Impact of an Adlerian Based Pretrial Diversion Program: Self Concept and Dissociation

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Abstract

Clients' self concepts and dissociative experiences were examined to determine the impact of an Adlerian based pretrial diversion program. Clients completing the program displayed a significant change in self concepts and dissociative experiences. A repeated measures multivariate analysis of variance indicated a 35% change, made up of the self-concept subscales: Physical, Moral, Social, Academic/Work, and Personal and an overall dissociation score

Introduction

Between 1980 and 2005 the prison population in the United States grew from 500,000 to more than 2 million (Bureau of Justice Statistics, 2006). By 2003, governors and state legislators, faced with a third year of economic crisis sought to reduce costs linked with corrections (Wool & Stemen, 2004). These reductions were especially important in states such as Alabama, where in 2002 the incarceration rate was 43% greater than the national average.

Increased prison populations and economic pressures in the area of corrections signify a need for effective alternatives to incarceration. Restorative justice pretrial diversion programs offer a less costly alternative to incarceration (Latimer, Dowden, & Muise, 2005). However, there is a void in research needed by administrators and community members to determine which programs are most effective (Antonowicz & Ross, 1994; Bonta, Wallace-Capretta, Rooney & McAnoy, 2002; United States Department of Justice, 2003). Items to be addressed by administrators of alternative programs include offender needs such as cognitive skills, substance abuse, living skills, abuse, trauma, employment and education (Hannah-Moffat, 2005; King, 2007; Wood, 2007; Wool & Stemen, 2004). Additionally, alternative programs need clearly defined desired results, measurable indicators to demonstrate success, and activities and resources to monitor the processes in place.

Within the context of restorative justice, offenders atone for their actions via rehabilitation within the community. For example, instead of serving a prison sentence, an offender may be required to pay restitution to the victim and to do volunteer work in the community. Latimer et al. (2005) conducted a meta-analysis surrounding restorative justice practices and found restorative justice programs were significantly more successful at reducing recidivism than non restorative approaches to criminal behavior. However, the voluntary nature of restorative justice programs makes the research problematic. While 20% of participants in the restorative justice program recidivated, 48% of those that refused to participate in restorative justice programs recidivated. These findings indicate that those less likely to recidivate may be more likely to volunteer for such programs.

Research has demonstrated restorative justice is significantly more effective at reducing recidivism in adults than in juveniles (Bonta et al., 2002). Restitution is the factor most associated with reduced recidivism. The incorporation of victim offender meetings provided small decreases in recidivism. Reduced recidivism is associated with a community service element to the program (Harris & Wing Lo, 2002).

Finally, variables such as age, race, employment, geographic area, substance disorders, genetic predictors, physiological predictors, family structure, relationships, or support, dissociative experiences and self concept play a role in recidivism rates (Hannah-Moffat, 2005; Paolucci, Violato, & Schofield, 2000; Snow, Beckman & Brack, 1995).

Marsh and Burnett (2003) acknowledged limited research about the impact of alternative programs on self concept and that within the body of research that does exist weak interventions and designs are present linking program goals and changes in self concept. Hannah-Moffat (2005) reported a link between self concept and recidivism. Decreases in delinquency have also been linked with increases in self concept (Levy, 1997; Craven, Marsh, & Burnett, 2003). Levy found significant differences in self concept of non delinquents as compared with delinquents. Furthermore, Trzesniewski et al. (2006) noted that offenders with improved self concepts experience healthier life outcomes and Craven et al., (2003) reported poor self concept can result in personal and social ineffectiveness. Examples of such personal and social ineffectiveness include violence and criminality. Sweitzer (2005) established a relationship between self concept and social interest in conduct disordered adolescents. Sweitzer found that when these adolescents lacked self concept and social interests they reacted defensively to achieve superiority and protect personal meaning.

Saxe (2001) established connections between dissociation and criminality. Dissociation is "a disruption in the usually integrated functions of the consciousness, memory, identity, or perception of the environment" (p. 243). Individuals with a history of childhood abuse are particularly susceptible to dissociative disorders. Offenders may commit crimes in dissociative states. At least 25% of offenders show pathological levels of dissociation (Moskowitz, 2004). Identification and treatment of such issues is important in the area of offender rehabilitation. Latimer et al. (2005) emphasized the need to be aware of the possible presence of pathological and psychological factors with offenders and the need to provide psychologically informed treatment.

In the current study a within subjects test-retest design was performed post-hoc using archival data. Client files at an Adlerian based restorative pretrial diversion program were examined to answer the following three research questions:

- 1. Are shifts in both self concepts and dissociative states combining to create a yet undefined multivariate change within clients?
- 2. Is the program associated with a significant univariate increase in clients' self concepts?
- 3. Is the program associated with a significant univariate decrease in clients' dissociative experiences?

Method

Participants. Participants were 250 first time nonviolent felony offenders voluntarily participating in the diversion program, in the southeastern United States, between 2002 and 2007. One hundred and fifteen (46%), were African American females, 51 (20%) were African American males, 44 (18%) were Caucasian females, 38 (15%) were Caucasian males, 1 (less than 1%) was a Hispanic female and 1 (less than 1%) was a female who classified herself as other. Seventeen of the participants had a ninth grade education or less, 179 were high school graduates, and 54 had post-high school education.

Instruments. The program in this study tracked changes in clients' self concepts and dissociative experiences. Clients took pretests and posttests including the Tennessee Self Concept Scale: Second Edition (TSCS: 2; Fitts & Warren, 1996) and the Dissociative Experiences Scale (DES; Carlson & Putnam, 1993). The instruments are hand scored. Administrators keep the results of testing on file. Reading levels were assessed using the Wide Range Achievement Test (WRAT3; Wilkinson, 1993). The mean reading level was 44.28 (high school) with a standard deviation of 6.36. The 19 individuals scoring less than 6th grade reading levels on the WRAT3 were provided with a reading coach while taking the TSC: 2 and DES.

Tennessee Self Concept Scale: Second Edition. The TSCS: 2 is a multidimensional self concept assessment instrument for ages 13 and older, takes 10 to 20 minutes to complete, and may be administered individually or in groups (Brown, 1998). The reading level of the adult form of the test is fourth-grade. There are 82 self de-

scriptive statements with 5 response categories for each descriptive statement: always false, mostly false, partly false and partly true, mostly true and always true (Fitts &Warren, 1996). An example of an item from the test is "I can't read very well" (p. 12). The respondent circles 1 for always false, 2 for mostly false, 3 for partly false, 4 for mostly true, and 5 for always true.

Although the second version of the test does not retain all of the original 34 scores from the 1988 version, Fitts and Warren (1996) noted scores in the second version are psychometrically equivalent to those in the first version with a median correlation of .94 between the two versions. Scoring the second version of the test generates 15 separate scores. There are validity scores (Inconsistent Responding, Self-Criticism, Faking Good, and Response Distribution), summary scores (total self concept and conflict), external self concept scales (Physical, Moral, Personal, Family, Social, Academic/Work), and internal supplementary scores (Identity, Satisfaction, and Behavior; Brown, 1998). Self concept relates to the self definition associated with the question, "Who am I?" (Fitts & Warren, 1996). This is different from self esteem. Which relates to the self-evaluation link with the question, "How do I feel about myself?" This study focuses on the 6 external self concept scores. Definitions of each subscale follow.

Physical self concept is the view an individual has about his or her body, state of health, physical appearance, skills, and sexuality. Moral self concept represents feelings of being a good or bad person. Low moral self concept may lead to impulsivity that overrides moral considerations. Personal self concept reflects personal worth and feelings of adequacy as a person. Family self concept indicates feelings of worth and value as a member of a family. Social self concept refers to feelings about adequacy and worth in relation to interactions with others. Academic/Work self concept relates to an individual's perception of self in work and academic settings.

Established norms included 1,944 adults, including United States public high school students, college students, public school staff, members of parent-teacher organizations, members of church, and other community groups (Fitts & Warren, 1996). Fitts and Warren reported internal consistency reliability ranges from .73 on the Social self concept scale to .93 for total self concept. Test-retest reliability ranges from .70 for the Social subscale to .82 for Total self concept.

Fitts and Warren, (1996) reported construct validity using a principal components analysis with varimax rotations. They reported the results of a two-factor extraction and pointed out that the use of positively and negatively worded items calls for separate extractions on each of the subscales for self concept. Their two-factor extraction accounted for 28.7% of the variance. Seven out of seven of the positively worded and 3 out of 7 of the negatively worded items loaded on the Physical subscale. Four out of six of the positively worded and 6 out of 6 of the negatively worded items loaded on the Personal subscale. Six out of six of the positively worded and 6 out of 6 of the negatively worded items loaded on the Family subscale. Six out of six of the positively worded and 6 out of 6 of the negatively worded items loaded on the Social subscale. Five out of six positively worded and 5 out of 6 of the negatively worded items loaded on the Academic/Work subscale.

Additionally, a principal component analysis using a varimax rotation with separate extractions for positively and negatively worded items accounted for 52.3% of variance in the extraction of the positively worded items and 48.6% of the variance in extraction of the negatively worded items (Fitts & Warren, 1996). In the six factor extraction, six of the seven positively worded and four of the seven negatively worded items loaded on the Physical subscale. Four of the six positively worded and three of the six negatively worded items loaded on the Moral subscale loaded. Six of the six positively worded and four of the six negatively worded items on the Personal subscale loaded. Six of the six positively worded and four of the six negatively worded items loaded on the family subscale. Four of the six positively worded and three of the six negatively worded items loaded on the Social subscale. Four of the six positively worded and five of the six negatively worded items loaded on the Academic/Work subscale. Fitts and Warren reported these results demonstrated reasonably strong support for the Physical, Moral, Family, Social and Academic/Work subscales. They stated that support for the Personal self concept subscale was weak

Dissociative Experiences Scale. DES is a self report inventory that aids in the identification of patients with dissociative psychopathology and serves as a research tool that quantifies dissociative experiences (Juni &

Waller, 1992). Dissociation is "a disruption in the usually integrated functions of the consciousness, memory, identity, or perception of the environment" (Saxe, 2001, p. 243). The DES is appropriate for persons age 18 years and older (Juni & Waller, 1992). Time anticipated for taking the test is 10 minutes. Written at the 10th-grade reading level, it contains 28 items designed around extensive interviews with dissociative patients and specialists in the area of dissociation. An example of an item from the test is, "Some people have the experience of finding new things among their belongings that they do not remember buying" (Carlson & Putnam, 1993, p. 26). The test takers indicate the percentage of time this happens to them.

DES comes in two forms (Juni & Waller, 1992). Each form of the test contains the same items. However, the scale used to rank dissociation linked to each question is slightly different. On the original form, a visual analogue scale requires those taking the test to place a slash on a 100-millimeter line with responses ranking from 0%, "this never happens to you" (p. 7) to 100%, "this always happens to you." The evaluator rounds up or down to the nearest 5 millimeters. DES 2 uses an 11-point Likert scale listing percentages from 0 to 100 in increments of 10 and allows the test taker to circle a percentage indicating the percentage of time the event occurs. Instructions include a statement about drug or alcohol experiences instructing those taking the test to ignore drug or alcohol experiences when responding to the questions. The higher the DES score the more likely a person is to have Dissociative Identity Disorder (Carlson & Putnam, 1993). A score, of higher than 30 on the instrument, indicates Dissociative Identity Disorder. However, in a sample of 1,051 clinical subjects only 17% of those scoring above 30 on the DES had Dissociative Identity Disorder. Archived data in this study consisted of both the DES and the DES: 2 scores.

Test-retest and internal consistency reliabilities for the DES from six studies provide weighted means of .85 and .93 respectively. Factor analysis provided validity for the DES. Limiting factor loadings to .45, no one item loaded on more than one of the three factors associated with the test: amnesia, absorption/imaginative involvement, and depersonalization/de-realization (Juni & Waller, 1992). Zingrone and Alvarado (2002) use a principal components analysis with an oblique rotation and found one factor better accounts for results obtained by the instrument with 50% of the variance accounted for and all items loading on one factor at .32 or higher in a sample size of 308.

Figure 1 DES 2 Likert Scale

Procedure. Due to the retrospective nature of the study, no comparable control group was available. Thus, a within subjects test-retest design was performed post-hoc. The researcher used archived data that came from the clients' responses on the Tennessee Self Concept Scale: Second Edition (Fitts & Warren, 1996) and the Dissociative Experiences Scale (Carlson & Putnam, 1993). The statistical analysis used was a doubly multivariate analysis of variance (MANOVA; Grim & Yarnold, 1995). The MANOVA is effective when the same respondents provide several measures over time and the researcher wishes to examine the data to see if any trends materialize (Hair, Black, Babin, Anderson & Tatham, 2006). Using the repeated measure MANOVA researchers can account for the dependence present in such a test-retest design while at the same time researchers can determine whether differences, beyond those expected by chance alone, occurred across individuals for a set of dependent variables.

The researcher received approval for the research from the Institutional Review Board at Amridge University. A review of the archived clients' files took place. Files containing the genders and races of clients, answers to both pretest and posttest for the Tennessee Self Concept Scale: Second Edition (TSCS: 2; Fitts & Warren, 1996) and the Dissociative Experiences Scale (DES; Carlson & Putnam, 1993) were included in the study. Code numbers were assigned to clients' files and used to differentiate clients in the data file. Client responses to the items in the TSCS: 2 and the DES were entered into the statistical software package: SPSS. The researcher used SPSS to perform a repeated measure multivariate analysis of variance (MANOVA) on the data.

Intervention. The pretrial diversion program in this study is an Adlerian based, restorative justice program

based on the idea that crime is a violation of people and relationships (Guest, 1991). First time, nonviolent, felony offenders may apply. An applicant must write a letter of apology to the victims and appear before a commission, made up of members of the community appointed by the presiding criminal judge. Members of the committee meet jointly with each individual applicant, an applicant's family member or friend, and the applicant's attorney to question the applicant about his or her crime and allow the friend or family member and the applicant's attorney to speak on the applicant's behalf. Victims must grant written consent for offenders to participate and may also attend the meeting and make comments. In order for the applicant to become a client in the program, a majority vote is needed from the committee.

Mock commissions are held the evening before the commission meetings. Clients, currently in the program, earn community service hours for attending the mock commission meetings and acting as commissioners. They are role models in this process confronting applicants applying to the program in constructive ways. This allows applicants to get feedback from their peers related to the crime they committed, the demands of the program, and the benefits of the program.

Counselors working in the program use an Adlerian based group counseling process that revolves around the concept of social interest (Guest, 2001). The ultimate goal of the counseling aspect of the program is to help clients experience cognitive shifts in thinking that take them away from the criminal subcultures and thinking and instead inspire them to invest in social interest linked to conventional society. Elements of the program connect each of the five life tasks associated with Adlerian theory: work, friendship, love/intimacy, selfacceptance, and spirituality (Adler, 1991; Dreikurs & Moska, 1967; Mosak & Dreikurs, 2000; Sweeney, 1998). Individuals' feelings about themselves and levels of self-acceptance determine how they are able to form interpersonal relationships and ultimately how successful they are at achieving social interest. In relation to the life task of work, clients are required to complete 300 hours of community service, consistently have a job, and do continuing education. Intake officers monitor clients to ensure they are meeting these requirements. Additionally, clients pay complete restitution to victims and take random drug screens. The counseling portion of the program covers the last four life tasks. Friendship involves relating to others and establishing healthy relationships. Love/intimacy relates to achieving bonds of familiarity, closeness, love and intimacy with a group. Self-acceptance relates to learning to like and appreciate self. Spirituality centers on clients' values, life meanings, and goals. Clients attend a minimum of eight individual counseling sessions where they build a genogram with a counselor and begin to understand the private logic that is driving current faulty life goals. In conjunction with individual counseling, they also spend at least a year in a four phase semi-structured group counseling program. A new healthy support network in the form of the staff, counselors and group members replaces the unhealthy relationships. Group is a social framework where clients can develop a healthy sense of belonging and community (Carlson, Maniacci & Watts, 2006). Within the program the goal of the group therapy is to "help clients live a socially useful lifestyle" (Guest, 2001, p. ix). Positive self concept and identity is the basis of such a lifestyle. However, the key to change is ensuring clients' positive self concepts and identities have no connection with criminal subcultures or faulty thinking.

The group counseling process has four phases: *I am Conflicted, I am Mad*; *I came from a Family*; and *I am Becoming* (Guest, 2001). In the conflicted stage, the focus is on understanding of the personal integrity and belief systems at the core of the clients' value systems. Clients explore individual thoughts and feelings and how these thoughts and feelings influence behavior. The mad stage breaks down denial of anger with the goal of reducing anger situations and learning effective coping skills. During the family stage, clients analyze family systems using their genograms and sculpting their family of origins in an effort to confront denial and gain an understanding of the life goals driving behavior. During the becoming stage, clients recognize and accept childhood needs still present due to abuse, neglect, or pampering and emotional healing occurs. Throughout the process group counselors question mistaken thinking, identify, and help change the life goals that drove clients when they committed their crimes.

Structured exercises and scripts (Guest, 2001) guide the group process. The final exercise in group requires clients to write a fairytale. Disque and Bitter (1998) noted that our lives take the form of a story or narratives "about who we are; who others are; what we are worth to ourselves, others and the world and what conclusions, convictions, and ethical codes will guide us" (p. 431). In the final stage, clients "use their imagination to develop a new life script which does not include victimization and which integrates ego states in a healthy

way" (Guest, 2001, p. 129). The stories illustrate the breaking of unhealthy patterns and allow healing by way of the rewriting of life scripts.

Finally, visualizations are a part of each phase of the group process. Visualizations help in generating and working through conjunctive feelings (Dinkmeyer, Kottman & Ling 1991). For example, in the final phase of the group work, the visualizations center on abuse issues. In one of the visualization, the clients confront childhood abusers and return the negative feelings the clients still carry regarding the abuse.

Results

Main Hypotheses and Analyses. Hypothesis 1: There are significant multivariate differences between the pretest and posttest scores of self concept as measured by the external subscales of the TSCS: 2 and dissociative experiences as measured by the DES. In the multivariate analysis of the data, Pillai's criterion = .35 and the within subjects multivariate F = 18.76, p = .00, $\eta^2 = .35$, with the observed power (.05 level) equaling .99. This indicates that changes in self concept and dissociation combined together to create a significant change in clients completing the program. Hypothesis 2: There are significant univariate differences between the pretest and posttest scores of self concept as measured by the external subscales of the TSCS: 2 and hypothesis 3: There are significant univariate differences between the pretest and posttest scores of dissociation as measured by DES. Univariate analysis of the six subscales on the TSCS: 2 and of the DES scores revealed significant pretest-posttest differences on the Physical, Moral, Personal, Social, Academic/Work subscales (p = .00) on all 5) and dissociation (p = .00). However, the family subscale revealed no significant change. Tables 1 and 2 show the results of the multivariate and univariate analysis.

The multivariate effect size in this study is .35. The univariate effect sizes are: Physical .09, Moral .18, Personal .18, Social .08, Academic/Work .17 and Dissociation .09. What this means is that the program, as implemented in the sample, explains 35% of the differences in the linear combination of the set of treatment indicators (i.e. Physical, Moral, Personal, Social and Academic/Work subscales of self concept and Dissociation). Examination of each indicator individually indicated Physical self concept accounted for 9% of the difference, Moral self concept accounted for 18% of the difference, Personal self concept accounted for 18% of the difference, Social self concept accounted for 8% of the difference, and Academic/Work self concept accounted for 17% of the difference.

Table 1

Multivariate Analysis Variance

Model	Pill	ai's criterion F ratio	DF	p	η^2	OP
Within Subjects	.35	18.75	7	.00	.35	.99

Note. DF=degrees of freedom; p=significance level; η^2 = partial eta squared; OP=observed power

Table 2
Univariate Analysis of Within-Subjects Variance

SourceVariance	SS	F ratio	DF	p	η^2	OP
Effect Physical	1051.25	24.64	1	.00	.09	.99
Error Physical	10622.25		249			
Effect Moral	1627.21	53.52	1	.00	.18	.99
Error Moral	7570.79		249			
Effect Personal	1797.41	56.31	1	.00	.18	.99
Error Personal	7947.59		249			
Effect Family	1.06	.03	1	.86	.00	.05
Error Family	8676.44		249			
Effect Social	453.15	22.66	1	.00	.08	.99
Error Social	4978.85		249			
Effect Acad/Work	1028.18	52.05	1	.00	.17	.99
Error Acad/Work	13070.98		249			
Effect Dissociation	836.20	20.76	1	.00	.08	.99
Error Dissociation	10040.04		249			

Note. SS=sum of squares; DF=degrees of freedom; p=significance level; η^2 =partial eta squared; OP=observed power

Table 3 contains a summary of the pretest and posttest results for the means of the dependent variables and presents the standard deviations, the standard errors, and the lower bound and upper bound of a 95% confidence interval. On the TSCS: 2 higher scores indicate greater self concept. An increase in the means of the all subscales except family is present. This indicates an increase in clients' self concepts after participation in the program in all areas except family. On the DES higher scores represent more dissociation. A decrease in the mean of the DES scores indicates a decrease in clients' dissociations after completing the program.

Table 3

Pretest-Posttest Means, Standard Deviations, Standard Errors, N, and Confidence Levels

95% Confidence

					<u>interval</u>	
Measure	Mean	SD	SE	Lower	Upper	N
Pretest Physical	53.32	9.20	.58	52.17	54.47	250
Posttest Physical	56.22	7.17	.45	55.33	57.11	250
Pretest Moral	44.82	6.67	.42	43.99	45.66	250
Posttest Moral	48.43	5.98	.38	47.69	49.18	250
Pretest Personal	45.37	6.56	.42	44.56	46.19	250
Posttest Personal	49.16	5.24	.33	48.51	49.82	250
Pretest Family	45.18	7.24	.46	44.28	46.08	250
Posttest Family	45.09	6.61	.42	44.26	45.91	250
Pretest Social	47.40	5.72	.362	46.69	48.12	250
Posttest Social	49.31	4.84	.306	48.70	49.91	250
Pretest Acad/Wor	k 45.20	6.36	.402	44.41	45.30	250
Posttest Acad/Wo	ork 48.07	5.64	.36	47.37	48.77	250
Pretest DES	10.39	3.50	.56	9.28	11.49	250
Posttest DES	7.80	2.78	.45	6.92	8.68	250

Note. SD=standard deviation; SE=standard error; N=number in sample

This is the first study to review the impact of an Adlerian based counseling program in a restorative justice setting on clients' self concepts and dissociative experiences. Strengths of the study include: clearly defined program goals linked to self concept and dissociative experiences, the use of instruments with established validity and reliability and built in faking good measures, detailed information on processes used to help consumers understand why and how results occurred, and program integrity (i.e. program consistently implemented the same way for all clients). The results indicate a significant increase in self concept and decrease in dissociative experiences occur in this program and that these changes combined to create an undefined 35% significant change in clients participating in the program. In light of the program's low recidivism rate, (4% of clients completing the program reoffend), these findings support research establishing a link between recidivism and self concept and dissociative experiences (Craven, et al. 2003; Hannah-Moffat, 2005; Levey, 1997; Trzeniewski et al., 2006; Saxe, 2001; Sweitzer, 2005). However, additional research is needed to determine if clients that recidivate experience similar shifts in self concept and dissociation.

Clients did not experience a significant change in relation to the family subscale of self concept. This may in part be linked to the program design. A large part of the third phase of the group process encourages clients to view faulty thinking patterns and begin to change the poor choices that have often come down from one generation to the next in families. Because family counseling is not included in the program family members do not have the same opportunities to grow and change and may display resistance as clients begin to change faulty thinking. This may be an area that the program needs to explore. For example, couples counseling could help spouses who did not offend adjust to the changes taking place as spouses that did offend progress through the program. Options akin to support groups for family members to help them better understand the demands of the program and give them a forum to voice the frustrations that come along with those demands could also prove helpful. Another consideration in this area is that the program uses Adlerian based, restorative justice concepts to guide offenders away from criminal subcultures and increase offenders' social interests in conventional society. Sometimes the criminal subculture can be present within the family. This may also explain why a significant change in the family subscale of self concept was not present. Further research in this area is essential because there is a link between the Moral subscale and the Family subscale. Fitts and Warren (1996) reported that low Family subscales are often associated with low Moral subscales for individuals with conduct related difficulties.

Methodological limitations in this study include random assignment issues, volunteer bias, the self-report nature of the instruments used, and demographic issues (i.e. geographical location and race) and finally other variables (i.e. familial, etc.) that were outside the control of the researcher. Random assignment did not occur and volunteer bias may limit generalization of the results. The nature of programs like the one in this study is that the process is voluntary. Offenders can discontinue the program at any point. Self selection impacts research because clients that will not recidivate may self-select into the program while those that will recidivate may elect not to participate in the program. The self-reported nature of the instruments used is another bias. Offenders may have answered instruments based on their perceptions of raters or peers expectations. However, the Tennessee Self Concept Scale: Second Edition (Fitts & Warren, 1996) has a scale built in to detect clients faking good and instruments indicating clients were faking good were not included in this study. The study took place in the southeast United States and the sample consisted primarily of African Americans and Caucasians. This limits the results. Finally, other factors outside of the researchers control such as family relationships may influence results.

As community leaders continue to struggle with increasing numbers of incarnated individuals and decreasing funding for corrections, Adlerian based restorative justice pretrial diversion programs hold promise as an effective alternative to incarceration for first time nonviolent felony offenders. By aiding clients in shifting faulty thinking and life goals that drove criminal behavior the program in this study increased clients self concepts and decrease dissociative experiences. This program goes beyond the punitive element of corrections and aids clients in determining who they are, how to stay present moment to moment and how apply healthy thinking and life goals to achieve desired outcomes in their lives so that they do not recidivate.

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