

Liberated Voices: Juvenile Offenders' Perceptions of the Therapeutic Relationship

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Abstract: Phenomenological methodology was used to explore juvenile offenders' perceptions of the therapeutic relationship. The eight participants interviewed discussed the therapeutic relationship from their perspective. Three thematic categories emerged: participants' experiences, therapists' traits, and the process of the therapeutic relationship. Phenomenological data analysis provided descriptive themes and a composite textural-structural description of participants' experiences. Implications for juvenile offender therapists and juvenile justice professionals are discussed.

Introduction:

“Man dwells apart, though not alone,
He walks among his peers unread;
The best of thoughts, which he hath known,
For lack of listeners, are not said.”
Jean Inglow (1820-1897)

In the last decade, the juvenile justice system has undergone a period of rebirth. From its early beginnings, the methods guiding juvenile justice practice have vacillated between rehabilitating youth and protecting the community. Two decades ago, the pendulum swung sharply towards protecting the community due, in large part, to fears over a new generation of juvenile “super predators”. In 1996,

John Dilulio coined the term based on projections of serious and chronic violent offender patterns (Lipsey, Howell, Kelly, Chapman, & Carver, 2010). Public concerns over safety resulted in stricter sentencing guidelines for youthful offenders (Steinberg, 1999). The ensuing “get tough” policies necessitated a response from researchers to confirm the benefits of treating youth rather than incarcerating them. These studies contributed greatly to understanding effective juvenile justice programs, however, they focused largely on quantitative aspects of specific interventions in reducing recidivism (Lipsey, et al., 2010). However, quantitative methods under-play a key aspect of implementing interventions – the therapeutic relationship (Fewster, 2005).

Previous studies have been conducted to understand various perspectives of young offenders using both quantitative and qualitative approaches. Using a quantitative approach, Springer, Applegate, Smith, & Sitren (2009) surveyed offenders to understand their perceptions of the probation experience, probation officer, and characteristics associated with these perceptions. Results showed probationers had positive feelings toward their probation officers and were satisfied with their probation experiences. Also, Badali, Care, & Broeking (2007) interviewed 48 young offenders regarding their experiences with defense attorneys to examine factors associated with defense counsel evaluations and interactions using a quantitative design. Findings of this study showed youth who were more satisfied with their attorneys were more likely to rate their attorneys high on participation, objectivity, trustworthiness, and treatment with dignity and respect.

Using a qualitative methodology, Chui, Tupman, and Farlow (2003) studied subjective views of young adult offenders regarding their police-probation experiences. Results showed several key themes emerged including offenders attitudes to offending, their explanations of their criminality, their views of their peer associations, and usefulness of the intervention. Further, a study by Abrams (2007)

focused on youthful offenders' perceptions of challenges they faced in transitioning from secure care to the community and the coping mechanisms they used. Results showed youth were cognizant of their peer associations as significant challenges to their successful reentry. Each of these studies revealed key elements of youths' perceptions that enhance opportunities for successful interventions. A common theme among these studies is that they focused on the perspectives of the youth to add to current knowledge and practice.

The inherent merit of the therapeutic relationship with oppositional youth is not new (e.g., Redl & Wineman, 1952). Many studies have identified the importance of relationships in therapy (Safran & Muran, 2000). Garcia and Weisz (2002) gave questionnaires to 344 youth to understand reasons behind treatment dropouts. Results showed problems experienced within therapeutic relationship was the top reason for youth terminating treatment prematurely. Youths' self-reports similarly supported the benefit of the therapeutic relationship in substance abuse treatment (Garner, Godley, & Funk, 2008). A meta-analysis of quantitative studies conducted by Hazel (2003) showed the therapeutic relationship consistently showed positive effects on the outcome of therapy across age groups and type of therapy. Ribner & Knei-Paz (2002) utilized a qualitative design to study clients' perceptions of the therapeutic relationship. Using a content analysis of taped interviews the study revealed key thematic elements of the therapeutic relationship. Results supported the importance of the therapeutic relationship as a foundation for successful interventions. The therapeutic relationship as central to treatment success was also explored in a study by Davies (2009) using an observational study of children and providers of Therapeutic Foster Care. Findings supported the quality of the therapeutic relationship as being significantly associated with better emotional and behavioral functioning. Further, Brendt and Kolko (1998) asserted that studies on

the therapeutic relationship with youth can aid in refining improvements in treatment for youth.

Conclusions from a meta-analysis conducted by Hazel (2003) indicated that ideal research designs should separately involve the therapist and client ratings of the relationship. Qualitative methodology is best suited to explore the therapeutic relationship from the perspective of juvenile offenders. Phenomenological research is most appropriate for understanding the phenomenon of the therapeutic relationship as subjectively experienced by juvenile offenders (Lee, 1999). Several studies using phenomenological methodology focused on exploring mental health service recipients' experiences of the therapeutic relationship (Shattell, Starr, & Thomas, 2007), clients experiences of cross-racial therapy (Chang & Berk, 2009), motives of serial murders (Skrapec, 2001), and understanding desistance of criminal activity of young offenders (Haigh, 2007).

The purpose of this study was to explore juvenile offenders' perceptions of the therapeutic relationship. Using a phenomenological approach described by Moustakas (1994), the main research question was: *What are juvenile offenders' perceptions of the therapeutic relationship?* Stemming from this, several sub-questions were explored: (a) *What are juveniles' experiences in their therapeutic relationships?*, (b) *What essential elements emerge from juvenile offenders' perceptions of the therapeutic relationship?*, and (c) *What characteristics and processes of a relationship are meaningful for juvenile offenders?*

Method

The benefit of phenomenological methodology in exploring the therapeutic relationship is that it includes all aspects of participants' experiences. The inclusion of all perspectives contributes to our knowledge of the nuances and themes of lived experiences.

Participants

Participants were selected from juvenile offenders who were placed on probation by a juvenile court. Participants were selected based upon several qualifications. Participants needed to have (a) had at least 8 individual therapy sessions, and (b) the capacity to provide full descriptions of their experiences. Therapists needed to have a minimum of a Masters degree in the mental health field and be licensed or under supervision for licensure. Participants were selected from a list derived from probation officers' recommendations regarding participants' ability to describe abstract concepts. Participants ranged from 13 to 17 years of age. Of the eight participants, six were male and two were female. Regarding racial makeup of the participants, four were Caucasian, three were African-American, and one was Hispanic. Regarding their reasons for being on probation, four participants were charged with only delinquent charges, two were charged with offenses only applicable to juveniles, known as status offenses, and two were charged with combined delinquent and status offenses.

Data Collection

The primary method of data collection in phenomenology is the interview. Moustakas (1994) noted that the phenomenological interview is informal, interactive and uses questions designed to elicit descriptions of experiences. Data was collected through taped individual interviews lasting 60 minutes. Follow-up interviews were used to perform member checks as a means of verifying meanings and gathering additional information.

Phenomenological Data Analysis

Data was analyzed using a modified version of the phenomenological data analysis method outlined by Moustakas (1994). These steps were as follows:

1. Entire transcripts were read to gain a whole understanding of the interview. Individual transcripts were read a second time to create a list of

expressions that were relevant to the experience. Expressions were given equal value to provide a holistic view of the experience. This process is known as horizontalization.

2. Horizontal statements were analyzed to determine elements that were necessary and sufficient statements for understanding the experience. These statements were then screened to determine if, first, a particular label could be attached to them and, second, if statements could be abstracted into salient components. Statements that met both criteria were classified as horizons of the experience. Horizons are components of the experience that provide increasingly clearer portrayals of the phenomena under investigation (Moustakas, 1994). Statements that were repetitive, vague, or overlapped were incorporated into other statements or eliminated from the list. The resulting non-repetitive, non-overlapping statements were invariant constituents of the experience.

3. Themes were then developed from the statements. Statements were placed into clusters around each theme. Themes served as labels for each cluster and represent core components of the experience. Themes were compared to the transcript to determine if they were accurate reflections of the experience. Themes that were not accurate reflections of the experience were eliminated. This process contributes to the validity of the remaining statements.

4. Themes and statements were combined with quotes from the individual transcript to create individual textural descriptions of the experience.

5. Individual textural descriptions and the researcher's reflections on the underlying and precipitating factors that account for offenders' experiences were used to form individual structural descriptions. These descriptions provide the "how" of the experience.

6. Individual textural and structural descriptions of participants' experiences were combined to form composite textural and structural narratives that encompass the experiences of each participant. These individual composite textural-structural descriptions were combined to form a composite textural-structural description. In this composite description, common and divergent themes, characteristics, and processes were included to provide a clear understanding of the therapeutic relationship as experienced by juvenile offenders.

Trustworthiness

Trustworthiness in qualitative research is the methodological equivalent to validity in quantitative research (Guba & Lincoln, 1994). Participant checks and peer debriefing were used to ensure trustworthiness. Participant checks were utilized throughout data analysis by meeting with each participant individually after an individual textural-structural description was formed. Discrepant or additional information obtained in participant checks was then added or deleted from the participants' descriptions. Dependability of this research was demonstrated through the use of participant checks. Peer debriefing was used to ensure confirmability of the findings. This study method involved the use of an impartial peer doctoral student to discuss data analysis and findings.

Results and Themes

The themes represented in the participants' experiences were divided into three categories; themes related to participants' experiences, themes related to therapist traits, and themes related to the process of the therapeutic relationship.

Themes Related to Participants' Experiences

Consistent with phenomenological philosophy, each component of thematic categories is a necessary component for understanding the experiences as lived by participants.

Communication with therapists. The task of communicating with the therapist was a central component of each participant's experience. Two participants shared their experiences relating to communications with therapists. Communication was described by one participant as being a mutual exchange of stories, "I'd have a story and she'd have a story. We'd just talk back and forth." Mutual exchanges reflected the quality of the relationship as both therapist and client engaged in expressing themselves, feeling understood, and feeling accepted. One participant preferred the personal nature of the individual session to group sessions. He stated, "If I would have had a group, I couldn't talk to her 'cause I'd feel strange talking around other people." The individual attention allowed him to engage in increased interpersonal sharing by providing an environment that he could feel comfortable doing so. Only one participant expressed a failure of communication with the therapist. Rather than feeling heard, he felt the therapist was only interested in asking questions and getting answers rather than listening to him. "I'm not being listened to."

Expressing feelings. For two participants, expressing emotions was a difficult task. Participants expressed their inability to recognize their emotions, "I really never had any emotions. I'm not emotional." The inability to recognize feelings spawned the use of emotional descriptions like, "good", "cool", and "real." Substitution of adolescent vernacular for emotional qualities was a common theme in participants' experiences. Other participants were able to expressed negative emotions easier than positive emotions. Paradoxically, participants would express anger, hurt, and frustration in their experiences, yet they would not discuss joy, happiness, or excitement. "I was feeling good knowing that I got to talk and express my feelings to my counselor."

Feelings toward therapists. Participants' feelings toward the therapist significantly impacted the quality of the therapeutic relationship. Of the three participants expressing feelings towards therapists, some participants described the therapist as "a cool person" and "real" and others felt the therapist was like their "best friend." Some participants longed for the relationship to continue, "I wish he was still here and wish he was still helping me." This longing reflected participants' feelings toward the therapist in that there was a sense of loss and need fulfillment provided by the therapist that could not be fulfilled outside of the relationship.

Trust in therapeutic relationships. Trust was an intricate component that varied across participants and was both an essential component to the therapeutic relationship and a closely guarded treasure. Five of the eight participants discussed trust in the therapeutic relationship. Previous experiences affected participants' ability to trust the therapist, "some counselors will tell you just about anything so that you will tell them and they might run back and tell, and personal questions that will harm you." Thoughts of being harmed coexisted with the recognition that trust is necessary, "That's the type of stuff that you need-just people to be real (straightforward)-like they ain't gonna lie to you."

Benefits of therapy. Six of the eight participants disclosed benefits of therapy. Participants expressed that the therapeutic relationship helped them improve relationships with family members. "Me and my Mom's relationship is a whole lot better because of him (the therapist)." Participants expressed decrease in conflicts with others, "now when I want to fight somebody, I talk it out." In addition, the therapeutic relationship provided participants a means for dealing with anger through discussing alternatives to conflict in sessions, "After I started getting deeper into the relationship with her, she started telling me how to deal with situations accordingly, so I just learned."

Although participants had difficulty with *expressing* emotions, the release provided by the therapeutic relationship allowed them to *feel better*. "I'll go to him (the therapist) and I'll feel mad or upset and talk to him or feel down and they'll try to cheer you up or make you feel better." This aspect of the participants' experiences belies the reality that although adolescents have difficulty expressing emotions, they nonetheless, experience a range of feelings. Participants described a benefit of the therapeutic relationship as a transformation of their former selves. "I had a change of heart. I used to have a lot of hate in my heart so, it's like somebody turned me around."

Compliance to mandatory attendance. In spite of each participant being mandated to attend therapy, only one of the eight participants expressed views regarding mandated therapy. For him, participation in therapy required compliance, not acceptance. He would, "just tell them what they want to hear."

Passage of time in therapy. For two participants the passage of time involved both rigidity and flexibility. For one participant, the therapist failed to conform to the time constraints of the allotted session. This participant experienced a negative therapeutic relationship, which was characterized by not feeling understood, anger, and frustration. For this participant, the therapist going over the allotted time increased his frustration, "she kept me over time and I didn't want to talk because she got me real mad." For this participant, his frustration was fueled by the violation of time constraints. For the other participant, time seemed to dissolve into the interactions between him and the therapist. The interactions between them captured his awareness of time so that time passed quickly, "I didn't realize time was going so fast because we'd just be talking." For both participants, the passage of time served as either jailer or liberator, depending on the quality of the therapeutic relationship and the perceived benefit from the relationship.

Exercising self-restraint. Only one of the eight participants expressed thoughts about controlling impulsive behaviors. This participant expressed frustration over not being heard brought internal conversations of what he thought about telling the therapist, "As soon as she shuts the hell up, maybe I can say something," that's what I be thinking the whole time. I could hear myself talking in my mind." Internal conversations between embattled sides struggled to find ways to cope with frustrations. His desires to act on frustrations wrestled with maintaining control. In regard to the therapeutic relationship, this participant's experience reflects the necessity for therapists to ensure juvenile offenders are listened to and understood. Through listening and understanding, most participants described the development of a positive relationship with therapists. However, as experienced by one participant, the absence of these qualities resulted in dissatisfaction and discontentment.

Views about change. One participant expressed his views about how change occurs in adolescents. He was self-reliant and independent, "I got my own mind. I like to do things my way and what I want to do." This participant was clear that he did not need anybody's help. His independent stance challenged him throughout the therapeutic relationship. While he felt change was internally motivated, he admitted the therapeutic relationship had some minimal impact on his life.

Themes Related to Therapist Traits

These themes included sub-themes that are the conditions that contribute to participants' experiences in the therapeutic relationship.

Communication with therapists. Two participants' experiences provided insight into both ineffective and effective qualities of therapists as related to communication. Participants' experiences reflected that communication with the therapist was a precursor to the quality of the therapeutic relationship. One

participant, frustrated with the therapeutic relationship, provided a description of therapist behaviors as ineffective. "She kept asking me the same thing so I didn't say nothing." His inability to negotiate the terms of communication led to anger, frustration, and counterfeit compliance by giving an incorrect answer. Another participant, however, described the therapist's ability to communicate as more facilitative. For him, the therapist "didn't talk to me like a therapist. He talked to me like a friend and I respected him". The polarized viewpoints expressed by these two participants demonstrate the impact of therapists' behaviors on establishing effective communication with juvenile offenders.

Therapists' approach. Descriptions provided in this sub-theme relate to traits of therapists that established rapport and developed the therapeutic relationship. As an overarching theme, the types of interactions between participants and therapists mirrored the quality of the therapeutic relationships. Five of the eight participants discussed the therapists' approach. The participant who described his therapeutic experience as negative also described incongruent interactions with the therapist. For example, "She (the therapist) don't like me at all. She says she tries to help me." Most participants, however, described the therapeutic experience as positive. "She (the therapist) was trying to see things the way I see them." Interactions with therapists involved respect, "I think she's trying to give me respect so I give her respect," encouragement, "She was just trying to fill it in my head, trying to let me know that it's real-that it can happen," and empathy, "Sometimes I had my real bad days where I didn't want to be bothered and she (the therapist) kind of related to it. She knew what I was talking about, she knew what I was feeling, she knew how I was feeling."

Participants expressed that therapists were non-judgmental in their approach to the participant, "she didn't think I was a bad person so it (talking to her) felt alright." This non-judgmental approach set the stage for therapists to embrace and

facilitate exploration of participants' values. Similarly, one participant commented that the therapist's approach enabled him to be comfortable. The therapist accomplished this by engaging in laughter and not showing an angry demeanor to the participant. As a consequence of the approachable demeanor, the participant became increasingly comfortable with the therapist. Another participant commented that communication was easier with the therapist because the therapist did not raise her voice to the participant. For this participant, communication with others was ineffective when people spoke to her in a disrespectful tone.

Participants expressed two additional qualities related to the therapist that facilitated the therapeutic relationship. The first was self-disclosure. "He (the therapist) would tell me stuff about him like back in his days. I'd tell him about mine. We had a lot in common." The second quality was that therapists allowed the maintenance of an intimate sense of self. Two participants noted that the therapist allowed them to disclose at their own pace, which fostered the therapeutic relationship. "She (the therapist) asked questions, but she didn't ask personal, personal questions where they get up into your business. That's why I really liked her."

Therapists' interventions. Four participants discussed the therapists' interventions as involving discussions about various topics and playing games. With the exception of playing board games, such as Monopoly, discussions reflected traditional talk therapy and impacted participants in differing ways. Discussions focused on appropriate ways of handling conflict with teachers, parents, and peers. Similarly, discussions focused on appropriate ways of dealing with emotions, "she told me sometimes to express my feelings, I could write it down on a piece of paper," including anger, "when I get mad I be ready to hit somebody, and she told me hitting somebody is not always the way to solve it." Therapists' interventions also focused on relationships with family members, "instead of fighting with your

mom, just go into your room, just sit there, and just think about it," and peers, "She said, 'you got to choose better friends.'" Interventions also focused on using the therapeutic relationship as means for participants to reflect on alternative behaviors. One participant recalled, "If I would come in upset and she (the therapist) would be like, 'What's the matter?' or something, and I might tell her what's wrong and she would tell me how to solve that answer if something's wrong." Another participant stated, "He (the therapist) understood me. He said, 'Look you can do this or you can do that...' and I would walk out and would be like (sigh of relief) 'cause I hold my emotions in." Finally, one participant commented that the therapist frequently discussed drug usage in their therapy sessions.

These themes demonstrate the importance of the therapist's approach and interventions in the therapeutic relationship. From these participants' experiences, it is particularly noteworthy that the ability to communicate with the therapist was paramount to the development of an effective therapeutic relationship. For participants that felt they were understood by the therapist, therapists' approaches were characterized as accepting, genuine, embracing values, facilitating exploration, providing comfort, engaging in gradual invasiveness, demonstrating self-disclosure, being non-judgmental, and providing encouragement. Similarly, participants who felt understood by therapists detailed therapists' interventions as focusing on anger management, conflict resolution, and emotional skills; interacting with families and peers; providing emotional outlet and someone to talk to; and exploring drug use. However, for the single participant that did not feel understood by the therapist, the therapeutic relationship was characterized by repetition, conflict, and misunderstanding.

Themes Related to the Process of Relationships

Themes related to the process of therapeutic relationships contained descriptions of participants' experiences that relate to the universal structures of

time and causality. Descriptions depicted a transformation over time of the quality and timbre of therapeutic relationships.

Preconceptions of therapy. For three participants, thoughts about the purpose of therapy guided their perceptions of what therapy would be. One felt, "I always think when I meet with a therapist that something is going to go wrong." For another participant, attendance to therapy would provide a means to get off probation sooner. Yet another believed that only crazy people went to see therapists. Thoughts about the uses and benefits of therapy led them to begin the therapeutic relationship with specific expectations that influenced their interactions with the therapist during the first meeting.

First meeting with therapists. The first meeting was a time of uncertainty and confusion as evidenced by statements from seven of the eight participants. For three participants, the reason for their attendance was ambiguous. One participant thought he was going to get locked up, another thought she was going to see her probation officer for a probation violation, and another didn't know why he was there. Confusion seemed to contribute to their apprehension about meeting the therapist. Participants expressed anger because they had to attend therapy, "my anger was about like just really not wanting to be there," while others described feelings in first sessions as scared, nervous, and tense. "When I first got there I was nervous, I mean, like some people when they do new things they nervous." Initial feelings of anxiety and uncertainty produced a desire to leave sessions to relieve the discomfort of not knowing what to do or what was expected.

In spite of the turmoil created by swirling of thoughts, emotions, and desires to leave the discomfort, participants began to communicate with therapists. Therapists typically initiated the conversations by engaging participants in low-risk conversation that focused on participants' families, school statuses, reasons for probation, and providing information about expectations of therapy. Participants'

descriptions conveyed a transition from anxieties in the beginning of the session to the development of a working relationship with the therapist. For several participants the transition occurred when they realized the purpose of therapy was for their benefit and that the therapist was on their side. "When I got to know her (the therapist) and she really started talking to me, I wanted to be there. I wasn't scared no more." Others became more relaxed when they knew what the expectations of therapy were. Once participants were comfortable with the reasons for therapy and the therapist, they were able to begin developing a working relationship with the therapist.

Relationship with therapists. A mixture of emotions and uncertainties characterized early stages of development of therapeutic relationships for each participant. From these early stages therapeutic relationships began to develop for most participants. For one participant, however, the therapeutic relationship did not progress into a working relationship. Difficulties in communication became the cornerstone of this relationship. Another participant interacted with the therapist only to the extent that met minimal requirements. For six other participants, the therapeutic relationship developed into a relationship characterized by mutual sharing and interpersonal growth. Participants described relationships with their therapists in similar descriptions as friendships. Examples are, "as time passed, we went from shaking hands to dapping off," "I don't got a lot of friends, but he could be an associate," "It was just like somebody I was talking to, like when you're hanging out with somebody familiar," and, "we created that bond." These descriptions challenge views that juvenile offenders lack the ability to form relationships and provide insight into the perceptions of *adolescent offenders* engaged in *mandatory* therapy. Of particular note, these descriptions highlight the development of a bond between therapists and participants that served as the basis for the therapeutic relationship.

Interactions between the therapist and the participant were described as the therapist making participants comfortable by "asking questions on the slick, but having a good time doing it," and "we would always joke around." These interactions fostered the development of loyalty to the therapist. One participant stated, "He (the therapist) looked out for me in a way." Another remarked, "All I needed was somebody for a little understanding. All I need was somebody to relate to. If I had to do it all over, that would be the only (therapist) I'd go to."

Ending of therapeutic relationships. The qualities that characterized the end of the therapeutic relationships reflected the interpersonal involvement between therapists and participants. Six of the eight participants shared their experiences regarding the end of the therapeutic relationship. For two participants, endings brought anger because they did not want sessions to end. Another expressed, "it's hurtful, but you can get through it." Yet others expressed the desire to continue the therapeutic relationship. The sense of loss created by the ending of the therapeutic relationship was, "like saying good-bye to a best friend." The final therapy session contained summaries of what was learned by the participants.

Participants' descriptions of therapeutic relationships identified distinct stages of development. In the initial stage, therapeutic relationships were characterized by anxiety and uncertainty. Participants expressed a range of thoughts and emotions surrounding the start of the relationship. Through interactions with therapists, participants became more relaxed toward therapy and the therapist. Through this transition, a bond developed between most of the participants and their therapists. Relationships ensued that were characterized by mutual communication, development of alternative behaviors, and feeling as though the therapist was a friend. The end of therapeutic relationships, like other losses, brought anger and hurt for some participants. For others, the end of the therapeutic relationship brought the satisfaction of completing a probation requirement. Understanding the

process of therapeutic relationships with juvenile offenders is critical for working with this population.

Composite Textural-Structural Description

The composite textural-structural description describes essences and meanings of therapeutic relationships for the group of participants as a whole. In order to facilitate descriptions of juvenile offenders' experiences, the description is divided into five major groupings: a) juveniles' preconceptions of therapeutic relationships, b) first sessions, c) transition into cohesive relationships, d) the working relationship, and e) termination of therapeutic relationships.

Regarding preconceptions of therapeutic relationships, participants' previous experiences with mental health professionals foreshadowed the beginnings of many therapeutic relationships. A variety of presumptions influenced participants' feelings and thoughts about the therapeutic relationship. One participant expressed apathy towards benefiting from therapy, "I don't want to hear it, like, everything you said I've heard before." For another, his previous experiences with therapists led him to believe, "something is going to go wrong" when he met the therapist. For yet another, a previous experience with a school therapist left him distrustful of therapists, in general; "some counselors will tell you just about anything so that you will tell them, and they might run back and tell." These presumptions affected how the participants' viewed therapists, the therapeutic relationship, and their ability to benefit from therapy.

The first session was described as a period of intense emotions, confusion, uncertainty, and thoughts of evading discomfort. Initial moments of the first therapy session were full of uncertainty, "I didn't know what to do," and anger, "I was mad 'cause I thought I had to see my probation officer," and "I thought it was not right for me to go see no psychiatrist." Participants were confused over the reasons why they were in therapy, "I didn't know who he (the therapist) was," "I didn't know

what to say," and "I thought I was going to get locked up." Anger and confusion created initial resistance to the therapist and a desire to escape from the situation. One participant said he, "wanted to hurry up and go home 'cause I didn't know what to do," and another stated he wanted to "get it over with." Others desired to get the first session over so they could relieve the uncertainty of not knowing what to expect. One participant wanted to get the session over with to "feel comfortable about it (therapy)." In spite of their desires to leave, participants continued in the sessions and started interacting with the therapists. Many participants described that therapists initially engaged in relatively low risk communication such as asking about school information, probation status, family information, and basic personal information (e.g., hobbies, activities, or sports). Also, some therapists engaged in self-disclosure, which provided participants with a feeling of safety to share their own personal information. Interestingly, therapists' self-disclosure set a precedent for clients' disclosure. One participant, however, felt "I'm not being listened to," which was a consistent description throughout his therapeutic relationship. The first session, for each participant, was crucial for establishing the tone for the remainder of the sessions.

With the exception of one participant that described his therapist as not listening to him, participants experienced a transition from initial confusion to a working relationship. A major component of the transition was the therapist's demeanor. Therapists' demeanors were characterized by participants as consisting of understanding, mutual sharing, genuineness, and empathy. These qualities served to allay anxieties and provide participants with the freedom to take risks and express themselves, "we kinda went from patient to counselor to friends." Communication with the therapist either strengthened the transition, "it (the therapeutic relationship) felt good just as long as nobody was yelling in my face," and, "I could talk to her like a friend," or weakened the relationship, "I'd tell her a

few things, but right then she keeps asking me the same old thing, I'd get mad."

Trust was a common concern for participants during transition. As one participant stated, "You gotta have trust. If you cannot trust him (the therapist) then I cannot open up to him," "we pretty much got a trust thing," and, "people need to be real, like they ain't gonna lie to you." One participant struggled with whether the therapist was trustworthy in spite of the therapist's genuineness; she wondered whether the therapist was violating the trust she had given him. As the relationship progressed, however, she found the therapist "was always on my side."

Most participants described the therapeutic relationship as having developed into a relationship that was beneficial to them—a working relationship. Having proceeded through a period of transition, participants described aspects of the relationship related to the therapist's approach, the participants' thoughts, feelings, and behaviors, communication with the therapist, effects of the therapeutic relationship, and the passage of time. The therapist's approach both initiated and maintained the therapeutic relationship. For one participant the therapist was, "playful and talkative;" for another, the therapist would, "try to help (me) out to benefit (me)," and tried, "to make me feel comfortable and do his job at the same time." Another expressed comfort with the therapist's unconditional acceptance of him, "she didn't think I was a bad person so it (talking to her) felt alright." Yet another expressed the development of a "bond" between them because the therapist "was down to earth."

Participants' thoughts about the therapeutic relationship in the working phase were that, "I started liking it," "it felt great just to let everything out," and "it was a good relationship." However, one participant expressed his struggle to be heard, "I be thinking the whole time, 'as soon as she shuts the hell up, maybe I can say something.'"

Communication was a central component of participants' experiences. The dissonant description by one participant, "I tell her all I know and she asks the same thing, same thing," highlights the difficult communication between the participant and the therapist. Such difficult communication contrasted with other participants' descriptions of supportive communication; "I just liked talking to him," "(the therapist) would tell you things and mean what he said," and, "I could talk to her just like being around one of my friends." For several participants, the act of communicating was difficult; "(feelings are) not the type of stuff I would regularly talk about," "you basically answer their questions (and) get it over with," and "I don't like talking to people." Although there was a comfort with communicating with the therapist, there were issues too personal to discuss.

For many participants the therapeutic relationship mirrored relationships with others. Participants described how prior to the therapeutic relationship they argued and fought with peers, family members, and teachers. However, after the therapeutic relationship, "me and my mom's relationship is, like, a whole lot better because of him (the therapist)," "by her (the therapist) talking to me and we created that bond and I just started being real friendly with people," and "(I would) talk it (conflict) out (with others), and...avoid talking back to teachers." For most participants, the creation of a relaxed environment through laughter and joking helped participants become comfortable, "I just feel I can joke around with her (the therapist). You can't joke around with people when you got to be tense with them-you're not really having a good relationship," "(the therapist would ask questions) while having a good time doing it," "he was cool," and "he was down to earth."

Results of the therapeutic relationship involved changes both inside and outside the therapeutic relationship. Development of a strong relationship with the therapist enabled participants to "let everything out," and to have a "change of heart," and to "just like talking to him (the therapist) and just hanging around him."

Participants experienced a friendship blooming from a therapeutic relationship that began with confusion and anxiety. The friendship served, on an intrapersonal level, to solidify participants' values. One participant felt, "I already knew right from wrong...all she did was embrace it." Another felt, "he'll (the therapist) talk to me and give me some insight." Participants described benefits of the therapeutic relationship that extended outside therapy sessions. Many participants experienced a metamorphosis of their personalities. One participant explained that he had fewer fights in the neighborhood and stayed home more. Others remarked that they were better able to deal with anger by "talking it out" rather than impulsively fighting with peers. Participants described the changes as, "I just started being real friendly with people," and "(my friends said I am) a totally different person." Similarly, other participants experienced improvements in their school grades, an increase in sharing with others, the ability to express emotions appropriately, and avoiding talking back to teachers.

Regarding the passage of time, one participant expressed he, "didn't realize time was going by so fast." Mutual sharing of personal information consumed time as the participant and the therapist engaged in dialog. For the participant that did not feel he was being listened to, the passage of time was slow. His inability to negotiate the terms of their relationship was frustrating.

The end of therapeutic relationships is best described in terms of participants' feelings, thoughts, and behaviors, and the meaning of loss for participants. For the participant that did not feel he was being listened to, the therapy session could not end soon enough. He would, "start running when I close the door (to the therapy room)." For him, the therapist did not listen to him and he did not feel understood by the therapist. For other participants, termination was described as the loss of "a best friend." Common feelings about the loss were described by most participants as, "sad and mad." Some participants bargained with thoughts of seeing the

therapist again, "you can probably get in touch with your best friend; with this friend, I probably won't never see her again." For others, the loss of the therapeutic relationship was bittersweet in that the ending of the relationship marked completion of a probation requirement, yet the loss created a longing for the relationship to continue. The loss of the relationship also created a sense of loneliness for participants in that they no longer had an outlet to express their emotions. The lasting impression of the therapeutic relationship seemed to haunt participants, "at the end, I couldn't get (seeing him) out of my mind," and "I just wonder what she thinks about me now...I wonder if she thinks I'm not like other people, like, I'm not ignorant or going around starting trouble. I just hope she thinks I'm a good person."

Summary

These findings suggested that the therapeutic relationship is a dynamic interplay between client perceptions, therapist traits, and the process of the therapeutic relationship. Participants' perceptions of therapeutic relationships were based largely on the ability of the therapists to engage the participants in a genuine, informative, and empathetic manner. Through these general traits, therapeutic relationships blossomed into bonds and friendships that benefited the participants. The one participant that expressed dissatisfaction with his relationship did not *perceive* these qualities to be present.

As I interviewed the participants, it was apparent that each of them wanted to contribute to the project. Although initial meetings were at times tentative, once the participant understood the project intended no harm, they agreed to participate. My experiences in establishing rapport with these participants mirrored their experiences with their therapists. Once participants were aware of my intentions, they became more relaxed and able to describe their experiences to me. Each participant wanted to be accepted, feel understood, and wanted to contribute to the research project.

Their desires propelled them to reach deep inside of themselves and do something they had never done before. Through their stories, a greater understanding of the qualities of the experience of the therapeutic relationship was obtained.

Discussion

The development of a relationship was a critical factor in the effectiveness of the therapeutic relationship for participants. Participants in this study seemed to be attracted to therapists who demonstrated genuineness, honesty, trustworthiness, and self-disclosure. Findings support the importance of the therapeutic relationship and revealed components as critical to the success of the therapeutic relationship. These traits developed and nurtured the therapeutic relationship. Most participants had difficulty expressing themselves and resorted to typical adolescent vernacular and colloquialisms. It is important for juvenile offender therapists to understand the meanings behind the language of juvenile offenders in order to truly understand this often misunderstood population.

Regarding the therapeutic relationship, findings from this study revealed the importance of clients' perspectives to provide both corroborative and contradictory information for current knowledge and assumptions. Further, due to the abstract nature of the therapeutic relationship, objective measures alone are insufficient to provide a complete understanding of the therapeutic relationship. Critical components of the therapeutic relationship are found in the meanings and essences ascribed by clients' descriptions of the experience.

Regarding relevance of the findings to current "rehabilitation" programs, findings challenge established correctional programs for juvenile offenders. Improvements in interpersonal relationships, decreases in school-related problems, and fewer peer conflicts resulted from therapeutic relationships that were described positively by participants.

Conclusion

Use of phenomenological method to discover juvenile offenders' perceptions of therapeutic relationships has supported therapist qualities that build the therapeutic relationship and contradict the stereotype that juvenile offenders are resistant, non-compliant, and anti-social. Juvenile offender therapists should be cognizant of the impact of their behaviors on mandated clients so that maximum benefit can be achieved. As a final note, juvenile offenders are valuable resources that are often undervalued by the juvenile justice system – a system created to serve them.

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