

Being a Pro

The Prosocial Model for Problem-Solving

Research & Theory Manual



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The Prologue

Watch your thoughts for they become words,
watch your words for they become actions,
watch your actions for they become habits,
watch your habits for they become your character,
watch your character for it becomes your destiny.

—Frank Outlaw, President Bi-Lo Stores

(Posted in the Lobby of Juvenile Hall, San Francisco)

Chapter 1: Therapeutic Approaches for Using the *Being a Pro Workbook*

The *Being a Pro* materials consist of a total of three related documents. These are as follows:

1. *Being a Pro Workbook for Teens.*
2. *Being a Pro Counselor Manual Workbook.*
3. *Being a Pro Research and Theory Manual*

The present document is the *Being a Pro Research and Theory Manual*. Competent use of *Being a Pro* is facilitated by completing the online or in-person training, and using the counselor manual. This manual provides additional information to those other documents, and it permits a more thorough understanding of the relevant theory and research for *Being a Pro*. This is important since it gives the counselor a better understanding of the model which helps to use it more effectively. Counseling work at times involves making fine adjustments, or in gray areas, where a better understanding of relevant models helps with making better choices. Every physician has extensive training in relevant medical research and theory, that is physics, organic and general chemistry, anatomy and physiology, disease processes, treatment approaches, pharmacology, and other areas, before they treat a patient for this reason. Also those of us who use driving apps in places like San Francisco, know that they are more helpful if you have a "internal" map of how the city works. Likewise with counseling, the better your understanding of the counseling process and adolescent development, the easier models like *Being a Pro* are to use effectively.

The present chapter, Chapter 1, discusses an overview of this manual, and therapeutic principles and theory regarding *Being a Pro*, relevant for using the workbook. Chapter 2 discusses the reasons why theories are important for counseling work generally and using *Being a Pro* specifically. Chapter 3 discusses relevant developmental and neuropsychological research and theory that led to the development of *Being a Pro*.

The following are principles and considerations for counseling based on current research and theory, relevant in using the *Being a Pro Workbook*.

Duration and Intensity

There cannot be a treatment effect without enough treatment. For example, you cannot master Spanish in a weekend course, but if you have 30 sessions over the course of a summer, you can achieve modest functional skills. While the content of the Prosocial Model might be taught in one session, no teen could make it part of how they function in the world in this timeframe. For brain pathways to be changed and rewired, there needs to be much repetition and practice. Just learning the model abstractly does not mean that it is really learned. There is an Arab saying that something is not learned until it is learned in the muscles. A skill is learned by practice and repetition to the point of what neuropsychology calls "overlearning." This means it is not just mastered, but becomes so fluid that it can be done automatically. The estimated 10 sessions of the workbooks and the exercises are designed to provide a reasonable amount of exposure for youth to master these concepts. In the clinics that this model has been used, the concepts and techniques become a part of later counseling, if provided, and give a useful shared vocabulary which further consolidates the model in real life. As research is conducted with this prosocial

workbook we will have a better idea whether the amount and type of curriculum is too much, too little, or just right. The model as present is based on a hypothesis that it is sufficient to produce prosocial outcomes, but this is a hypothesis to be tested. This is part of the *Being a Pro* model discussed here.

Sequencing and Integration of Learning

Research from cognitive theorists shows that learning skills occurs in steps. Each new step prepares the way for subsequent steps. Once a given skill has been learned, it also can be combined with other skills in more sophisticated cognitive-behavioral schemas. This is the approach used in learning the Prosocial Model. Each part of the Prosocial Model is first learned and then mastered by exercises. Then the separate parts are brought together to form a new cognitive-behavioral schema, the Prosocial Model. The exercises done in the last 6 weeks of *Being a Pro*, the Prosocial Problems and Pro-Log, are an opportunity to put all the component skills of the Prosocial Model together in this way, and further develop them by practicing them in the real world. This is a basic concept of developmental psychology and neuropsychology, as exemplified by the work of individuals such as Jean Piaget and Jerome Bruner (McLeod, 2012).

Proximal Zone and Pacers

Watson (2002) discusses the concept of the proximal zone of learning, a term developed by Vygotsky, to describe the person's current area of active mastery and development where skills are still being developed and mastered. As Watson describes it, this concept has been widely influential in education to identify the area that teachers need to focus attention. Areas the youth has already mastered, and likewise areas beyond the use of capability presently, are not productive areas of instruction. The proximal zone is the area to be focused on. A similar concept has been discussed by Loevinger (1970) in the concept of pacers which defines areas of interpersonal learning that are neither elementary nor novel, and stimulus to higher levels of ego development. These are concepts used in *Being a Pro* which provide challenges to the youth's current prosocial reasoning level, with the goal of promoting it to the next higher level. In pilot studies using this model, it has been found that the examples and exercises in the workbook have the flexibility to help the counselor challenge whatever level the youth is functioning, to the next higher level. Counseling concepts which are outside the proximal zone for an individual are either too boring or novel to be considered interesting, engaging, or a subject for promoting development in the youth. This is similar to the concept in art or music that what is interesting is a combination of the familiar and novel. If something is too unfamiliar or novel, like some avant-garde music or art, then it is outside our ability to enjoy it or learn from it. This is like the phenomenon Jerome Kagan notes in "The Human Spark", in which infants presented with a novel stimulus smile when they figure it out. If the stimulus is too routine, or too novel, the youth will alternatively be bored, or even distressed.

Scaffolding, and Co-construction of Narrative Memories

Watson (2002) describes two concepts: (1) scaffolding used by Jerome Brunner and (2) the co-construction of narratives from Fivush. Both of these terms take into account that learning and development are part of a social interaction, where parents or others facilitate the child's development. Scaffolding refers to the structure and supports adults provide while a child is learning concepts. A simple example would be an adult holding on (like scaffolding) to a child's bike which has training wheels, while the youth develops the skills and confidence to ride

without help. Likewise, the training wheels without the parent holding on provides scaffolding while the child learns to ride a bike on their own. Another concept, the co-construction of narrative memories, described by Fivush, delineates how an adult's coaching and assistance regarding recalling events, helps shape the child's narrative and memory of a situation. These concepts have relevance to counseling. The counselor, similar to a parent, uses scaffolding-type interventions that provide the support, linkages, and advice, which helps youth develop prosocially. Likewise, the counselor's views and interpretation of current life situations help influence the youth, similar to the phenomena of co-construction. In the *Being a Pro* model described here, the counselor helps the youth using techniques similar to scaffolding, for example, learning to understand the parts of the model with the workbook and teaching it until they can use it on their own. Also the counselor helps the youth develop narratives to promote prosocial thinking and behaviors by using the exercises and counseling involved with the workbook. Having a helpful and sympathetic adult figure who supports and mentors you in developing new, more effective prosocial skills is a key in promoting a child's development and the *Being a Pro* model.

The Learning Process and the Counseling Relationship

The Prosocial Model is learning about interpersonal relations. The type of counseling relationship involved in the teaching and learning of this model is an important factor contributing to this learning in several respects. For example, the counselor should develop a prosocial relationship with the youth at all points. In my own work with youth in detention in Juvenile Hall in San Francisco, most always I enjoy a good relationship with the youth by making a good effort to exemplify prosocial relationships. Here are some qualities for counselors I find relevant for promoting a prosocial relationship.

1. Reliability:

This is similar to the principle that reliability is one of the most important qualities for parents. It also establishes the basis for trust. Reliability refers to simple things like keeping promises you make to patients like when you will meet with them and things you are going to do for them. Being reliable helps youth trust that not only you will do what you say, but the goal of your relationship is to be of help to them in some predictable way that they can count on. It also gives them a role model for a quality that they might choose to imitate.

2. Honesty:

Honesty may seem like too obvious a trait to mention, but I found it important in work with probation teens. Being honest also means you have to be prosocial, and provide the best information you can in the most helpful way. Working in a juvenile hall setting, there is some information we cannot give out to youth for very good reasons, such as the status of another minor involved with their alleged crime. It has usually worked for me to provide a simple explanation of why we cannot give them all the information they want. I found information can usually be conveyed in a straightforward and helpful way. Youth understand and accept that we are being prosocial and also follow relevant rules.

3. Empathy:

A simple definition of empathy is that you understand and validate the youth's struggles and stresses. Part of the Prosocial Model is "Problem" which requires greater understanding and

analysis of problem situations. This is the necessary condition for developing any empathy. Empathy has content, substance, detail, accuracy, and is not superficial affirmation or sympathy with no understanding of the youth's specific challenges. While I may have an idea about why youth are distressed, I am never really sure until I investigate it with some reasonable degree of thoroughness. For a youth in detention, it may not be the serious pending charges, but upset about separation from a pregnant girlfriend, or no visits from their mother that is most distressing. Carl Rogers describes a similar idea in the important qualities of a therapy relationship which he describes as "accurate empathy" (Rogers & Farson, 1987).

4. Therapeutic Alliance:

The therapeutic alliance is based on realistic empathy and understanding the youth's struggles. If we do not understand the specifics of the struggles of the youth, what can we have an alliance around? The therapeutic alliance is also based on not only your commitment to be of help to the youth, but giving the youth practical skills, in this case the Prosocial Model to use with current life problems. As the counseling progresses, the Prosocial Model will form a basis for a shared vocabulary and system of concepts that will facilitate the work of treatment. Appropriate use of prosocial humor and analogies from relevant situations like sports or pop culture can be of help. With a developed therapeutic alliance, both the counselor and youth have identified the key struggles or issues which challenge the youth, and have developed a framework and method to address them.

5. Knowledge and Experience:

Particularly with probation youth it is important to understand the multipart system with which youth are involved. The more the counselor knows about these processes the better, including court and probation protocols and procedures, residential placement, school rules, graduation requirements, substance abuse and mental health services. It is important that youth experience the counselor as helpful, knowledgeable, and competent. The counselor does not need to know everything, just to do their best to find the information. Having good relations with probation officers, public defenders, and other mental health providers with whom you can consult can be helpful and is part of prosocial relationships.

6. Rolling with Resistance:

This is a motivational interviewing (MI) principle (Miller and Rollnick, 2012). Most often conflicts and struggles occur when the patient feels that their choices or opinions are being negatively evaluated or restricted in some way by the counselor. No one can avoid all such possible interactions and they are part of any counseling. Some practical strategies to deal with these problems is to acknowledge the youth's distress, try to clarify realistically your intentions, and suggest you move on with other parts of teaching the Prosocial Model. If the youth is looking for someone to argue or be angry with, don't be that person.

7. Be a Counselor:

Part of avoiding struggles, is to be clear your job is not to make the youth learn the model, but offer them an opportunity for learning. As soon as you give the impression that you are requiring youth to do something, this is the surest way to invite resistance. Steven Malcolm Berg-Smith, an MI teacher, cautions that if you require someone to do something, that cannot be part of MI or counseling. A parent or probation officer's job is appropriately to make teens do things. The

"secret" with MI and counseling generally is that by not having to make youth do things, you also open the door for opportunities for collaboration and mentorship to help them discover why they would want to behave prosocially, the rewards they might get, and also how specifically they can do it.

8. Hopeful:

Wherever realistic, the counselor should adopt a hopeful and prosocial approach. Hope as it is used here refers to looking at realistic positive possibilities in the youth's future. Given that we are working with adolescents, this is almost always possible. Certainly there are situations where hope is at best a scarce commodity, but most of these teens can have a good life if they make good choices. Ideally the counselor helps the youth find and support the prosocial possibilities that the future can offer them.

9. Prosocial Choices and Behavior:

In Aggression Replacement Training the importance of limiting antisocial talk and solutions on the youth's part is emphasized. For example, if a youth is proposing an antisocial solution, such as fighting where it could be avoided, the counselor can reinforce that we are looking at prosocial options. This can usually be done respectfully and successfully in my experience. Part of the Prosocial Model is "Choices" and finding the "not so obvious" prosocial possibilities in situations. This can be done in the great majority of situations youth encounter. It is important also that the counselor model being prosocial. There is a phrase derived from Gandhi, "Be the change you wish to see in the world." This would apply to teaching the Prosocial Model as well.

10. Helpful:

An important part of the counseling relationship is to give practical help in a timely way where appropriate. It's important for the youth to know there are people who will be helpful to them now and in the future if they can't handle a situation alone. The counselor may be the best person to problem solve how to get their needs met. In some situations the counselor may have to take the initiative to get the youth help, but usually the goal would be to empower them to handle it themselves.

11. Empowerment:

The role of the counselor is not just to do things for the youth, but help youth learn and teach themselves. This is also a central tenet of Multisystemic Therapy (Borduin, Schaeffer & Heiblum, 2009). Again Michael Berg-Smith, the MI teacher, cautions against wanting to "help" or change anybody. This may invite resistance and also not give people the chance to develop the motivation and skills to help themselves.

A recent example comes to mind how some of the above concepts may be exemplified. A youth in residential treatment was having anxiety attacks in the morning particularly. He felt disorganized, was embarrassed by the reaction, and just wanted to stay in his room and calm down, rather than go to required group activities. He explained that he chose not to tell staff about his anxiety attacks out of embarrassment. Initially the youth was angry and frustrated in talking with the counselor, saying nothing any of the counselors did had helped him. Rather than being delayed or diverted by the resistance, the counselor acknowledged the youth's distress, rolled with the resistance, and then moved on to try to find areas where help was possible. When

his counselor identified the problem, both the youth and counselor thought it would be best to discuss this with the residential staff. While the counselor took the lead, the youth quickly elaborated, and was left to follow through with describing this in greater detail with residential staff, which he did competently. At least for this situation, the residential staff found some ways that they could accommodate this, not make his absence from morning activities a reason for discipline, and also support the youth when they were experiencing significant distress. Initial help and support and "scaffolding" was provided by the counselor. While the counselor was initially helpful and took the lead, he could help empower the youth to take over the situation in the future and advocate for himself, without counseling help. Accurate empathy, based on a understanding of what the youth was actually experiencing, was helpful with this, and also was able to help deepen the therapeutic alliance.

Summary

Learning the content of the Prosocial Model is a priority, but also it is important that the counselor model a prosocial relationship with the patient. Youth learn prosocial behavior by seeing effective prosocial models. The prosocial relationship is respectful, empowering, accurately empathic, and collaborative, while providing the youth with opportunities to develop the ability to use and find the value of prosocial reasoning and skills.

Chapter 2: Why Theories Are Important

Thoughts without content are empty, intuitions without concepts are blind. The understanding can intuit nothing, the senses can think nothing. Only through their unison can knowledge arise. -E. Kant, 1787, Critique of Pure Reason.

Dr. Malcolm Watson, Professor of Human Development at Brandeis University, in his “Great Courses” lecture series, describes the importance of theories in child and adolescent development. Similar to the concept in Kant's quote, Watson (2002) notes that our ideas of human development depend not just on facts, research, or observations, but require an organizing theory. Large amounts of even detailed records, observations, or test data about children, aren't useful unless they are organized in a way that makes sense to the practitioner by a coherent theory. Also a good theory reframes that data and suggests new data to be collected. It wasn't until Piaget formulated his theories that we could see the behavior of children through this new lens of cognitive development. *Being a Pro* and the Prosocial Model were developed to provide a useful model of understanding why some youth might not behave in prosocial ways, and how help can be provided. The *Being a Pro* model has additional characteristics that make it useful. These include the following.

1. **Current Research and Theory:** The model is based on current research and developmental theories regarding how prosocial thinking develops in adolescence, including probation youth, and also what interventions are effective in improving prosocial thinking and behaviors. Relevant theory is described in Chapter 3.
2. **Grounded Theory:** This is a concept from Motivational Interviewing and describes an interactive or dialectic relationship between theory, research, and clinical practice, where all factors contribute to a useful theory of psychotherapy. Grounded theories are useful because they are "grounded" in real life clinical practice while informed by relevant theories. This is the case with *Being a Pro* which, while informed by developmental theories and research, was also based on over 35 years of clinical experience by the author with adolescents, including with prosocial interventions such as Aggression Replacement Training. Because it is grounded in practical clinical work, the concepts and models are more easily used by counselors. This is described later in his manual in more detail.
3. **Useful Theory:** For a theory to be used, an important consideration is if it will be something that counselors find useful. Cortoni (2010) noted forensic counselors did not use “best practices” based on research, but rather, models with which they had the most comfort (like relapse prevention) that were concrete, practical, and easily implemented. The *Being a Pro* model was developed with these ideas in mind, and making it counselor friendly and useful. This in part relates to it being developed from grounded theory and clinical practice.
4. **Counselor Development:** The *Being A Pro* model not only is based on relevant theories of adolescent prosocial development, but also on the author's research on how graduate students

learn psychotherapy (Ralph, 1980). One finding from that study was that no matter what theory graduate student counselors were taught (client-centered, cognitive-behavioral, interpersonal, psychodynamic, etc.), they could only understand and use a model that fit their level of conceptual development and understanding. If there are, for example, five steps in developing an understanding of psychotherapy, you can help someone go from step one to step two, but not from step one to step three, four, or five. The model used in *Being a Pro* takes into account this model of counselor development. While the *Being a Pro* model is designed to educate the youth in the prosocial model, it also is set up to educate and promote counselor development as well.

5. Reciprocal Resonance: Counseling can be many things, but it is also an interpersonal process that is intended to promote prosocial development on the patient's part. For the counseling to work, the concepts have to be simple enough to make sense to both the youth and counselors conceptually, but also emotionally. The *Being a Pro* model develops such a concept that both the youth and counselor can use and "be on the same page" with. If you ring a bell in a room with other bells of the same type, you can create a harmonic resonance, and all the bells will vibrate in unison. The same can be true if members of a group share a set of ideas. If it connects with them both conceptually and emotionally, there can be a type of resonance between individuals. The term "limbic resonance" (see: http://en.wikipedia.org/wiki/Limbic_resonance) has been used to describe how music, art, or literature can create individuals with similar emotional states which further enhances the effect.

6. Optimistic and Prosocial: It is also helpful to have an optimistic theory for counseling probation youth with prosocial interventions. Models of treatment that focused on antisocial or conduct disordered elements generally do not give much reason for optimism about changes in prosocial directions, and in turn aren't connected with treatments that model prosocial attitudes and behaviors. Models such as Scared Straight or similar confrontive models were examples of this approach. If we want youth to be prosocial, how can we have counseling approaches that treat them otherwise? Also Watson (2002) notes, an important principle in developmental psychology is Expectancy Theory, in which authorities' expectations of youth have a powerful influence on shaping that behavior. Authority figures can shape the individual's expectations for the future in positive or negative ways. Conveying hope based on realistic prosocial possibilities for a youth may help in fact bring about those positive futures for these youth.

Chapter 3. Developmental Research Relevant for the *Being a Pro* Workbook

This last chapter describes research relevant to the *Being a Pro* model. Several researchers indicate that deficits in prosocial reasoning are a modifiable psychological criminogenic risk factor for delinquency and other important outcomes. This research supports the concept that if you increase the prosocial reasoning of these youth, you are more likely to decrease future antisocial behavior and recidivism, decrease psychiatric symptomatology, and also promote prosocial relationships and behaviors (Ralph, forthcoming). In my view, understanding the relevant research and theory related to *Being a Pro* is important to do effective counseling with probation youth using this model.

Grounded Theory

This is an elaboration of this topic presented earlier. In addition to the research findings, the prosocial model described here is useful in the day-to-day work of counseling. This is due to the close match between what the counselor experiences in working with these youth and what the relevant assessment instruments and theory describe. For example, if I use an instrument I developed, the Prosocial Reasoning Outcomes (PRO) instrument and its vignettes (one of which is included as the pretest to the workbook) to assess a youth, the results fit closely with what I see working with the same youth in counseling. This is not a coincidence; it is related to how the *Being a Pro* model was developed. Qualitative research using focus groups for youth who completed treatment was used along with the quantitative research. The theoretical concepts for this model were developed to fit not only what youth said happened during treatment but what the PRO showed regarding their prosocial thinking. A similar approach is described in the development of Motivational Interviewing where clinical practice, research, and theory help shape the treatment model (Miller and Rollnick, 2012).

Neuropsychological Research in Adolescence

Psychologists have studied not only how teens grow physically but also cognitively. We now know that human brains continue to grow and develop up until age 25. Brain physiology changes including more extensive myelination. Also circuits further become elaborated and integrated. Using a computer analogy, it is both hardware and software changes, and doing both at once, all in the same brain structures. This is similar to the analogy of flying a plane while developing the plans and building it. Dr. Kevin Powell (2013) looks at brain development in teens like creating trails across an unfamiliar territory. Initially in getting from Point A to Point B, the youth can conceivably use an infinite number of routes. With time and experience, the youth ends up using certain trails more than others. These trails become the youth's "habits" and their "go to" strategies. These approaches to dealing with the world become wired in, and they are harder to change over time. As people develop and mature, they end up having fewer – not more – brain cells and connections. For example, if a teen copes with a stressful situation by noncompliance, lying, aggression, or substance abuse, this might become part of their "go to" strategy for dealing with life's problems. Likewise the same is true for both prosocial goals and behaviors. These can also become the dominant habit for the youth as well. For prosocial behaviors, also, as the youth enjoys increasing success and gratification using it, this will reinforce and increase its use. One of many concerns about long term detention or placement of probation youth is that it may create an opportunity to practice antisocial methods to achieve antisocial goals, with sophisticated mentoring in this regard from other more antisocial detainees. The phrase "practice makes

perfect" applies both to prosocial and antisocial behaviors. Some prosocial behaviors may not come easy and be hard to do. When you try to behave prosocially it may not always work every time. Also it means in part practicing it over and over so it becomes automatic. In the long run, most of us believe that both the individual and society at large will benefit from prosocial behavior.

A relevant area of research is described by Dr. Abigail Baird and associates (Bowser, 2004). She investigated problem-solving and brain development in adolescents. She examined how adults and teens think about novel situations differently such as riding a bicycle down stairs. The adults had an automatic response that utilized visual processing areas of the brain. Teens in contrast, used prefrontal areas of the brain connected with planning and judgment. She related this difference between teens and adults to brain research, suggesting that prefrontal areas of the brain are not fully mature until age 25. In an article she and associates describe the development of a related concept: counterfactual reasoning (Baird & Fugelsang, 2004). Counterfactual reasoning involves thinking about "what if" and "then what" possibilities. This means constructing alternative scenarios based on different assumptions about life situations. This is similar to what Piaget described as the emergence of abstract thinking in adolescence. Baird and Fugelsang (2004) note:

What does the development of counterfactual reasoning mean for the justice system? One direct implication of this model is that young adolescents may lack the neural hardware to generate behavioural alternatives in situations demanding a response. For example, adolescents are more likely than most adults to engage in risk-taking behaviour. While there are a myriad of theories about why this is the case (see Spear, 2002, for an extensive review), one reason for increased risk taking in adolescents might be their inability to generate alternatives and potential outcomes prior to the initiation of behaviour. More specifically, a great number of adults think about driving their cars at excessive speeds, and while some adults do engage in this behaviour, adults are more likely to also envision a number of counterfactual scenarios that vary in their desirability. This is an important component of appreciating potential consequences of actions" (p. 1801).

A major area of development during adolescence is developing counterfactual thinking, with "what if" and "what then" types of cognitive skills. This provides youth with the ability to consider a range of prosocial behavioral alternatives. Most parents find themselves "coaching" their teen regarding thinking about one more aspect of a situation that the adolescent didn't consider. For example, "If you ask your friend Carlos, but not John, to go to the movies, how will John feel"? Or, "If you don't study now, you will be too tired to get up early and do it". ART and similar models seek to facilitate this normal growth by exercises that improve emotional regulation, prosocial and moral reasoning, and relevant social skills. The exercises in the *Being a Pro Workbooks* target issues similar to those described in the above research and also the Roberts 2 (described below).

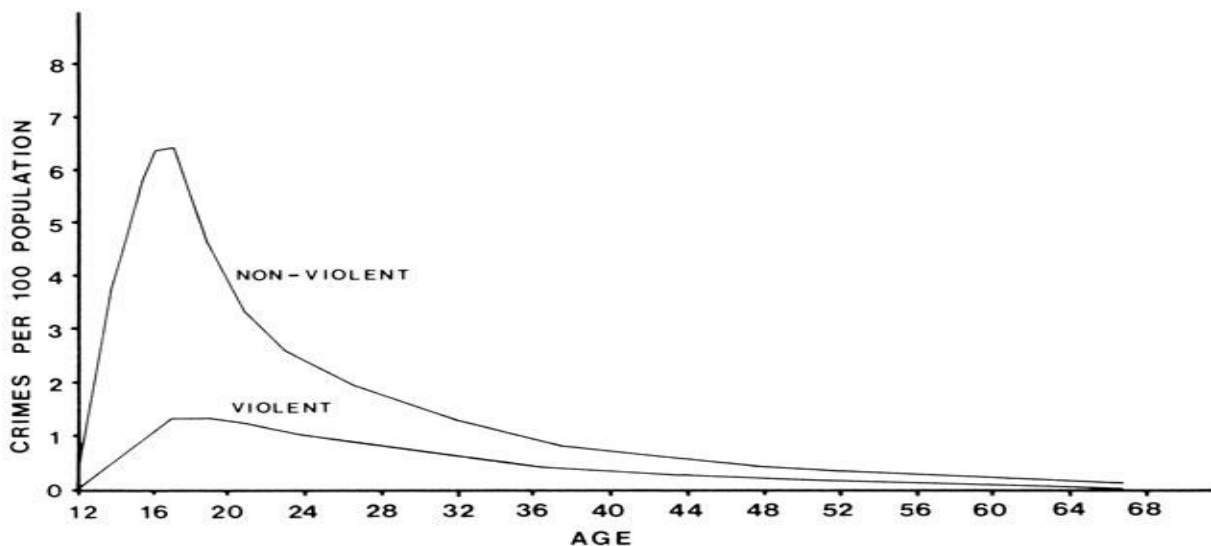
A complementary area of research is described by Dr. Laurence Steinberg in his book "The Age of Opportunity." This book is based on research conducted by Dr. Steinberg and others. He

describes adolescence as an important period of brain changes and plasticity relevant to the development of prosocial behavior. Adolescence is simultaneously a period of:

1. Increased drive and activity of the reward centers of the brain.
2. Increased risk-taking in adolescents.
3. Increased strength, height, weight, and physical abilities.
4. Increased mobility including driving for some.
5. Decreased supervision and controls by parents.
6. Association with risk taking youth, and a strong need to fit in with these peers.
7. Increased access to alcohol and other drugs which decrease inhibition, judgment, and increase risk taking behaviors.
8. A critical period of development of judgment and control centers of the brain to regulate, or put the brakes on impulsive behavior.

Adolescents have all these factors operating simultaneously and make it the stage of life in which harmful behaviors are at their highest. Part of this is reflected in the classic "Age-Crime Curve" (see Figure 1 below) which shows that most crimes are committed by adolescents, but drop off rapidly in early adulthood when brain maturation has progressed especially regarding judgment in areas that apply the "brakes" to behavior. Steinberg notes that the relevant brain development occurs in two regions, the prefrontal cortex and the limbic system. The prefrontal cortex is the main brain area responsible for self-regulation, and the limbic system is responsible for emotion and what the person finds rewarding. Delinquent behaviors can be increased by lack of parental supervision and modeling, use of drugs and alcohol which don't promote behavior regulation, and delinquent peers who can further pressure the youth into delinquent behaviors. Delinquent behaviors can be viewed as contagious.

Figure 1: Crime-Age Curve (Farrington, 1986).



Steinberg describes a related concept, the "accident hump." He notes: "In all cultures and times, the mortality rate among boys spikes a few years after they become adolescents. It's called the "accident hump," and it occurs because the rise in testosterone that takes place at puberty makes

males more aggressive and reckless. That makes them more likely to do things that get them killed, like picking fights or doing risky things on a dare" (pg. 49).

While all these factors can interact synergistically to promote delinquent and antisocial behavior, adolescence is also a period of brain plasticity where there are opportunities for prosocial development which won't be available as much in adulthood. The large "treatment effect size" observed in the delinquency literature regarding prosocial treatment methods in part attests to this, and why treatment approaches such as *Being a Pro* may be of value for this population.

Prosocial Reasoning Changes in Adolescence

An assumption of the *Being a Pro Workbook* is that effective treatment for probation youth requires developmental, neuropsychological evidence-based theory. This section describes relevant contributors to established research and theory in this area. These models by and large have similar characteristics which look at prosocial or moral development through young adulthood as sharing characteristics including developmental stages, increased complexity of stages, and describing the transformation from child to adult moral thinking and reasoning.

Luria was a Russian physician and neuropsychologist who developed his theories over a lifetime of practice, including treating brain injured soldiers in WWII. Luria developed his theories from clinical practice similar to the observational and qualitative techniques that Piaget used. Luria described thought as internalized speech and that children went through stages related to the regulation of behavior. In the first stage parents regulate behavior in infants during their preverbal stage by physical manipulation, that is moving and carrying the child as they need. In the second stage parents regulate behavior in toddlers by verbal commands. A transition begins at ages 3 to 4 where children begin to repeat instructions from adults, use self-talk, and begin to internalize guidelines for eventual self-regulation, including social behavior. At age 4 1/2 to 5 1/2 children transition from overt self-talk to covert self-talk, or thought, in order to regulate behavior.

Piaget was a Swiss biologist and psychologist who developed theories of child development from observational work including his own children. He also studied philosophy and an area known as epistemology, which studies how we know what we know. Piaget identified three stages of moral development. The Premoral stage was from 0 to 3, in which the child had little concept of the rules for morality. The next stage, Heteronomous Morality or Moral Realism was from ages 4 to 10. The child's moral reasoning was governed by external rules. Rules were seen as fixed, unchangeable, and absolute. Outcomes are seen as more important than the motivations of an individual and the consequences of an action determine the severity of the behavior. There is no attempt to fit punishment to the crime. In the stage of Autonomous Morality, from age 10 on, rules are more flexible and can change so long as everyone agrees. Intentions are considered more important than outcomes and relate also to judging the severity of a crime. There is also an attempt to fit punishment to the crime.

Kohlberg's research on moral development was based on Piaget's work. It specified three levels of moral reasoning each of which have two stages of development. His first level was the Preconventional Level. In this level, Stage I was where the physical consequences of action determine goodness or badness. Stage II is what he described as instrumental relativism, that is

what is right takes care of your own needs and sometimes others. The next level, the Conventional Level, had two stages. Stage III involved a "good person" orientation where what is moral is what pleases or is approved by others. Stage IV orientation is that there is respect for authority, a law and order orientation, and rules are followed for their own sake. The third level is the Postconventional Level, that includes Stage V, a social contract orientation, and stage VI the universal ethical principle orientation. Kohlberg's research has been highly influential in a number of areas, including correctional and related psychological theory. A limitation was that the model didn't include practical clinical methods for the assessment of these stages or interventions to promote higher levels of moral reasoning.

A parallel theory was developed by Loevinger and Hy (1996) regarding levels of ego development. There is significant similarity between Loevinger and Hy's, and Kohlberg's theory. The instrument used for this assessment is the Washington University Sentence Completion Test (WSCT) which uses sentence stems. This instrument is readily administered and scored by a trained clinician in contrast to Kohlberg's technique which isn't designed for use in clinical settings, and which is not a practical assessment tool. There is a large body of evidence showing that it is a reliable and valid measure for assessing levels of interpersonal thinking and behavior (Hy & Loevinger, 1996). A description of this theory is in Table 1 below:

Table 1: Loevinger and Hy's Ego Development Model

Name	Level	Impulse Control	Interpersonal Mode	Conscious Preoccupation
Impulsive	2	Impulsive	Egocentric, dependent	Bodily feelings, gratification
Self-Protective	3	Opportunistic	Manipulative, wary	“Trouble”, power, control
Conformist	4	Respect for rules	Cooperative, loyal	Appearances, behavior
Self-Aware	5	Exceptions allowable	Helpful, self-aware	Feelings, problems, adjustment

Note: Adapted from (Loevinger, 1998).

The most frequent stage for younger teens on the WSCT is the Self-Protective level, and for older teens the Conformist level. As the authors note, "Persons who don't develop beyond the Self-Protective level would have trouble in life unless they had very favorable circumstances (Loevinger, 1998). Frank and Quilan (1976) compared 25 Black and Hispanic delinquent adolescent girls with two control groups totaling 50, of non-delinquent girls matched for age, social class, and ethnic background. Many of the girls in both groups were at the Self-Protective level. However, 48% of delinquent girls, and 4% of each of the matched samples had girls at the Impulsive level. Mikel (1974) tested 174 inmates at an adult county correctional facility. Those

at the Impulsive level were described as easily provoked, undisciplined, and impulsive. Those at the Self-Protective stage were seen as gregarious and critical of jail procedures. Those at the Conformists and the Self-Aware levels were seen as adjusted, not rebellious, and dogmatic. The 13% of individuals at the Postconformist levels were seen as truthful and receptive to counseling. Research by Ralph (2015) shows that 71% of youth on the WSCT in a high level residential treatment program for probation youth, fell at the Self-Protective level and 14% were at the Impulsive level. This research also shows the average WSCT went from Self-Protective at the beginning of treatment to Conformist level after finishing treatment with an intervention to increase prosocial reasoning.

Another line of relevant research regards a storytelling test, the Roberts Thematic Apperception Test for Children: 2 (Roberts, 2005). This is similar to the classic projective test, the Thematic Apperception Test. The Roberts 2 involves showing pictures and asking the youth to make up a story that has several elements including what was going on before, what are people thinking and feeling now, and what is the outcome. A sample picture is shown in Figure 1. Unpublished research was done by the author with the Roberts 2 with probation and normative samples. The research showed probation youth were, on average, four years behind the level of social reasoning compared to non-probation youth. The samples were matched for age and ethnic group. The indices used were regarding Problem Identification and Problem Resolution. A small group of youth with sexual offenses (N = 10) was even lower than the general probation group. Probation youth used Level I regarding Problem Analysis and Problem Resolution more often. Nonprobation youth in contrast used Level 4 regarding Problem Analysis and Problem Resolution more. The definitions of these levels are shown below:

- **PROBLEM IDENTIFICATION**
- **Problem Identification 1, Recognition (PID1):** Simple recognition of feeling or behavior without preceding factors. A problem is not really defined or articulated.
- **Resolution 1, Simple closure or easy outcome (RES1):** A simple, easy, elliptic resolution of the problem, no intervening steps, e.g., "They lived happily ever after", "Then everything is good", or "Then they were friends."
- **PROBLEM RESOLUTION**
- **Problem Identification 4, Definition (PID4):** Conflict or problem described with explanation of reasons for feelings and behavior. Description of the prior circumstances, and the internal process is elaborated.
- **Resolution 4, Process described resolution of feelings & situation (RES4):** Process is included and described in the constructive resolution of the problem situation. The related feelings are addressed and resolved.

With this measure, not only older teens score higher than younger teens, but probation youth score lower than non-probation "community" youth. Similar to the developmental theories of Piaget and Kohlberg, successive levels in Roberts research shows increasing complexity and differentiation regarding problem analysis and resolution. The treatment approaches described in

the *Being a Pro Workbook* specifically are targeted to promote higher levels of problem identification and problem resolution described by the Roberts 2.

A new assessment instrument developed by the author contributed to the *Being a Pro* model. This is a test of prosocial reasoning using story vignettes which obtain subject responses by interviewing them or alternatively having them complete the material by writing responses. The test is called the Prosocial Reasoning Outcomes (PRO). Youth are presented with story vignettes, and an example is shown below in Table 2. Six questions are answered as follow-ups for each of the given vignettes. The answer to each question is rated. Some sample answers from youth are in Table 2, the first one reflecting a less sophisticated, and the second a more sophisticated youth in terms of their answers. The differences are particularly clear when the youth are asked to consider “what-then” type of thinking in their responses to the last question, "What might happen then?"

Table 2: Juan's Problem

Juan is a 16-year-old whose parents left him at home for the weekend. His parents will check in with him by phone regularly. The parents told him he could go out with some male friends the parents knew and trusted, but no one else. Nobody could come in or over to the house. After his parents left for the weekend, a girl Juan likes called him. She heard his parents were gone for the weekend and said she was going to drop by at dinner time, just say "hi" and bring a pizza.

**Prosocial Reasoning Outcomes Example 1
(Questions in plain text and youth responses in bold italics.)**

Why would Juan tell her it's OK to come over?

To hang out, probably to do stupid stuff, or have sex.

How would he feel if he did this?

Guilty.

What might happen?

He would get in trouble and his parents might not trust him.

Why would Juan tell her it's not OK to come over?

Because he doesn't want to get in trouble and knows it's the right thing to do.

How would he feel then?

He would feel proud of himself.

What might happen then?

I don't know.

**Prosocial Reasoning Outcomes Example 2
(Questions in plain text and youth responses in bold italics.)**

Why would Juan tell her it's OK to come over?

Because it's probably the girl he likes and doesn't want to say no to her.

How would he feel if he did this?

He'd feel good because he's hanging out with a girl he likes and having pizza with her.

What might happen?

They might probably kiss.

Why would Juan tell her it's not OK to come over?

Because his parents gave him a specific rule and he doesn't want to disobey them.

How would he feel then?

He'd feel good because he didn't disobey his parents.

What might happen then?

His parents might trust him more and possibility that he might get a few more privileges than he already has.

The answers of youth are rated on the PRO as falling into one of three levels of prosocial reasoning. The levels are described below.

Prosocial Reasoning Outcomes (PRO):

Levels and Scoring

- **1-Concrete:** Simplistic or concrete description of feelings, rules, motives, outcomes, or consequences. Simplistic resolution of problems or feelings (e.g., "He is happy", "OK now"). Gratification of impulses prominent, or being overwhelmed, or helpless.
- **2-Normative:** Provides some context, contingencies, complexity, or alternatives. Perceiving and acting based on conventional rules, roles, and expectations of general society that are more than peer group values.
- **3-Principled:** Clear description of ambivalence, and alternatives, regarding feelings, rules, motives, outcomes, or consequences. Articulates concepts and/or steps regarding prosocial resolutions of problems and/or feelings.

A study was done having two raters score the same set of responses and results indicate the inter-rater reliability was acceptable, and indicated that independent raters would score youth at similar levels.

Consistent with the research discussed above, each stage represents a more sophisticated or complex level of responding than the lower one. The research is summarized in the table below. The PRO has characteristics you would expect from a developmental measure of prosocial reasoning which include:

- **Age Effect:** Older youth score higher.
- **Group Effect:** Differentiates between average and two separate clinical populations.
- **Treatment Effect:** Shows higher scores related to: 1. prosocial treatment and also 2. time in treatment.
- **Correlates:** 1. Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II), 2. GSI or total score scale on Symptom Checklist 90-R (SCL-90-R), and 3. The Total score on the Child Behavior Checklist (CBCL). Lower scores on the PRO correlate with higher scores on these measures.

- **No Gender Effects:** Boys and girls in a nonprobation high school population didn't differ significantly in scores.

To elaborate, this means with the PRO, older teens score higher than younger teens. Also it differentiates in rank order a sample of nonprobation high school youth (NPHS), from both a moderate-level residential JSO treatment program (MLJSOP), and also a higher level residential JSO program (HLJSOP). That is when scores were compared, NPHS > MLJSOP > HLJSOP. The NPHS had the lowest score and the HLJSOP had the highest score. The measure also shows the effects of treatment, in terms of a prosocial intervention, ART, and also in addition the time the youth spent in residential treatment. Also the difference between the NPHS and the MLJSOP programs was equivalent to a 5.1 year difference on this measure, about what the age estimates between delinquent teens and matched nonprobation teens was described with the Roberts 2. In addition the PRO total score correlates with the JSORRAT-II and the total score indices on the SCL-90-R and the CBCL, measures of sexual recidivism risk and psychiatric symptomatology, respectively. No gender effects were evident in the high school sample which included about half girls.

This research with the PRO, though modest, contributed to my understanding of prosocial development in teens and of changes that occur. Teens' responses to the PRO, similar to the Roberts 2, were very close to the types of responses teens would give in counseling. Also the fact that significant increases in PRO occurred, even with a small sample, using the ART intervention, encouraged me to see if we might promote the same changes with a more economical and user-friendly approach embodied in the *Being a Pro Workbook*.

The Washington Sentence Completion Test, the Roberts 2, and the Prosocial Reasoning Outcomes are what are called projective tests, in that they obtain an actual sample of the youth's thinking and reasoning which requires a trained rater to score. With each of these tests, there is a match between test results and what the counselor can observe in counseling the youth. This is important because it gives the counselor a measure that has theoretical and research support, but is also useful as a way of understanding the youth in real life counseling relationships. In my own experience doing counseling, the level of prosocial thinking I am seeing when interviewing youth matches what I see on these tests. As noted above in the discussion of theories, it is important to have good matches between actual, clinical "real life" experiences, and the theory of development and treatment, in the same way that a good map gives us of you that matches the actual geography to help us travel to our destination.

This is also important because research shows that the level of prosocial reasoning is an important psychological factor related to criminal behaviors and recidivism. Likewise research indicates that if we are able to work with the youth to increase the level of prosocial reasoning, this will have beneficial outcomes in terms of criminal behavior and psychiatric symptoms.

There are several other related models of development summarized in the table below. Both Peck's and Perry's work are particularly notable because they provide detailed, and therefore grounded, case examples of adolescent and young adult functioning to complement their theory and research.

- R. Peck, *The psychology of character development*, 1960
Character types related to different developmental stages: Amoral (infancy), Expedient (early childhood), Conforming (later childhood), Rational-Altruistic (adolescence and adulthood). Detailed and textured study using interview, multiple informants and sources, and projective data.
- William Perry, *Intellectual and ethical development during the college years*, 1968
Nine stages development from dualistic (good/bad) to post-relativistic orientation.
- N. Ralph, *Stages of faculty development*, 1978
5 Stages of complexity in faculty role which correlated .87 with Loevinger & Hy's measure of ego development.
- N. Ralph, *Learning psychotherapy: a developmental perspective*, 1980
Qualitative research described four stages in the development of learning psychotherapy, learning the role of counselor, a client centered approach, a relationship centered approach, and counselor centered approach.
- Little and Robinson, *Moral Reconciliation Therapy* (1988)
A sixteen step program based on Kohlberg's moral reasoning theory which increases moral decision-making skills.
- Eisenberg's *Levels of Prosocial Moral Reasoning*, 2005
The Prosocial Reasoning Objective Measure (PROM). Eisenberg defined five stages of prosocial reasoning: (1) Hedonistic (self-focused) orientation, (2) Needs of others' orientation, (3) Stereotyped and approval-focused orientation, (4a) Empathic orientation, (4b) Transitional level, and (5) Internalized orientation.

Current research as summarized above indicates that there is an expected progression in the development of thinking regarding social relations, planning, and judgment during adolescence. This can be summarized as the development of prosocial thinking. Prosocial thinking and behavior has definite advantages for effective functioning in all cultures. Normatively most adolescents develop more prosocial thinking as they get older, and prosocial treatment approaches can facilitate this in probation youth as described below.

Relevant Evidenced-Based Therapies

There are several evidence-based treatment (EBT) models used for probation youth. The *Being a Pro* model, though similar, was developed separately from these models. A brief examination of these EBT models help highlight the characteristics of *Being a Pro* model in contrast to others. One such model is Dialectical Behavior Therapy (DBT) that shares similarities to the model articulated in "*Being a Pro*." Most recently, Rathus and Miller (2014) presented this approach in their book, "*DBT Skills Manual for Adolescents*". The book has a forward by Marsha Linehan and is based on her work which developed this model. Her model has influences from cognitive behavioral therapy (CBT), but also Buddhist meditative and mindfulness practices and the dialectical theory of Hegel. DBT views conditions such as suicidal behaviors, eating disorders, and problem drug and alcohol use, as a consequence of emotional dysregulation. Emotional

dysregulation is characterized by deficits or immaturity in prosocial skills including social relations, self-regulation, and distress tolerance, which may be influenced by familial and environmental factors which may affect the development of these skills. DBT skills promote better functioning in these areas. One module, for example, focuses on what it described as core mindfulness which deals with problems with emotional awareness, attentional control, and reducing suffering. Another module focuses on "walking the middle path" which addresses polarized and rigid thinking, conflict resolution problems, self and other invalidation, and interpersonal effectiveness. In "Dialectical Behavior Therapy with Suicidal Adolescents" (Miller & Rathus, 2007) the authors describe their treatment model as helping youth overwhelmed with dysphoric feelings. This model helps youth to tolerate the distress, and use higher level skills to cope with emotional challenges without utilizing harmful behaviors. Biological, familial, life history, and environmental factors contribute to the vulnerability of adolescents. This approach promotes emotional and interpersonal development in vulnerable adolescents towards more prosocial ways of coping. Rathus, and Miller (2014) cite substantial research with adolescents supporting the effectiveness of this approach, but outcome research with this model with adolescents on probation is pending, and randomized trials are in progress.

An approach related to DBT is Mode Deactivation Therapy, described by Bass and Apsche (2014). This approach has its origins in CBT theory and practice. The term "mode deactivation" is derived from Beck and Steer's (1996) concepts related to CBT. The model has similarities to DBT and other cognitive behavioral methods and targets externalizing behaviors. Its method acknowledges the youth's emotional distress and helps develop more adaptive cognitive constructs, and emotional regulation. It promotes mindfulness, and also defusion, which is described as enabling the adolescent to tolerate distressing emotions. The model helps youth develop more adaptive emotional regulation and where possible collaborates with parents or caregivers for the youth. Similar to DBT, it identifies emotional dysregulation and promoting more functional styles as a target for treatment. An emphasis is placed on practicing coping strategies and behaviors in the real world. There is a substantial research supporting the efficacy for this treatment method including randomized trials (Bass & Apsche, 2014).

In this last section I will discuss findings from two prosocial treatment models which like the Prosocial Model described here, are designed to promote moral or prosocial reasoning. These are Aggression Replacement Training (ART) (Goldstein, Glick, & Gibbs, 1998), and Moral Reconciliation Therapy (MRT) (Little & Robinson, 1988). We have reviewed in the above section developmental changes that occur in adolescence regarding prosocial reasoning, and how they are related to delinquent behaviors. ART and MRT provide treatment models for increasing prosocial reasoning. We will discuss ART and then MRT. The term "aggression" in ART is somewhat misleading, since it could be better described as promoting prosocial reasoning and social skills in youth. ART has three modules, which are: Social Skills, Moral Reasoning, and Anger Control. ART not only includes a developmental model of prosocial reasoning, but also specific techniques and strategies to improve them. The ART Model uses a variety of evidence based strategies. The treatment is conducted by an adult who role models prosocial functioning, and is looked up to by the youth. It is also an adult who the youth has affinity with and believes they can collaborate with. In the Social Skills module, learning of the concepts takes place in stages. First the material is explained to the youth by an adult. The youth is given relevant exercises to begin to master the material and make it part of their cognitive and behavioral

schemas. After a roleplaying scenario is presented to the youth, then the youth uses self-talk to begin to internalize it. Then they practice the roleplaying scenario to begin to develop the social and behavioral skills associated with the task, then they do an actual role-playing, and get feedback. The final part is for the youth to internalize these skills and practice them in the real world, and get feedback from the group to improve. The ART model also benefits from the group format which also uses group consensus to influence the group generally and the individual specifically in a prosocial direction. The goal is to create a prosocial climate in the group. ART has been validated in numerous outcome studies (Goldstein, Nensen, Daleflod, and Kalt, 2004) showing a reduction in recidivism. Related models are the Prepare Curriculum: Teaching Prosocial Competencies (Goldstein, 1999) and Thinking for a Change developed by Bush, Glick, and Taymans (1997). Amendola and Oliver (2010) report ART is a "Model Program" for the United States Office of Juvenile Justice and Delinquency Prevention and the United Kingdom Home Office. They also note it is classified as a "Promising Approach" by the United States Department of Education. Washington State found ART to be the most cost effective treatment for probation youth (Washington State Institute for Public Policy, 2004).

MRT was developed by Robinson and Little (1988). Like ART, the model was inspired by Kohlberg's theory of moral development. As described above, this theory has three stages of morality, the preconventional, the conventional, and postconventional. At the preconventional level common in children, morality is based on what addresses the needs of the individual and the direct consequences of an action. Little and Robinson (1988) note offenders have low levels of moral development and inability to delay gratification. MRT's goal is to move offenders from lower hedonistic levels of moral reasoning to a higher levels where social rules and rights of others are important. They cite Stams et al. (2006) who found that juvenile delinquency was strongly associated with developmentally delayed moral judgment even when controlling for age, gender, socioeconomic status, and intelligence. Gibbs et al. (2007) had similar findings with moral judgment delays for delinquent youth compared to controls. The treatment program uses a workbook whose goal is to increase the level of moral reasoning by a 16 step system of chapter exercises done in group setting. Youth can start this group-based intervention any time. The model involves challenging the belief systems of those at lower levels of moral development. Participants learn to identify dysfunctional belief systems that in turn have led to dysfunctional and criminal behaviors. The juvenile workbook identifies "steps to freedom" corresponding to the workbook chapters. For example, Chapter One is titled, "Admitting Disloyalty, Giving up the Lie", in which group members identify issues like how they got on probation, admitting that they been dishonest, committing to practicing honesty in the group, and making some positive commitment to changing their life. Step two involves trusting yourself and others and identifying problems and challenges the person faces, behaviors that contribute to problems, and important goals in their life.

Ferguson and Wormith (2013) reviewed existing literature and conclude that MRT is effective in reducing recidivism across a variety of forensic population and age groups, including juveniles. Their summary of the literature notes that MRT participants recidivate at one third the rate compared to a comparison group of offenders. MRT with juveniles has been shown in several studies to increase moral reasoning levels. Burnette, et al. (2003) in a study of 33 teens in a residential setting, reported "...desirable changes in sensation seeking and moral reasoning scores over the course of treatment." (pg. 2). Burnette, et al. (2004), reported in a study of 23 juveniles

in a residential program, "Results showed that participants showed significantly lower antisocial characteristics, significantly less problem areas, and significantly lower levels of the lowest stage of moral reasoning as a consequence of program participation." (pg. 14).

The Prosocial Model described in the *Being a Pro Workbook* uses strategies similar to those used by ART and to an extent MRT, as well as other evidence based interventions. Like ART it uses similar evidence-based developmental theory relevant for probation youth. *Being a Pro* has the counselor model a prosocial relationship with the youth, to give him a real life example of prosocial behavior as well as increase their affinity to the model. Information about how to have prosocial and empathic relations can best be taught by someone who behaves prosocially and demonstrates accurate empathy. Lessons are more likely to "stick" with the teen if taught this way by someone who the youth has a therapeutic alliance and rapport with. Also in the last five sessions the prosocial reasoning skills are practiced in the real world, and brought back for review and adjustments. This follows neuropsychological theory regarding cognitive development, including that learning takes place by stages in which limited concepts and skills are acquired and mastered, combined with others into larger behavioral schemas, elaborated by practice in the real world, and become part of the "firmware" of the nervous system and habits the youth continues to use because they are beneficial. Using principles of neuropsychological development, the youth's current level of prosocial reasoning is challenged by presenting options and strategies at more sophisticated level. This simulates the natural mechanism whereby development occurs. The *Being a Pro* model as part of its design and using concepts like the proximal zone and pacers, uses a set of exercises or challenges, that will likely promote the youth to develop higher levels of prosocial reasoning.

A final area of research, reflected in studies by the author (Ralph, 2015) is qualitative research done with youth who have gone through treatment with ART. In two separate focus groups reported in two publications, I was struck with the clarity and simplicity in which youth could describe the beneficial impact of this treatment approach. The majority of youth could identify that the value of this method was to stop and slow down and not respond reactively to situations. Youth could clearly identify that the Reactive Model which I described above does not work for many situations and caused problems for them in the past. They would have a reaction to a situation, then act impulsively, and then experience consequences they did not like. Their first reaction was frequently not their best one, such as getting mad and swearing at a parent or probation officer. Only after they could stop were they able to think through the situation. Then they were able to describe a situation more thoroughly and more easily to identify "pluses and minuses" and the cost/benefits calculations of a situation. Then they could make intelligent choices and options that had the best outcomes for them and for others, and did not violate rules or laws. The ART intervention helped them slow down emotional and behavioral reactivity, think things through better, and develop more adaptive prosocial choices. This helped the youth get along better with others, and feel better about themselves. The quantitative results from these studies in addition to the findings from the focus groups was a major influence in developing the Prosocial Model. It was a useful lesson that if you ask youth clearly what they get out treatment, they can give you unexpected and useful answers. This approach using qualitative methods and collaboration with research subjects can also be part of good research.

References

- Amendola, M., & Oliver, R. (2010). Aggression replacement training stands the test of time. *Reclaiming Children and Youth*, 19, 47-50.
- Apsche, J., & DiMeo, L. (2012). *Mode Deactivation Therapy for Aggression and Oppositional Behavior in Adolescents an Integrative Methodology Using ACT, DBT, and CBT*. Oakland: New Harbinger Publications.
- Baird, A., & Fugelsang, J. (2004). The emergence of consequential thought: Evidence from -- neuroscience. *The Philosophical Transactions of the Royal Society*, 359, 1797-1804.
- Bass, C.K. & Apsche, J.A. (2014). Update and review of mode deactivation therapy family and individual meta-analysis. *International Journal of Behavioral Consultation and Therapy*, 9(1), 39-42.
- Beck, A., & Steer, R. (1996). *BDI-II, Beck depression inventory: Manual (2nd ed.)*. San Antonio, Tex.: Psychological Corporation.
- Borduin, C.M., Schaeffer, C.M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting & Clinical Psychology*, 77, 26-37.
- Bowser, B. (2004, July 14). The Teen brain. Retrieved from http://www.pbs.org/newshour/bb/science/july-dec04/brain_10-13.html
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., & Little, G. L. (2003) Effects of MRT on male juvenile offenders participating in a therapeutic community program. *Cognitive-Behavioral Treatment Review*, 12, 2, 2-5.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., Robinson, K. D., & Little, G. L. (2004). Treating Youthful Offenders with Moral Reconciliation Therapy: A Recidivism and Pre- Posttest Analysis. *Cognitive Behavioral Treatment Review*, 3, 14-15.
- Bush, J., Glick, B., & Taymans, J. (1997). *Thinking for a change: Integrated cognitive behavior change program*. Longmont, CO: National Institute of Corrections.
- Cortoni, F. (2010). Directions in treatment practices with sexual offenders. ATSA 29th Annual Research and Treatment Conference. Phoenix, AZ. Retrieved 11/08/10 from www.atsa.com/pdfs/ConfHO2010Cortoni.pdf.
- Eisenberg, N., Cumberland, A., Guthrie, I. K., Murphy, B. C., & Shepard, S. A. (2005). Age Changes in Prosocial Responding and Moral Reasoning in Adolescence and Early Adulthood. *Journal of Research on Adolescence?: The Official Journal of the Society for Research on Adolescence*, 15(3), 235-260.

- Farrington, D. (1986). Age and crime, in Tonry, M. & Morris, N. (eds), *Crime and justice: An annual review of research*. Chicago: University of Chicago Press: 189–250.
- Ferguson, L. M., & Wormith, J. S. (2013). A meta-analysis of moral reconnection therapy. *International Journal of Offender Therapy and Comparative Criminology*, 57:1076-106.
- Frank, S., & Quinlan, D. (1976). Ego development and female delinquency: A cognitive-developmental approach. *Journal of Abnormal Psychology*, 85: 505-515.
- Gibbs, J. C., Basinger, K. S., Grime, R. L., & Snarey, J. R. (2007). Moral judgment development across cultures: Revisiting Kohlberg's universality claims. *Developmental Review*, 27, 443-500.
- Goldstein, A. (1999). *The prepare curriculum: Teaching prosocial competencies*. Champaign, IL: Research Press.
- Goldstein, A., Glick, B., & Gibbs, J. (1998). *Aggression Replacement Training (Rev. Ed.)*, Champaign, IL: Research Press.
- Goldstein, A., Nensén, R., Daleflod, B., & Kalt, M. (2004). *New perspectives on aggression replacement training: Practice, research, and application*. West Sussex: Wiley.
- Hy, L., & Loevinger, J. (1996). *Measuring ego development*. Mahwah, N.J.: Erlbaum.
- Little, G. L., & Robinson, K. D. (1988) *Moral Reconnection Therapy: a systematic, step-by-step treatment system for treatment resistant clients*. *Psychological Reports*, 62, 135-151.
- Loevinger, J (Ed).. (1998). *Technical Foundations for Measuring Ego Development the Washington University Sentence Completion Test*. Hoboken: Lawrence Erlbaum Associates.
- Loevinger, J. and Wessler, R. *Measuring Ego Development*. San Francisco: Joseey-Bass, 1970.
- Lymbic resonance. (2015, June 13). Retrieved August 20, 2015, from http://en.wikipedia.org/wiki/Limbic_resonance
- McLeod, S. (2012). Bruner - Learning Theory in Education | Simply Psychology. Retrieved August 20, 2015, from <http://www.simplypsychology.org/bruner.html>.
- Mikel, E. (1974). Preliminary research studies of character development among imprisoned offenders. Unpublished manuscript, Washington University, St. Louis, MO.
- Miller, A., & Rathus, J. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press.
- Miller, W., & Rollnick, S. (2012). *Motivational interviewing: Helping people change (3rd ed.)*. New York: Guilford.

- Peck, R. (1960). *The psychology of character development*. New York: Wiley.
- Perry, W. (1968). *Forms of intellectual and ethical development in the college years: A scheme*. U.S.A.: Holt, Rinehart & Winston.
- Powell, K. (2013, May 9). *Holistic, Strengths-Based Approach for Working Effectively with At-Risk Youth*. CCOSO Conference, San Ramon, CA.
- Ralph, N. (1978). *Faculty Development: A Stage Conception*. *Improving College and University Teaching*, 61-63.
- Ralph, N. (1980). *Learning psychotherapy: A developmental perspective*. *Psychiatry*, 43, 243-250.
- Ralph, N. (2015). *A Follow Up Study of a Prosocial Intervention for Juveniles who Sexually Offend*. *Sex Offender Treatment*, 1-17.
- Rathus, J., & Miller, A. (2014). *DBT skills manual for adolescents*. New York, New York: Guilford Press.
- Roberts, G. (2005). *Roberts Thematic Apperception Test for Children: 2*. Los Angeles, Western Psychological Press.
- Rogers, C. & Farson, F. (1987). *Active listening*. In R.G. Newman, M.A. Danzinger, M. Cohen (Eds.), *Communicating in Business Today*. D.C. Heath & Company.
- Stams, G. J., Brugman, D., Dekovic, M., van Rosmalen, L., van der Laan, P., & Gibbs, J. C. (2006). *The moral judgment of juvenile delinquents: A meta-analysis*. *Journal of Abnormal Child Psychology*, 34, 697-713.
- Steinberg, L. (2014). *Age of Opportunity: Lessons from the New Science of Adolescence*. New York, New York: Houghton Mifflin Harcourt.
- Washington State Institute for Public Policy (2004). *Outcome evaluation of Washington State's research-based programs for juvenile offenders*. p 1-20, Document number: 04-01-1201.
- Watson, M. (2002). *Theories of Human Development*. Chantilly, Virginia: The Teaching Company.