuals that ultimately create ethical and therapeutic challenges for practitioners. The work of Toch and Adams (2002) in the United States and that of Liebling (2004) in the United Kingdom is testament to the fact that many prisoners experience prisons as aversive and extremely stressful environments in which to live. Culturally, we would suggest, values reflecting accountability and punishment are pervasive, underlying the very system of government in Western democracies. It may be that those who choose to work in correctional environments have values that are broadly consistent with this approach (i.e., accept that their clients are there because they are in some way morally culpable for their behaviour and are being

punished). Indeed, the available research on the attitudes of correctional officers suggest that on the whole, prison staff hold rather unsympathetic attitudes towards prisoners. In one study by Larivière (2001), less than one quarter of Canadian correctional officers held empathetic views of prisoners, and three quarters believed that the role of corrections ought to be punitive. There are considerable difficulties created by the fact that although imprisonment can be seen as an appropriate response to many crimes, it is also important for practitioners to treat offenders as moral agents with the inherent value and dignity that this status bestows. The tendency to extend the scope of punishment to the imposition of harsh conditions of imprisonments can threaten the ethical status of offenders and lead correctional workers to behave in ethically unacceptable ways (Kleinig, 2008).

Very little is known about the ways in which rehabilitation providers view their clients, although in a provocative analysis of the ethical issues underlying mandated offender rehabilitation with sex offenders, Glaser (2003) has argued that much of the way in which treatment is delivered should be understood in terms of treatment providers administering punishment to their clients on behalf of the community. Although this article attracted a rebuttal from others in the field,² one implication of Glaser's analysis is that those who work in these settings are able, at the very least, to tolerate working within a punishment-oriented environment, perhaps because they are sympathetic to the notion that their clients have forfeited their moral or human rights by virtue of their offending. There is an underlying question here of whether prisons (and the broader criminal justice system) *should* aim to punish. The interest that many forensic psychotherapists have in therapeutic jurisprudence initiatives (see Glaser, 2003) suggests that there is some discomfort with the notion of punishment and the idea that they are in some ways complicit in the punishment process.

Prilleltensky and Prilleltensky (2006) have further suggested that organisations are critical to how values are enacted: "they are the places where individuals pursue their goals, where governments enact policies, and where human service workers try to ameliorate suffering and promote wellness for all" (p. 54). They argue that a set of complementary values are required to promote personal and communal well-being at the same time, and yet there may also be contradictions between systems based on punishment and the task of bringing about behaviour change through psychological intervention. McGuire (2002) and others (e.g., Andrews & Bonta, 2003) have persuasively argued that the type of punishment administered by criminal justice systems is unlikely to be effective in bringing about behaviour change in ways that effectively manage risk. Irrespective of the attitudes held towards offenders, this debate reveals the deep but often unacknowledged influence of ethical values on the culture and practice of forensic psychotherapy.

Professional Values

Although researchers have shown some interest in particular values held by therapists (such as those towards religion and in relation to sexuality; e.g., Bergin,

1991), recent theoretical work on ethical issues in forensic psychotherapeutic practice from a human rights perspective has linked psychological practice to two core values of freedom and well-being (e.g., Ward & Birgden, 2007). Ward, Gannon, and Vess (2009) have further proposed that forensic psychotherapists should seek to promote these values in their clinical work if they are to act ethically, although in practice the critical issue here is being able to articulate the circumstances or conditions under which the right to choose how to live one's life should be curtailed. This is a complex area for which no professional guidelines exist and yet forms the basis for many of the conversations about values that routinely arise in the course of the delivery of offender rehabilitation programs.

The ability of the therapist to take a particular stance towards his or her client, regardless their legal status or criminal charge, is fundamentally predicated on how the therapist constructs not only the general meaning of criminal behaviour but also an understanding of those who would commit such crimes. Rehabilitation practitioners are required, in their clinical practice, to reconcile the belief that people have personal agency and make rational decisions about their behaviour, with an emerging body of research suggesting that offenders (and people in general) have much less conscious control over their behaviour than was previously thought (Andrews & Bonta, 2003). For example, non-rational processes in relation to emotional regulation are increasingly identified as important precursors to offending (see Day, 2009). It is also clear from studies in experimental psychology with non-offender populations just how much negative emotions can affect subsequent rational decision making (e.g., Damasio, 1994).

In addition, developmental theories of offending have identified an important link between early childhood abuse and neglect and economic disadvantage and offending risk (Homel, 1999). It is widely acknowledged that offenders arrive in prison with long histories of psychological and social problems. They are more likely to have come from large families with siblings or parents who had offended and experienced poor parental supervision, family disruption, and physical and sexual abuse in childhood (e.g., Farrington & Welsh, 2007), all of which may result in emotional dysregulation, anti-social attitudes, and behavioural problems (see Salekin, Rosenbaum, & Lee's, 2008, review of developmental factors in psychopathy).

With respect to the effects of abuse on children, research has revealed that they are frequently pervasive, severe, and can create vulnerabilities for a wide range of psychological, social, and behavioural problems. Beitchman, Zucker, and Hood (2002) described the long-term effects of sexual abuse as poor social adjustment, disturbed sexual functioning, sexual identity confusion, inappropriate attempts to assert masculinity, and the presence of traumatic symptoms. Research on victims has demonstrated that they frequently suffer a loss of trust, hope, self-efficacy, sense of a future, and a loss of goals and desire, essentially an experience of what Walker (2006) has labelled *normative abandonment*. In brief, this is the perception that the default and explicit values on which everyday life is built no longer holds. Thus it becomes increasingly difficult to rely on other people or hope that the future will be

a positive one. The extent to which offenders who have extensive histories of victimisation can and should be held responsible for their behaviour is thus an important one, legally, ethically, and clinically (Ward & Moreton, in press). It is an area that demands reflection about our personal and professional values and how we approach issues of personal responsibility.

Personal Values

Rather little is known about the personal values that bring people to train as psychologists and subsequently work in forensic settings. An important point noted earlier is that personal values are related to character traits that directly affect the ways therapists think, feel, and act within correctional contexts. That is, individuals' personal commitments are likely to create habitual ways of thinking and acting that if not reflected on critically may result in poor practice and even unethical behaviour (Martin, 2006). Therapist values can also be understood as directly influencing the ability of the clinician to form strong therapeutic alliances with clients—most notably in relation to the aspect of alliance that Bordin (1994) has referred to as the “bond” or attachment formed between the client and therapist. It is likely that highly discrepant therapist–client values can adversely affect treatment outcomes by impairing the development of a strong relational bond.

Most of the available research on personal values has been conducted with practising psychotherapists and has only a limited application to offender populations. Guy (1987), following a series of interviews with leading practitioners, described the different types of motivation that led people to work as psychotherapists. Guy reported both functional (e.g., curiosity, emotional insight, self-denial, empathy, tolerance of ambiguity) and dysfunctional (e.g., vicarious coping, need for intimacy, emotional distress) motivators. Analyses of this type are useful as they offer ideas as to how and when therapists make mistakes (“therapeutic blunders”) with their clients, or even act in anti-therapeutic ways (e.g., the therapist who needs to feel important, so fosters dependency in clients; the therapist who is reminded of his or her own problems and responds with pseudo-optimism and facile re-assurance; the therapist who gives uncalled for advice as a means of appearing wise). They also point to some of the underlying personal values that therapists hold and how these influence their approach to the work. For example, a therapist who is functionally motivated by a genuine curiosity in other people is likely to hold values that are consistent with respecting others' viewpoints and respond to clients in an interested manner.

One issue that forensic practitioners often face is how to best respond to those whose behaviour they do not condone and those who express values that may be antithetical to their own (e.g., misogynistic or abusive). In spite of (or even because of) professional training that espouses a non-evaluative approach to client work, personal values may, in some circumstances, allow the individual therapist to give himself

or herself permission to condemn or blame clients for their offending. This is clinically important given that other-blame is commonly identified as the core appraisal underlying anger arousal (Smith & Lazarus, 1993), suggesting that a natural consequence of blame is anger. It should be self-evident that working therapeutically with clients in circumstances where the therapist is angry is likely to be almost impossible.

Along with feelings of anger for offenders may also be feelings of contempt and disgust (cf. Izard's, 1977, hostility triad of other-condemning emotions). Rozin, Haidt, and McCauley (2000) have related each of these three emotions to Schweder, Much, Mahapatra, and Park's (1997) theory of moral judgement, which proposes that three codes of ethics underlie morality. For these theorists, breaches in the ethics of community (issues of duty, hierarchy, and social rules) are commonly related to feelings of contempt; breaches in the ethics of autonomy (issues of rights and justice) are related to feelings of anger; and breaches in the ethics of divinity (issues of protecting the self from degradation) relate to feelings of disgust. They note, for example, that "people who betray friends or family, or who kill in cold blood, are seen as inhuman and revolting; criminal acts with 'normal' human motivations such as robbing banks, are seen as immoral but not disgusting" (pp. 643-644).

What Are the Values That Might Inform Offender Rehabilitation?

Prilleltensky and Prilleltensky (2006) have identified what they consider to be the central values that are relevant for the development of personal, organisational, and community well-being. They suggest that personal well-being can be understood in terms of two categories of value: (a) self-determination, freedom, and personal growth and (b) health, caring, and compassion. The key values for organisational well-being are accountability, transparency, and responsiveness to common ground; collaboration; democratic participation; and respect for human diversity. Finally, they suggest that the values that support community well-being include support for community structures and social justice. They argue that to promote well-being on each of these levels, "a set of values that is internally consistent, that avoids dogmatism and relativism, and that promotes congruence between means and ends" (p. 67) is needed.

It is possible to see how these particular values might be used to inform rehabilitative practice (see Table 1). For example, initiatives to promote personal well-being in prisons might aim to create opportunities for autonomy, for example, by wherever possible giving prisoners control over aspects of their environment. In treatment sessions, such values might be reflected in therapist behaviour that is respectful, tolerant, and empathic. Table 1 also illustrates how recent research in the area of the practice of offender rehabilitation programs can be categorised in relation to how it sits with these underlying values.

Table 1
Values and Their Application to Rehabilitative Practice (after Prilleltensky & Prilleltensky, 2006)

Values	Policies	Example of Rehabilitation Goal	Example of Rehabilitation Practice	Illustrative Recent Research in This Area
Self-determination, freedom, and personal growth	Devise policies in consultation with stakeholders	To offer inmates control over their environment and avoid institutionalisation, education and employment programs, victim services to be involved in program design and delivery	Respectfulness in groups, tolerance, warmth, compassion, and empathy	Therapist characteristics (Marshall et al., 2003), social climates of prisons (Liebling, 2004)
Health, caring, and compassion	Facilitate access to health care services through universal and outreach programs	To respond to the needs of those with mental health problems, substance use issues (harm minimisation), and general duty of care issues (e.g., suicide prevention); rejection of cruel and unusual punishments (e.g., torture)	Ability to respond appropriately to the individual needs of offenders	The need for mental health services in prisons (e.g., Drake, Morrissy, & Mueser, 2006), emotional determinants of engagement in rehabilitation programs (e.g., Howells & Day, 2006)
Respect for diversity, collaboration, and democratic participation	Promote policies that are non-discriminatory	To recognise cultural and gender differences in programming, and include disenfranchised groups in decision making	Acknowledging the cultural context in which offending occurs and seeking advice from cultural consultants	Working with Indigenous offenders (Day, Nakata, & Howells, 2008), therapeutic community models (Wexler, 1995)

(continued)

Table 1 (continued)

Values	Policies	Example of Rehabilitation Goal	Example of Rehabilitation Practice	Illustrative Recent Research in This Area
Accountability and responsiveness to common good	Dialogue with members of the most disempowered section of the community about their needs and views on services	To evaluate programs; to assess risk professionally	Integrating both victims' and perpetrators' perspectives in program materials	Risk assessment (Vess, in press), partnerships to prevent domestic violence (e.g., Gondolf, 2008)
Support for community structures	Strengthen high-quality community services	To develop throughcare services, including housing, education, and employment, and family support	Offering maintenance programs and recognising the influence of social supports	Provision of reintegration services (e.g., Naser & La Vigne, 2006), relapse prevention (Polaschek, 2003)
Social justice	Provide adequate resources to the most marginalised	To protect basic rights and fulfill duties of care	Acknowledging issues of discrimination, racism, and disadvantage in programs	Application of human rights approaches to intervention (e.g., Ward & Moreton, in press)

Implications for Rehabilitative Practice

The argument presented in this article is a simple one. It is suggested that rehabilitation providers on one hand typically come from professional backgrounds that claim to be value-neutral and objective and work towards supporting, encouraging, and nurturing offenders and on the other hand work in a legal and cultural context in which offenders are typically blamed for their behaviour, punished for what they have done, housed in unsupportive environments, and sometimes coerced into rehabilitation programs. There is an apparent tension between a professed desire of many psychologists to be respectful, non-judgemental, and supportive of the personal goals of their clients and the models of treatment that are used and the punitive nature of the environment in which treatment is delivered. Moreover, psychologists are also required under professional codes of conduct to deliver treatment in ways that give the client control and autonomy over their treatment, and that does not bring about any harm to the individual. At the same time, almost nothing is known about the values of rehabilitation providers and how these influence their emotional and behavioural reactions to the offenders with whom they work. This is one area where it is easy to imagine how empirical research in this area might proceed.

A second avenue for empirical research relates to the influence of values on rehabilitative outcomes. Disagreement still exists in professional psychology about whether values should be minimised or controlled or disclosed to the client (Tjeltveit, 1999). The way in which therapists present their values, and the timing of any disclosure, is likely to be particularly important here. In an investigation of the values held by a small group of eminent psychotherapists, Williams and Levitt (2007) found that their sample tended to prioritise the values of their clients over their own unless they believed that clients were deficient in the skills or abilities required to guide the change process. This would be directly addressed in cases where they saw client values as impeding the change process, although therapists felt that they were unable to help clients to progress in circumstances where the value conflicts were too large. It should also be possible to design studies that examine the influence of values and value conflict on program outcomes in forensic settings although there has been little previous empirical work in this area. This is perhaps, as Bergin (1991) puts it, because “therapists seem not to be in conscious control of the process of value conversion” and typically “do not conceptualise their work in terms of value conversion” (p. 160).

Perhaps one of the most important aspects of effective rehabilitation is the ability of the therapist to manage situations in which conflict arises between their own values and those of their clients (see above). To do this successfully, therapists need first to be aware of exactly what their values are in relation to crime and punishment in general and to different types of offence. Offenders know only too well that they have been blamed for their behaviour and often feel that they are referred to rehabilitation programs as part of their punishment (see O’Leary, Day, Chung, & Foster,

in press). A rehabilitative or restorative approach to social discipline confronts and disapproves of wrongdoing while supporting the intrinsic worth of the wrongdoer (Wachtel, 1999). The question then is the extent to which those delivering these programs are able to address such concerns and provide interactions with their clients that are essentially therapeutic.

In some circumstances, conflict between values can be explicit. Take the example of the offender attending a sexual offender treatment program who proclaims the value that sexual contact with children is desirable. The ways in which the behaviour of offenders can interfere with the capacity for self-determination, freedom, and personal growth in victims of crime are well known and clearly identified as an area for intervention. Often this is framed in the language of treatment (e.g., “denial,” “cognitive distortion”). Other situations in which value conflict arises are more complex. Take, for example, the values of a man who is domestically violent in relation to gender role who attends a Duluth-type intervention program. The man may argue that his values are consistent with those of the community in which he lives and the peer group with which he associates, and yet program facilitators may regard these values as risk factors for ongoing violence. There is a danger here that treatment becomes characterised by an ideological debate, with the outcome either compliance or attrition rather than behaviour change.

Value conflict between forensic psychotherapists and the organisations in which they work is also not unusual, and can arise in relation to the treatment of individual prisoners (e.g., classification and release decisions), responses to institutional problems (e.g., violence and bullying), and more general conflict in relation to the conditions in which prisoners are housed. Such conflicts relate to disagreements about the purpose of prisons and their functions for the community that date back to the earliest days of corrections. For example, the idea that prison conditions should “exceed in adversity those existing in society” (Sir Robert Peel, cited by Morris, 2002, p. 210), the use of privileges and their relationship to good behaviour in prison, and the value of indeterminate sentences (see also Morris, 2002, for a discussion of modern correctional practice in relation to the work of early prison reformers such as Alexander Maconochie in the 1840s). This article does not offer solutions to these issues but rather seeks to raise them as important determinants of effective rehabilitation. It also suggests that forensic psychotherapeutic practice cannot be approached as a separate enterprise from the context in which it is offered. In our experience these issues are rarely discussed by correctional practitioners and yet would appear to be fundamental to any understanding of situations in which value conflict arises and potentially to the effectiveness of any legally mandated intervention. It is possible to frame a series of research questions about these issues, for example, by exploring the relationship between rehabilitation outcomes and ruptures in the therapeutic alliance back to the underlying values and premises on which services are based. One of the advantages of a values-based approach to correctional professional ethics is that it makes it easier for practitioners to appreciate the inherent value of offenders

and the importance of protecting their core interests and ability to function as autonomous agents. From a human rights perspective, protecting individual's well-being and freedom needs enables them to have a major say in what kind of life goals to pursue and how to do so. An emphasis on offender agency and the associated dignity derived from being able to make important decisions for oneself can assist therapists to think carefully about the way they engage offenders in assessment and treatment and to look for every opportunity to promote their dignity as moral agents within the constraints of a correctional environment (Ward, Gannon, & Birgden, 2007).

Some Problems

One problem with adopting a focus on values is that it fails to take into account the fact that an individual's ability to achieve a law-abiding life will depend on his or her possession of a range of capabilities and opportunities. In some circumstances, a combination of social, financial, and psychological deprivation makes it extremely difficult for people to live pro-social lives (see also Prilleltensky's, 1997, argument that psychology as a field tends to be so focussed on values within an interpersonal context that rarely is the political, social, or structural context acknowledged or challenged). We are certainly not saying such individuals ought not to be held accountable but rather are pointing to the obligations of the state and its relevant agencies to provide the core resources essential for offenders to function as effective and ethical agents.

A second issue relates to the definition and role of the discipline of forensic psychotherapy. It is assumed in this article that forensic psychotherapists are charged with the duty not only to protect the community by reducing recidivism rates but also to enhance well-being and improve levels of functioning. This entails striking a balance between the promotion of social values that underpin relationships (such as honor, respect for others, and fulfilling a productive role in the community) and those that underpin individual development (such as agency and autonomy). It may be that this view is controversial. The promotion of strengths-based approaches to rehabilitation (e.g., see Ward & Maruna, 2007) contrasts with approaches that primarily focus on risk management and reduction. For some, enhancing offender well-being is regarded as a legitimate goal of intervention only insofar as it meets correctional responsibilities in relation to duty of care. Adopting a focus on values perhaps demands a similar emphasis on well-being in forensic psychotherapy to that which underpins both mental health systems (e.g., alleviating distress) and associated ethical principles (e.g., beneficence, maleficence) and is more compatible with approaches developed in clinical psychology. Whereas we would see this focus on well-being as a necessary condition for effective offender rehabilitation, we are also aware that others may not share this view.

Finally, the focus of this article has been on therapist values. That is not to suggest that these are more important than the values that offenders hold. Offender core commitments have received some attention in the literature, and challenging those values

that underpin anti-social beliefs and attitudes is clearly central to any rehabilitative intervention. Furthermore, some interventions, such as Aggression Replacement Therapy and Moral Reconciliation Therapy, explicitly target the values that offenders hold. Nor would we suggest that therapeutic change is solely or even predominantly a function of therapist style. Clearly, therapeutic interventions and skills training is a critical component of treatment. Nevertheless, non-specific factors such as the therapeutic alliance have been shown to be a moderate, but significant and consistent, predictor of treatment outcome across a variety of therapeutic modalities and patient groups (e.g., Bambling & King, 2001) and have been put forward as a central mechanism to explain findings that different models of treatment deliver broadly equivalent outcomes. It has also been identified as a critical feature of interventions for those with personality disorders (Livesley, 2001). Our contention here is that it is values that underpin the style that psychologists adopt with offenders and as a consequence have a direct influence on the formation of collaborative working relationships.

Conclusion

On a final note, it is concluded that values constitute an important therapeutic resource for practitioners when thinking about the reasons that offenders commit crimes and how best to assess and treat them. We agree with Martin (2006) and others that it is not feasible or even desirable to quarantine values from the everyday practice of forensic psychotherapy. Values penetrate deeply into every facet of rehabilitative work and whether we are aware of it or not influence our responses to offenders and our subsequent professional actions. Values are not only directly reflected in the goals offenders hold when committing offences and the ways in which they choose to live their lives but are also evident in the countless professional decisions made by forensic practitioners.

Notes

1. This term has been preferred in this article to refer to the application of psychological treatment to offender populations.

2. We are not persuaded by Glaser's analysis and think that it is possible to combine risk reduction and welfare-oriented treatment approaches through a model underpinned by human rights theory that specifies offenders' core ethical entitlements while also spelling out their obligations to other people and the community (see also Ward & Birgden, 2007).

References

- Andrews, D., & Bonta, J. (2003). *The psychology of criminal conduct* (3rd ed.). Cincinnati, OH: Anderson.
- Arrigo, B. A. (2002). The critical perspective in psychological jurisprudence: Theoretical advances and epistemological assumptions. *International Journal of Law and Psychiatry*, 25, 151-172.

- Bambling, M., & King, R. (2001). Therapeutic alliance and clinical practice. *Psychotherapy in Australia*, 8(1) 38-47.
- Beitchman, J. H., Zucker, K. J., & Hood, J. E. (2002). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect*, 16, 101-118.
- Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46, 394-403.
- Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research and practice* (pp. 13-37). New York: John Wiley.
- Bush, S. S., Connell, M. A., & Denney, R. L. (2006). *Ethical practice in forensic psychology: A systemic model for decision making*. Washington, DC: American Psychological Association.
- Damasio, A. (1994). *Descartes error: Emotion, reason, and the human brain*. New York: G. P. Putnam.
- Day, A. (2009). Offender emotion and self-regulation: Implications for offender rehabilitation programming. *Psychology, Crime and Law*, 15, 119-130.
- Day, A., Nakata, M., & Howells, K. (2008). *Indigenous men and anger: Understanding and responding to violence*. Annandale, New South Wales, Australia: Federation Press.
- Drake, R. E., Morrissey, J. P., & Mueser, K. T. (2006). The challenge of treating forensic dual diagnosis clients: Comment on "Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders." *Community Mental Health Journal*, 42, 427-432.
- Farrington, D., & Welsh, J. (2007). *Saving children from a life of crime*. Oxford, UK: Oxford University Press.
- Fowers, B. J. (2006). Psychotherapy, character, and the good life. In B. D. Slife, J. S. Reber, & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 39-60). Washington, DC: American Psychological Association.
- Glaser, B. (2003). Therapeutic jurisprudence: An ethical paradigm for therapists in sex offender treatment programs. *Western Criminology Review*, 4, 1-16.
- Gondolf, E. W. (2008). Program completion in a specialized batterer counseling for African-American men. *Journal of Interpersonal Violence*, 23, 94-116.
- Guy, J. D. (1987). *The personal life of the psychotherapist*. Oxford, UK: Wiley.
- Homel, R. (1999). *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*. Canberra, Australia: National Crime Prevention Council.
- Howells, K., & Day, A. (2006). Affective determinants of treatment engagement in violent offenders. *International Journal of Offender Therapy and Comparative Criminology*, 50, 174-186.
- Izard, C. E. (1977). *Human emotions*. New York: Plenum.
- Kekes, J. (1993). *The morality of pluralism*. Princeton, NJ: Princeton University Press.
- Kessel, P., & McBrearty, J. F. (1967). Values and psychotherapy: A review of the literature. *Perceptual and Motor Skills*, 25, 669-690.
- Kleinig, J. (2008). *Ethics and criminal justice*. New York: Cambridge University Press.
- Larivière, M. (2001). *Antecedents and outcomes of correctional officer attitudes towards federal inmates: An exploration of person-organization fit*. Unpublished doctoral thesis, Carleton University, Ottawa, Ontario, Canada.
- Liebling, A. (2004). *Prisons and their moral performance: A study of values, quality and prison life*. Oxford, UK: Oxford University Press.
- Livesley, W. J. (Ed.). (2001). *Handbook of personality disorders: Theory, research and treatment*. New York: Guilford.
- Marshall, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R. E., et al. (2003). Process variables in the treatment of sexual offenders. *Aggression and Violent Behavior: A Review Journal*, 8, 205-234.
- Martin, M. (2006). *From morality to mental health: Virtue and vice in a therapeutic culture*. New York: Oxford University Press.

- Mayton, D. M., Ball-Rokeach, S. J., & Loges, W. E. (1994). Human values and social issues: An introduction. *Journal of Social Issues, 50*, 1-8.
- McGuire, J. (2002). Criminal sanctions versus psychologically-based interventions with offenders: A comparative empirical analysis. *Psychology, Crime & Law, 8*, 183-208.
- McMurrin, M. (2002). *Motivating offenders to change*. Chichester, UK: Wiley.
- Morris, N. (2002). *Maconochie's gentlemen: The story of Norfolk Island and the roots of modern prison reform*. Oxford, UK: Oxford University Press.
- Naser, R. L., & La Vigne, N. G. (2006). Family support in the prisoner re-entry process: Expectations and realities. *Journal of Offender Rehabilitation, 43*, 93-106.
- O'Leary, P., Day, A., Chung, D., & Foster, G. (in press). Treatment readiness. In A. Day, D. Justo, P. O'Leary, & D. Chung (Eds.), *An integrated response to domestic violence: A resource for practitioners*. Annandale, New South Wales, Australia: Federation Press.
- Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth model*. New York: Springer.
- Polaschek, D. L. L. (2003). Relapse prevention, offense process models, and the treatment of sexual offenders. *Professional Psychology: Research and Practice, 34*, 361-367.
- Prilleltensky, I. (1997). Values, assumptions, and practices: Assessing the moral implications of psychological discourse and action. *American Psychologist, 52*, 517-535.
- Prilleltensky, I., & Prilleltensky, O. (2006). *Promoting well-being: Linking personal, organizational, and community change*. New Jersey: John Wiley.
- Rescher, N. (1993). *A system of pragmatic idealism: Vol. 2. The validity of values*. Princeton, NJ: Princeton University Press.
- Richardson, F. C. (2006). Psychotherapy and modern dilemmas. In B. D. Slife, J. S. Reber, & F. C. Richardson (Eds.), *Critical thinking about psychology: Hidden assumptions and plausible alternatives* (pp. 17-38). Washington, DC: American Psychological Association.
- Rozin, P., Haidt, J., & McCauley, C. R. (2000). Disgust. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 637-653). New York: Guilford.
- Salekin, R., Rosenbaum, J., & Lee, Z. (2008). Child and adolescent psychopathy: A developmental perspective. *Psychiatry, Psychology and Law, 15*, 224-236.
- Schweder, R. A., Much, N. C., Mahapatra, M., & Park, L. (1997). The "big three" of morality (autonomy, community, divinity), and the "big three" explanations of suffering. In A. Brandt & P. Rozin (Eds.), *Morality and health* (pp. 119-169). New York: Routledge.
- Slobogin, C., & Fondacaro, M. (2000). Rethinking deprivations of liberty: Possible contributions from therapeutic and ecological jurisprudence. *Behavioral Sciences & the Law, 18*, 499-516.
- Smith, C. A., & Lazarus, R. S. (1993). Appraisal components, core relational themes, and the emotions. *Cognition and Emotion, 7*, 233-269.
- Thigpen, M. L., Beauclair, T. J., Keiser, G. M., Guevara, M., & Mestad, R. (2007). *Cognitive-behavioral treatment: A review and discussion for professionals for corrections professionals*. Washington, DC: U.S. Department of Justice National Institute of Corrections.
- Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy*. Florence, KY: Taylor & Francis/Routledge.
- Toch, H., & Adams, K. (2002). *Acting out: Maladaptive behavior in confinement*. Washington, DC: American Psychological Association.
- Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy: Training and practice*. Hawthorne, NY: Aldine.
- Vess, J. (in press). Risk formulation with sex offenders: Integrating functional analysis and actuarial measures. *Journal of Behavior Analysis of Offender and Victim—Treatment and Prevention*.
- Wachtel, T. (1999, February). *Restorative justice in everyday life: Beyond the formal ritual*. Paper presented at the Reshaping Australian Institutions Conference, Australian National University, Canberra.
- Walker, M. U. (2006). *Moral repair: Reconstructing moral relations after wrongdoings*. New York: Cambridge University Press.

- Ward, T., & Birgden, A. (2007). Human rights and correctional clinical practice. *Aggression and Violent Behavior, 12*, 628-643.
- Ward, T., Gannon, T., & Birgden, A. (2007). Human rights and the treatment of sex offenders. *Sexual Abuse: A Journal of Research & Treatment, 19*, 195-216.
- Ward, T., Gannon, T., & Vess, J. (2009). Human rights, ethical principles, and standards in forensic psychology. *International Journal of Offender Therapy and Comparative Criminology, 53*, 126-144.
- Ward, T., & Marshall, W. L. (2007). Narrative identity and offender rehabilitation. *International Journal of Offender Therapy and Comparative Criminology, 51*, 279-297.
- Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk paradigm*. London: Routledge.
- Ward, T., & Moreton, G. (in press). Moral repair with offenders: Ethical issues arising from victimization experiences. *Sexual Abuse: A Journal of Research and Treatment*.
- Wexler, H. K. (1995). The success of therapeutic communities for substance abusers in American prisons. *Journal of Psychoactive Drugs, 27*, 57-66.
- Williams, D. C., & Levitt, H. M. (2007). A qualitative investigation of eminent therapists' values within psychotherapy: Developing integrative principles for moment-to-moment psychotherapy practice. *Journal of Psychotherapy Integration, 17*, 159-184.