University of Alberta

Understanding the Therapeutic Alliance in Young Offender Treatment through the Experiences of Male Youth

by

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Dedication

This thesis is the result of the hard work and dedication of so many people that it hardly seems fair to include my name as the sole author. Without the constant support and encouragement from my wonderful husband as well as the smiles, laughter, and joy that my amazing son brings to each day, there is no way I would have kept my sanity long enough to complete this program. I could not be where I am without you two, and I am so blessed that you have accompanied me on this crazy journey. As a mother, it would have been impossible for me to go to graduate school without somebody to take care of my son every day (and more early mornings and late evenings than I would like to remember). My amazing family took care of my son, my husband (when I was not home to cook), and my mental health. I owe you more than you understand and I am eternally grateful for all the time, energy, and love you have given to me over the last two years. This thesis, therefore, is dedicated to my husband Gregory, my son Micah, my parents Robert and Terri, my mother-in-law Shelagh, and my sister-in-law Emilia.

Abstract

Therapy with youth involved in the criminal justice system presents a variety of challenges. Especially challenging is the establishment of a therapeutic alliance, which psychotherapeutic research shows is a strong predictor in the success of therapy. The purpose of this study was therefore to investigate the therapeutic alliance in young offender rehabilitation. A qualitative approach was used and semi-structured interviews were conducted with four young offenders. Interpretative Phenomenological Analysis yielded three major themes and the study concluded that building a therapeutic alliance within a young offender population is a complex process, but that youth have a stronger relationship with therapists who engage them using active therapeutic tasks, foster the establishment of an emotional bond, and collaborate on the progress of sessions. These results provide useful information for the development and improvement of young offender treatment.

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Introduction

With the introduction of the Youth Criminal Justice Act (YCJA) in 2003, the Canadian government intended to reduce the rates of youth incarceration by providing the courts with alternative or community based sentences and addressing the underlying issues that lead to offending behaviour (*Youth Criminal Justice Act*, 2003). The YCJA focused on rehabilitating and reintegrating youth into the community and providing access to extrajudicial measures such as counselling and rehabilitation programs aimed at specific offender needs as opposed to the more general programming provided by young offender centers. Additionally, without effective treatment the risk of recidivism increases, with annual costs to Canadians reaching an estimated $31.4 billion (police investigations, court, correctional services, etc.) (Zhang, 2008) and inestimable personal costs to offenders and their victims. Additionally, in a study of convicted offenders between the ages of 18 and 25, 60% of them were recidivists with at least one previous conviction in either adult or youth court (Thomas, Hurley, & Grimes, 2002). Among the group of recidivists, 78% had multiple prior convictions with a mean number of 4.2. Young offenders, partly due to the fact that they start offending at a younger age, are the most frequent recidivists.

While the need for effective psychological treatment of young offenders is clear, doing so is not without challenges. Foremost is the development and maintenance of a therapeutic alliance (Matthews & Hubbard, 2007). Although we know the therapeutic alliance is a potent influence on the outcome of counselling with adults, it has been largely overlooked in the research on young offender

therapy. The purpose of this phenomenological study is therefore to describe the experience of the therapeutic alliance for male young offenders. Consistent with the Interpretative Phenomenological Analysis (IPA) methodology (Smith & Osborn, 2003), this study does not attempt to confirm predetermined hypotheses, but will instead explore the experience of the therapeutic alliance from the perspective of young offenders. It attempts to answer the question "how do young offenders experience the therapeutic alliance?" In addition, three sub-questions will be explored: (1) what were the most meaningful aspects of the participant's alliance with his counsellor(s)?; (2) how did the alliance contribute to the participant's involvement in counselling sessions?; and (3) what is the individual's reaction to and behaviour in a counselling interview-type setting? The goal of this study is to identify the aspects of the youth alliance that can help practitioners to improve their relationship with youth. This study relies upon IPA to develop an understanding of youth's experiences of the therapeutic alliance. This methodology is used extensively in the social sciences to explore and interpret individuals' personal perceptions of a particular experience and the meaning that experience holds for them (Smith, 2003).

Position of Researcher

I am a Master's student in the counselling psychology program at the University of Alberta. My counselling experience before entering graduate studies was primarily focused on young offender treatment. Specifically, I was a forensic counsellor in Counterpoint house, a residential treatment program for adolescent males convicted of sexual offences. It was the experiences that I gained in this

role that first opened my eyes to the unique needs of youth and the barriers that surround establishing a therapeutic relationship with adolescent offenders. While their individual needs varied, I observed several common themes: broken relationships with caregivers, few social supports, social difficulties, and reluctance to trust others. Additionally, I have observed that the therapeutic alliance with youth is fragile and can easily be ruptured or even broken if the youth perceives hypocrisy or disrespect on the part of the therapist. It also became apparent to me that the youths' experience of the alliance was different from my own and that there was a lot of improvement that I could make to my abilities as a counsellor if I better understood the alliance from the perspective of the youths themselves.

Review of Relevant Literature

Therapeutic Alliance

Research on the therapeutic alliance has a long-standing history within psychotherapy (Horvath & Symonds, 1991; Shirk & Karver, 2011). When fledgling therapists begin training, there is an emphasis on establishing a therapeutic alliance with clients as both necessary and sufficient for a significant amount of therapeutic change (Brew & Kottler, 2008). Defined as "[capturing] the collaborative element of the client-therapist relationship and [taking] account of both therapist's and client's capacities to negotiate a contract appropriate to the breadth and depth of the therapy" (Horvath & Symonds, 1991, p. 139), the therapeutic alliance has been called by many different names in the research literature, including working alliance, client-therapist relationship and alliance. All these terms however refer to the same central concept, and the term 'therapeutic alliance' will be used throughout this thesis. An effective and positive therapeutic alliance contains three components: mutual goals between the therapist and the client, a bond felt by the client with the therapist, and therapeutic tasks that make sense and are found useful by the client (Bordin, 1979). Therapist characteristics associated with a positive alliance are genuineness, acceptance, and empathy (Matthews & Hubbard, 2007). The therapeutic alliance is found to have a link with positive and negative outcome of therapy with a weak therapeutic alliance predicting premature termination and a strong alliance predicting client retention and symptom reduction (Zack, Castonguay, & Boswell, 2007).

Within the body of quantitative research on the therapeutic alliance, a variety of rating scales have been used. These scales can be completed by the therapist, the client or an observer, with client rating scales being most highly correlated with outcomes in therapy (Horvath & Symonds, 1991). This quantitative approach to measuring the therapeutic alliance has provided a solid base for a qualitative exploration of the phenomenon, providing insight into a particularly salient area of interest. If clients' ratings of the therapeutic alliance are the best predictor of the outcome of therapy, what is their experience of this relationship? The answer to this question would serve to expand on what is known about the alliance, and enlighten therapists about what helps or hurts the establishment of a relationship.

Youth alliance. Much like its adult counterpart, the youth alliance has a long history in psychotherapy (Shirk & Karver, 2011; Shirk, Karver, & Brown, 2011). The research on the youth alliance, while falling short of the adult alliance literature, has recently begun to gain popularity and the body of research is growing (Constantino, Castonguay, Zack, & DeGeorge, 2010). Within the research, there is support for a robust link between the development of a therapeutic alliance and positive outcomes in therapy (Zack et al., 2007; Robbins et al., 2006). Results thus far indicate that the relationship between youth alliance and outcome is comparable to the results obtained in adult alliance research (Shirk & Karver, 2003). This means that the youth alliance probably influences treatment outcomes through changing the relationship between youth and therapist (Karver, Handelsman, Fields, & Bickman, 2005). Just as important,

however, is the consideration that there are a number of differences between the youth and adult alliance (Shirk & Karver, 2011). For example, there is a stronger emphasis on the collaborative component of the relationship for youth who lack positive relationships with adults, and they are more likely to view the therapist as "someone who can be counted on for help with emotional or behavioural problems" (Shirk & Karver, 2011, p. 5). Above everything else, the research indicates that the relationship between youth and therapist matters (Zack et al., 2007).

A number of challenges make the development of the youth alliance more difficult than for adults. For example, youth do not typically self-refer for therapy and they are not always aware of their referral problem (McLeod, 2011). Due to this lack of awareness of psychological problems and parental referrals, engaging youth in an alliance relationship can be a particularly difficult, yet vital, factor in the positive outcomes of therapy (Shirk & Karver, 2011). Another challenge is the involvement of parents, teachers, guardians, and other family members in the therapeutic process. Often, the goals of caregivers and the youth diverge, making collaboration difficult for the therapist. There are also a number of personal characteristics that might impact the formation and maintenance of the alliance, although there has been scant research in this area (McLeod, 2011). Specific to adolescence is an augmented desire for autonomy, the centrality of peer relationships, and the belief that adults are incapable of understanding adolescent experiences. When an alliance is established, however, youth involvement in therapeutic tasks increases (Shirk & Karver, 2011).

Even though there are obvious differences between the adult and youth alliance, most research to date has utilized an adult model of the alliance in application with youth (Zack et al., 2007). In fact, a unified definition of the youth alliance has yet to be established (Shirk & Karver, 2011). The definition is typically within a relational context (Karver et al., 2005) involving an emotional connection (e.g., bond, mutual positive regard, supportiveness), a cognitive connection (e.g., agreement on goals or positive working relationship), and the behaviour of the client toward the therapist (e.g., noncompliance, negativity, distorting information). This lack of consensus when defining the youth alliance has led to some confusion around the measurement of the youth alliance and, while a number of measures have been established, there is disagreement on whether they are all measuring the same phenomenon.

These gaps in the youth alliance literature highlight a necessity for further research in this area (Elvins, & Green, 2008). However, because it is not possible to understand a relationship from only one perspective, it is important to understand how youth view the alliance and their experience around the formation of an alliance with a therapist. Shirk and Karver (2003) discuss the possibility that youth are not the most accurate judges of the alliance because they lack the social or cognitive skills of adults. They suggest that these differences in rating ability might also be due to the measures that have been used and argue that research on the youth alliance should implement observational methods. Additionally, McLeod (2011) suggests that the alliance would be most accurately measured at multiple points prior to the end of treatment. He also argues that different

methodologies and research designs are necessary to increase the understanding of the role the youth alliance plays in the outcome of psychotherapy. Taken together, a qualitative format implementing interviews instead of a quantitative survey method, involving follow-up sessions and observational strategies, is a promising step forward in youth alliance research.

Young Offender Therapy

Young offender therapy presents some unique difficulties. First and foremost is the time sensitive nature of the process. Youth are typically only able to access treatment for the duration of their sentences, limiting the window to establish a relationship and increasing the risk of recidivism for young offenders. Additionally, youth may choose to avoid mental health services during their time in young offenders centers due to the image it will create for them; asking for help is viewed as being vulnerable and weak (Woodall, 2007).

The youth alliance has a small but growing body of research and there are a number of important areas in need of further exploration. When taken in consideration with the goals of the YCJA, specifically the attempt to provide extrajudicial measures and alternatives to jail time and a focus on addressing the underlying issues that lead to offending behaviour (*Youth Criminal Justice Act*, 2003), it would seem that the development and maintenance of an alliance between a therapist and a young offender is paramount to serving the needs of this population. Surprisingly, however, there has been a minimal amount of research investigating the impact of alliance on outcome within this demographic

(Matthews & Hubbard, 2007). Research thus far has put more attention on treatment method, treatment setting, and assessment.

Young offender recidivism. Vieira, Skilling, and Peterson-Badali (2011) have taken a preliminary step in investigating the relationship between psychotherapy and recidivism for young offenders. They matched youth with services tailored to individual needs and determined that youth who did not have their therapeutic needs addressed had a higher level of recidivism and reoffended sooner than youth matched with need-tailored services. Additionally, regardless of a youth's offence history or assessed likelihood to reoffend, the higher the number of criminogenic needs met during the study's follow-up period, the lower the number of new crimes committed. These results provide a promising initial step in understanding the relationship between therapy and recidivism. Given that adult offender research has shown a link between effective and completed therapy and reduced rates of recidivism (Hanson & Bussière, 1998), the need to further investigate the elements that could improve young offender therapy is evident.

Conclusion

Youth who are involved with the criminal justice system are at risk to reoffend. It seems that this risk can be reduced with effective therapy (Hanson & Bussière, 1998), but there is a limited window within which youth are in contact with a treatment team trained to work with young offenders. The duration of their sentences vary and, if treatment is to produce positive changes, it is essential that counsellors can effectively establish a therapeutic alliance with this challenging population within the timeframe available to them. This situation has yet to be

examined qualitatively and an exploration of the unique experience of young offenders' alliances with therapists is the logical direction to further inform this research area. The results from this study can be used for staff training, policy changes or even hiring procedures and can inform mental health practitioners of how to effectively connect with youth on a therapeutic level.

Method

Participants

Participants were recruited from an intensive residential treatment program for adolescent male sex offenders operated through a provincial health service. They ranged in age from 14-18 and all were serving probationary or open custody sentences for sexual offending. Participants met the following criteria: (1) residence for a minimum of six weeks in the program (in order to have the opportunity to develop relationships with the treatment team); (2) experience in psychological treatment since being charged with an offence; and (3) a desire and the ability to articulate their experience to the researcher.

The researcher provided potential participants with a brief overview of the research process, questions, goals, risks, and benefits, and introduced her association with the program. Additionally, the researcher explained the definition and components of the therapeutic alliance. Informed consent was obtained from the legal guardians of the residents (see Appendix C) and assent was obtained from the residents (see Appendix B). All five residents agreed to participate in the research and consent was received from four of their legal guardians. Four residents therefore completed the interview.

Interpretative Phenomenological Analysis

This study relied on interpretative phenomenological analysis (IPA; Smith, 2004). IPA aims to provide a detailed exploration of the sense making and meaning that participants assign to their personal, lived experiences, events or states (Smith & Osborn, 2003). This exploration is phenomenological because it

does not try to create objective accounts and instead focuses on an individual's perception of their world. In addition, the researcher in IPA has an active role in the sense-making process and attempts to get as close to the participant's experience as possible through a process of interpretation. Smith and Osborn (2003) describe this process as a "double hermeneutic [in which] the participants are trying to make sense of their world [and] the researcher is trying to make sense of the participants trying to make sense of their world" (p. 51).

IPA involves three components: idiographic, inductive and interrogative (Smith, 2004). IPA is idiographic in that it involves a detailed examination on a case-by-case basis, spending time examining each case until closure is achieved before moving on to the next. After that, an examination of the cases to find converging themes is conducted. Researchers who employ IPA do so from an inductive perspective, allowing themes to emerge unanticipated from the data. "IPA is especially useful when one is concerned with complexity [or] process" (Smith & Osborn 2003, p. 53), such as developing and maintaining a therapeutic alliance. IPA then, is the ideal fit for this proposed study and allows for a detailed exploration of young offenders' experience of the therapeutic alliance through a two-stage interpretive process. This detailed process will build on the existing research in this area and add a new understanding of the youth alliance.

Interview Schedule

IPA requires a data collection instrument that allows for flexibility in order to understand how the participants are making sense and meaning of the experience of the therapeutic alliance (Smith & Osborn, 2003). Semi-structured

interviews (see Appendix A) were conducted so that the researcher could focus on key issues and questions while also having the freedom to modify the interview depending on the participants' responses. Interviews addressed the three components of the therapeutic alliance (goals, task, and bond) and previous therapy experiences. Additionally, participants were asked to reflect on the process of the research interview and discuss it with the researcher.

Procedure

The first contact that the researcher had with the potential participants was during an informal presentation. The researcher sat down with the participants at their dining room table and discussed the proposed project. This provided an opportunity for the researcher to communicate her passion for the research and previous affiliation with the program, the requirements of participation, the assent and consent processes, confidentiality, and the potential risks and benefits of the research process. The discussion was relaxed and the residents were able to ask questions freely. Four of the five residents agreed to participate in the project and provided their assent (see Appendix B), expressing excitement for the interviews and results. The fifth resident, who was above the age of majority, gave consent to participate (see Appendix C). Informed consent took longer than anticipated to gather, as the researcher had to leave the consent forms with the program staff to pass along and explain to the parents. One staff member contacted all the parents and discussed the project with them. She informed the parents that they could call the researcher if they had questions before signing or at any point throughout the

research process (see Appendix C). Three of the four sets of parents provided consent.

After obtaining informed consent from the legal guardians and assent from the participants, the researcher conducted one-on-one interviews with each participant. Interviews ranged from 22 to 70 minutes. Interviews followed the semi-structured interview schedule (see Appendix A).

The interviews occurred at the treatment residence in the program psychologist's office, a room that was familiar to participants and used during programming for individual therapy sessions. All interviews were audio recorded and then transcribed by the researcher. Data was made anonymous and pseudonyms were used for all participants.

Data Collection

Data was collected in the form of voice-recorded interviews following the interview schedule (see Appendix A). The researcher listened to the recordings and transcribed them, verbatim, into a computer document. The documents were password-protected and stored on the researcher's computer.

Data Analysis

The data was analysed using IPA, so the researcher was aiming to "understand the content and complexity of [meanings] rather than measure [them]" (Smith & Osborn, 2003, p. 64). These meanings were obtained following the idiographic focus of IPA; the researcher spent substantial time examining each interview in detail, not moving on to subsequent interviews until the first had received sustained attention (Smith & Osborn, 2003).

The IPA analysis process described by Smith and Osborn (2003) was followed. The first step was to read and reread each transcript, making note of any key words or phrases. The researcher attempted to become familiar with the transcript in order to abstract a high level of meaning and to transform initial codes into higher-level themes. The researcher then attempted to find a connection between the themes and make sense of these connections. Next, the researcher restarted the process with subsequent transcripts while being mindful of the previously established themes, seeking to recognize convergent and divergent themes. This analysis of similarities and differences highlighted the individual experience of each participant and followed with the inductive component of IPA. Once all the transcripts were analyzed using this interpretive process, the researcher developed a list of overarching themes based on prevalence in the data and richness of the supporting passages, among other factors. The transcripts were then reviewed to ensure that the final themes sufficiently capture the meaning of the original interviews. These final themes were then translated in thematic descriptions in an attempt to continue the interpretive process and expand on the meanings.

Establishing Trustworthiness

In order to evaluate the trustworthiness of an IPA study, Smith (2011) recommends that it should: (1) have a clear focus; (2) have strong data; (3) be rigorous; (4) point out convergence and divergence; (5) use interpretative analysis; (6) give sufficient space to the elaboration of each theme; (7) be

carefully written. In order to adhere to these standards, this study employed a number of strategies:

(1) The focus was made clear from the onset of the project, and the researcher maintained that focus throughout.

(2) To enhance the strength of the data, the interview protocol was written to include open-ended, non-leading questions and the interviews were recorded and transcribed verbatim to ensure that the participants are accurately represented.

(3) Rigor was maintained in a number of ways. Firstly, the researcher clearly stated any potential bias with enough detail for the reader to understand the researcher's background, partialities and past experience with the program as these might influence the researcher's involvement in the study. Secondly, by obtaining feedback from supervisors and mentors throughout the data collection and analysis processes, the researcher ensured accuracy of reporting. Thirdly, the researcher kept a detailed audit trail describing any contact, interviews, notes, memos or documentation involved in the study.

(4) Interview extracts included in the write-up highlight convergence, divergence, representativeness and variability.

(5) Interpretative analysis was utilized throughout the data analysis process, as described in the previous section.

(6) Rich, thick descriptions of the background, interviews and findings of the study were provided to ensure the themes were accurately and completely

elaborated. These are all in keeping with the idiographic, inductive and interrogative qualities of IPA.

(7) Finally, the write-up was conducted with as much time and care as was necessary to ensure accuracy and comprehensiveness.

Ethical Considerations

One ethical concern was the potential for a dual relationship between the researcher's previous position as a counsellor in the treatment program and the new position as researcher. The potentially harmful dual relationship with research participants was dealt with by having the researcher take an educational leave from work in order to complete her master's degree, which resulted in any residents who were in the program when she was working as a counsellor having left the program before the commencement of the research project.

The researcher does have an established relationship with the treatment team, which allowed for ease of the research process both in the organization of the interviews and in compliance of the staff. It also increased the potential for adverse consequences in that the team might expect to be updated about the participants' opinions of their relationships. The researcher dealt with this by clearly stating the importance of confidentiality for the participants and diligently maintaining this confidentiality during conversations with the treatment team and explaining to the staff the process of qualitative research. As well, the researcher has been asked to provide a presentation after the research is complete so the team and participants were made aware that they would be informed of the results of the study.

Because the participants are drawn from such a limited sample, there is the possibility that their identities would be recognized by the treatment team. The researcher carefully anonymised the data by removing any identifying information and using pseudonyms for all participants to limit this possibility. Even so, participants were made aware during the process of informed consent that there is still a possibility that they might be identified. Due to the strict confidentiality measures employed by the treatment program in particular and the provincial health service in general, the greater population will have minimal chances of identifying any individuals involved in the study and the anonymisation completed by the researcher will further address this risk.

Informed consent is another important ethical consideration. Due to the participants' offender status and age, assent was sought (see Appendix B). The assent process followed the same guidelines as informed consent but because most of the participants were under the age of majority, once assent was received informed consent was sought from their legal guardians (see Appendix C). The one participant who was 18 years old provided informed consent (see Appendix C). The researcher ensured that participants: understood the nature of and their involvement in the research project; that assent was a process not a one-time event; agreed to participate voluntarily; and were free to ask questions or withdraw from the process at any time. Of the five residents residing in the treatment house at the time of this research project, all five agreed to participate (with one resident not receiving parental consent).

Participation in qualitative research can involve some risk because of the level of disclosure required; participants are exposing themselves to the researcher and others on the research team. By consenting to participate, they make themselves vulnerable. With this study however, the risk to the participants is lessened and they might actually benefit from the process for a number of reasons. Firstly, participants were interviewed by a researcher who is truly interested in what they have to say and in their personal experience of the alliance. Additionally, the researcher is a psychologist-in-training and therefore well versed in the ethics of the counselling situation as well as skilled in the interview process. Finally, participants had the opportunity to disclose their experiences to a neutral source and were informed that, without them, this information could not be accessed. This process was hopefully empowering for the youth. Participants were also in a position to access counselling if needed as they were residing in a treatment program involving a psychologist, psychiatrist and numerous forensic counsellors.

The researcher was also mindful of the vulnerability of this population throughout the research process and respected any and all ethical guidelines and codes that pertain to research with young offenders. Specifically, the researcher submitted an ethics application to the University of Alberta through the University Health Research Ethics Board (HREB) which ensured that the research "meets the requirements of the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans 2nd edition and University policy as well as provincial, federal and other legislation and regulation" (University of Alberta

Research Ethics Office, “ Human Research Ethics”, para. 1) and received a letter of support from the program management as well as operational approval from the provincial health board.

Analysis

The four participants in this study provided interviews that varied in depth, length, and content. The participants ranged in culture, therapeutic history, and age, among other factors and they brought different perspectives of their therapeutic experiences to the interviews. The data from each interview proved to be quite individual and the researcher had to utilize her own perspective and conceptions to find themes. As the process of analysis progressed, the researcher followed the data and allowed themes to emerge naturally within each individual interview. Respect for the individual experience of the participants was paramount in discovering areas of convergence and divergence between the interviews, thus allowing for each participant to have a voice within the larger analysis.

From the analysis of the transcripts, three superordinate themes emerged: *Better than Just Talking*, *Almost Like We're Friends*, and *Goals We Can Achieve Together*.

Better Than Just Talking

In a therapy session, counsellors employ a number of activities, discussion topics, and techniques to help a client work through any issues, behavioural concerns, or feelings that they are presently encountering. These tasks are highly varied and can range from talking, to art, to recreation. The participants described situations when counselling went beyond reliance on discussion and into activities that influenced the relationship.

A variety of tasks enhances the experience. When recalling therapeutic activities that they found impactful, all the participants described interactive, fun, novel, or culturally significant activities as having enhanced their therapeutic experience and prompting learning that has stuck with them. Albert said:

> One day we had to, like how to talk. Well [Resident A] was set up like a girl and [Resident B] or [Resident C] was the male part and trying to ask the girl out. [Resident A]'s name was [Female version of Resident A's name], which was just funny for me. And, that part was all funny, for me. The role-playing, it seems better than just like talking around the group.

Albert's experience of this role-playing activity was that he not only enjoyed himself, but the humour and interaction with the other residents in the program also allowed him to practice the skills they were learning in session. His enjoyment of role-playing sessions was shared by Brian:

> We do a lot of role-playing. You do it, well, one time we acted, it was a little old lady who went on the bus and she had a bag, like from the bank, and there was [pause] ten million dollars in bonds in the bag. And then we had one of the other guys act out some other guy on the bus who grabs it and he's thinking, 'Oh, should I give this back to the bank, or should I keep it?' [pause] So we acted out both those scenarios and it was pretty fun. It makes it easier to empathize for people who when we'll actually be in it. Cause I mean, if you're seeing it, it's like you know how it looks and then it's like, 'Oh that's how they feel.'

Brian's description indicates how much this activity stuck with him, even after significant time had elapsed. This is especially telling given that the bulk of Brian's interview involved minimal elaboration; Brian's speaking at length about this activity indicates that he was excited to talk about it. Both Albert and Brian found that role-playing was fun and beneficial. Brian in particular learned about empathy in a meaningful and lasting way. Most importantly however, role-

playing facilitated their involvement in the treatment as the tasks helped them to achieve their therapeutic goals.

Another activity that was described with excitement was art-based techniques. Albert talked about learning to use art to understand his emotions more deeply:

> Like with one of the other counsellors there I was doing like art kind of stuff to like, like how I'm feeling those days. And I always did like paint and stuff. Or like volcanoes that's like anger and then, like the grass is happy. That was all pointing up. And that's all I did, like pictures of the good side of me and the evil side. The evil side was like, the devil, the good side God. I learned like how to keep the anger side in. And not express it and take it out on family or friends.

This is an example of one of the ways art therapy can work – take an idea that is not tangible, such as feelings, and learn to express and understand that idea through tangible, artistic methods. For Albert, having a counsellor who utilized art allowed him a means of expressing his feelings of anger and happiness as well as exploring his 'good' and 'evil' sides. Albert said that the art not only helped him explore these ideas in a manner that he was previously unable, but also helped him to learn a way to 'keep the anger side in'. Albert directly attributed the use of art therapy with these benefits and remembered the counsellor who implemented them specifically, though this counsellor was part of a treatment team; their relationship was meaningful because the counsellor made an effort to implement interactive activities that helped Albert engage in therapy.

Relaxation was also described with some excitement. Brian talked about his experience with a counsellor in his hometown, and related the relaxation techniques that she used with him:

> I think the best one I've had is when I was going to [hometown]. There was a counsellor there. […] She was a really good counsellor and she was doing these relaxation things they were pretty cool. So she'd like have this script or something, on this, on a paper. Tell me to close my eyes and just relax all my muscles and she'd read that out. I don't know *how* it works, but it works.

In this excerpt, Brian connected 'the best' counsellor that he had with a specific technique that she used. The relaxation during sessions had such a positive impact on him, that Brian remembered that particular counsellor as providing him with real benefit, even though he did not understand the mechanics of the technique.

When asked about building relationships with counsellors who share his culture, Connor said that he does not often get the opportunity as most of his counsellors have been from different cultures. However, he talked about counsellors who, even though they did not share his culture, were able to utilize activities to infuse his culture into his treatment:

> I *do* smudge here and I have like a, what's that, it's not an *elder* but he's like somewhere around, somewhere around that area. But, he does come here and talk to me. He's the individual who helped me with my plan.

Connor found that having an individual from his culture come to see him and help him with his therapeutic planning made him "feel special". Connor was able to build a relationship with an individual from his culture, a relationship that was unique and special for him, as this individual came to speak to him alone. Connor utilized that relationship to communicate his needs and beliefs to his counsellors. This in turn enhanced the bond with his other counsellors, as they better understood Connor's culture. The treatment team also gave Connor the space and opportunity to integrate cultural activities, such as smudging, into his therapy. In addition, they connected him with a person who could help him plan for his future

in a way that is congruent with his cultural background. Connor did not remember many specifics with regards to his therapy and rarely engaged emotionally with the interviewer, but when he described this experience, he smiled. Cultural activities are important to Connor, and when counsellors were able to integrate aspects of culture into treatment, then he felt special and even the memory of the experience prompted a smile.

All of the different techniques described enhanced the therapeutic experiences of the participants. What seems clear is that some therapeutic activities appear to be enjoyable and useful for adolescent clients, but different activities were memorable for different clients. It was when counsellors were willing to try a number of activities with their clients that the technique strengthened the alliance.

Getting active in counselling. Recreation in therapy was mentioned by three of the participants even though the researcher did not ask about it specifically. In each of the interviews, recreational activities were brought up by the participants while discussing tasks that they enjoyed in therapy. Albert said, “The fun part about there is that we had outdoor activities, we had a pool table. I beat everyone at pool there.” Taking therapy outside of the office and involving the whole person seemed to provide the opportunity for the youths to engage in treatment and the relationship in a new way. Recreation appeared to ease the pressure of sitting in a room and talking by allowing participation in an activity around which the client and therapist could talk. In one example, Albert described an art activity that was organized by his treatment team:

> I brought my artistic instinct back. Because we had some people from the University around here. There was a comic store across from it and those guys came to the [residential treatment program] and did some drawings, like the Hulk and Spiderman fighting.

This activity was not only fun for Albert, he also found therapeutic benefit from his participation. He said that he regained his artistic instinct, which for him was significant and made him excited to see what other goals could be met through therapy.

Recreation seemed to benefit the therapeutic alliance through the counsellors not only organizing the activities but also participating in them. These activities ranged from simple recreational interactions in the day-to-day running of the residential treatment program, to outings, to sports. It did not seem to matter what the activity was, the participants felt closer to their counsellors as a result of spending time being active with them.

Albert described his interactions with one counsellor who made mundane tasks fun and interactive:

> He makes me laugh. Every single time he's on shift. […] It's like he understands me, pretty much. And [pause] he always, [pause] like with supper when he's on afternoons, he always does the trivia. That's always fun too. And he always takes us out sledding or bicycling or something.

Albert's experience is important in at least three ways. First, the counsellor interacted in a relatable way, and not just once in a while, but every time he was on shift. This is no small effort on the part of the counsellor, and it made an obvious and lasting positive impression on Albert. Albert then goes on to describe how this counsellor took a required daily task of cooking and made it into an enjoyable interactive trivia game. Finally, Albert found that being able to get out of the house and participate in a physical activity, especially with a counsellor

who joins in, allowed him to do an activity that he enjoys while completing therapy. This seemed to help to not only increase the comfort within sessions, but also strengthen the relationship between the youth and the counsellor. As Daniel said:

> [P]laying basketball with some of the counsellors too is really fun. Going to the gym and stuff, going on a run, going on a walk. You know, just do an activity of any kind with them, that's, like physical activity's, really good. Like, working out and all that stuff, you know, I kind of enjoy. So, yah, there's lots of things and I could go on for days, but.

The experience of participating in physical activities with his counsellors was enjoyable enough for Daniel that he 'could go on for days' about it. Also of importance for Daniel is the 'going' for all of these physical activities. The part that he enjoyed about the recreation was a change of scenery and getting out of the treatment facility. Connor described how even a simple outing with a counsellor can make an impact on the relationship:

> Oh! We went shopping. I went to go buy a [football team] blanket. And I went to go buy a movie. And that was I think my first outing. Well, my first outing without another peer. It was kind of neat of staff, well my counsellor.

Spending some one-on-one time with his counsellor doing a recreational activity, even one as simple as going to the mall, had a positive impact on Connor's relationship with his counsellor.

In another excerpt, Daniel discussed the benefits of creating recreational activities within the confines of the treatment facility. He found that games played among counsellors and peers could be fun and provided personal benefits:

> I guess really playing ping pong [laughs] Like, yah, a couple month-, like a month ago, not a month ago, first month I was here, you know, I started playing. I never played any staff, just peers, and you know I wasn't the greatest, but four months later I'm like almost the best and like I'm getting

> really good, so. Playing against the staff and stuff, you know. I really enjoy playing them, they enjoy playing too, so. Yah, there's lots of counsellors that play.

Daniel's confidence increased so that he became comfortable playing the staff as well as his peers. Benefits such as these can work together with the therapy that happens within a session; increased confidence and the development of new skills opens doors to the development of other skills, especially when the client is feeling proud of himself. It also opens the door to the alliance, as spending enjoyable time with staff allows for a relationship to develop and strengthen. It appears that recreational activities are helpful not only to increase motivation for treatment, but also to increase the bond between a client and counsellor.

Seeing the humour in the situation. The participants described multiple benefits of therapeutic relationships that were infused with humour: it made the counsellor more approachable and relatable, it helped to make the rules of a treatment facility easier to understand, and it helped to make sessions more stimulating. Connor described one of his previous counsellors when he said, "He was easy to talk to. He wasn't like, he was joking and he was trying to act cool [laughs]. Yah, which didn't work. [laughs]". This counsellor utilized jokes and humour in his sessions, and for Connor, that made the counsellor 'easy to talk to'. Connor liked how his counsellor tried 'to act cool', and even the memory of this made him laugh. Daniel experienced a different kind of humour, but the use of it made his counsellor feel relatable to him:

> One staff here, you know [Staff 1] pretty well, so, like he is open about some of his, like stuff and whatnot. I noticed that. And, but he makes it kind of funny right, so he, you know, puts a spin on it sometimes and changes it up a bit, so. He's open about it and that's kinda nice.

Humour in this case was used to soften the delivery of personal anecdotes that helped the client feel heard and understood. Daniel appreciated this counsellor's willingness to open up about his personal history, but it seems that it can be hard to hear some things without the use of humour. Not every topic can be 'spun' in this way, but for Daniel, humour helped to make personally revealing discussions with his counsellor into something that he could utilize for his own benefit.

In a different use of humour, Connor described how it made the rules of a residential treatment program easier for him to handle. He said, "Well I kind of see what they're doing. They're like not gonna be strict but they joke around sometimes, so kind of strict but they joke around." Connor's statement shows that he understands that there are rules involved in residential treatment, but that he finds them to be strict. He also said that the counsellors have to be strict, but they joke around sometimes which seems to ease the delivery of the rules. This, in turn, removes a potential roadblock to a therapeutic relationship by taking the counsellors out of a punitive role.

Daniel described another way that humour has been integrated into his therapy sessions. It is not surprising that therapy can feel drawn-out and tiresome at times, and Daniel described how humour made this process easier:

> Well, it feels like we're working on goals that I *want to* work on. Like [Staff Psychologist]'s really good at, you know, talking to me about my goals and stuff and you know, he puts a bit of comedy in there of course too to make it a little less painful and, you know, drowsy, mentally and emotionally. But, you know, he puts a bit of comedy in there.

Daniel started off by saying that he was working on goals that he wanted to work on. As he continued however, it became clear that, even though these were goals

that he chose, he found the therapeutic work to be ‘painful’ and ‘drowsy, mentally and emotionally’. Even though therapy work can be difficult and draining to mental and emotional energies, Daniel found it to be easier when the psychologist used ‘comedy’ to ease the process. Additionally, he remembered a particular psychologist as being ‘really good’ at talking to him, partly due to the fact that he infused therapy with humour. Comedy therefore not only benefits the relationship between client and therapist, but also make the rules and occasional drudgery of therapy feel less onerous.

Humour was helpful in the relationship formed during the research interview as well. Daniel, for example, introduced jokes frequently. The researcher’s style of therapy lends itself well to spontaneity and joking, so this was a comfortable situation for both researcher and participant. It was the researcher’s impression that, at first, the jokes were Daniel’s way of ‘testing the waters’ and figuring out the kind of person the researcher was. When Daniel was talking about how much he liked his current program, for example, he said:

> *Daniel*: Of course then they brainwash me every night when I’m sleeping but, that’s a different story.
>
> *Interviewer*: Oh yah, well, they put it in the food too.
>
> *Daniel*: Yah, it’s true [laughs]

The researcher’s banter signalled to Daniel that she understood his desire for a relaxed, safe relationship. As the interview progressed, Daniel used jokes during times when the conversation involved emotions or when he had been talking exclusively for an extended period of time:

> *Daniel*: Probably gave you a little bit too much, so, you know…
>
> *Interviewer*: No, there is no too much, don’t even worry about that.

Daniel: …it's ten bucks extra per add-on, so.
Interviewer: Okay, good, I'll bring the money next time [laughs]
Daniel: Alright, cool.

The purpose then changed from learning more about the researcher to breaking up lengthy or difficult periods of conversation. In both cases, the relationship was enhanced when the researcher was able to follow the client's lead and integrate humour into a taxing interview.

Learning life skills is essential. Counsellors made an impression on the participants when they used tasks that the youth found to be useful for life. An essential component to establishing an alliance is perceiving that the therapeutic tasks are helpful. When asked about tasks that were useful, the participants spoke about learning basic life skills. Part of the residential treatment model is imparting practical life skills so that the adolescents will have some knowledge to help them live an independent life when they leave. Teaching adolescents how to care for themselves and manage their lives can be a difficult task, so it is a testament to the relationship that counsellors were able to not only teach these skills but also make the experience positive for the clients.

Brian talked about improving on skills he already possessed. He said, "I like cooking. It's not really a new thing for me, but I get to cook a lot more stuff than I used to, so it's. [long pause] It just makes it a lot more fun." Practicing these skills not only helped Brian to improve upon them, but also made the treatment program 'more fun' for him. Albert also discussed improving his life skills when he talked about how he enjoyed learning to do chores:

Albert: Mostly about learning how to do chores for the first time. I didn't do much chores at home. My mom always did everything.

> *Interviewer*: Um-hmm. And how does it feel to be learning to do that stuff?
>
> *Albert*: It feels *good*. It's hard.

This interaction was unexpected. Adolescents do not often say that they enjoy chores, but Albert viewed learning to do them as an opportunity to learn what he had not learned at home. Additionally, even though he found chores to be 'hard' work, Albert 'felt good' to know that he was learning. As Daniel said:

> But the things that I like about here is, yah I'm gettin' help, I can meet new people, I can get skills that are gonna help me forever, I get a better understanding of the world, I'm reaching adulthood and I'm learning, you know, really good things, like, to go shopping, you know, like yah, at first I think that's just boring as hell, I still do, but I'm getting a better understanding of it. Like, oh, you have to pay this much for this much and of course schooling plays a role, but that's a *different* story again. But they teach me skills that I can use forever. Like, until the day I die I'll have these skills. Everybody has 'em, these guys are just helping me notice 'em and bring 'em up. Like everybody in the world has 'em and yah, people may use them and stuff, but I think if you come *here*, people, like the staff here, are just helping us, you know, *notify* them and *accept* that they're there and, you know, allow ourselves to use 'em.

Daniel presented a unique perspective. While Albert and Brian were having fun with their new life skills, Daniel described shopping as 'boring as hell'. He still appreciated what he learned, however, and benefited from the learning in that he will have his new skills 'forever'. Daniel discussed how learning these skills in therapy is a different experience than what he got from school; his counsellors are his teachers, but he also felt that they truly care about guiding him towards self-improvement. He said that anybody is capable of accomplishing these life tasks, but with the guidance of his counsellors, he was able to recognize the skills and learn to use them.

Another way that life skills were found useful applies to culture. With the help of a counsellor from within his culture, Connor was able to learn more about his heritage:

> My great aunt at my first placement that I was like with counsellors. Yah, and she really taught me a lot of my language and then she was nice she took me places, she taught me a lot about my culture. It was pretty nice, cause she, she knew a lot of stuff.

The tasks that Connor completed during therapy with this counsellor applied directly to his cultural learning. Connor did not often receive counselling in this way, and the cultural aspect was something that stayed with him. He found the learning useful and seems to have discovered some sense of self within the cultural exposure. Additionally, the relationship with this counsellor was impactful for Connor; he remembered her as specifically helpful and wise.

Almost Like We're Friends

The bond felt between a therapist and a client is similar to other relationships; if the client likes the therapist, then the client is more likely to want to be in a relationship with that counsellor and come back for further counselling. The client is also more likely to complete homework between sessions and open up to the therapeutic process within sessions. Two excerpts from Daniel's interview illustrate the contrast of the experience of therapy depending on whether clients like their therapist or not. First, Daniel described the experience of working with a counsellor that he liked:

> Oh I was just like happy, you know? Like, when a counsellor comes in that I really like, yah I'm happy, of course I'm happy when *any* counsellor comes in of course, but when one I really like comes in, it's like, *oh*! He or she's here. So, you know, try and hang out with them a bit, you know, get some time in. […] But, you know, I, I just feel more comfortable, I feel

> happy, I feel *safe* when they're around, you know? I feel understood, I feel heard. Like, there's lots of positive feelings that I can mention.

Daniel also described his experience when working with a counsellor that he did not like:

> Well, hell. [laughs] It was hell. People I didn't like, yah, I was just like, *whatever*. I'm coming *here* again, I'll just give you a fricken story I'll make up, why don't I. Like, it's not like you're really gonna help me anyways, so. Who the hell should I say to care for you if it don't feel like you care for me, right? It's like why am I here? Why do I wanna talk to you? Why do you wanna talk to me? Like, those are the counsellors I feel that, oh they get their eight, eight hours in, they get paid, and then, oh yah, I'm done. So, screw them, I'm gettin' my money. So yah, that's kinda where, you know, I felt, un [pause] uncared for, or unloved, or not concerned for, really.

The contrast is evident. Daniel felt 'happy', 'safe', 'comfortable' and 'heard' around a liked counsellor. This is the experience that counsellors strive for, and Daniel's words demonstrate how excited he was to have felt that kind of bond with a therapist. As for his other experience, Daniel said that 'it was hell' to have to work with a counsellor that he did not like. He was passionate while he spoke, and his emotions were evident in his words about making up a story and the fact that his counsellor did not care about helping him. Daniel felt that the counsellor only cared about getting paid for putting in hours regardless of effort. Interestingly, while Daniel did not see why he should be talking to the counsellor, he also did not understand why the counsellor would want to talk to him. It seems then that Daniel's understanding of the therapeutic relationship is for two people who care about the common goal of helping the client to put the time and effort in to each session, while also creating an environment that includes mutually positive regard. Daniel said that he felt 'uncared for', 'unloved', and 'not

concerned for' in sessions with a disliked counsellor, quite the opposite of what he experienced in sessions with a counsellor he liked. Contributors to this bond between the participants and their therapists include past relationships, kindness, feeling heard and understood, and safety and comfort within the alliance.

Past relationships create expectations for counselling. Participants discussed their past therapeutic experiences in relation to how they felt about current counselling relationships. All had previous exposure to counselling and while some of their experiences were positive, it was the negative experiences that were most salient. Daniel discussed both positive and negative experiences, allowing for comparison:

> So it was kind of a good start-off for a first counselling with her because I started to get to know like a bit about her, she got to know me. I wasn't like, you know hiding things really. I know her husband, he was my teacher, so you know I kind of enjoyed him as a teacher so it was kinda nice, you know, to have some feeling of safety too. And it was confidential, so, yah, it was really good.

At this point, Daniel felt safe in counselling. He was working with a counsellor that he liked, and he found the sessions helpful. He mentioned how beneficial it was for him to be able to spend time just getting to know each other in session. Daniel also pointed out that he felt safer as a result of the relationship his counsellor had with a teacher that he knew and liked. It seems then, that the associations youth see between their counsellors and others have an impact on the relationship; counsellors who are associated with other people or services that youth already view as safe, can feel safe to the client as a result. Daniel also described a number of other counselling experiences, which were not as positive:

> After my first counselling, that was going all well, and then my second counsellor, just like completely the opposite of my first one. It was kinda leaving me on the edge of wanting to do any more counselling of any sort of thing.

This extract illustrates how powerful the negative counselling experience was for Daniel. Even with one experience that was so positive, the negative experience almost overshadowed it and Daniel was reluctant to attend further therapy. It seems that, for Daniel, the idea that one experience could be so different from another provided too much uncertainty for him to want to engage in further counselling. As time went on, Daniel had more counselling experiences. None of them felt as safe as the first, and Daniel concluded, “after her I’m like, ‘oh I never want to see a counsellor again.’” Of note is that, although Daniel did not want to pursue further counselling, he was required to do so by the judicial process.

Brian also discussed his therapeutic history. Unlike Daniel, it was not the experience of therapy that was negative, but rather the feeling that it was not producing any changes that affected his desire to attend further counselling.

> I’ve been going, just to see a normal counsellor. [pause] That didn’t work out too well; it didn’t really help. So we stopped doing that. And then I had been going to [forensic counselling centre] and other places for assessments. And then I came here. It just didn’t really change anything.

Brian’s first counselling experience—outside of the justice system—ended prematurely because the therapy was not helpful. Brian actually joked with the researcher that the only thing the sessions helped him improve was his patience, given that he attended approximately twenty before ending the relationship. Brian’s first experience of counselling appears to have created the expectation

that it is not helpful, and none of his other encounters with a counsellor changed that idea.

Previous relationships outside of therapy can also have an effect on the formation of the therapeutic alliance. While a few of the participants alluded to having negative or few relationships with peers or family, Albert was explicit in connecting those past relationships with his peers to his current relationship with one of the counsellors.

> I seem like more of the target when he's always on shift. Even though I've been the target for probably since grade three for every day. Every single day I've been bullied 'til now. Cause I've been bullied by like classmates from like grade three to grade seven. But in grade eight I was getting bullied by, like older, like a year older or two years older. And that just, I was just scared to like stand up for myself. That's why I feel more targeted because if I can't stand up for myself.

Albert's description of his experiences as a victim of bullying outlines a prolonged, negative and difficult time for him during a crucial developmental period with regards to relationships. As these experiences first started with same-age peers and then moved to older adolescents, Albert appears to have learned that he will be victimized by people of all ages, and has transferred these feelings to his therapeutic relationships as well. Albert's 'feeling more targeted' created an extra hurdle to the formation of a therapeutic alliance, because he did not feel safe around that counsellor. Albert said, "Because in my past I, I've tried being nice to people but they've been, well asses to me." It is clear that he has a generalized view of how a relationship will progress – even if he tries to be nice, people will not treat him well in return. These past relationships then had a profound effect on the development of future relationships, including within a therapeutic setting.

Kindness in counselling impacts the relationship. One of the factors that appear to affect the bond between a client and therapist is the disposition of the counsellor. Participants talked about counsellors that they had a negative experience with, citing negative temperament as contributing factors. Albert described a counsellor that frightened him. He said:

> He scares me. He has a deep voice and everything. Even though I have a deep voice, I just don't use it all the time. [pause] Well sometimes we have our laughs, like when we're joking around. But when it comes to group, I just, I freeze up when he's there.

Something about this counsellor 'scares' Albert. He had difficulty putting words to it, but he was able to explain that this counsellor's mere presence affected his ability to complete his therapeutic work. When he said he would 'freeze up' in group, he was saying that his fear of this counsellor was so overpowering that he was not able to participate in the group session. In a similar way, Daniel felt unable to participate in his sessions due to a counsellor who was working against him:

> That counsellor seemed pretty biased towards what I was saying, like picking one side over another, right? So, you know I'd say I wanna go live with my dad here's my reasons why and then she'd just kind of seem biased towards why I should live with my mom. So, I was like, well. And then are you really helping me right now? Are you actually listening? Uh, what's going on here. Well, there was points where it felt like she listened, but didn't really take it in. It was just like, 'Yah, I'm listening'. Like I kinda do in school, like yah I'm listening, I'm paying attention, but really I'm just like off somewhere else.

Daniel had a challenging relationship with this counsellor. Something about the way she interacted with him and how she responded to his concerns made Daniel feel that she was biased. He went on to say that, even when it felt like she was listening, it did not feel like she was absorbing the information. Daniel compared

this experience to how he acted in certain classes when he was not really paying attention; he gave the appearance of listening, but was thinking about something totally different. The disposition of Daniel's counsellor gave him the impression that she was both not listening and also siding against him, a combination that left him with a negative impression of counselling.

Kindness in the research interview helped to create an environment that was comfortable and safe for Daniel. With Daniel, it felt to the researcher like the there was an alliance. Daniel explained that he was comfortable with the researcher:

> You know, you asked the questions, sat back, listened, listened to what I had to say, even when I rambled on for an hour and five longer, you know, you still just listened, you sat there patiently. I *felt* like you were listening, I felt like you were paying attention. I felt like you took it in, but you got the tape recorder too in case you forgot, so that's okay too. But, you know, I felt comfortable, I felt safe, I felt, you know, heard.

The researcher did not do anything differently with Daniel than with the other participants, but something about the researcher's disposition connected with Daniel. He felt comfortable and heard. Most of all, he felt safe which is a necessary component to disclosure in an interview and therapy setting.

Connor's experience involved an overt display of negativity – his counsellor was mean to him. Connor explained:

> I'm not sure if she's a counsellor, cause she was real mean. Like straight up and like told us what she thought. Not here, but somewhere else, like one of my other ones. She was like, and she was real mean but she was trying to be nice. I was like, didn't like her one bit. [She said] like, you're an asshole. I was like, what? [laughs] And I was like, why do you think I'm an asshole? She was like cause your attitude and you're snobby, I was like, I'm not snobby, and she kept on going, I was like, oh screw, I was gonna say "screw you" and walk away but I was like, ah, yah, and I just

> walked away. It was kind of stressful. Not a lot stressful, but just a little bit.

Connor is clear that he did not expect counsellors to be mean. He was not even sure if that was her job, because of how she treated him. He received mixed messages from this counsellor as she was mean, but also tried to be nice. Connor did not like her, which is not surprising, considering she verbally insulted him and accused him of being ‘an asshole’ and ‘snobby’ with an ‘attitude’. It is not fair to assume that this counsellor was not doing a good job otherwise, but it is fair to assume that counsellors should not call their clients derogatory names. Connor explained that working with this counsellor was stressful. He also said that, instead of having a confrontation with her, which likely would have resulted in disciplinary action for him, he chose to walk away. This was not an open or nurturing relationship, and the counsellor’s disposition was a contributing factor to Connor experiencing stress in his residential treatment.

While it is easy to overlook the power of being kind to others, the participants in this study were quick to point out the impact it can have on a relationship. When discussing both positive and negative relationships, kindness was brought up as a factor enhancing the likability of a counsellor or authority figure. Albert was not able to come up with any examples from counselling, but he did talk about the difference between liked and disliked authority figures:

> The only bad relationship like, like, like with cops. I don’t like, there’s only one cop I like in [hometown]. And that was the, well she was like a French one that was uh, did the DARE program with me in grade six. She was the only cop I’ve liked so far, so. She was nice.

Albert had a number of interactions with authority figures in general and police officers in particular. These relationships, while not directly part of therapy, do impact therapeutic relationships within the justice system. Even though counsellors do not necessarily see themselves as authority figures, young offenders are forced to talk to so many different adults that they can blend together, with experiences in one area (e.g., police station) affecting future experiences in other areas (e.g., mental health treatment at a young offender center). As Albert stated, most of those interactions were not positive and he did not like any of the police, except for one. When he attempted to remember what it was about her that made her different from the others, the only descriptor he could come up with was ‘nice’. It is interesting that, even after spending time with a number of disliked police officers, all it took was for one to be nice to him for Albert to remember that relationship as specifically different.

While describing some counsellors in a previous program, Connor talked about kindness as opposed to being mean:

> They’re pretty nice, yah. Not too mean. Well, actually they’re not mean at all. They’re all pretty nice. Well, their voice and how they carry themselves and they’re kind of open about stuff but not too open, I guess you would say.

Connor’s description of ‘nice’ includes the voice of the counsellor, posture, and level of openness with clients. Most importantly, according to Connor, if one is mean, then they are not also nice. Daniel was able to go into more detail about a counsellor that he regarded as nice. In his description, nice was one of the factors that made up the likability of a counsellor:

> When I met her, you know she seemed nice and you know helpful and she was there for you know lots of people, right? Like, even a couple of my

> friends I knew went to go see her. So, she was nice, she was calm, she was understanding. She was challenging my thinking a bit but doing it in a positive way, not like, she wasn't ever biased whatsoever she always listened to what I said first and then offered suggestions, really. So that's the thing I liked about her. And if I had a really tough day, then I'd talk to her about it and she'd be really understanding, she'd then again offer suggestions that were really helpful.

Daniel's explanation of likability demonstrates how complex it can be to form a bond between a client and therapist and how many factors interplay and affect that bond. Even so, kindness was important to the participants.

Kindness was noted during the research interview as impacting the relationship as well. Albert appeared to be comfortable with the researcher, so the researcher inquired about the progress of the interview:

> *Interviewer*: Is there something that I'm doing that makes you feel like it's okay or comfortable to talk to me?
>
> *Albert*: Being nice.

It was a simple and singular reason for Albert's comfort – the researcher was nice to him. Albert was easy to get along with, so the researcher did not have to try to be nice to him, the relationship was naturally kind on both sides. Kindness then, was a quick, easy, and natural way to help establish a bond within the interview setting.

Feeling heard and understood helps the relationship. Another component of bonding is the ability to relate to one another. For the youth in this study, relating went in both directions; sometimes they felt closer to a counsellor because that counsellor was open with them, and sometimes they were open with the counsellor, which allowed the counsellor to relate to them. Either way, the experience of relating was an important aspect of the bond. Brian spoke to the

power of relating when he provided his ideas for improving counselling relationships with young offenders: “try to relate to what I say and empathize when I’m having feelings or I’m struggling with something”. Albert described the experience of being in a counselling relationship with a therapist he related to when he said, “It feels good. Like we both have something in common, we’re both immature.” He said ‘it feels good’, indicating that relating to his counsellor is a positive experience for him. Also, he felt equal to his counsellor and that they were working from the same level. Brian compared a relationship where he related to his counsellor, and other relationships he experienced which were devoid of that aspect:

> And in the relationship, it was almost like we were friends, almost. She tried to relate to what I was telling her. Unlike some of the other ones that just said, ‘Okay, I see’. Yah, that kind of thing. They didn’t try to relate to what I was saying so not very similar. They weren’t as friendly. [pause] Like, they talked to me like I was an adult so it was kind of a bad experience.

It is clear that Brian understood the difference between a counsellor and a friend, and that he felt a strong enough bond with this counsellor that it was like a friendship for him. For Brian, when a counsellor is relating, it means that she is doing more than just saying that she understands, but is in fact attempting to relate. Counsellors who did not relate, on the other hand, gave him cursory responses and spoke to him as if he were an adult, instead of trying to converse with him on a level with which he felt comfortable. In another example, Daniel explained the process of relating to one of his counsellors during a one-on-one session:

> Well, I feel connected *more* with some people I feel connected with all the staff here, to be honest with you. But there’s some that’s a little more of a

> connection. That, like, can kind of relate to my past too, so. That's kind of nice to have going on. Well, so one staff here, she's like had a bit of the same situation as I've been going through for the past week. Wanting to live with my dad, she, I don't know. My parents got divorced when I was two so for, well a good ten years I haven't, well, no. For a good twelve years I haven't seen my dad ever, so, when I was about fourteen that's the first time I encountered him again and got to see him. So, just kinda talking about that a bit here and wanting to live with my dad. One of the staff here touched, I touched base with has been in that same situation before and she knows, like she has similar, she *had* similar feelings that I have. Um, she, you know, was the same age that I had been having these thoughts, so. Yah it was kinda nice to have someone to relate to a bit. Yah, same bubble. Like, she said, of course that I might have some different feelings and like she doesn't know exactly *how* I feel. Like know how I feel, but she can relate to what I may have felt, so. That was nice to, you know, hear too.

For Daniel, his connection to a counsellor is impacted by the ability to relate; he felt a stronger connection with counsellors who could relate to him. Part of what made this an impactful experience for Daniel, is that his counsellor took the time to say not just 'I understand how you feel', but instead 'we do not have the same feelings, but I can relate to how you are feeling'. That small distinction is what made the difference for Daniel, and his relationship with his counsellor was strengthened as a result.

Brian experienced relating from a different angle; in order to treat him better, his counsellors asked him to come and talk to them more often, so that they could develop an improved understanding of him:

> When I started touching base. Because I hadn't been doing it, like almost I never did it. So, they said, you should start touching base. Because it makes it so they can maybe relate to it and then they gave me some coping skills that I can use at that moment. And then I can use those in the *future* too.

At the request of his counsellors, Brian started coming in for more frequent sessions. As he understood it, the counsellors were asking him to come in and talk

more so that they could gain a better understanding of him. In that way, the counsellors could guide treatment to better suit his needs. This is similar to the early stages of friendship, when two people sit down and try to get to know each other so that they can connect on a deeper level. Brian was able to learn more about his counsellors while they learned more about him, thereby engaging him in a way that was mutually beneficial.

Daniel described that relating is not a simple process and that, when it is lacking, the relationship can feel unequal:

> I don't know, I just don't feel really equal when that's happened. If I'm forced to tell *you* about *my* life I think the least you could do is either, one, stop forcing me to do it, or, two, you know at least give me a bit of information about you. Cause like, I kinda like to know people who I'm around too cause, hell, maybe someone could have like a disorder where sixteen year olds, or kids of teenage variety can't be around, right? Like I don't know everybody's past, I don't know what they're capable with. Sometimes I *feel* a bit nervous, I feel like I have to self-protect myself cause I don't *know* anybody.

The feeling of, 'I have to tell you everything about myself but I do not know anything about you' can make it difficult for therapy to progress. This situation affected Daniel negatively in that he felt 'nervous' and the need to 'self-protect'. Knowing his counsellor, which can start to happen through relating, was a necessary and lacking component in this relationship.

In these examples, some of the counsellors had shared past experiences with their clients and some did not; self-disclosure was not a necessary component for clients to feel that their counsellors related to them. What seemed to make the difference to the participants and contribute to a sense of bonding was when the counsellor made an attempt to dig deeper than the surface and relate on

a richer level. Relating is more than simply saying, 'I understand', it is communicating that understanding in a way that makes the client *feel* understood. When counsellors were able to make this happen, the clients benefited in the form of a stronger therapeutic bond.

Mutual trust is crucial. The participants in this study required more than just trusting their counsellors, they required their counsellors to trust them as well. Albert described the experience of trying to be honest with his counsellors yet being rebuked in return:

> I've actually been honest the best I can when it's group but when they say they don't believe me, then I just get in a very defensive mood and I just [pause] say that I'm not guilty and stuff, so. Like when they bring up the first charge I say I never did it and that's the honest truth and they read those stupid statements and they, everyone in the group says I'm lying and I just don't like that. Cause when people tell me I'm *wrong* or don't believe me I just, I fight back.

Instead of feeling an alliance his counsellors, Albert felt defensive. It cannot feel good to be called a liar in a therapy group, and as a result Albert chose to fight instead of work on his therapy goals. Daniel had a similar experience with not feeling believed:

> [It] kind of seemed like he wasn't believing what I was telling him even though I was telling him the truth. And I had lots of facts and stuff, I was being really open. But it seemed like he was kinda denying what I was saying and thinking a whole different perspective. So that's not something I really enjoy either or appreciate is people thinking like they know me better than I do and they know my story.

This interaction left Daniel with the impression that, even if he did his best to be open and honest with a counsellor, he might not be believed. He neither appreciated that the counsellor was trying to 'know [him] better than he knew [himself]', nor did he enjoy the session and the therapeutic relationship suffered.

In contrast, Daniel also talked about his experience of feeling trusted by his counsellors:

> After a couple weeks and stuff just talking to the counsellors about, you know, the offense, my past, yah it brought up emotions and stuff like that I felt nervous to talk about it. I felt scared to. I had lots of anger going on and stuff on the inside. But the shocking thing was for me, it was that they were completely open and kind of relaxed with everything I was saying. Like, they took it all in, I was like, woah. You're listening like, yah, my first counsellor did this too, but they're taking it in and they're like, you know, actually believing what I say and like, I ain't, not leaving nothing out of course, but, like, it feels like they're *trusting* me right now.

Daniel was scared to talk about his past and his offending behaviour. He felt angry and he was clearly worried about the result of the discussions. Daniel was pleasantly surprised with how these conversations turned out, however, and experienced feeling accepted and believed by his counsellors. He emphasized that he felt 'trusted', which is the opposite of the reaction he felt with his other therapist. Trust clearly makes a difference with how the clients feel within a session, especially when considering the trust they feel from their counsellors.

Feeling safe and comfortable. The participants talked about safety and comfort extensively. They all had a variety of experiences that related to safety and how the feeling of safety increased their sense of comfort in sessions. While the researcher never asked about this directly, the participants gave examples of situations where safety and comfort were either present or lacking. Albert and Daniel spoke about the experience from both sides. Starting with the lack of safety, Albert said:

> I'm always like scared to like even touch base, so. Usually I just go in the office if I'm, like if a staff calls me in and wants to talk to me about something or if I need to phone my mom or do my goal chart thing. Well I'm scared because, like, no one trusts me here usually. So I don't know if

> I say something like they don't believe me or not cause they just don't believe me here, so. [pause] The only reason I touch base is, like, if I have a goal.

This lack of trust on the part of his counsellors affected Albert's therapeutic experience. When examined further, it is clear that Albert's perception of his counsellors' trust in him limited his sense of safety in sessions as well as his ability to feel connected to them. Albert was scared to talk to his counsellors, because he did not know if he was going to be believed or not, so he avoided sessions altogether. Without even attending sessions, there was no opportunity to create a bond with his counsellors, so Albert was left without a therapeutic relationship. Daniel discussed two different scenarios where he felt 'unsafe' with a counsellor:

> I didn't really wanna visit her because I didn't really feel safe. I felt scared because that, [hometown] is close to where I offended, so it was kind of uncomfortable going back there for, for a long time. I just really didn't want to talk to her, say nothing to her, or visit really. I just felt unsafe and unheard.

Similar to Albert, Daniel wanted to avoid the counselling entirely when he did not feel safe in his sessions. The reasons for the fear differed slightly; initially in Daniel's case it was not something the counsellor did so much as the physical location of her office that made him feel uncomfortable due to the proximity to a victim. He explained the other aspects that contributed to his feeling unsafe further:

> She's, like, well we call it tunnel vision here. You're only focused on one thing and then there's whole bigger picture to it but you'll only focus on the one thing. And yah, it was good that she was focused on my sexual offense and stuff, but it just kind of seemed like she was only focused on sexual activity. Like I said, yah you know I hung out with my friends and she would always say was there sexual activity involved in that? I just said no. Everything I'd say with like another person or something like that,

> she'd always ask was there sexual activity involved. No. So, yah it, I didn't feel comfortable talking to her. I was getting really frustrated with her, but she'd always like stop me from feeling the way I feel because she wouldn't allow me to express myself. When I was feeling angry and wanting to calm down and stuff, I would like, I'd pace around that office, because that's one way like, I like to calm down in small areas. But she just didn't allow me to do that she just said, no, just get focused again and continue on with this, let's continue on with this interview. So, she didn't really give me time and like a little bit of space to relax so I can continue on in a polite fashion, cause that's what I like to do I like to actually talk to people in a polite way. But if I *am* feeling angry then I will talk in an angry way, but I like to try and calm down while I'm talking to people. Like it's hard to for me cause I do have a past of anger and I am currently working on that right now. But it was just really hard to like talk to her because I was feeling really angry and she wouldn't allow me to like calm down the way I needed to so, that built up and then I just had a hate for her ever since.

Daniel spoke about two reasons why he was not comfortable with his counsellor. First, she focused heavily and seemingly exclusively on sexual behaviour, at the cost of exploring other areas. Daniel understood the necessity of focusing on his sexual offence, but his counsellor was making him feel uncomfortable and frustrated. The frustration brings up the second reason why Daniel was not comfortable; he wanted time and space to calm down in session, but instead he was told to 'focus' and stay on task. Put together, this led Daniel to feel uncomfortable and angry to the point that he 'had a hate for' his counsellor. Like Albert, the lack of safety in session got in the way of building any kind of a bond with his counsellor, and even created strong feelings that might get in the way of future relationships.

Safety and comfort in session can enhance bonding as well. Most of the participants spoke about relationships that were strengthened due to feeling safe or comfortable with their counsellors. Daniel said:

> She you know kept it confidential I just had that feeling of safety and protection from what I was saying around her. I don't know why but I did, so it was nice to have that. I felt comfortable talking to her. Like, of course I was nervous at first, but I felt, I got more comfortable talking to her. It's in friendly territory that I know, so kinda helped out.

Daniel's comfort with this counsellor came about over time; he started off feeling nervous in the sessions, but with the combination of familiar surroundings and the promise of confidentiality, he was able to develop a sense of comfort. This relationship was one of Daniel's strongest and, although he was not able to intimate the specifics of why he felt safe, this counselling relationship was strengthened because of the feeling of safety. Daniel spoke highly of this counsellor and he always included the words 'safe' or 'comfortable' in his descriptions of their relationship. For Daniel, when safety and comfort were present, he was able to develop an alliance with his counsellor, but when they were not, he tended to develop negative feeling towards those specific counselling relationships and towards counselling in general.

Familiarity of surroundings was a factor in Daniel's establishing comfort in the research interview as well. The researcher noticed that Daniel appeared confident in his responses and was able to converse with the researcher with little prompting. The researcher inquired as to how Daniel was able to establish himself so quickly in the interview setting:

> *Daniel*: I think I've gotten more accepting, talking to people about this, like. But then again, like at, like in my school, it's an environment I know of, I'm guessing it's an environment you know of too, cause…
>
> *Interviewer*: Yah, I worked here.
>
> *Daniel*: Yah, you worked here, so, it's familiar territory for both of us. I feel safe here, I don't know, you could probably feel safe here. You know this place well, I know this place pretty well. You probably know it better than I do, but I know it, you know, not so bad. So, it's like common area

> for you and I. Like we're two complete strangers of course, never met on the face of this planet, but we got one common area.
>
> *Interviewer*: Yah, that's true.
>
> *Daniel*: So it's comfortable, it's safe, it's confidential.

The interview then, was a comfortable scenario for two reasons: Daniel had developed skills that help him to communicate and he was in a safe environment. The environment was also a commonality between himself and the researcher, which helped him to feel safe. Daniel seemed to feel that because the researcher previously worked in his current treatment program in which he felt safe, the researcher was someone he could feel safe with as well. The relationship skipped past the early stages of developing comfort, although the researcher still tried to ensure that the participant felt safe by discussing such topics as confidentiality, and Daniel was able to utilize the skills he had previously learned to settle into the relationship and the conversation. Having common ground with the researcher was so important then, that Daniel could share with a complete stranger solely based on the fact that she was associated with other counsellors with whom he had built an alliance.

Connor also spoke about a counsellor taking an active role in creating a sense of comfort:

> He was at that drug and alcohol treatment and then he was at behaviour treatment, and he was like a psychologist. Yah, yah a psychologist, he's one of those guys. He was easy to talk to, he was friendly, he showed my brother a magic trick and showed me how he did it. And kind of seeing at one place and seeing him at another it was like, oh, I've talked to this guy before. Kind of made it more comfortable.

Connor's psychologist took time out of his session to engage with his clients in a playful manner, and the result was Connor viewing him as 'friendly' and

'comfortable'. Connor also mentioned that he worked with this counsellor at more than one treatment center. This was unique to Connor; instead of having to re-tell his history, he was able to start almost where he left off, with the beginnings of a relationship and some therapy work already completed. His bond with this psychologist was stronger because he felt comfortable from repeated exposure. In addition, the psychologist attempted to establish comfort in his sessions. Daniel spoke about familiar people as well, but in his case it was having family sessions that felt the most comfortable:

> I'm still getting used to touching base with the staff too and the counsellors. With the psychologists here and stuff like that, I'm starting to have clinics and individual sessions with them. Family sessions is more comforting and comfortable. Well, comforting comfortable, same thing, but. It's more better for me when I have people I know here with me and my mom so it's nice. I feel safe here. I feel protected. I feel like *me* again. And I feel really open being here and I feel pretty proud to be here.

One of the factors that helped Daniel to feel comfortable in therapy was the use of family sessions. Comfort and safety with his counsellors not only enhanced bonding and relationship, but also allowed Daniel to rediscover his sense of self. Albert shared this feeling as well. When discussing one of his counsellors, he said, "I remember when I was always like in the room with him I felt like myself. Like, I felt like me."

In a final example of comfort in sessions, Daniel explained how, when he felt that his rights were respected, his comfort was increased:

> I can express myself freely, they can express themselves freely. It feels like a true democracy here, like, I know I ain't going on politics, but in that one social class when I *wasn't* sleeping, you know, I paid attention to what the word democracy meant and it's freedom and having your rights. I feel like I have rights here, you know? I have the right to safety, right to confidentiality, I have the freedom to say what I wanna say, I have the freedom to feel how I wanna feel, I have the freedom to express my

> feelings, I have the freedom to say what's on my mind, I have the freedom to, you know, not want to talk to people of course, but I also have the freedom *to* talk to people if I want to.

Daniel spoke of being 'free' and having his rights. His 'right to safety' and 'right to confidentiality' made Daniel feel comfortable in the sessions, so comfortable in fact that he felt able to speak when he wanted to and also not speak when he did not want to. This is the goal for any client, to have the kind of comfort in session where they are able to speak as much as they want and hold thoughts back if are not ready to talk about certain topics.

Goals We Can Achieve Together

Goals are involved in all aspects of therapy – when clients first meet a therapist, their referral concern is a goal, small goals are created and met each session, larger goals are worked on over numerous sessions, and clients discontinue therapy when they feel that they have met all their goals. It is difficult to feel allied with somebody when you are not working together, yet this was the area that the participants had the least to talk about. In the participants' current treatment program, goals are listed and discussed weekly with the treatment team. According to Brian:

> When we went over our goals, like here, we go over goals every week so it kind of makes it easier to know what they want us to work on and how they can help. So that's makes it easier, compared to other places where we didn't really set goals, we just, worked.

Brian found it easier to have explicit goals. He was not only able to understand what was required of him in therapy, but also how his counsellors would be able to help him achieve the goals. Brian seemed to feel that he was working together with his counsellors toward mutually understood goals and, when compared to

previous treatment he took part in, this model was superior. It seems that the feeling of working towards something that he could define while periodically discussing his progress allowed Brian to be an active participant in his treatment process, enhancing his relationship with his counsellors. Connor also spoke about how these goals are set:

> It's something I work on with my keyworker 'cause I do use suggestions for goals. Like getting my IDs, getting a job, stuff like that. And other times they tell me this is a goal you can do, I was like, think about it, and I would say yah that's a goal I can do, we can do together.

Connor's description implies that goal setting is a collaborative process. He sometimes used suggestions from his primary counsellor and sometimes goals are set for him, but in both cases he felt that he was working together with his counsellor. In fact, even when goals were set for him, Connor felt that he could work with his counsellors to achieve them. In Connor's past, he had not felt that he was working together with his treatment team. More often, he felt that he was pushed into treatment and he chose to disengage from counselling because he did not feel that his goals were in line with his counsellors. The fact that he was not only willing but also desirous of working together with his current treatment team is a testament to the power of developing explicit, mutually agreed upon goals and how it can positively influence the therapeutic relationship. Daniel also discussed the goal setting process:

> I wish it was that simple and they just gave me my goals on a plate, cause that's less effort for me to do but. No, my goals, I think personally for me, like from my perspective, I think my goals come out, like of my actions and my behaviours, and times being here. We don't just set basic goals for everybody, right? […] So, yah, I think, I think my goals come personally from myself actually, like, what staff sees in me and what I could improve on, and what I see for myself and what I can improve on.

The process of setting goals is highly personal for Daniel. While he admitted that it takes more effort to collaborate on goals, he also saw the benefit in setting goals together versus his counsellors deciding on goals for him. His goals come from his actions, behaviours, and areas for improvement. Again, it was the collaboration that made an impact on Daniel. He was working together with his counsellors to identify and establish goals, and even the process of self-evaluation that Daniel went through to reach his goals felt therapeutic to him. He found it to be hard work, but Daniel seemed to feel more connected to his treatment process and his counsellors because of the effort he expended *with* them to develop a treatment plan. Brian, Connor, and Daniel all spoke about different aspects of their therapeutic goals, but they all agreed that having explicit goals that are chosen collaboratively is preferable to other alternatives.

Choosing topics collaboratively. Much of the individual therapy that young offenders receive utilizes the 'talk therapy' model; client and therapist sit down and talk about a pertinent topic then try to work towards some kind of goal or resolution. The goal for the session then, is often choosing which topic to discuss. Sometimes, the counsellor chooses the topic, sometimes it is chosen by the client, and sometimes it is a collaborative process. Connor talked about going into a session with an idea of what he wanted to talk about, only to have his counsellors decide that they wanted to talk about something different:

> They were like, let's talk about your, how's my week and I told them then they started going on about drinking and smoking weed. I was like, oh, okay. That was kind of, I wanted to talk about something different but they were like, we gotta talk about this still, I was like, alright.

Connor's situation is an example of a counsellor with an agenda that was not in line with what the client felt was important. The counsellor had an idea of what needed to be discussed, and did not heed the direction that the client was trying to go. Connor mentioned earlier in the interview that when he felt like he had to talk to counsellors, that he would just tell them what they wanted to hear. Connor talked about how his preferences were not being heard and that he was required to continue discussing a topic that he did not want to pursue. This led Connor to feel disconnected from his counsellor and from his treatment; why would he want to work with someone who did not listen to him? Connor entered the session ready to talk, but the counsellors made him feel that he was not valued by removing the collaborative aspect of the session and replacing it with the feeling that their opinions were more important than his. As a result, Connor slipped back into old habits and started to tell them what they wanted to hear instead of talking about what was important for him. He also slipped out of a positive counselling relationship and into one where he felt divided from his counsellors.

Albert also discussed the situation of not being able to talk about what he wanted to in session:

> *Albert*: I never get to talk about what I want to.
>
> *Interviewer*: So what do you want to talk about?
>
> *Albert*: Like how my days have been going.
>
> *Interviewer*: What could they do that would make you feel that it was okay to talk about what you want to talk about? What could they do differently?
>
> *Albert*: They could ask me if I wanted to talk about anything.

Albert's statement 'they could ask me if I wanted to talk about anything' appears to be a simple instruction that most counsellors would follow, if they were trying

to collaborate with their clients. And yet, he had not experienced this in his treatment up to that point and instead felt that he was always talking about what his counsellors chose, instead of what he felt was important. This collaboration is so essential to a therapeutic alliance, that it is not surprising that Albert has had few experiences of positive counselling relationships.

When considering the process of Albert's interview, it is interesting to analyze the researcher's experience with him in contrast to his therapeutic experiences. With the researcher, Albert was open, chatty, and provided answers to every question. According to his current treatment team, Albert was not participating in therapy and was at risk of removal from the program. The researcher spent some time reflecting on this stark contrast; the youth that was interviewed appeared happy to talk, although he did mention that he did not like talking about his emotions. When closing the interview, the researcher asked Albert about the difference between speaking with her and speaking with other counsellors. He agreed that the researcher felt different and said, "You're not pushing me to, like answer questions. You're giving me more time to answer questions." The goal of the researcher, to gain information about the therapeutic alliance directly from young offenders' experiences, was aligned with Albert's goal, to share as much as he was comfortable and no more. The researcher was able to trust in the process and the semi-structured format of the interview, which allowed Albert to collaborate with the researcher on where to direct the interview. This is possibly the difference between the researcher and past counsellors; a

feeling of alignment and the researcher being comfortable enough to allow the process to unfold only as quickly as the client's comfort allowed.

Two of the participants experienced a different scenario – one where they were able to decide the topic to be discussed. Brian explained how this came about in a touch base session, which is a brief check-in that residents have with two counsellors as often as they feel necessary, but at least on a daily basis. He said:

> When I'm touching base here. I talk about what I'm feeling and why. So that's talking about what I want to talk about. I like touching base. Most of the time I bring things up in touch base.

Brian's ability to guide the sessions increased his enjoyment of counselling. He was the one guiding the sessions, and he liked the freedom to bring up what was important to him when he needed to talk about it. As a result, Brian is more likely to seek out further counselling and continue to work on his goals. Daniel had a similar experience. He said, "It was really nice, you know I didn't really have to talk about *everything*, just like how I've been doing and stuff and some issues that had been going on." Daniel's statement demonstrates how much it meant to him to be able to discuss only what he was comfortable with, as opposed to having to talk about everything from his past and present issues. Later in the interview, Daniel went on to say:

> I wasn't talking about heavy stuff, just about how my day was. Like I wasn't talking about like my physical abuse in my past or, having to talk about my past just, you know, talk about stuff in the present. So, that was nice.

This statement implies not only that Daniel was uncomfortable talking about his past and his history, but also that he had been required to talk about it during

previous counselling sessions. For Daniel, it was important to have the freedom to stay in the present when possible and focus on topics that he deemed safe for discussion. If he was pushed into the topics that he was less comfortable with, Daniel would shut down and his sessions would not bring him any closer to his goals. He also associated counsellors who pressured him to talk with bad relationships and tended to feel more connected to counsellors who allowed him to have some choice in the direction of the conversation. However, he also experienced choosing topics collaboratively with his counsellor, and that was a compromise that worked well for him:

> Well, it kinda starts out, like [Staff Psychologist] asks me is there anything on my mind and stuff like that, and then, you know I take a little minute to think and I'm like, well there's this and that. If there's anything *you* want to talk about first, then we can do that, but usually the things that are on my mind. And, he's really good with it, we'll talk about my stuff, like first and then we'll talk about stuff he may have wanted to talk about too. Yah, it's balanced, it's equal, but a lot of the times he always puts me first, so. That's kinda nice, right? That's what I like about, uh these sessions, like *I* come first.

While it is obvious that clients would almost always prefer to discuss topics of their choice, in young offender treatment there will always be specific topics that counsellors will need to discuss with their clients. In Daniel's excerpt, the staff psychologist found a way to balance the needs of the client with the needs of the treatment program; he let Daniel know that he was the most important person in the session and what he thought and felt mattered, while also discussing topics required for Daniel's treatment. The staff psychologist built a relationship with his client that felt 'balanced' and 'equal' and Daniel felt comfortable enough to bring up the topics that he needed to discuss and open enough to talk about what the

psychologist deemed necessary. The collaborative process then, appears to be both mutually beneficial and crucial to building a relationship of equals between client and counsellor.

The importance of collaboration was evident during Daniel's interview as well. When explaining how he was able to feel comfortable with the researcher, he said:

> I didn't feel *worthless*, I felt, you know *hopeful*. Like, at least, you know, when you get this done and over with and stuff you'll have lots of information that counsellors could read to, you know, *know* what they should do, know what they *shouldn't* do for some people. Like, sure, some counsellors may like to talk first and maybe that's what the other people like, but you know I hear personal experience from guys here, it's kinda nice that you're doing this, kinda good that you're doing this, but. Yah, I'm comfortable, I'm good with it [laughs].

Daniel, more than the other participants, was able to develop the beginnings of an alliance with the researcher. In this excerpt, Daniel mentioned his feelings towards the research. He said that he was 'hopeful' that the results would help other people in the future. Daniel may have bonded quicker with the researcher partly because he was excited about partaking in the project. In this case then, the researcher and Daniel's goals were aligned. Both entered the interview with the aim of gathering information to advise other counsellors as to the best methods of working with young offenders. It was evident during this interview how important it is for the participant and the researcher to be aligned in their goals. Daniel felt that he was collaborating in the research process, which allowed him to feel comfortable and share his experiences openly.

Mandate hinders working together. Goals are not only developed after therapy has begun, clients come to the very first session armed with goals. This

process is impeded however, when people are required to enter therapy because another body has deemed it necessary. Right from the beginning, the client and therapist's goals might not match because the client may not perceive that there is a problem. Two of the youth discussed the reasons that they first entered therapy. This was not an interview question and came about spontaneously and, interestingly, the two adolescents had opposite reasons for starting therapy. Connor described how his life situation was such that residential treatment was his only option: "I was there 'cause I didn't have nowhere to go and plus I didn't listen to my grandma. And I disobeyed her lots and yah. Not lots but sometimes." There are three important components in this statement. First of all, Connor did not choose to enter into treatment, but was forced there by circumstance. Also, he was living with his grandmother, indicating that his parents were not his current caretakers and implying that he had been moved around between homes during his childhood. Lastly, Connor said that he disobeyed his grandmother, showing that he might have difficulty with authority figures. All of these factors can impact the therapeutic alliance as Connor was entering therapy feeling that he did not have a reason to be there, other than being required to attend counselling. He also had to talk to counsellors, which he viewed as authority figures, as a last resort. His goal of having somewhere to live is far from the therapeutic goals that the counsellors would be attempting to work on with him. When discussing how he felt about talking to the counsellors that he did not feel a connection with, Connor said:

> They're all kind of I *had* to talk to them, so. So, it wasn't *bad*, but it was, it was kind of in the middle. Hmm. Felt annoyed, really and pressured, I

> guess you would say. I'd talk to them then I was like, then I just started thinking and I was like, well really? I'll just tell them what they want to hear.

Connor had been in and out of a number of therapy programs and, in this excerpt, it is clear that what he remembered about the poor therapeutic relationships he experienced was the feeling of annoyance and pressure to talk to counsellors. His goal was not to participate fully but instead he 'had to talk to them', indicating that the pressure to enter therapy and perceived lack of choice about receiving treatment was carried through to his therapeutic relationships. Connor did not feel like he made the decision to enter therapy, and as a result he stated that he did not feel comfortable in some therapeutic relationships. Connor and his counsellors were not working together towards a shared goal, and Connor seemed to work against his counsellors by '[telling] them what they want to hear'. It appears that the initial introduction to therapy has an impact on not only how the relationship is perceived but also how much an adolescent is willing to participate in the therapeutic process.

Connor's reaction to 'having to talk' to counsellors was evident in the research interview as well. Connor was hesitant to start the interview as the other residents were watching a movie and he was reluctant to miss it. After a short discussion with the researcher, Connor decided to go ahead with the interview. Even so, the researcher observed that Connor appeared distracted and he provided many non-committal answers, such as: 'sort of", 'kind of', 'not really', and 'a bit'. Connor mentioned that, in many of his therapy relationships, he felt like he was obligated to talk and he had not made the choice to be there. The researcher

thought that Connor might be having similar feelings with regards to their situation, and queried accordingly:

> *Interviewer*: So how are you feeling right now? Are you feeling more have to talk to me or that you're okay with talking to me?
>
> *Connor*: A bit, kind of have to talk to you.
>
> *Interviewer*: Have to talk to me?
>
> *Connor*: Yah.
>
> *Interviewer*: Okay. Let's talk about that a bit.
>
> *Connor*: Yah?
>
> *Interviewer*: Yah, cause I mean this is something that you can either consent to or not.
>
> *Connor*: Yah, I did consent. And I *can* take my consent away.

The concept of consent was important to Connor. Even if he felt like he had to talk to the researcher, knowing that he could rescind his consent if he chose made all the difference. Connor's goal when starting the interview was likely 'answer her questions as quick as I can and get out of here', which was not aligned with the researcher's goal of learning as much as possible from each participant's experiences. After the discussion, the goals grew closer together with Connor's goal likely being 'answer her questions, as long as I want to, because I can take back my consent anytime'. He still provided short answers, but once this short exchange had passed, Connor was more engaged in the conversation and provided deeper answers to the questions.

Daniel's experience of starting therapy was quite different from Connor's; he was living with his mother and he did not start his therapy in residential treatment, so he was able to continue living in his home. Daniel was sent to

therapy when his mother perceived a problem, but he was able to pursue treatment in a familiar environment:

> Last year my mom thought something was kind of up with me because I wasn't acting as I usually do so she called the school and said that I should start meeting up with the school counsellor. And I started doing that and, you know, at first I was kinda iffy about it, didn't want to, cause I thought, well I'm fine.

There is one clear similarity between Daniel and Connor's experiences of starting therapy; they were both sent there because somebody else thought that there was a problem and were both therefore working towards somebody else's goal. Daniel stated that he thought he was fine and was unsure about the need for therapy. This is an experience that is common for youth in treatment, and was shared by two of the participants in this study; parents or caregivers perceive an issue that needs to be worked on and send the youth to therapy, even if the youth does not agree that there is a problem. While Daniel was sent to counselling because his mom wanted him to get help and Connor was sent to counselling because he had nowhere else to go, they both experienced the same feelings of having to be there, not choosing to be there.

Following his offence, Daniel was given the opportunity to make a choice regarding his treatment planning. After spending some time in jail, Daniel was presented with the option of leaving jail to attend residential treatment:

> Of course when I got out of there I just wanted to leave because, I was in jail. Like, that's the only reason why I'm coming here. I didn't think like I had to do anything. It's like, oh yah, just gotta do a couple assignments, nine months, I'm done, right?

This excerpt demonstrates a process that many young offenders experience when making the decision to attend residential treatment instead of completing their

sentence in jail. Often, the youth in residential treatment talk about how they did not feel that the choice between jail and treatment is a real choice, as anything is better than jail. They are attending therapy with the goal of staying out of jail, not necessarily with any therapeutic goals in mind. Daniel discussed how he wanted to leave jail, and residential treatment seemed like it would be an easy way to do that. He said that 'the only reason' he agreed to come to treatment was getting out of jail. He viewed treatment as a limited time engagement that he could attend, not do anything, and then leave. Later in the interview, Daniel talked about his current view of the treatment process:

> Yah, of course I'm still counting down the days until nine, twelve months happens, right? Yah, that's fine, that's normal for me, but there's so much more to it now that I wanna be here, like. Yah, the offense was the ticket in, as I said, but my ticket out of here is gonna be having a way better improved life. And, it's my second chance so I'll take every moment I can of it and not, try not to mess up again and if I do have a mess up, at least I got help on my way.

This excerpt is one of the most powerful from Daniel's interview. It demonstrates the evolution of his outlook on treatment – from involuntarily attending because his mom thought something was wrong, to deciding to attend residential treatment because it was the better of two options, to choosing to engage in the treatment process because it could change his life. It seems that what changed for Daniel were his goals; in his current treatment program, he was able to work on goals that he viewed as important and beneficial. Additionally, Daniel developed strong therapeutic relationships with some of the counsellors in the program, and he felt like they would help him achieve his goals. Daniel's journey is what counsellors hope for, although it does not happen with every client. As Connor's quotes

showed, although he has been in treatment programs for longer than Daniel, it can be difficult to overcome the initial lack of choice when entering treatment in order to reach a place where therapy can be viewed as a way of achieving his goals.

Making an effort to explain. Counsellors in young offender treatment programs spend a lot of time talking to their clients about different concepts, such as relapse prevention, cognitive distortions, and anger management in order to achieve prescribed treatment goals. These concepts require thorough explanations and conversations back and forth to ensure an in-depth understanding. The experiences of the participants in this study however, show that counsellors do not always take the time to ensure that clients have absorbed the information completely. The participants explained that it is the counsellors who do make the time for explanations with whom they feel a stronger bond.

As an example of how adolescent clients feel when they do not comprehend something, especially if it happens on a regular basis, Albert said:

> Like when I'm saying something they say, like I'm making excuses when, to me, it doesn't seem like an excuse. Because with my point of view I got, I got like the brain of like a fourteen-year-old, cause I'm so many years behind. So that's why I'm like very slow and I can't like, that's why most of the words people talk about I usually don't understand. And that's why I forget and stuff too.

In the interview, this was all said matter-of-factly, as if there was no question that Albert was years behind where he should be mentally. Albert's self-image has become one of being 'slow', forgetful, and behind his peers. He also said that he has trouble understanding 'most of the words people talk about'. Taken together, Albert is describing a problematic situation if his counsellors are not able to slow down and let him grasp information at a speed that makes him comfortable. If

Albert does not think himself capable of understanding what his counsellor is talking about, then there is a power divide between them, one that will interfere with the development of an alliance. Interestingly, when describing past counsellors that he liked, Albert said:

> Stuff he does that I like is he like, explains stuff more than the other staff here. So I understand it. He like, when he says something that, like in a sentence that I don't understand. He like rephrases it so that it's easier for my brain to process it.

This statement shows how important it is to Albert for counsellors to slow down and explain concepts. There is a clear distinction for him between counsellors who explain, and counsellors who do not. Albert repeats his negative self-image when he says 'easier for my brain to understand', but he liked that the counsellor was willing to rephrase ideas to help him during the session. He had a relationship with this counsellor because he understood what they were discussing, a situation which allowed him to feel that they shared goals. Unfortunately, clients are not always comfortable enough to voice when they do not understand components of a session. Connor talked about being in that situation:

> And we all sat down and talked about release plans. That was fun at first, then I felt a bit like, oh I'm gonna get out of here soon! They were saying that they were trying to come up with placements but they only came up with one. It was alright but, it was like, kind of [pause] I don't know, I didn't want to go there. I was like, I'll think about it.

Connor was expecting one outcome when he entered his session – to be presented with a number of post-treatment placement options, and he was faced with another – only one option for placement. Even though he was not happy with the progression of his session, and he did not understand why there were no more options, Connor agreed to think about it. Due to this, Connor's needs were not

met and his counsellors did not know that he was unhappy, because he did not share. Further explanations may have alleviated some of these problems, and a stronger bond might have helped Connor to feel more comfortable talking when he did not understand a decision made by his treatment team.

Taking the time to explain can help with more than just understanding within a session. Daniel explained two instances when counsellors took the time to sit down and talk with him about his concerns, and how it helped him to gain comfort and understand the goals of counselling overall. First, he said:

> I've felt, and I've talked to them about it too, I've felt like kind of, [pause] what's the feeling? Kind of felt annoyed. Actually no, I kind of felt irritated that, you know staff here got to know everything about my life and I really don't know about them. But, then they explained it to me in a way I've never thought of it before. Like, if I knew everything about them then I'd be inflicting on my therapy, so. And they *have* to know everything about me in order to kind of get to the root of things. But then, they also said that, how do you think it is when we gotta leave our job and do the whole confidentiality thing people ask us for work. So I'm like, oh, well, damn forgot about that part. So, that's kind of where they seem held up at. Like, they're learning so much from *me* and stuff but they can't say nothing out on the outside world cause of the confidentiality and how privatized it is.

Later in the interview, Daniel said:

> I guess one thing that was really helpful was, for me, cause I had the state of mind where I thought I was just a number, kinda like, I don't wanna sound offensive or anything but, it kinda was like a holocaust moment where you're just given a number and that's you, right? So I had a moment where I felt like, 'oh I'm just a number', I'm just a level, I'm just, I'm based on this I'm not *me*, I'm *this*. So, when I was in that moment, like a couple weeks after like I touched based about it and stuff like that and it was helpful to hear that like staff don't actually think of us that way. Like they actually *do* care about us. Their job here, you know, doesn't just require them to have eight hours, get paid, go away, right? Their job actually consists of, yah you do get eight hours of working here, you get paid, you leave, but you're still thinking, oh well how we're feeling and stuff, you know? It's kinda like, in a metaphorical internal way, you're taking us home with you and thinking about how our day's still continuously going. Like how we're feeling and stuff, so. It was helpful to

> know that, I didn't, I wasn't just based on a number, I am who I am, like, you know, I have my personality with me I'm not just having expectations because of a level system, I have expectations because I'm *human*, right? So yah, that was helpful to know.

Taken together, these two excerpts present a powerful testament for the value of making an effort to explain concepts. Feeling separate from the counsellors was getting in the way of Daniel's treatment; he was 'irritated' at the inequality of the relationship and he had lost himself in the system when he felt like 'just a number'. Learning the reasons behind why counsellors do not talk about their personal lives, why the rules of confidentiality are as strict as they are, and that counsellors do the job that they do because they care for their clients helped Daniel's comfort in sessions. Daniel was also able to get past his initial assumptions about counsellors so that he could participate fully in the session and start to build an alliance with them.

At the beginning of each interview, the researcher took a few minutes to reorient the participants to the purpose of the research, the process of the interview, and who the researcher was. Questions were encouraged and a couple of the participants took the opportunity to discuss the research in detail. For Daniel, this discussion was paramount in reducing his nerves and establishing comfort in the interview setting:

> *Daniel*: I knew you were coming and I remember hearing the words that [Daniel], you're the only kid here out of the three that she hasn't seen. So, two and two went together. I'm like, oh, you know, she's coming to see me. And the thing I was really nervous about was, why am I talking to her again? I forgot. I knew I accepted something, but… So it was a bit nerve-wracking. Then when you're like [Daniel], your turn, I'm like alright, let's go get these beans done. No, I'm just kidding. […]
>
> *Interviewer*: Okay. Is there anything that I did that helped you to lower those nerves or anything that I did to help you feel comfortable?

Daniel: Well, you reminded me why I was talking to you.

Daniel entered the interview feeling nervous. He did not remember why he was being interviewed and he was not comfortable enough to ask the researcher outright. In taking the time to remind Daniel about the research project, the researcher was able to reduce nerves, increase comfort, and engage Daniel in a lengthy and productive research interview. The conversation about the research was longer with Daniel than with the other participants, making it clear that Daniel needed the time to understand concepts before he was comfortable proceeding. The relationship benefited from this conversation, as Daniel was able to understand the researcher's goals and figure out if his goals were similar.

Giving me time to feel comfortable. Youth who receive treatment within the justice system are exposed to a number of different short-term and long-term counsellors, all with the goal of contributing to the young offenders' rehabilitation and self-improvement. The participants in this study described seeing some counsellors for as few as one or two sessions, and in that time they were expected to re-tell their history, offence details, and discuss their willingness to participate in counselling. These sessions did not always allow for the clients to gain comfort in the session or with the counsellor, let alone work on any of their personal goals. Brian said that he saw one counsellor for only four sessions followed by three counsellors for one session each while he was being processed through the justice system. Connor talked about seeing a psychologist while he was in jail, but they only spoke "once or twice". Daniel had a similar experience in jail, and said that he saw two counsellors, but he "didn't really meet up with them too much while

[he] was in there because [he] didn't have any reason to meet up with them, but [he] got an introductory". The consistency of relationship is not present, so the clients did not feel that they had the time to gain comfort and therefore were unable to find much benefit or accomplish any goals in their short counselling experiences.

While examining the process of Brian's interview, the researcher noticed that Brian was not participating at the level that his counsellors expected him to. When the staff at the treatment program found out it was Brian's turn to be interviewed, they were quick to mention his intelligence, ensuring the researcher that he would have a lot to say and stating the he was a consistent and active participant in individual and group sessions. While the researcher attempted not to let that cloud expectations, it was surprising that Brian's interview was in fact the shortest. Brian did not elaborate and gave many short answers. He was elusive at times and was unable to answer questions on more than one occasion. In addition, he displayed little of his personality and remained fairly closed off during the interview. Once we had concluded the rest of the interview, the researcher checked in with Brian to see how the experience was for him:

> *Interviewer*: What if it's somebody brand new. Like I'm somebody brand new. So is this something that's, you're a bit more closed off with me, or how is this?
>
> *Brian*: A little bit more
>
> *Interviewer*: Yah
>
> *Brian*: I'd have to say
>
> *Interviewer*: Um-hmm. Yah.
>
> *Brian*: Cause I only just met you a couple months ago and I've only seen you three times now.
>
> *Interviewer*: Um-hmm

Brian: Three times?

Interviewer: Yah

Brian: That's accurate. So yah it's a bit less comfortable.

Interviewer: Um-hmm

Brian: But I feel comfortable talking.

For Brian, the interview process itself was comfortable, but sharing with a new individual was 'a bit less comfortable'. While he was comfortable talking, the newness of the relationship affected the depth of information that he was willing to discuss. He went on to say, "Well if I was more comfortable, I would probably say more." Brian said that, if he met with the researcher on multiple occasions, he would likely start to open up more. It seems that Brian requires continuity in his relationships before he is willing to engage completely in the session. Brian's early treatment goals likely center around getting to know his counsellor and discovering their relationship, something that is not possible without spending time in the relationship. This is interesting considering the staff's expectations of him; he had been in the program for a number of months and the initial warming-up stage had passed, so the staff might have forgotten their earlier difficulties connecting with him. If Brian becomes comfortable and familiar with a counsellor, it is likely that he will allow for more of himself to show.

Even in the long-term counselling scenarios, clients are expected to work hard on the treatment goals from the beginning and are not always given the time to gain comfort in their situation. Albert described how it took him time to feel comfortable talking in a group:

> Some of [the groups] were emotional. Some of them I didn't talk in 'cause I wasn't [pause] very talkative. I was shy. [pause] I always used to, I

> always *listen* to what other people say and wait until I get asked questions. I don't ask them, usually.

Albert said that it took "a couple months" to feel like he was able to share, but in that time his silence is groups was interpreted as resistance to treatment. According to Albert however, he was not resisting treatment but listening to what was being said while working through an adjustment period. He said, "I think over time I just wanted to open up more and talk". When given the chance to acclimatize to his treatment situation and his counselling relationships, Albert started to feel more open. He said that, one roadblock to his current treatment was that he was, "just getting used to being open more about [his] offence". Albert needed time to gain comfort before he was ready to work on the treatment goals, but in most of his counselling experiences, that was not provided to him.

The tendency to hurry clients towards goal completion was felt by Brian as well. When asked what counsellors could do to improve their work with young offenders, Brian said, "just communicate with me a lot. If the people don't want to talk about something right away you shouldn't be pressuring them into talking about it". Brian's statement indicates that he has experienced pressure to talk in the past. He implied that with more communication and time, his therapeutic experiences would have been greatly improved and his relationships would have felt less pressure-filled and more collaborative.

Time to gain comfort applies within session as well as for therapy as a whole. Daniel talked about an assignment he had that did not make sense to him, but with patience from the counsellors, he was able to find real benefit in the task. He said:

> I guess the one I can think of off the top of my head is that touch base chart I talked about. Like it didn't make sense to me if, why I should talk about how I feel, what's the point of it and stuff, but after *weeks* of doing those charts and stuff and like weeks of them telling me to come in, like when I was really *angry* and stuff, pair off really well because they started explaining too why I should do it. They were like, well, if you do it, it's off of your shoulders. It's out on the table. You don't have to hide it, your true emotions show. You don't *have* to do self-protection. You don't *have* to feel angry anymore. You might feel *shitty* after, but you know, that's reality. You're never gonna feel fully happy 24/7, like you're gonna feel shitty some days, so. It's fine to feel this way. And they explained to me like, yah it's okay that you feel angry and all this stuff too and, it's just really what you do with it, and you know talking about it's one thing that you should be doing cause it's a safe way for ya. And personally I agree with that.

Daniel was able to move from 'what's the point' to learning to handle his anger in a safe way. This did not happen over a single session, or even a few, Daniel said that it took him 'weeks' of working through the assignments and the counsellors asking to talk to him about them before he even understood the rationale behind the task. In the end, he learned about his emotional health and his goals started to match up with the counsellors. Their relationship was strengthened because Daniel was able to come to an understanding of the goal of the assignment in his own time without pressure. For the participants, when counsellors provided the time and space for clients to gain comfort and understanding within sessions and their therapeutic practices, they noticed a number of benefits. It is clear that it is not always possible for counsellors to provide weeks for tasks to be completed, but even short-term counsellors can try to ease clients into the sessions before diving into the specifics of their offences and their past. Without comfort in session, the participants found it difficult to feel allied with a counsellor.

Self-improvement via the relationship. Young offenders, for the most part, have entered therapy because somebody else mandated them to be there which means that many of them do not have an idea of something specific that they would like to work on and are initially resistant to the therapeutic relationship. It is for this reason that counsellors have to work to find tasks that are not only engaging to the clients, but also produce some kind of change that is perceivable and appreciated by the clients, all of which is can only occur if the client and the therapist's goals are aligned. All the participants in this study were able to describe at least one instance of therapy helping them to make positive changes to their lives. When Albert was talking about a previous counselling experience, he said:

> It helped. Wasn't as impulsive as before. Yah. [long pause] And, I also got a lot more open about stuff. […] I think over time I just wanted to open up more about and talk, so. And I learned how to draw again.

Albert found tangible benefits in his treatment outcome: it reduced his impulsivity, helped him open up, and reconnected him with his drawing skills. For Albert to describe therapy as helpful, it means that it must have changed something that he wanted changed, indicating that his goals were in line with his counsellor. Brian also found benefit from therapy, but his were problems that he was not even aware of. He talked about how treatment helped him understand problems that he was having outside of therapy:

> I like social skills group. I like it cause it's teaching me, well obviously teaching me healthy social skills. But I used to look on my report cards and I used to see the social skills section and I was bombing that, so I was like, what? Cause I was thinking that that was the social studies thing, not the social skills. So I was like, what? I did good in social? What the hell?

> So I didn't know what was going on and then I figured it out and I've been improving on that.

For Brian, solving such a basic misunderstanding – social skills versus social studies – led to self-improvement. Learning that he was deficient in social skills opened up an area to improve, and he found that to be helpful. While initially he did not see that social skills were an issue for him, when he came to that realization he was able to establish treatment goals that helped him. Connor spoke about finding benefits in two different treatment programs:

> At my addictions, well alcohol and drug at down south, I, we were doing twelve steps. That was very helpful. Yah. I didn't finish them, but I thought that to be helpful. They, I guess you could say it was, it opened my eyes. Yah. Oh yah! And here, yah here. We did empathy, so I kind of always thought about myself not how other people thought about my actions.

At an addictions program, Connor was exposed to the 12-step model. Even though he did not complete the program, he found that it 'opened his eyes'. In his current treatment program, Connor learned about the concept of empathy. He noticed positive changes in himself as he learned to feel what others are feeling in situations instead of only focusing on himself. The tasks used in these programs were not only helpful to the participants, but also provided changes that they were able to observe within themselves.

Clients are not always receptive to tasks when they are initially presented. Daniel described his progression from doing a task out of necessity to meet his treatment goals, to integrating the learning into his routine and performing the task voluntarily:

> I *think* I just thought they were trying to give me assignments and stuff because they like to torture me with assignments and do work and put effort into stuff, but from now what I look at it is, oh well now they got me

> in the habit of touching base and stuff, I'm coming up on my own to talk about how I feel when I need to. I'm talking, like, by myself, I'm not actually doing this for the chart, I'm doing this because I *wanna* do it. It's nothing they're forcing on me.

Daniel was initially resistant to the task. He viewed it as 'torture' and thought it was the counsellors' way of keeping him busy. As he explained, the task transformed from torturous busy-work, to a habit that was beneficial to him. Daniel was able to use the chart and touching base to enhance his abilities to share his feelings. In addition, Daniel refers to his relationship progressing in tandem with his personal gains – from 'they' were trying to torture him to 'they' helped him recognize when he needed to talk. In a discussion of the specifics of the charting task, Daniel said:

> But, I think that's been helping me out too because I get to write down what made me mad, what made me mad in *physically*, like *body-wise*, but also *mentally-wise*, like what was going into my mind and my thoughts and stuff like that. And I write down the scale, like on a scale of one to ten, how *angry* I was, you know one being like, pff, relaxed, tired, and all calm, chilled back and ten being like just full out explode. So, it's kinda nice to have like that going on cause then I can look back at that and be like, okay, in these moments I can work on this and in these moments I'm been improving on, and in these moments these are what my thoughts are so I can challenge these. This is what I do when I'm angry in this certain situation, so. It's kinda nice to have those. And I think it's been helping me really well, actually.

Here Daniel describes the charts as helping him in the moment, in retrospect, and for future learning. Daniel was able to analyze his physical and mental reactions to strong emotions while he was rating them. This helped him to reflect on ways to improve his coping and also recognize areas where he made improvements. Daniel found the task to be helpful for him and, as he mentioned a number of times throughout the interview, it was helping him to control and understand his emotions, which was one of his main treatment objectives.

The researcher noticed that Daniel was comfortable and open with her early on in the interview. This was not the same with the other participants, who either stayed closed off for the duration of the interview or took some time to warm up to the researcher and the process. The researcher took note of the difference and inquired about it when the opportunity presented. Daniel said:

> You know, kind of used to it talking to strangers about my past and stuff. Now I got, you know, positive and assertive ways I *can* say things. I got skills like I learned from, that you know, gives me motivation and confidence to talk to, you know, strangers. Like you. Not saying you're a stranger and stuff like that I just don't know you, but.

Daniel referred to the researcher as a stranger, but also said that his work in therapy has provided him with a means to confidently talk to strangers. Daniel connected his work in therapy with personal growth and was able to explain how it helped him in the moment with the researcher. He perceived and internalized a change, and Daniel appeared proud to have grown in this way.

The final excerpt in this theme outlines how deeply therapy, when the client finds it helpful, can affect a client's life. Daniel said:

> Of course we're here for one reason, right? It's for the offence. But it doesn't feel like that when you're here for a long time. It feels like you're here for a purpose. Like, *I* feel like *I'm* here because I'm gonna get a better life when I'm done here. Like, yah, I'm here of course my ticket in was the sexual offence, my ticket out of here is having a better improved future, right? So, and it's really, for me, how I think of it is, you know, yah you do the one thing that gets you into the trouble and like it's known as the worst case scenario, right? But for coming here it seems like, you know, your second chance almost, you know? You're getting a second chance when you come here. Take every moment you got of it, right? Like just coming here I knew was my second chance. Then of course, when you're in jail you wanna be anywhere else, but coming here was a really big second chance for me.

This statement was incredibly powerful. When Daniel started his current program, he viewed it as another piece of treatment for his offence. As his relationship with

the program and with his counsellors changed however, his views evolved to include a bigger purpose – ‘a better life’ and a ‘better improved future’. While he realized that he chose a difficult route to get to this point, he learned to refocus his life in that he came to view his situation as ‘a second chance’. Daniel saw that his counsellors were trying to help him and that the tasks involved in his therapy work had a purpose. If he continued to work with his counsellors, grow his abilities and change his harmful habits, he could leave treatment with a new and improved life. This is the ideal view of treatment, and one that every counsellor hopes that clients will see. Even when the client has made the choice to enter therapy only to avoid the alternative of jail, if the client can build an alliance with his counsellors, then he can gain benefit from treatment and, hopefully, change his life.

Discussion

This is one of few research projects dedicated to exploring the therapeutic alliance from the viewpoint of young offenders. The purpose of this study was to explore young offenders' experiences of the therapeutic alliance while also considering the meaningful aspects of the alliance and the impact an alliance had on participation in counselling. In addition, the researcher analyzed the participants' reaction to and behaviour in a therapeutic interview-type setting. Above anything, this analysis has demonstrated the sheer complexity of attempting to build a therapeutic alliance with a young offender. Overall, the experiences of the participants were numerous and varied. Even the counsellors who had positive relationships with the participants utilized different techniques and had different personalities; none of them were exactly the same. There is no formula for building an alliance and the individuality of the client will always factor into what works and was does not.

The first theme, *Better than Just Talking*, involved the utilization of tasks, activities, humour, and relevant life lessons to enhance the relationship. Participants highlighted the benefits of using a variety of activities to improve their therapeutic experience as well as bringing humour into sessions, both of which served as positive influences on the youths' relationships with their counsellors. At the simplest level, variety and humour help to keep a repetitive process, as therapy can sometimes be, interesting. Activities within sessions and jokes during the conversation also enhance the enjoyment of sessions and provide participants with an engaging experience that they can participate in on different

levels over and above talking. Therapist use of humour impacting alliance formation has been explored in the research literature as well (Middleton, 2007). When used respectfully, a sense of humour can help to build the alliance while also conveying empathy and effecting understanding for clients, even in clients who have experienced traumatic life events. While therapy with young offenders often focuses on serious, traumatic, and troubling situations and feelings, clients appreciate when their therapist can utilize levity and humour, provided it is done respectfully.

The participants also spoke about integrating recreation, especially when counsellors participate, into their treatment. It is not surprising that adolescents enjoy being active, but the idea of using their energy and love of recreation to enhance therapy is something that could easily be introduced to many treatment models. Even if clients only visit with their counsellors for one hour sessions, it is possible to spend a little of that session spending time together on a recreational basis. According to the participants in this study, recreation provides benefits to self-image, program enjoyment, and relationships with counsellors, and all from something as simple as stepping outside of the counselling room and spending time together being active. Integrating sport into therapy has been found to not only create a positive outlook of the therapeutic experience, but also reduce recidivism (Draper, Errington, Omar, & Makhita, 2013). Participants in a sports-integrated treatment program describe reduction in behavioural problems, improved understanding, and greater insight. Also important is the life skills that were imparted through the instruction of the sport; participants built their self-

confidence and strengthened their discipline and boundaries. Utilizing alternative methods, such as recreation and sport, within treatment is a method supported by the participants in this study as well as the existing literature and can, not only enhance learning and engagement, but also potentially reduce recidivism.

When discussing tasks that were useful, it was learning the practical skills that could be used in the future and throughout the participants' lives that dominated their statements. Learning to cook, do chores, and shop are a few examples of practical skills that the participants appreciated learning through their therapeutic work. In another qualitative study, young offenders were provided with employment opportunities in addition to their mental health treatment (McQueen & Turner, 2012). While they were learning practical life skills, the youth reported that they found it easier to cope with their mental health symptoms and that they felt valued and empowered as their lives had gained a purpose through their work. Providing youth with the opportunity to learn practical skills then, has the potential benefits of enhancing young offenders' therapeutic experience and outlook on life while also teaching them skills that they otherwise would not have had the opportunity to learn.

While discussing previous counselling, peer, and familial relationships the participants highlighted the impact that the past can have on future counselling relationships. Negative relationships were more salient for participants; one negative counselling relationship could overshadow previous positive experiences and tarnish clients' views of future therapeutic relationships. A client's perception of the results of therapy also affects expectations for future therapy. If they do not

see results in their current situation, they do not expect results in the future. Brevity in therapeutic relationships also had an impact on alliance formation. The participants all spoke about having brief encounters with counsellors in different venues, so much so that they had to learn to adapt to telling their life story to strangers. Familiarity can play a role in the maintenance of a relationship, with clients feeling nervous at the prospect of changing counsellors once a relationship has been established (Robinson, 2010). Previous peer relationships also have an effect on counselling. Participants described how bullying can internalize to low self-esteem and fear of others. Young offenders are often exposed to traumatic life events, which have an effect on their likelihood to access treatment (Paton, Crouch, & Camic, 2009). In fact, even when highly distressed, young offenders are unlikely to seek support and are highly selective of their mental health professionals if they do reach out for help. The literature illustrates how barriers to an alliance are created from past negative relationships and traumatic life events. It is not surprising that this trend continues after youth have been placed in treatment.

The participants in this study had a lot to say about the experience of feeling close to their counsellors. Many of their views were echoed in the literature. Participants were concerned with safety, comfort, and mutual trust within their sessions. These concerns are not isolated to the participants in this study as youth in general want to be guaranteed that confidentiality and privacy will be maintained, both of which center around safety and trust (Robinson, 2010). While confidentiality within forensic services is complicated, as

counsellors are required to share a certain amount of information with others involved in the offender's care, youth are more comfortable in sessions and in a relationship, and more likely to trust their counsellor when they understand the boundaries and limitations of confidentiality.

The participants also discussed experiencing a greater therapeutic bond when they were able to relate to their counsellor, and when their counsellor could relate to them. This experience is also shared by youth outside of this study (Robinson, 2010). In fact, seminal and historic practitioners discussed the idea that empathy and understanding are essential components of the therapeutic relationship. Carl Rogers, for example, included, "the therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client" (Rogers, 1957, p. 95) as one of his core conditions for constructive personality change. It is interesting then that, if the research is telling counsellors that youth find that bonding is enhanced when certain techniques are used, the youth in this study have often experienced the opposite in their counselling histories. Some of their counsellors have been able to establish a bond, but others are letting bonds slip away because they are not taking the time and the care to utilize the skills that have been shown to work.

An additional relationship factor that was noted as important to the connection between client and counsellor was the disposition of the counsellor, specifically kindness. Clients needed to like their counsellor if they wanted to be able to establish a relationship with them, and often this was achieved with a counsellor who had a positive disposition and was kind. These findings are

similar to other studies that have linked personality and interpersonal styles with alliance formation in offender therapy, particularly with the bonding aspect of the therapeutic relationship (Ross, Polaschek, & Ward, 2008). Therapist disposition, including such factors as warmth and agreeableness, was thought to affect the client's ability to bond with their counsellor. As the participants in this study discussed, it is difficult to establish a bond with a counsellor who is not likeable and kind.

When discussing goals with the participants, one of the themes that emerged involved collaboration. The participants wanted to work with their counsellor in deciding how their treatment would progress, and they appreciated having their opinions both heard and integrated into their sessions. In essence, the participants wanted to be equals in their therapeutic relationship. This desire to be an active participant in the therapeutic process is found among youth in general, with youth asking to be informed about the process of their treatment and having some say in what was going to happen to them (Robinson, 2010).

Related to participants feeling aligned with their counsellors' goals, are their reasons for starting therapy. While the reasons varied, at the core of what the participants described in their interviews was the same experience of being told to attend therapy by a caregiver. When caregivers or parents perceive an issue in a youth, even if the youth does not believe that there is a problem, the youth can be sent to therapy. For the participants in this study, they were left feeling that they had to be there and had to talk to a therapist, not that they chose to be there. These feelings affected their relationships with their counsellors. Past research has found

similar results; youth who were mandated for treatment rated their alliances as significantly lower than youth who sought out treatment (McLeod, 2011). The choice of attending therapy is stripped from young offenders as mental health treatment is often incorporated into the justice system, and this lack of choice can undermine the relationship, potentially affecting the outcome of treatment.

For goals to be effective, the participants talked about the importance of counsellors explaining concepts while providing clients with the time and the space to develop an understanding of the therapy material. It is difficult for clients to align themselves with goals that they do not understand, and the participants discussed how their comprehension and commitment to goal completion was enhanced when counsellors were able to explain their ideas. The preference for counsellors taking time to explain concepts is similar to an idea from the research; counsellors are better liked when they deliver comprehensible information while utilizing excellent communication skills (Robinson, 2010). Youth want to be able to understand what they are hearing, and counsellors who are able to communicate with them in a way that the youth can comprehend, will find that the relationship will benefit. Participants also want time to feel comfortable in the relationship. Research has found similar results, with accessibility and availability playing roles in the establishment of a relationship (Robinson, 2010). Clients want time to build an alliance with a counsellor who they feel is interesting, approachable, and available to their needs.

Another component of the *Goals We Can Achieve Together* theme is the feeling that therapy was helpful. The participants were all able to describe ways in

which therapy had helped them make positive changes to their behaviour, insight, understanding of others, and handling of emotions. When they felt that they were making changes, the participants were also describing positive therapeutic relationships. It is likely then, that positive relationships contribute to young offenders' feelings of satisfaction within therapy. This sentiment has been well established in the literature on the therapeutic alliance (e.g., Brew & Kottler, 2008).

The results of this study link well with the available body of literature for therapy with young offenders as well as youth in general. However, no one project has linked all these factors together and drawn experiences directly from young offenders, meaning that these results need to be shared; if counsellors already knew how to do everything right, then the participants would not have had as many negative experiences as they did. The participants were hopeful that the results of this project would educate the professionals who work with other young offenders and improve the treatment programs and mental health services within the youth judicial system.

Evaluation of Thesis

What I have learned. As a first time qualitative researcher, this thesis involved a steep learning curve, from the beginning, that did not let up until the write-up was complete, edited, and finalized. I was warned that qualitative research would be involved, intense, and extensive. In fact, one mentor equated qualitative research to "slamming your head into a plate glass window repeatedly". Ever stubborn, and convinced that this was the best way to explore

my research questions, I persisted. Now that I am nearing completion, I would not have chosen a different route, because I still believe that there was no better way to have explored my research questions. These participants deserved a voice, and it was only through their experiences that I was able to offer some insight into working with young offenders. This will serve as an introduction to building a therapeutic alliance with young offenders and provide the beginnings of a knowledge base to enhance the training of those of us who choose to work within this population. In the end, I learned that qualitative research, and IPA specifically, was the most appropriate methodology to answer my research question. I have also learned enough about qualitative research that I would be comfortable in conducting future projects in this area.

Limitations. When this project was initially planned, there was the intention of returning to do follow-up interviews. Unfortunately, circumstances did not allow for follow-ups as the program started undergoing structural changes shortly after the research began. Luckily, the participants all provided interviews of such high quality that the follow-ups would only have been to confirm that they were satisfied with the transcription and were therefore not vital for the analysis. However follow-ups might have allowed the participants who were not as comfortable with the researcher, due to having limited contact, to gain some comfort and possibly elaborate on their previous interview.

The sample size was within a suitable range for an IPA study. Unfortunately, while it allowed for in-depth analysis, a small sample limits the ability to generalize findings to the young offender population as a whole. As

most qualitative research is exploratory in nature, this is a necessary drawback in order to achieve the depth required for analysis. It also allows for care to be paid to each participant as an individual without having to compromise with averages and general findings. This project highlighted convergence and divergence between participants, a process that would not have been possible with a large number of participants.

Another potential limitation is the exclusion of female young offenders in the sample. While this makes it difficult to generalize to the females in the young offender system, females only make up a small minority of youth in the corrections system; approximately 4-6% of young offenders in sentenced custody are female (Kong & AuCoin, 2008). This means that they are not only difficult to access, but few and far between, especially since females receive custody sentences less often than males (Kong & AuCoin, 2008). Additionally, females are less likely to become recidivists and, those who do, commit crimes of decreasing severity. In other words, to improve the treatment of the largest proportion of the young offender population, emphasis needs to be on male offenders. In future, however, it would be beneficial to examine whether experiences of the therapeutic alliance are similar across genders.

A final limitation is the use of audio recording of the interviews. While this captured the verbatim interaction, it only allows for verbal cues to be monitored. Audio recording removes the ability to detect nonverbal behaviours, which can be an indicator of alliance formation. The researcher attempted to handle this limitation by taking memos directly after interviews that made note of

any significant nonverbal cues used by the participant, including posture, eye contact, and gestures. Additionally, video recordings were not possible due to confidentiality restrictions surrounding young offender treatment; no photographs or videos can be taken of the residents.

Implications for practice. This study was designed to enhance the current understanding of the therapeutic alliance in young offender treatment. It is hoped that these results will be used as both a starting point for future research as well as information for additional training of counsellors in this area. The researcher's experience with training to work with young offenders in both a young offenders centre and a residential treatment setting was that there is little, if any, instruction and training specific to therapeutic work with this specific population. In general, it was assumed that if a person is providing mental health services with young offenders, then they have the necessary training. This not only leaves the counsellors in the position to learn through their sessions that further training would be helpful, but it also leaves the young offenders with treatment models that are not specific to their needs. This research demonstrates the complex and unique needs of young offenders, and counsellors can potentially enhance treatment adherence and outcome if they utilize some of the findings.

Another relevant implication from this research is the opportunity to learn from extremes. The participants in this study, while they may be young offenders, are not vastly different than adolescents in general. The experiences that they described however come from an extreme of being pushed through treatment as young offenders, with the necessity of talking about emotional and difficult

subjects and working towards major life changes in each therapeutic encounter. Instead of discussing depression or anxiety, young offenders talk about their offences, or abuse histories, for example. Not only that, but it is incredibly difficult to access young offenders for research purposes, so these learning opportunities are rare.

Future directions. As the therapeutic alliance in young offender treatment is a relatively unexplored area, this project could be taken in a number of directions to explore other aspects of the alliance. In the future, it would be interesting to interview participants at multiple points throughout their treatment. This would allow for the evaluation of stability or instability of alliance preferences within participants. In other words, multiple interviews would let the researcher examine whether participants' opinions change depending on their current satisfaction with the program, how close they are to the beginning or end of their sentences and treatment, or if their preferences remain stable regardless of other factors. It would also allow the participants to develop a level of comfort, and possibly an alliance, with the researcher, which could lead to more in depth information and a repeated evaluation of the alliance as it forms.

It would also be possible to design a mixed methods study that would employ the use of an alliance rating scale at the end of the interview to determine the quality of alliance felt by the participant and the interviewer. This would open up a number of areas for exploration: Do interviews with a higher alliance rating produce better results?; Do participants feel that an alliance was built during the research interview?; Does the rating increase with repeated exposure to the

researcher?; Is the interviewer's impression of the alliance on par with the participant's experience? The answers to these questions would allow the results to be analyzed on a different level and enhance the process analysis.

Validity. In order to evaluate the success of a qualitative research study, the validity of the project needs to be assessed. Yardley (2000) suggests that criteria specific to qualitative research should be used and outlines four principles: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. This section outlines how the current study attempted to meet these criteria.

Sensitivity to context. In order to produce a quality IPA research project, the researcher needs to utilize sensitivity to context from the beginning stages of the process. The interviewer, for example, requires "skill, awareness, and dedication" (Smith, Flowers, & Larkin, 2009, p. 180) in order to produce quality data. Researchers who are able to traverse the difficulties of conducting a worthy research interview (e.g., displaying empathy, ensuring the participant is comfortable, handling any interactional challenges), and continue this immersive attention to the individual experience of the participants throughout the analysis process, have displayed sensitivity to context (Smith, Flowers, & Larkin, 2009). Accordingly, the results of a sensitive IPA project will be grounded in the data with extensive verbatim excerpts, with participants receiving equal representation, to support any arguments or interpretations being made by the researcher. Finally, the research needs to utilize relevant literature from previous studies to help orient the project as well as place the results in a wider context. For the interview

process, the researcher's training as a counsellor as well as consistent supervision ensured that sensitivity was met. Analysis was an extensive and highly immersive process, and the researcher was supervised throughout. This validity point can be reviewed then, by examining the quality of the interviews and the care taken in the analysis.

Commitment and rigour. During the interview process, data collection, and data analysis, commitment is established in much the same way as sensitivity, with the researcher demonstrating care for the participants (Smith, Flowers, & Larkin, 2009). Additionally, commitment is established through the interviewer ensuring that skills are current and practiced and that supervision is sought at every step of the process. Rigour was discussed in an earlier section (see *Establishing Trustworthiness*). In addition to what was previously covered, rigour was demonstrated through the appropriateness of the sample selected for participation, supervision throughout the interview process, and in-depth and representative use of quotes in the analysis (Smith, Flowers, & Larkin, 2009).

Transparency and coherence. Transparency was met in the clarity of descriptions for the participant selection, inclusion of the interview schedule in Appendix A, the process of the interview, and the steps used in analysis (Smith, Flowers, & Larkin, 2009). The reader, in essence, judges coherence. The researcher attempted to ensure that coherence was met by working through drafts with supervision and requesting complete, honest, and in-depth feedback from her supervisor. Further, coherence is met when a study fits within the theoretical assumptions of the approach that was used (Yardley, 2000). This was carefully

monitored throughout the process and the researcher attempted to maintain the underlying principles for an IPA study.

Impact and importance. According to Yardley (2000), no matter how well a researcher conducts a study, if it is not stimulating, significant, or useful, then it is not a valid project. The participants themselves provided some evidence that this criteria was met when Daniel said:

> Like, at least, you know, when you get this done and over with and stuff you'll have lots of information that counsellors could read to, you know, *know* what they should do, know what they *shouldn't* do for some people. Like, sure, some counsellors may like to talk first and maybe that's what the other people like, but you know I hear personal experience from guys here, it's kinda nice that you're doing this, kinda good that you're doing this.

Daniel saw that the project could help future counsellors to work with young offenders. He also implied that this feeling was shared among the participants. If young offenders can see the value in a research project dedicated to helping improve their counselling relationships, then it is a project that is worth doing. As for the larger academic audience, it is this researcher's opinion that this project is not only useful but also vital to progress the research on the therapeutic alliance within a young offender population due to its novelty within the literature and the difficulties faced in accessing young offenders for research purposes.

Conclusion

This study explored the views of young offenders and their experiences of the therapeutic alliance. While the youth all had positive therapeutic relationships to discuss, they were also able to come up with a number of negative experiences. Many of the attributes that they look for in a counsellor are well known, some

have preliminary foundations in the literature, and some appear to be fairly unique. All of them could easily be integrated into practice. Additionally, further research in this area is needed to establish a unified definition of the youth alliance. Counsellors play a vital role in the treatment and rehabilitation of young offenders and they have the potential to affect the youth in a positive, constructive, and lasting way – if they are able to build an alliance.

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Appendix A

Interview Schedule: Young offenders' experiences of the therapeutic alliance

The purpose of this project is to understand young offenders' experiences of productive and unproductive therapeutic relationships through the exploration of each individual's history of therapy and their experience of the three components of the therapeutic alliance (bond, goal, and task). I want to know about

a. What was the most important aspect of the participant's alliance with their counsellor
b. How the alliance contributed to the participant's involvement in counselling sessions

Additionally, the interviews will consist of process questions to get an in-the-moment view of the individual's reaction to and behaviour in a therapeutic interview-type setting.

The following questions will guide the semi-structured individual participant interviews:

1. Counselling experience
    a. Can you tell me a little about your experiences with counselling? (first time you were in counselling, how many counsellors you've seen, etc.)
    b. Can you tell me about a good relationship you've had with a counsellor?
    c. Can you tell me about a bad relationship you've had with a counsellor?

2. Alliance

    a. Goals

        i. Tell me about a time when you felt like you and your counsellor were working towards the same goals

        ii. Tell me about a time when you and your counsellor were talking about things that you wanted to talk about. / Did you talk about what you want to talk about, or were the topics chosen by your counsellor?

    b. Task

        i. Tell me about a time when you and your counsellor were doing things that made sense to you.

        ii. Tell me about a time when you and your counsellor were doing things that you enjoyed.

        iii. Tell me about a time when you and your counsellor were doing things that were helpful.

        iv. What were those things?

    c. Bond

        i. Tell me about a counsellor you really liked. What was that like?

        ii. Tell me about a counsellor you did not like. What was that like?

3. Process

a. How comfortable are you talking about yourself? Is this usual for you? Is it different when you sit and talk with your friends?

b. How does it feel right now to be talking to me?

    i. Is this different from your experience talking to your counsellor? Or the same?

Appendix B

Participant Information Letter and Assent Form

Understanding the Therapeutic Alliance through the Experiences of Male Youth

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I would like you to be in my study about what it's like to be in counselling while in the youth corrections system. This will give me information that I cannot get any other way. I will use the results of this study for my master's thesis. My research is funded by the Canadian Institutes of Health Research.

I was a counsellor at Counterpoint House from July 2008 until October 2010. I am now getting my master's degree in Counselling Psychology. I will not be working in the program as a counsellor until after you have completed your program. This means that you do not need to worry about working with me in more than one role while you are in Counterpoint House.

Purpose

This study is about learning more about the young offenders who are getting mental health treatment. Past research has shown that it can be hard for youth to feel a strong bond with their therapist. Without a good relationship, youth notice less change and don't feel as satisfied with therapy. I am running this study to look into that relationship between young offenders and their therapist. It is my hope that this study will help people understand what therapists are doing well and what they can change in their work with young offenders.

Study Procedures

Participation in this study is simple: I will schedule a time to interview you and we will spend 1-2 hours talking about your experiences in a relationship with a therapist. The interviews will be audio recorded so that I can type them up after we have finished. After the first interview, I will spend some time analyzing the transcript of our interview. If I have any follow-up questions, I will schedule a second interview with you. If there are no more questions, we will meet a second time to go over the transcript of our interview. If there are questions after the second interview, we will meet one last time to go over the new transcript. Once I have finished all the interviews I will do my final analysis and start to write my

master's thesis. All together, the research process will take about 8 months but your participation is limited to around 5 hours.

During the research process I will be checking in with you to make sure that what I have written matches with what you have said. This process is called "member checking". It will help me to represent you the way you want to be represented. The first member check will happen during our follow-up interview. The second check will be a quick meeting to read over any changes or new information that I gathered during our second interview.

Benefits
This study will give you the chance to talk about your time in therapy with a neutral researcher who wants to hear what you have to say. These interviews will give me information that I can't get any other way. It is my hope that the results of this study will help therapists understand the best ways to connect with youth in therapy. I also hope it will help mental health professionals to create better treatment programs.

Risk
This research poses almost no risk. It is possible that, because the interviews will be one to two hours long, you will feel tired when we finish. I will make every effort to reduce this risk. We will talk about breaks before we start the interview. If the interviews bring up any feelings that you want to talk about more, the treatment team at Counterpoint is happy to spend some time talking to you after our interview.

Voluntary Participation
Participation in this study is your choice. If you don't want to that's fine and it will in no way affect your relationship with the Counterpoint program or your sentence. If you agree to be in the study that's fine, too. Even if you choose to be in my study, you don't have to answer every question. You can also change your mind and stop at any time. If you do change your mind, I can delete your interview from the study up until I start writing my research report. Once I have started writing, the data is all mixed together and cannot be taken out.

Confidentiality & Anonymity
This research will be used as the thesis for my master's degree. I will also be speaking to the staff and residents at Counterpoint about my results to try to improve the program. I hope to present this research at conferences. I also hope to have the results published in a scientific journal. I will not put any of your personal information in the articles or presentations.

All research data will be kept confidential and the only people who can see the files are my supervisor, Dr. Derek Truscott, and myself.

I will do all I can to make sure no one can tell it was you in my study. I will take out all personal facts and use a fake name for you. Other residents or staff might be able to know it was you if they read my study. Outside of Counterpoint, there is a very small chance that anyone else could know it was you, but because there are so few residents at Counterpoint, there is a very small chance that you will be identified.

The interviews won't be read by anybody except for my supervisor and me. Once I have typed out the interviews on to my computer, the recordings will be erased. All electronic files will be password protected. I will keep the interviews file safe for 5 years after I finish my thesis and then will erase them.

If I ever want to use these interviews for another research project, a research ethics board will have to give me permission first to make sure it is ethical.

Further Information

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Title of Project: Understanding the Therapeutic Alliance through the Experiences of Male Youth
Principal Investigator(s): Kristen Schiller and Derek Truscott
Phone Number(s): 780-492-3746

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without impacting the treatment provided by Alberta Health Services?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your records?	☐	☐

Who explained this study to you? ____

I agree to take part in this study: YES ☐ NO ☐

Printed Name ____

Date:_____________________________

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _______________________________
Date __________

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

Appendix C

Parent/Age of Majority Participant Information Letter and Consent Form

Understanding the Therapeutic Alliance through the Experiences of Male Youth

Research Investigator:
Kristen Schiller
Department of Educational Psychology
6-102 Education North
University of Alberta
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kbouvier@ualberta.ca
(780) 492-3746

Supervisor:
Dr. Derek Truscott
Department of Educational Psychology
6-102 Education North
University of Alberta
Edmonton, AB T6G 2G5
truscott@ualberta.ca
(780) 492-3746

I would like you to be in my study about what it's like to be in counselling while in the youth corrections system. This will give me information that I cannot get any other way. I will use the results of this study for my master's thesis. My research is funded by the Canadian Institutes of Health Research.

I was a counsellor at Counterpoint House from July 2008 until October 2010. I am now getting my master's degree in Counselling Psychology. I will not be working in the program as a counsellor until after you have completed your program. This means that you do not need to worry about working with me in more than one role while you are in Counterpoint House.

Purpose
This study is about learning more about the young offenders who are getting mental health treatment. Past research has shown that it can be hard for youth to feel a strong bond with their therapist. Without a good relationship, youth notice less change and don't feel as satisfied with therapy. I am running this study to look into that relationship between young offenders and their therapist. It is my hope that this study will help people understand what therapists are doing well and what they can change in their work with young offenders.

Study Procedures
Participation in this study is simple: I will schedule a time to interview you and we will spend 1-2 hours talking about your experiences in a relationship with a therapist. The interviews will be audio recorded so that I can type them up after we have finished. After the first interview, I will spend some time analyzing the transcript of our interview. If I have any follow-up questions, I will schedule a second interview with you. If there are no more questions, we will meet a second time to go over the transcript of our interview. If there are questions after the second interview, we will meet one last time to go over the new transcript. Once I have finished all the interviews I will do my final analysis and start to write my

master's thesis. All together, the research process will take about 8 months but your participation is limited to around 5 hours.

During the research process I will be checking in with you to make sure that what I have written matches with what you have said. This process is called "member checking". It will help me to represent you the way you want to be represented. The first member check will happen during our follow-up interview. The second check will be a quick meeting to read over any changes or new information that I gathered during our second interview.

Benefits
This study will give you the chance to talk about your time in therapy with a neutral researcher who wants to hear what you have to say. These interviews will give me information that I can't get any other way. It is my hope that the results of this study will help therapists understand the best ways to connect with youth in therapy. I also hope it will help mental health professionals to create better treatment programs.

Risk
This research poses almost no risk. It is possible that, because the interviews will be one to two hours long, you will feel tired when we finish. I will make every effort to reduce this risk. We will talk about breaks before we start the interview. If the interviews bring up any feelings that you want to talk about more, the treatment team at Counterpoint is happy to spend some time talking to you after our interview.

Voluntary Participation
Participation in this study is your choice. If you don't want to that's fine and it will in no way affect your relationship with the Counterpoint program or your sentence. If you agree to be in the study that's fine, too. Even if you choose to be in my study, you don't have to answer every question. You can also change your mind and stop at any time. If you do change your mind, I can delete your interview from the study up until I start writing my research report. Once I have started writing, the data is all mixed together and cannot be taken out.

Confidentiality & Anonymity
This research will be used as the thesis for my master's degree. I will also be speaking to the staff and residents at Counterpoint about my results to try to improve the program. I hope to present this research at conferences. I also hope to have the results published in a scientific journal. I will not put any of your personal information in the articles or presentations.

All research data will be kept confidential and the only people who can see the files are my supervisor, Dr. Derek Truscott, and myself.

I will do all I can to make sure no one can tell it was you in my study. I will take out all personal facts and use a fake name for you. Other residents or staff might be able to know it was you if they read my study. Outside of Counterpoint, there is a very small chance that anyone else could know it was you, but because there are so few residents at Counterpoint, there is a very small chance that you will be identified.

The interviews won't be read by anybody except for my supervisor and me. Once I have typed out the interviews on to my computer, the recordings will be erased. All electronic files will be password protected. I will keep the interviews file safe for 5 years after I finish my thesis and then will erase them.

If I ever want to use these interviews for another research project, a research ethics board will have to give me permission first to make sure it is ethical.

Further Information
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Title of Project: Understanding the Therapeutic Alliance through the Experiences of Male Youth

Principal Investigator(s): Kristen Schiller and Derek Truscott
Phone Number(s): 780-492-3746

	Yes	No
Do you understand that your son/ward has been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in your son/ward's taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that your son/ward is free to withdraw from the study at any time, without having to give a reason and without impacting the treatment provided by Alberta Health Services?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your son/ward's records?	☐	☐

Who explained this study to you? ____

I agree that my son/ward can take part in this study: YES ☐ NO ☐

Signature of Parent/Guardian of Research Subject

____

(Printed Name) ____

Date:______________________________

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to provide consent for participation.

Signature of Investigator or Designee_______________________________
Date __________

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT