# Managing Offender Resistance to Counseling— The "3R's"

William N. Elliott, Ph.D. U.S. Penitentiary, Terre Haute, Indiana

IT IS THE RARE correctional counselor who, upon the conclusion of a counseling group, is not left feeling battle-weary, disillusioned and unsure of his or her competence. Offenders are often highly resistant to counseling interventions and seek to avoid the sometimes painful process of self-examination at all cost! They will exhibit a wide range of combative behavior intended to distract, derail, and otherwise discourage the counselor from conducting effective treatment. Offenders have devised elaborate strategies intended to wrest control of the counseling process (1)and engage in tactics designed to evade the assumption of personal responsibility for their criminal conduct (2). When all else fails, of course, offenders will engage the counselor in an overt and often heated struggle for power and control which can exact an enormous emotional toll from the counselor.

Walters (3) contends that the most important issue in managing offender resistance to treatment is the avoidance of extended debates with offenders. If the counselor chooses to enter into verbal combat with a resistant offender, the latter only escalates his or her efforts to win the debate. This is attributable to the "win at all cost" mentality which characterizes criminal offenders and substance abusers, as well as the desire to "save face" in front of peers (4). Unfortunately, correctional counselors often tend to respond to offenders' opposition to treatment interventions by directly and forcefully challenging them. Such a confrontational approach invariably results in the very power struggle which it is so important to avoid (5).

How, then, does the counselor effectively address offenders' opposition to treatment without becoming entangled in a struggle for control of the therapeutic process? The purpose of this article is to introduce the "3R's" of managing resistance to treatment: *redirection, reframing*, and *reversal of responsibility*. These interventions enable the counselor to call attention to an offender's behavior without provoking a conflictual and unproductive interaction. However, before presenting the "3R's" by way of description and illustration, it is necessary to examine in greater detail the problems inherent in the direct confrontation of offender resistance.

## Confrontation

Most models of counseling and treatment emphasize nonconfrontational and nonadversarial methods. Similarly, research has consistently revealed that confrontation arouses defenses and activates resistance (5). Confrontation sometimes deteriorates into a means of attack and an attempt to tear someone down (6). Such a misuse of confrontation forces the recipient into a corner out of which he or she must emerge fighting in a desperate attempt to save face (7). Goldring (8) suggests that confrontational interventions are only effective when they catch a person by surprise and expose dramatic discrepancies between professed and overt behavior. Indeed, Fautek (9) conceives of confrontation as a special form of constructive criticism containing a healthy mixture of observation and suggestion.

However, the current author has seldom used, or seen other clinicians use, confrontation in such a therapeutic manner. More times than not, the author and others have resorted to confrontational approaches in an ill-fated attempt to outwit an offender who has artfully dodged personal responsibility for his or her criminal thinking or behavior. In short, the treatment agent becomes immersed in a power struggle in which he or she is mismatched.

### The 3R's of Managing Offender Resistance

For nearly two decades the author has endeavored to simultaneously challenge incipient criminal thinking on the part of offenders in treatment, and avert or quickly withdraw from futile and endless struggles for control. The author has enjoyed considerable success in the use of three management strategies derived from his experience in a positive poor culture/guided group interaction program for juvenile offenders. All three strategies represent *indirect* approaches to the management of treatment resistance and the avoidance of power struggles in the process.

#### Redirection

Offender resistance is often the by-product of a criminal thinking pattern identified by Walters (3) as the *power orientation*. This particular cognitive pattern is a derivative of two criminal thinking errors, the *zero-state* and the *power thrust*, originally described by Yochelson and Samenow (2). In both cases, the authors are referring to an offender's attempt to regain a sense of control over his or her environment following a perceived loss of same. In psychoeducational classes or counseling groups, offenders are frequently exposed to information and criticism which is often ego-dystonic or otherwise unpalatable. One way offenders can combat or avoid such information is to distract or divert the clinician from the task at hand. If successful with such a (power orientation-based) ploy, the offender is able to avoid the hard work associated with self-examination (1).

Redirection quite simply involves the counselor's effort to return the focus of attention to the issue or task at hand (8). The first, and most obvious, way to redirect offenders' attention is by ignoring resistance. Indeed, as long as the offender's remark or action is mild and unlikely to cause any substantial harm, the counselor is advised to let it go unaddressed. This is especially true if an offender gossips with staff members in an attempt to derail the treatment specialist from his or her agenda. Ignoring a potentially disruptive remark will serve to maintain the flow of interaction within the class or group, and preclude the inevitable power struggle surrounding a limit-setting intervention by the therapist.

Another form of redirection is *undefocusing*, defined by Stanchfield (10) as a continuous reference to the issue at hand. Defocusing entails offenders' efforts to shift the counselor's attention from his or her agenda. Through skillful utilization of undefocusing, the clinician remains undaunted by such manipulative ploys and thus adheres to his or her lesson plan. For example, consider the following interaction between a substance abuse counselor and an offender during a drug education class.

*Counselor*: "Okay, let's continue our discussion of the basic steps in developing a relapse prevention plan."

*Offender*: "Hey, Mr. Blackburn, did you see on the news that marijuana can ease the suffering of cancer and AIDS patients? How come you never tell about the positive effects of drugs?"

*Counselor*: "You raise an interesting question, Mr. Collins. However, it is not relevant to our discussion of relapse prevention."

*Offender*: "Yeah, but it has something to do with illegal drugs. Isn't that what this class is all about?"

*Counselor*: "The issue you bring up may be important to consider at some other time, but right now we need to make sure that everyone has a solid understanding of relapse prevention."

Notice that the counselor is patient and polite in addressing the offender, but is unwavering in his redirection to the agenda for this particular class meeting. The counselor recognizes, but does not directly confront, the attempt by the offender to defocus; a power struggle is thus averted.

Undefocusing is also useful when an offender attempts to engage the counselor in an argument. Offenders are likely to become argumentative when they are challenged, criticized, or held accountable. The argument invariably turns to the counselor's performance of his or her duties, with the offender citing examples of the staff member's unfairness or ineptitude (10). It is imperative that the therapist redirect the offender to his or her *own* treatment, as illustrated in the following dialogue between a counselor and a member of a group of female offenders:

*Offender:* "Miss Reynolds, you keep talking about the need to show tolerance and respect to each other. But some of the officers in my dorm treat us like we're numbers—not people. I'm afraid I'm just going to click on one of them some day."

*Counselor*: "Then perhaps the group needs to give you some more help with stress management and anger control. Aren't they two key aspects of your treatment plan?"

Observe how the counselor virtually ignores the offender's reference to staff. It is absolutely essential to help an offender maintain focus on *his or her* contribution to interpersonal conflict, rather than allow the offender to become defocused and waste time and energy trying to change the behavior of people over whom he or she has no control.

Nearly every correctional treatment specialist who conducts counseling groups with offenders is faced with at least one group member who loves to tell "war stories." Although these autobiographical sketches, whether true or otherwise, can be interesting and engrossing, they are seldom relevant to treatment and, in many cases, are intended to distract from the group process. Undefocusing can be very helpful in redirecting the offender to the task of *meaningful* self-disclosure and self-examination. By so doing, the clinician is essentially saying to the offender (and group as a whole), "This is not story telling hour; we have *real* work do to!"

Redirection is also facilitative in identifying parallels between offender's current behavior and prior criminal conduct. Offenders often espouse the view that they can't "work on" therapeutic issues while incarcerated because prison is an "artificial environment." The reality, however, is that offenders bring their core conflicts into the therapeutic process, whether the issue surrounds interpersonal relationships or attitudes toward authority (11). Therefore, whenever an offender describes how he or she behaved irresponsibly in the past, the astute therapist will redirect the individual to the way he or she behaves in the counseling group. Following is an example of such an interaction employed by a counselor working with inmates in a residential substance abuse program:

*Offender*: "Back when I was shooting up and robbing people, I didn't care about anything except getting my next hit on the pipe. Now that I'm clean and sober, I see how selfish I used to be."

*Counselor*: "Would you like to get some feedback from the other guys (group members) regarding how you continue to hurt others and show signs of selfishness?"

By redirecting the offender's attention to the present, the counselor reminds the offender that treatment is a continuous process and suggests that parallels between past and current antisociality continue to exist. Notice, also that the counselor redirects the offender to other group members, who can share many more firsthand observations of the offender's behavior than the counselor. The strategic activation of the group process is itself a highly effective means of pre-empting a power struggle between the counselor and the offender receiving feedback.

Time and time again, the author has found the examination of *current* interpersonal conflicts and other psychological issues to be considerably more useful than reviewing historical events. Indeed, historical explorations are not only unhelpful, but often serve to *detract* from the task of understanding *current* attitudes and behaviors (12). The correctional counselor is thus encouraged, whenever possible, to redirect the offender from "then and there" to "here and now."

#### Reframing

Many correctional counselors make their work with treatment-resistant offenders more difficult than is necessary by ignoring straightforward and relatively simple interventions. For example, when an offender denies that he has exhibited evidence of an antisocial thought or behavior, some clinicians will forcefully and relentlessly confront the offender, thereby prompting a futile and exhaustive power struggle. If, on the other hand, the therapist were to succinctly and nonconfrontationally reframe the offender's denial as a lack of readiness to engage in the change process, the offender has the option of simply agreeing or disagreeing with the therapist's observation. Reframing, then, represents the second of the "3R's" of managing resistance. This intervention entails asking offenders to adopt a perspective different from the one they currently embrace (13). In the following paragraphs, the author describes four methods whereby resistance can be reframed so as to highlight the offender's need for treatment without provoking a power struggle. Examples of each type of reframing are provided.

One of the simplest, but nevertheless potent, ways in which denial and resistance can be reframed is to address an offender's semantics. Words mean very different things to chronic offenders than to most people (2). For example, the word "respect" to many offenders means that other people stay out of his or her way (5). Likewise, offenders often consider a "friend" to be someone who will do or say whatever the offender wants (1). Offenders will also choose specific words in order to trivialize violent or otherwise irresponsible behavior. For instance, perpetrators of domestic abuse may refer to their violence toward women as a "little problem" (14). In any of these cases, it is incumbent upon the therapist to reframe the offender's words such that the covert (true meaning) is made overt. Consider the following excerpt from a group counseling session with sex offenders:

*Rapist*: "Yeah, I'll admit that I got a little rough with the lady. But it's not like she had to go to the hospital or anything."

*Counselor*: "Can you clarify exactly what you mean by 'getting a little rough'?"

*Rapist*: "Well, you know, I mean she ended up with a few bruises and maybe a black eye, that sort of thing."

*Counselor*. "That's interesting. According to the police report, your victim had two black eyes, showed evidence that she'd been choked, and sustained several cuts and abrasions which became infected because she had *not* been taken to the hospital."

*Rapist*: "Yeah, well, what do you want me to say?"

*Counselor*: "What do the rest of you guys (group members) think about Mr. Chambers' use of the expression, 'I got a little rough with the lady'?" In this vignette, the counselor successfully reframes the offender's initial statement in terms of the true severity of the physical injuries inflicted by the rapist. Notice, too, that the counselor astutely challenges the offender's semantics by relabeling "the lady" as "your victim." Moreover, the counselor wisely chooses to redirect the offender's resistance to the group, thus avoiding what was intended by the offender to become a power struggle.

Another way of reframing is to put a negative spin on a statement which an offender intends to be perceived as positive. For example, many offenders believe that they should be treated with respect by all who enter their path. Such an entitlement-based belief can easily be challenged by staff members whose remarks are found to be harsh or discourteous. Consider the following scenario:

*Offender:* "Can you guys (other group members) believe that I got a shot (disciplinary report) just because I told that rookie (first year correctional officer) to call me 'Mister?' Just because she wears a badge doesn't mean she can't give me the respect I'm due."

Counselor: "Is that all you said?"

*Offender:* "Pretty much, I just told her that she needed to treat us guys with respect if she wanted to get any."

*Counselor*: "So basically, you told the officer how to act...how to do her job. Is that right?"

*Offender:* "No man, I just asked her for some respect."

Counselor: "You asked, or did you demand?"

*Offender:* "I don't know. She might have taken it like a demand."

In this dialogue, there are actually two examples of reframing. First, the counselor suggested that the offender was essentially telling the officer how to do her job. Second, he relabeled the offender's use of the word "asked" as a "demand." In both instances, the counselor reframed the offender's statement to the officer as disrespectful—the very way he claimed to have been treated by the officer! The offender's statement is thus cast in a very different light than the one initially presented by the offender.

A third means by which therapists can reframe offenders' opposition to treatment is to reinterpret such resistance in a positive context. For example, correctional treatment specialists are bombarded by offenders who want to blame their criminality on peer pressure, poor parenting, poverty, and so forth. A therapist's stance which regards such a disadvantage as an "opportunity" or a "challenge" can help break through the offender's denial (15). Indeed, changing the attribution for one's criminality from a "recipe for failure" to an "opportunity for growth through adversity" can increase the probability of future success (13). Offenders should be asked which interpretation, positive or negative, is most likely to enable them to achieve their goals, avoid conflict with others, and feel the way they want to feel (16). Consider the following illustration:

*Offender*: "I can't believe I let that asshole [peer] punk me."

Counselor: "What do you mean?"

*Offender*: "He got into my locker and took some coffee without asking me. Hell, I would have given it to him if he told me he needed some."

*Counselor*: "So, you feel like he got over on you?"

*Offender*: "Yeah, plus I haven't said anything to him about it."

Counselor: "Why not?"

*Offender*: "Cause I'm afraid that we'll get into a fight and I'll end up going to the hole" [disciplinary segregation].

*Counselor*. "It sounds to me like you're thinking about long-term goals instead of letting your feelings run your life. That's a real step forward, isn't it?"

*Offender*: "Yeah, I guess so. I mean, I do want to get closer to home and I've already got 16 months of clear conduct. I don't want to blow it now."

*Counselor*: "So getting closer to home so you can visit with your family is more important to you than settling a score over some coffee. Is that right?"

Offender: "Yeah, I guess so."

In this scenario, the counselor first seeks to clarify what the offender means by the word "punk." Before a statement can be reframed, the counselor must understand the precise meaning of an offender's statement to himself. The counselor then reinterprets the offender's decision not to retaliate as evidence that he is delaying immediate gratification

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and, instead, focusing on what is most important to him. This use of reframing is essentially an exercise in values clarification: The antisocial value (not permitting inmates to "get over") is put side by side with a prosocial value (securing family contact). The offender is then asked to determine which value is pre-eminent (9).

Much of the therapist's work with offenders involves explicating criminal thinking errors and highlighting an offender's choice to be irresponsible (5). Accordingly, the final method of reframing to be examined is the identification of the criminal thinking pattern(s) implicit in an offender's resistance, and then pointing out its destructiveness for both the offender and others. For example, if an offender is describing random acts of kindness he has performed prior to incarceration, this manifestation of sentimentality (3) is labeled as such. The offender is then challenged to explore the pain he has inflicted on others, and to dispense with the idea that doing good deeds is somehow compensatory for committing crimes (5). Elliott and Walters (4, 17) offer additional strategies for the therapeutic management of criminal thinking patterns exhibited by offenders undergoing treatment.

Elliott (18) has articulated a four-step process whereby offenders' resistance is reframed in terms of problem behaviors typically found among juvenile offenders participating in positive peer culture/guided group interaction programs. This device is easily modifiable for use in highlighting specific criminal thinking patterns manifested by offenders in other venues. The process is intended to expedite the identification and confrontation of problematic behaviors or cognitive distortions as they occur in counseling or psychoeducational groups. Perhaps more importantly, adherence to the four steps described below will effectively preclude lengthy and often bitter power struggles between the counselor and the offender whose behavior is being challenged.

Step 1—The counselor simply acknowledges that an offender's statement or action is indicative of criminal thinking. The criterion for such an assessment is whether or not the offender or someone else is or could be harmed in any way by the verbalization or gesture.

Step 2—The statement or action is labeled (reframed) in terms of the underlying criminal thinking pattern. The author recommends that Walters' (3) classification system be utilized because of the solid theoretical foundation upon which it is built as well as its economy (i.e., only eight cognitive patterns). However, some counselors might opt to employ Yochelson and Samenow's (2) array of 52 criminal thinking errors. Regardless of the system adopted, the idea is to label the cognitive error as such.

Step 3—The counselor articulates his or her rationale for reframing an offender's behavior as evidence of the identified thinking pattern or error. This statement of rationale should be cogent and succinct, and limited to a description of the specific way in which the offender's statement or action is or could be harmful to self or others. Whereas the application of a label (Step 2) simply calls the offender's attention to his or her criminal thinking, the rationale statement pinpoints the selfdefeating and/or socially destructive nature of same.

Step 4—The offender is asked whether or not he or she recognizes and accepts ownership of the criminal thinking pattern identified in Step 2 and clarified in Step 3. This is a yes or no question; there is no need for any prolonged, contentious response on the part of the offender. By the same token, neither the counselor nor other offenders should debate the inmate's decision to accept or reject the confrontation. The intent is simply to make the offender aware of his or her criminal thinking patterns as they are evidenced. Hopefully, after repeated confrontation regarding the same or similar patterns, he or she will move toward accepting responsibility for same.

Following is an example wherein the four-step process for exposing criminal thinking patterns is applied following the issuance of certificates to offenders who just completed a drug education class:

*Offender*: "Hey, Miss Weaver. Is this (certificate) all we get?"

*Counselor*: "What do you mean, Mr. Johnson?"

*Offender*: "This certificate isn't worth the paper it's written on. The Parole Board isn't going to pay any attention to this."

*Counselor*: "Are you aware of a criminal thinking pattern you're displaying?" (Step 1)

*Offender*: "I'm just making an observation."

Counselor: "Could it be that you're en-

gaging in entitlement based thinking?" (Step 2)

Offender: "How do you mean?"

*Counselor*: "What I heard was that you felt that you were entitled to something more than what you received. In other words, it was as though you were deprived of something which you were owed. In the past when you've felt that way, you have robbed people to get what you want" (Step 3).

Offender: "I don't see that at all. I just want something to show for my effort."

*Counselor*: "You don't see your statement as an example of entitlement?" (Step 4)

*Offender*: "No, I really don't, but I'll look into it."

Counselor: "Good."

The entire four-step process, if executed in the manner depicted in the preceding example, should require no more than sixty seconds. The counselor is admonished to approach all four steps in a calm, matter-offact, and utterly non-defensive manner. Again, the purpose of these steps, like all approaches to reframing, is to clarify the nature of resistance and encourage self-examination.

### **Reversal of Responsibility**

The excuses and justifications verbalized by offenders to explain their criminality are prime targets for early counseling and treatment efforts. Offenders frequently attribute their antisocial behavior to unfairness or societal injustice, or they may blame the victims of their crimes and/or others in order to minimize the seriousness of their criminal conduct. Such external projections of blame are referred to by Walters (3) as "mollification," and by Yochelson and Samenow (2) as "the victim stance." Walters (19) contends that, regardless of the form it assumes, mollification must be challenged; otherwise, the offender will continue to externalize responsibility for his or her criminality rather than engage in honest self-examination.

Unfortunately for the counselor, the confrontation of deeply entrenched criminal thinking patterns, such as mollification or the victim stance, is a daunting therapeutic task. Offenders cling tenaciously to their self-serving neutralizations and rationalizations, and will shift from one justification system to another in order to evade personal responsibility for the harm they have caused to others. Accordingly, they become highly defensive and fiercely resistant when directly challenged by treatment staff. It has been the author's experience that spiraling and inherently counterproductive power struggles are inevitable consequences of a counselor's well-intentioned confrontation of an offender's display of mollification. Moreover, the intensity of the offender's resistance to assuming personal responsibility for his or her antisocial behavior is often so great that redirection and reframing prove ineffective as interventions. At this juncture, it is necessary to employ the most complex yet powerful of the "3R's," reversal of responsibility.

Reversal of responsibility, hereafter referred to simply as *reversals*, requires the counselor to reflect an offender's words or actions back to him or her in such a manner that the offender must assume personal responsibility for them (20). Virtually anything an offender does or says represents reversal material, but the third "R" is especially useful in responding to an offender's externalization of blame for his or her current life situation. For example, consider the following dialogue between a correctional counselor and a prison inmate:

*Offender*: "You know I wouldn't be here (juvenile correctional facility) if both my parents weren't alcoholics."

*Counselor:* "So you're suggesting that everybody who has parents with problems gets into trouble?"

*Offender:* "Well, not exactly. I'm just saying that I didn't get an even break."

*Counselor*: "I see. So, in other words, you had no choice but to break the law. Is that what you're saying?"

*Offender*: "No, I'm not saying that I didn't have any choice, just that it was a lot harder on me than on other kids."

*Counselor*: "I get it: in order to live a responsible life, you've got to have an easy life."

*Offender*: "No! That's not what I mean at all. I...I... don't know what I mean."

Notice how the counselor's reversals placed the inmate in such a bind that he could not escape the personal responsibility for his dilemma. Observe, too, that the reversals were presented matter-of-factly and non-sarcastically. This intervention is only effective when applied in a manner which is respectful and non-offensive (1), especially when the offender's mollification assumes the form of complaining about the counselor or other staff as depicted below: *Offender*: "Hey, Mr. Gregory (balding drug treatment specialist), you need to hand out some shades. That sun shining off your head is blinding us (inmates in drug education class)."

*Counselor*: "You know, Terry, it will be really great when you feel good enough about yourself that you don't have to put others down."

In this brief exchange, the counselor takes the wind out of the offender's sail, but does so in a way which is neither harsh nor humiliating. The counselor manages to retain his own sense of dignity and self-respect while according the same consideration to the offender. Moreover, the reversal is potentially therapeutic, in that it identifies a critical treatment issue (self-esteem) and promotes self-examination. Obviously, the counselor's reversal in this case served to preclude an emotionally charged and fruitless power struggle.

Reversals represent an indirect method of challenging resistance rather than directly disputing or criticizing an offender's comment or action. For example, the counselor might say, "What did that behavior get you?" instead of, "Your behavior only succeeded in making your situation worse" (5). The former statement challenges the offender to consider the motives for and consequences of his behavior, whereas the latter response only serves to discourage the offender and place him on the defensive. By asking the simple and straightforward question, "What did that behavior get for you?", the counselor holds a mirror up to the offender so that he can examine the self-serving yet selfdefeating nature of his behavior. Indeed, one way to conceive of reversals is to regard them as efforts to clarify an individual's choice points and their consequences.

There is an infinite array of reversal strategies, all of which are intended to focus the offender's attention on what *he or she* is doing to contribute to a current predicament. The counselor's job is not to deny the contribution of other people, but to remind the offender that he or she has no control over the actions of others (5). Such an approach preempts a needless debate and struggle for power by suggesting that even though outside forces may play a role in an offender's misfortune, the offender is ultimately responsible for his or her behavior. For instance, consider the following brief interaction:

Sex Offender: "I was molested by my stepfather and uncle. I guess I was destined to do the same thing to somebody else." *Counselor*: "I understand that you experienced adversity while growing up. However, what does that have to do with making a decision to harm children now?"

Notice that the counselor does not actively dispute the offender's mollification statement, thereby averting an argument or debate. Instead, the counselor acknowledges the adversity experienced by the offender as a child, but challenges him to assume full responsibility for his choices as an adult. The strategic employment of reversals can, therefore, enable the counselor to successfully target mollification without becoming embroiled in a power struggle with an offender. The Appendix contains 50 examples of possible reversals with which counselors can respond to typical mollification statements and other forms of resistance manifested by offenders in treatment.

The effective use of reversals is informed by at least three caveats. First, under no circumstance should a reversal contain or imply any ridicule, anger, or sarcasm (21). Second, reversals are not to be confused with the popular notion of "reverse psychology," which is occasionally humorous but often condescending (1). Finally, like any treatment strategy, this intervention requires considerable practice before one can become proficient in its application.

#### Conclusion

The author has introduced three strategies through which correctional counselors can effectively manage offender resistance to treatment without becoming mired in a circular, contentious, and altogether useless power struggle. Indeed, the "3R's" effectively challenge primary issues, such as mollification and other criminal thinking patterns, but do so without leading the counselor to a beleaguering and demoralizing verbal conflict with an offender. Redirection, reframing, and reversal of responsibility all serve the purpose of continuously presenting offenders with feedback that counters their tendency to discount or deny the injury they have brought to both themselves and others.

The successful application of the "3R's" is contingent upon the counselor's recognition that he or she must *not* try to convince an offender to change his or her thinking or behavior. Any attempt in that regard will most certainly degenerate into a power struggle because the offender will fervently endeavor to convince the counselor that change is unnecessary or unattainable (13). In fact, it is *not* the counselor's job to make *any* decisions for an offender; rather, the counselor simply supplies the offender with information and affords him or her the opportunity for self-examination and change (19). One might even argue that, to an offender who is resistant to treatment, the counselor's best reply is simply this: "It's your life, and it's your choice to look into the mirror."

### APPENDIX

# THE REVERSAL OF RESPONSIBILITY

- 1. How diligent have you been in tracking down and taking advantage of available services?
- So you're saying that you have such little self control that you must blame \_\_\_\_\_\_ for losing your cool?
- How hard/far are you willing to work/ go to get/stay straight?
- 4. What could you have done differently in that situation?
- 5. Some day you may feel good enough about yourself that you won't need to make excuses.
- 6. What did you (not) do that created a problem for yourself and/or others?
- 7. What are you (not) doing to continue to create problems in your life?
- 8. What are you (not) doing to increase or decrease your chances of being targeted/accused/blamed?
- 9. What are you (not) doing right now to help yourself?
- 10. How honest are you being with yourself right now?
- 11. Only time will tell.
- 12. So you're saying that you are so powerless/helpless/dependent that you can't make choices/decisions for yourself?
- 13. What are you doing to practice making the right choices/good decisions?
- 14. What are you doing to practice the skills/ behaviors you're learning in this program?
- 15. What are you doing to seek out the help/ support you need right now?
- 16. How are you using your time to help yourself/others?

- 17. It's unfortunate that your family may not have been there for you, but how are you trying to help/improve yourself today?
- 18. To what extent are you practicing what you preach?
- 19. What are you doing to enhance your trustworthiness/credibility?
- 20. So you're saying that you are incapable of self-reliance?
- 21. I see, you're saying that one good deed counteracts all the pain and suffering you've caused?
- 22. Do you do/take everything someone asks you to do/take?
- 23. So you're saying everybody who comes from a lousy family/neighborhood is destined to be a criminal?
- 24. Is there someone in your family/neighborhood who has risen above his/her background?
- 25. Did your good deeds bring you to prison?
- 26. Would a videotape of your life be consistent with your stated beliefs?
- 27. Are you saying that you want to feel better or get better?
- 28. Are you helping or hurting your \_\_\_\_\_\_right now?
- 29. You say that you want what's best for \_\_\_\_\_\_, but do your actions match your words?
- 30. You seem to know quite a bit about \_\_\_\_\_\_. Could it be that you are being overly familiar with him/her?
- 31. It sounds like you're more interested in not getting caught than getting your life together.
- 32. You seem to be protesting a little too much.
- 33. Some day, hopefully, you'll be as good at accepting responsibility as you are at talking your way out of it.
- 34. You've already lived the fast/easy life. What do you have to lose by learning to work hard/delay gratification?
- 35. Perhaps some day you can be as willing to take criticism as you are to give it.
- 36. I look forward to the day when you learn the difference between acting

tough/instilling fear and being strong/ commanding respect.

- 37. What you (don't) do today will partly determine what your future life will be like.
- 38. It would sure be nice if you were as concerned about your obligations to them as you are about their obligations to you.
- 39. You say that counseling/treatment is not worth the effort. Does that mean you're happy/satisfied with the way your life is right now?
- 40. You say that you didn't hurt him/her. I'm curious—what is your definition of harm to others?
- 41. Have you always been fair and reasonable in your treatment of others?
- 42. Are your beliefs about \_\_\_\_\_\_ worth risking/sacrificing your freedom?
- 43. Haven't you made enough bad decisions while sober? Why take a chance on messing up your thinking even further?
- 44. Are/were you part of the problem or part of the solution in your unit/neighborhood?
- 45. Is \_\_\_\_\_\_\_so important to you that you're willing to sacrifice your freedom?
- 46. Is a life outside prison worth learning new ways of thinking and acting?
- 47. Have you given half as much to others as you've expected/demanded them to give to you?
- 48. Respect seems to be awfully important to you. How much respect are you showing to \_\_\_\_\_\_ right now?
- 49. Are/were you building \_\_\_\_\_\_ up or tearing him/her down?

#### References

- 1. Elliott, B., & Verdeyen, V. (in press). Game Over! Strategies for redirecting inmate deception. Lanham, MD: American Correctional Association.
- Yochelson, S., & Samenow, S.E. The criminal personality: A profile for change. New York: Aronson.

- 3. Walters, G.D. (1990). *The criminal lifestyle: Patterns of serious criminal conduct.* Newberry Park, CA: Sage.
- Elliott, W.N., & Walters, G.D. (1997). Psychoeducational drug abusing clients: The lifestyle model. *Journal of Drug Education. 27*, 307-319.
- Harris, G. (1995). Overcoming resistance: Success in counseling men. Lanham, MD: American Correctional Association.
- 6. Dutton, D.C. (1995). *The batterer: A psychological profile*. New York: Basic Books.
- Harris, G.A. (2001). Overcoming resistance with difficult clients. In B.K. Welo, Ed., *Tough customers: Counseling unwilling clients*. Lanham, MD: American Correctional Association.
- 8. Goldring, J. (1997). *Quick response therapy*. Northvale, N.J.: Aronson.
- 9. Fautek, P.K. (2001). *Going straight*. Lincoln, NE: Winters Club Press.
- Stanchfield, P. (2001). Clarifying the therapist's role in the treatment of the resistant sex offender. In B.K. Welo, Ed., *Tough customers: Counseling unwilling clients*. Lanham, MD: American Correctional Association.

- Cullen, E. (1997). Can a prison be a therapeutic community: The Grendon template. In E. Cullen, L. Jones, & R.. Woodward, Eds., *Therapeutic Communities for Offenders*. New York: Wiley.
- Marziella, E., & Munroe-Blum, H. (1994). Interpersonal group psychotherapy for borderline personality disorder. New York: Basic Books.
- 13. Walters, G.D. (1998). Changing lives of crime and drugs: Intervening with substance abusing offenders. New York: Wiley.
- 14. Hazelwood, R., & Michaud, S.G. (2001). Dark dreams: Sexual violence, homicide, and the criminal mind. New York: St. Martin's Press.
- McCann, J.T. (1998). Malingering and deception in adolescents. Washington, D.C.: American Psychological Association.
- Maultsby, M. (1975). Help yourself to happiness through rational self-counseling. New York: Institute for Rational Living.

- 17. Elliott, W.N., & Walters, G.D. (1991). Coping with offender resistance to presentations on the criminal lifestyle. *Journal of Correctional Education*, 42, 172-177.
- Elliott, B. (1984, October). *Individualized treatment within a peer group treatment program.* Paper presented at the meeting of the Midwestern Criminal Justice Association, Chicago.
- Walters, G.D. (2001). Overcoming resistance to abandoning criminal lifestyle. In B.K. Welo, Ed., *Tough customers: Counseling unwilling clients*. Lanham, MD: American Correctional Association.
- Vorrath, H.H., & Brendtro, L.K. (1974). Positive peer culture. Chicago: Aldine.
- Sharp, B.D. (2000). Changing Criminal Thinking: A treatment program. Lanham, MD: American Correctional Association.