International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Beyond Punishment: Examining How Psychological Counselling Supports Behavioural Change, Rehabilitation and Reintegration of Offenders

Gurparnit Kaur Bhullar[1], Raghu Raja Mehra[2]

[1]Student Researcher, iNViCTUS International School, Amritsar,

[2]Head, iNViCTUS International School, Amritsar

Abstract: ***Criminal justice systems have traditionally responded to offending with punishment, yet completing a sentence does not by itself alter the psychological patterns associated with the original behaviour. This paper examines the role of psychological counselling as a mechanism of behavioural change, rehabilitation and social reintegration. It reviews the psychological factors commonly associated with offending- impulsivity, distorted thinking, poor emotional regulation, substance-related difficulties and adverse early experience- and considers why punishment alone may leave these factors untouched. The principal counselling approaches used in correctional settings are described, and the available evidence is examined critically, including a major systematic review and meta-analysis of randomised controlled trials which found reduced reoffending overall but no statistically significant effect once smaller trials were removed. Models of behavioural change and the Risk–Need–Responsivity framework are used to explain when counselling is most likely to work. Barriers to delivery, the psychological challenges of reintegration and the role of stigma are discussed, and a three-phase continuity-of-care framework is proposed. The paper concludes that counselling is best understood not as a cure for crime but as a psychological bridge between punishment and meaningful rehabilitation. Throughout, association is distinguished from causation, and all numerical figures presented in graphs are clearly marked as illustrative.***

Keywords: criminal psychology, counselling, rehabilitation, recidivism, behavioural change, social reintegration, offender treatment, forensic psychology

1. Introduction

Crime is usually discussed in the language of law, punishment, imprisonment and justice. Behind every criminal act, however, is a person whose behaviour has been shaped by a complex combination of psychological, social and environmental influences. Anger, impulsivity, distorted thinking patterns, poor emotional regulation, substance-related problems, childhood experiences, social relationships and difficulty coping with stress can all contribute to problematic behaviour. None of these disappear at the moment a sentence is passed.

This is precisely where criminal psychology becomes relevant. Criminal psychology attempts to understand the psychological processes associated with offending behaviour and applies that understanding to assessment, intervention and rehabilitation. Rather than viewing a person only through the identity of the offence committed, a psychological approach asks a different question: what influenced this behaviour, and are those influences capable of being changed?

Traditionally, punishment has been one of the central responses to crime. Imprisonment protects society, expresses social disapproval and holds individuals accountable for their actions. These are legitimate functions. Yet punishment alone does not necessarily address the psychological and behavioural factors associated with offending. If a person leaves prison with the same patterns of thinking, the same emotional difficulties, the same limited coping strategies and the same social problems that existed before imprisonment, the completion of a sentence may not be sufficient to support lasting behavioural change [1], [3].

Psychological counselling therefore represents an important component of the rehabilitation process. Counselling can offer a structured and non-judgmental environment in which a person may examine their behaviour, understand its consequences, develop healthier coping strategies and work towards making different choices. Depending on individual need, interventions may address anger management, impulsivity, distorted thinking, emotional regulation, interpersonal difficulty and motivation for change [7], [9].

Counselling should not, however, be presented as a simple or guaranteed solution. Research findings are encouraging but qualified. The effectiveness of psychological interventions varies with the type, quality and continuity of treatment, and with how well the intervention is matched to the individual receiving it. This makes counselling an unusually interesting subject within criminal psychology, because the honest research question is not the simple one but the more careful one stated below.

> The meaningful psychological question is not "Does counselling stop criminals from committing crimes?" but rather: "How can counselling contribute to the processes of behavioural change, rehabilitation and reintegration- and under what conditions is that contribution most likely?"

Rehabilitation also extends well beyond the prison wall. Returning to society involves rebuilding relationships, finding employment and housing, managing stigma and developing a sense of belonging. The United Nations Office on Drugs and Crime identifies social reintegration as a central component of preventing recidivism and emphasises evidence-informed programmes tailored to the differing

needs of people returning to the community [2]. Counselling can therefore be understood not simply as a service delivered inside a correctional institution, but potentially as a psychological bridge between punishment and meaningful rehabilitation.

2. Need and Significance of the Study

The need for this study arises from an imbalance in how offending is commonly approached. Criminal justice systems tend to focus heavily on the crime itself, while the psychological processes behind the behaviour receive comparatively less attention. A person may complete a prison sentence and still return to the same social environment, experience rejection because of a criminal record, struggle with employment or relationships, and continue to experience the emotional and behavioural difficulties that existed before imprisonment.

This creates a clear psychological concern. If the underlying behavioural and psychological factors remain unchanged, can punishment alone produce lasting behavioural change? Psychological counselling may provide one possible answer, because it addresses factors that are potentially modifiable. The study is therefore needed for six connected reasons.

1) To understand rehabilitation beyond punishment. Serving a sentence and being rehabilitated are not the same outcome, and the difference between them is largely psychological.
2) To understand behavioural change. Change is a process with identifiable stages rather than a single decision, and counselling interacts with that process.
3) To examine the psychological side of reintegration. Housing and employment matter, but so do identity, self-worth, stigma and belonging.
4) To consider how repeated offending patterns might be interrupted. Repetition suggests unresolved underlying factors rather than simple choice.
5) To encourage evidence-based criminal psychology. Claims about what works must rest on methodologically sound research, including its negative findings.
6) To humanise the rehabilitation process. Understanding behaviour is not the same as excusing it; accountability and psychological support can coexist.

3. Scope and Method of Review

This paper is a narrative review written at school-research level. It draws on published systematic reviews, meta-analyses, established psychological theory and international policy guidance rather than on original data collection. Sources were selected on three criteria: methodological quality, relevance to counselling and rehabilitation in correctional settings, and recognition within criminal and forensic psychology.

Two documents form the evidential anchor of the review. The first is the systematic review and meta-analysis of randomised controlled trials by Beaudry, Yu, Perry and Fazel [1], which examined psychological interventions delivered in prison. The second is the UNODC Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders [2], which provides evidence-informed guidance on rehabilitation and reintegration and stresses the importance of tailoring interventions to individual need. These are supplemented by theoretical and empirical work on correctional rehabilitation [3]–[10], [14], [16].

Three limitations of scope should be stated at the outset. First, the review does not attempt to quantify effect sizes independently. Second, the graphs presented in this paper are illustrative representations constructed to communicate patterns discussed in the literature; they are not new empirical results and should not be cited as such. Third, most evidence in this field is observational or drawn from heterogeneous trials, so correlation is carefully distinguished from causation throughout.

Psychological Foundations of Offending Behaviour

Before asking whether counselling can change behaviour, it is necessary to be clear about what is being changed. Offending behaviour is rarely traceable to a single cause. It is more usefully understood as the outcome of interacting individual, relational and social factors, some fixed and some modifiable. The distinction matters, because interventions can only act on the modifiable ones.

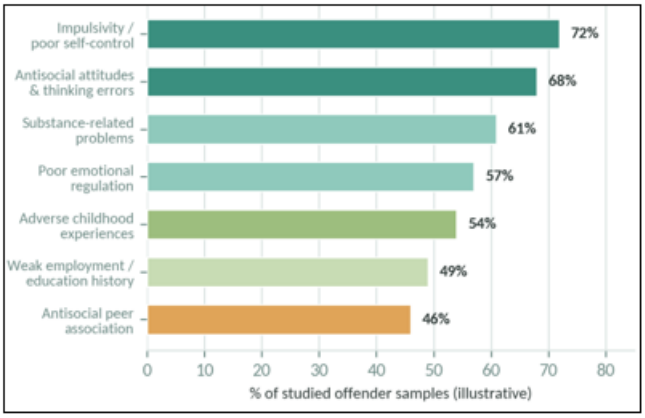

Figure 1: Psychological and social factors frequently identified in offender populations (illustrative representation of patterns reported in the literature).

Cognitive factors

Patterns of thinking play a substantial role. Distorted or self-serving cognition- minimising harm, blaming victims, viewing hostility where none exists, or treating rule-breaking as justified- can make offending feel reasonable to the person at the time. Cognitive theory holds that such interpretations are learned and, importantly, can be re-examined and modified [18]. This is the theoretical basis for cognitive-behavioural approaches in correctional settings [9].

Emotional and self-regulation factors

Impulsivity, poor frustration tolerance, difficulty in identifying and managing anger, and limited ability to delay gratification are consistently associated with offending [16]. These are regulatory rather than moral deficits, and they respond to skills-based training. A person who has never been taught how to interrupt an escalating emotional state is not choosing to fail at it so much as lacking the strategy.

Developmental and relational factors

Adverse childhood experience, inconsistent caregiving, exposure to violence and disrupted schooling appear

frequently in offender histories. Social learning theory explains part of this: behaviour observed and reinforced in the immediate environment tends to be reproduced [17]. Association with antisocial peers is one of the strongest predictors of continued offending [16].

Substance use and mental health

Rates of substance dependence and psychiatric morbidity are markedly higher in prison populations than in the general community [11], [12]. Substance use may precede offending, follow from it, or both. Where dependence is present, counselling that ignores it is unlikely to produce durable change, which is why integrated treatment is emphasised in policy guidance [2].

Table I: Modifiable and Non-Modifiable Factors

Factor	Type	Relevance to counselling
Criminal history	Static	Predicts risk; cannot be changed, but informs intensity of support
Age at first offence	Static	Historical marker only
Antisocial thinking	Dynamic	Primary target of cognitive-behavioural work
Impulsivity / anger	Dynamic	Addressed through regulation and skills training
Substance dependence	Dynamic	Requires integrated treatment alongside counselling
Peer associations	Dynamic	Addressed through relapse planning and community work
Employment / education	Dynamic	Supported by vocational and reintegration services
Family relationships	Dynamic	Family contact and mediation during and after sentence

The value of separating static from dynamic factors is practical. Static factors help estimate how much support a person is likely to need; dynamic factors identify what that support should actually work on. A programme that targets only static characteristics has nothing to change, which is one reason Beaudry and colleagues concluded that treatment should focus on factors that can genuinely be modified [1].

The Limits of Punishment as a Change Mechanism

Punishment serves several defensible purposes: incapacitation, denunciation, proportionate accountability and, in principle, deterrence. Its psychological limitations, however, are well documented. Deterrence assumes rational calculation of consequences at the moment of offending, yet many offences occur under conditions of intoxication, acute emotional arousal or impulsive decision-making- precisely the states in which such calculation is least likely.

A second limitation concerns learning. Punishment can suppress a behaviour without teaching an alternative. Suppression tends to be context-bound: the behaviour reduces where the punishing conditions apply and may return when they are removed. Behavioural change of the durable kind requires the acquisition of a replacement response, not merely the inhibition of an existing one [17].

A third limitation is environmental. Imprisonment can weaken family ties, interrupt education and employment, and expose individuals to antisocial peer networks at high density. On release, a criminal record may restrict housing and work opportunities. The person is returned to the same environment with fewer resources than before- a situation described in the literature on prisoner reentry as a compounding disadvantage [13], [20].

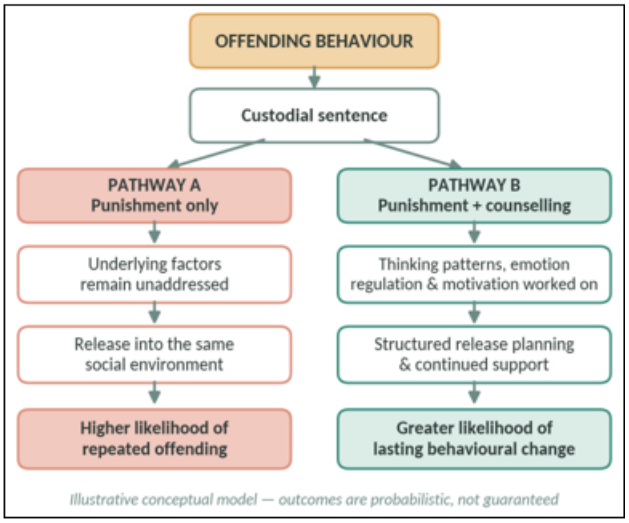

Figure 2: Conceptual comparison of a punishment-only pathway and a pathway in which psychological counselling is integrated with the sentence.

The Central Argument

Punishment addresses what a person did. Counselling attempts to address why they did it and what would need to be different. The two are not competing responses; the argument of this paper is that the first is incomplete without the second.

Counselling as a Psychological Intervention

Counselling in correctional contexts is not a single method. It is a family of structured psychological interventions, each with a different mechanism of action and a different appropriate target group. Understanding these differences matters, because reviews which pool very different interventions together may obscure genuine effects in one approach with null results in another.

Cognitive-behavioural programmes

Cognitive-behavioural interventions are the most extensively evaluated approach in correctional settings. They work by identifying the automatic thoughts and beliefs that precede offending, testing those thoughts against evidence, and rehearsing alternative responses. Structured programmes typically include problem-solving training, perspective-taking and self-monitoring. Landenberger and Lipsey found that programmes of this type were associated with meaningful reductions in reoffending, particularly when delivered with high implementation quality [9].

Anger and emotion-regulation training

Where offending is associated with reactive aggression, interventions focus on recognising physiological arousal early, applying de-escalation strategies and rehearsing alternative behaviour in high-risk scenarios. The target here is the interval between provocation and response.

Motivational interviewing

Many people entering treatment in custodial settings are ambivalent about change or attending because it is expected

of them. Motivational interviewing is a collaborative, non-confrontational method designed to strengthen a person's own reasons for change rather than impose them [7]. It is often used as a preparatory intervention before more structured programmes.

Substance-use counselling

Where dependence is present, counselling combines relapse-prevention planning, identification of triggers and, where appropriate, coordination with medical treatment. Continuity after release is especially important, since the period immediately following release carries elevated risk [11].

4. Therapeutic Communities

Therapeutic communities restructure the social environment of a unit so that prosocial behaviour is modelled and reinforced by peers as well as staff. The mechanism is social rather than individual, which makes such programmes attractive but also difficult to implement consistently.

Table II: Principal Counselling Approaches in Correctional Settings

Approach	Primary psychological target	Typical format
Cognitive-behavioural	Distorted thinking, problem-solving deficits	Structured group, 20–40 sessions
Anger management	Arousal recognition, reactive aggression	Group, 10–20 sessions
Motivational interviewing	Ambivalence, readiness to change	Individual, brief
Substance-use counselling	Dependence, relapse triggers	Group and individual, extended
Therapeutic community	Social norms and peer reinforcement	Residential unit, long-term
Trauma-informed therapy	Adverse experience, avoidance	Individual, specialist-led
Family / relational work	Social bonds, support networks	Sessions including relatives

What the Evidence Shows

Evidence in this field must be read carefully, because the history of correctional rehabilitation contains a well-known reversal. In 1974 Martinson's review was widely interpreted as demonstrating that rehabilitation programmes did not work, a conclusion summarised in policy debate as "nothing works" [15]. Subsequent methodological criticism and later meta-analytic work substantially qualified that reading, showing that outcomes depend heavily on programme type, targeting and implementation quality [8].

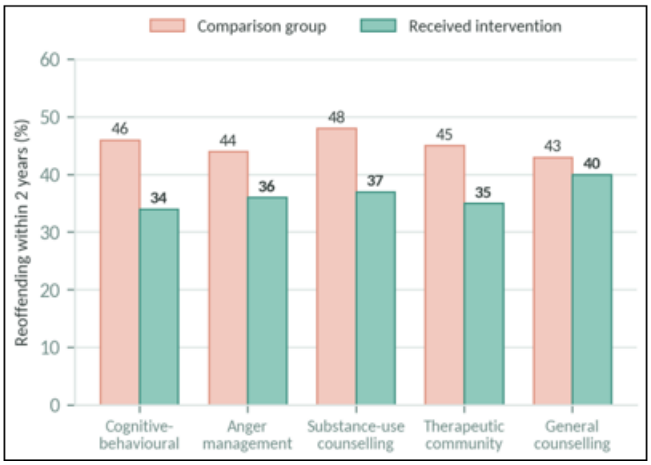

Figure 3: Reoffending in intervention and comparison groups across programme types (illustrative representation; not pooled trial data).

The Beaudry et al. meta-analysis

The most directly relevant recent evidence is the systematic review and meta-analysis by Beaudry, Yu, Perry and Fazel [1]. The review examined 29 randomised controlled trials involving 9,443 participants and assessed whether psychological interventions delivered in prison reduced reoffending. When all studies were considered together, psychological interventions were associated with reduced reoffending. Critically, however, this association was no longer statistically significant after smaller studies were removed from the analysis.

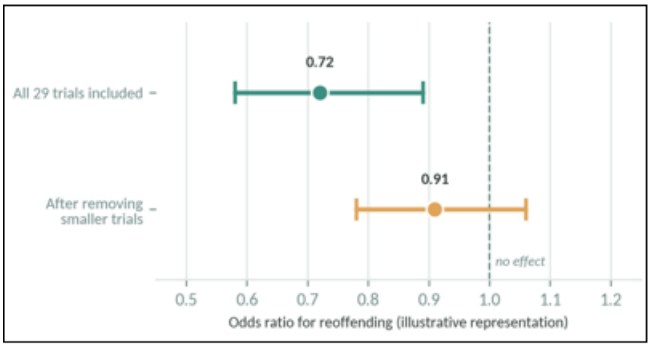

Figure 4: Illustrative representation of how an apparent treatment effect can weaken once smaller trials are excluded from a pooled analysis.

This pattern is important and should not be glossed over. Smaller trials are more prone to publication bias and to inflated effect estimates; when their removal changes the conclusion, the honest interpretation is that the evidence base is weaker than headline figures suggest. The authors concluded that psychological interventions require improvement and that treatment should focus on factors which can actually be modified in order to reduce reoffending [1].

Interpreting A Null Result

A loss of statistical significance does not demonstrate that counselling is ineffective. It demonstrates that the current body of trials is not strong enough to establish the effect with confidence. The appropriate response is better-designed and larger studies- not the abandonment of psychological intervention.

Why results vary

Several factors explain the heterogeneity seen across trials. Programmes differ in content, duration and therapist training. Populations differ in risk level and readiness to change. Follow-up periods and definitions of reoffending- rearrest, reconviction or reimprisonment- are not consistent across studies. Implementation quality varies widely, and programmes delivered with poor fidelity to their manual perform substantially worse than the same programmes delivered well [8], [9].

Table III: Summary of Key Evidence Considered

Source	Nature of evidence	Principal message
Beaudry et al. [1]	Meta-analysis of 29 RCTs (9,443 participants)	Reduced reoffending overall; effect not significant after removing smaller trials
UNODC Handbook [2]	International policy guidance	Reintegration is central to preventing recidivism; tailor to individual need
Andrews & Bonta [3], [4]	Theoretical and empirical framework	Match intensity to risk, target criminogenic need, adapt to responsivity
Lipsey & Cullen [8]	Review of systematic reviews	Rehabilitation generally outperforms sanctions alone
Landenberger & Lipsey [9]	Meta-analysis of CBT programmes	Implementation quality strongly moderates outcome
Ward & Maruna [5], [14]	Theoretical critique	Risk reduction alone is insufficient; goals and identity matter
Fazel et al. [11], [12]	Epidemiological reviews	High prevalence of mental disorder and substance dependence in prisons

Understanding the Process of Behavioural Change

If counselling is to be evaluated fairly, behavioural change must be understood as a process rather than an event. The transtheoretical model describes change as movement through identifiable stages- precontemplation, contemplation, preparation, action and maintenance- with relapse a common feature rather than a categorical failure [6].

Figure 5: Stages of behavioural change. Counselling functions differently at each stage; matching method to stage is a key responsivity consideration.

The practical implication is that the same intervention will produce different results depending on where a person is in this process. Delivering a structured skills programme to someone in precontemplation- who does not yet accept that a problem exists- is unlikely to succeed and may be recorded as programme failure when it is in fact a sequencing failure. Motivational work is designed precisely for this earlier position [7].

Beyond Risk: Goals and Identity

A parallel body of theory argues that reducing risk is a necessary but insufficient account of rehabilitation. The Good Lives Model proposes that people offend partly while pursuing ordinary human goods- belonging, status, autonomy, relief from distress- through harmful means, and that intervention should help them pursue those same goods in prosocial ways [14]. Maruna's work on desistance similarly emphasises the construction of a new personal narrative in which the individual sees themselves as someone capable of a different life [10].

> Desistance appears to involve not only doing different things, but coming to see oneself as a different kind of person. Counselling can support that reconstruction of self-narrative; a sentence, by itself, cannot.

Matching Intervention to Person: The Risk–Need–Responsivity Framework

The Risk–Need–Responsivity model provides the most widely used framework for deciding who should receive which intervention [3], [4]. It rests on three principles. The risk principle holds that the intensity of intervention should be matched to assessed risk, with the most intensive programmes reserved for higher-risk individuals. The need principle holds that intervention should target criminogenic needs- the dynamic factors actually linked to offending- rather than difficulties which, however real, are not associated with reoffending. The responsivity principle holds that delivery should be adapted to the learning style, motivation, cognitive ability and cultural background of the person.

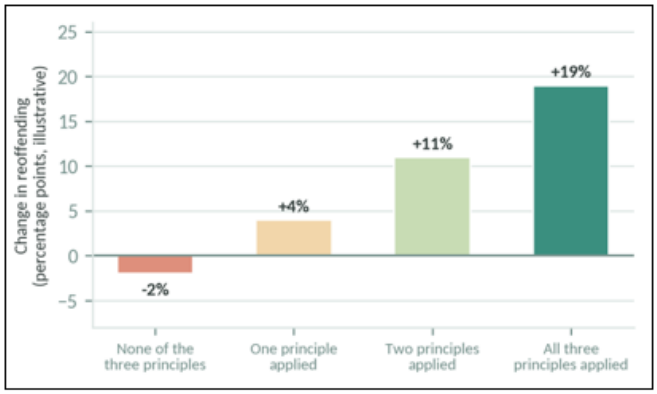

Figure 6: Illustrative representation of the relationship between adherence to RNR principles and reoffending outcomes reported in the rehabilitation literature.

Two counter-intuitive consequences follow. First, delivering intensive treatment to low-risk individuals can be unhelpful and may even be associated with worse outcomes, partly through exposure to higher-risk peers and disruption of existing prosocial routines. Second, well-intentioned

programmes which target non-criminogenic needs may improve wellbeing without altering reoffending- a valuable outcome in itself, but one which should be reported accurately rather than described as crime reduction.

Rehabilitation and Social Reintegration

Rehabilitation does not conclude at the prison gate. The UNODC handbook identifies social reintegration as a central component of preventing recidivism and stresses that programmes should be evidence-informed and matched to the differing needs of people returning to the community [2]. Reintegration is simultaneously practical and psychological, and the two dimensions reinforce each other.

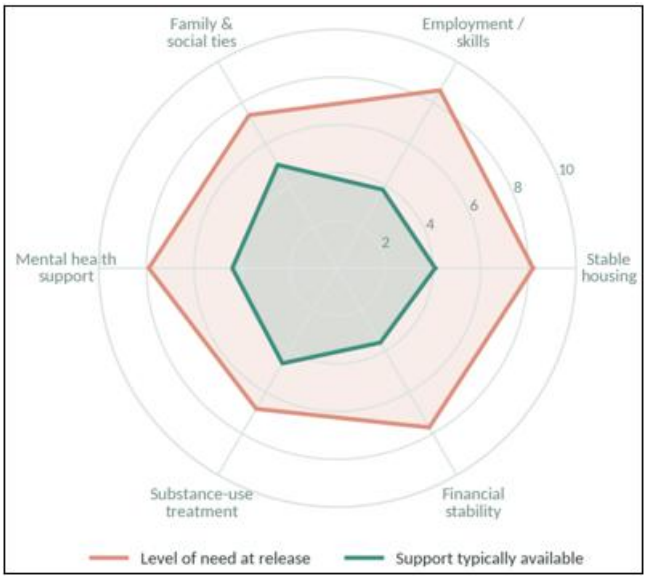

Figure 7: Illustrative comparison between the level of need reported at release and the level of support typically available across reintegration domains.

Practical dimensions

Housing, employment, identity documentation, healthcare registration and financial stability form the practical foundation of reentry. Their absence generates immediate pressure and narrows the range of available choices. Research on prisoner reentry consistently identifies the first months after release as the period of highest risk, when practical instability and psychological adjustment demands coincide [13], [20].

Psychological dimensions

Less visible but equally consequential are the psychological demands of return: managing stigma, rebuilding trust within families, tolerating rejection, coping with an altered social identity and sustaining motivation without the external structure of the institution. Prolonged imprisonment can also produce institutional dependence, in which the individual has adapted to a regime that regulates time and decision-making on their behalf, and then finds ordinary autonomy overwhelming.

Table IV: Domains of Reintegration and Associated Psychological Demands

Domain	Practical requirement	Psychological demand
Housing	Stable accommodation on release	Safety, routine, sense of place
Employment	Skills, references, disclosure	Self-efficacy, tolerance of rejection
Family	Contact, mediation, reunification	Trust repair, guilt, renegotiated roles
Health	Continuity of treatment and medication	Help-seeking, adherence
Substance use	Community treatment access	Relapse management, trigger avoidance
Social identity	Community acceptance	Managing stigma; narrative reconstruction

Stigma deserves particular attention because it operates in two directions. External stigma restricts opportunity through employer reluctance, housing refusal and social distancing. Internalised stigma affects motivation: if a person accepts the label of permanent offender, the psychological incentive to attempt change is reduced. Counselling that addresses self-concept therefore has a direct behavioural relevance and is not merely supportive [10], [14].

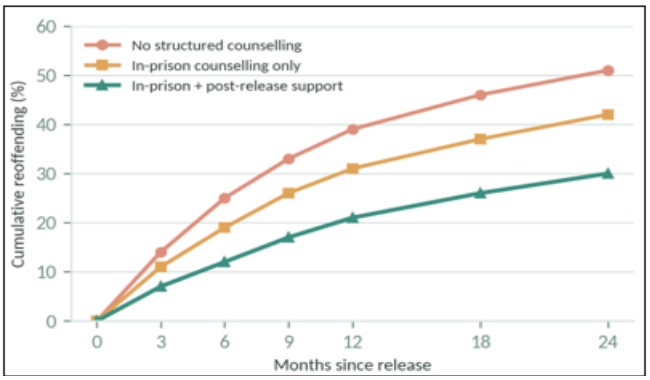

Figure 8: Illustrative representation of cumulative reoffending over 24 months by level of counselling continuity, showing the importance of post-release support.

5. Barriers and Practical Limitations

Even where the case for counselling is accepted, delivery is constrained by conditions inside and outside correctional institutions. Recognising these constraints is essential to any realistic account of what counselling can achieve.

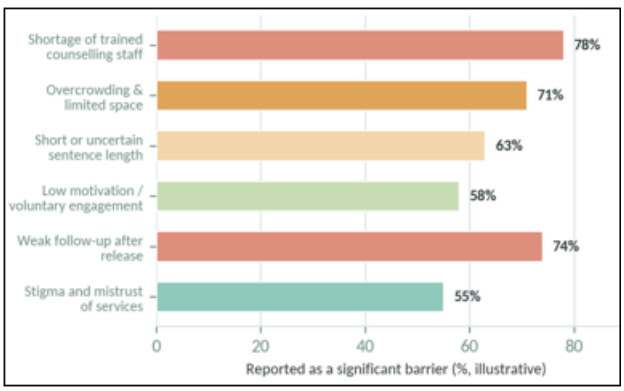

Figure 9: Frequently reported barriers to the effective delivery of psychological counselling in correctional settings (illustrative representation).

- **Staffing:** Trained psychologists and counsellors are scarce relative to prison populations, producing long waiting lists and reduced session frequency.
- **Overcrowding:** Where institutions operate above capacity, private and quiet space for confidential work may simply not exist.
- **Sentence length and transfer:** Short or uncertain sentences and inter-prison transfers interrupt programmes designed to run continuously.
- **Voluntariness and trust:** Counselling depends on honest disclosure, which is difficult in an environment where disclosure may be perceived as affecting parole decisions.
- **Fidelity:** Programmes delivered without adequate supervision drift from their design and lose effectiveness [9].
- **Discontinuity after release:** Community services are frequently not linked to prison-based work, so gains achieved in custody are not maintained.
- **Measurement:** Reoffending is a crude outcome that captures detection as much as behaviour, and it misses intermediate psychological change.

6. A Proposed Continuity-of-Care Framework

Drawing together the evidence and the barriers described above, this paper proposes a three-phase continuity-of-care framework. Its organising principle is that rehabilitation should be treated as a continuous pathway rather than a set of disconnected services, with assessment information carried forward across phases rather than repeated from the beginning at each transition.

Phase 1- Assessment and engagement. Structured psychological assessment early in custody identifies risk level, criminogenic needs, substance use, trauma history and mental health status. Motivational work runs alongside assessment so that individuals arrive at structured programmes with some readiness to participate rather than being allocated to them by default.

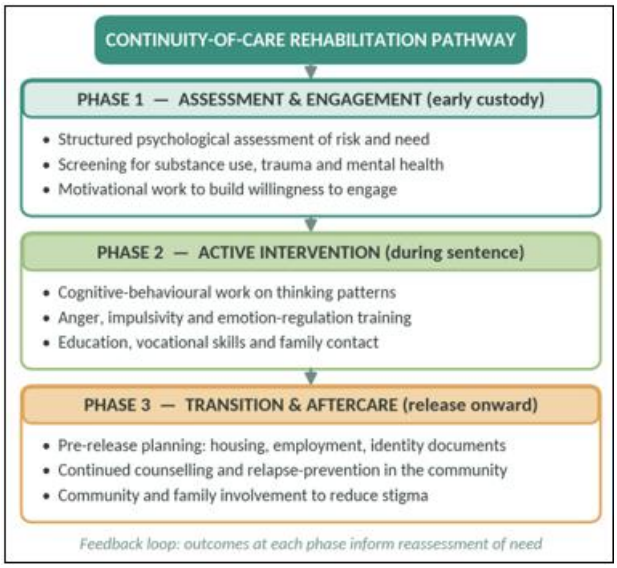

Figure 10. Proposed three-phase continuity-of-care rehabilitation pathway, integrating assessment, active intervention and aftercare.

Phase 2- Active intervention. Programmes matched to assessed need are delivered during the sentence: cognitive-behavioural work on thinking patterns, emotion-regulation and anger training, substance-use counselling where indicated, and education or vocational skills. Fidelity is monitored through supervision, and family contact is maintained where safe and appropriate.

Phase 3- Transition and aftercare. Pre-release planning secures housing, employment prospects and identity documents before the release date rather than after it. Counselling continues in the community, focusing on relapse prevention and the psychological demands of return. Community and family involvement is used deliberately to reduce stigma.

A feedback loop connects the phases: outcomes and difficulties observed at each stage inform reassessment of need, so that the pathway adjusts to the person rather than the person being fitted to a fixed programme sequence. This is the operational expression of the responsivity principle [4].

7. Discussion and Implications

Taken together, the evidence supports a measured conclusion. Psychological counselling is associated with improved rehabilitative outcomes, but the strength of that association depends on what is delivered, to whom, how well and for how long. The finding that the pooled effect in the Beaudry meta-analysis lost significance after removal of smaller trials [1] should be read as a statement about the quality of the evidence base rather than as a verdict on the value of psychological intervention.

Several implications follow for different groups of stakeholders, summarised in Table V. Three deserve emphasis. First, targeting matters more than volume: increasing the quantity of programmes without matching them to assessed need is unlikely to change outcomes. Second, continuity matters as much as content, since gains that are not sustained after release are unlikely to appear in reoffending statistics. Third, evaluation should include intermediate psychological outcomes- changes in thinking, regulation, motivation and self-concept- alongside reoffending, since these are the mechanisms through which counselling is expected to operate.

Table V: Implications By Stakeholder

Stakeholder	Principal implication
Correctional services	Assess early; match programme intensity to risk; protect programme space and continuity through transfers
Counselling staff	Maintain fidelity through supervision; sequence motivational work before structured programmes
Policy makers	Fund the release transition, not custody alone; link prison and community services formally
Researchers	Prioritise larger, well-powered trials; report intermediate psychological outcomes
Community and employers	Reduce structural stigma; expand supported employment routes
Families	Sustained contact, where safe, supports both motivation and practical stability

There is also an ethical dimension. Rehabilitation programmes delivered in custodial settings operate in a context of unequal power, where participation may be perceived as connected to parole outcomes. Genuine consent, confidentiality within lawful limits and respect for the dignity of participants are not optional refinements; they are conditions on which the therapeutic relationship depends, and they are reflected in international standards for the treatment of prisoners [19].

8. Limitations of the Present Review

This review has clear limitations. It is narrative rather than systematic, so selection of sources, although guided by stated criteria, was not exhaustive and may not be free of bias. No original data were collected, and no independent statistical synthesis was performed. The figures presented are illustrative constructions intended to communicate patterns discussed in the literature; they are not empirical findings and must not be cited as such.

In addition, much of the international evidence is drawn from high-income countries with well-resourced correctional systems, which limits transferability to settings where staffing and infrastructure differ substantially. Definitions of reoffending vary across jurisdictions, complicating comparison. Finally, because most of the underlying research is observational or drawn from heterogeneous trials, causal claims about counselling and behavioural change cannot be made with confidence from the material reviewed here.

9. Future Scope

Four directions would strengthen the field. First, larger and adequately powered randomised controlled trials are needed, since the vulnerability of the current evidence to small-study effects is its principal weakness [1]. Second, research should measure intermediate psychological outcomes rather than relying on reoffending alone, so that mechanisms of change can be identified rather than inferred. Third, longer follow-up is required, because desistance is a gradual process and short follow-up periods may miss delayed effects. Fourth, more research is needed in low- and middle-income settings, where the resource assumptions embedded in existing programmes may not hold.

A further avenue concerns implementation science: understanding why programmes that succeed in trials often weaken in routine practice, and what supervision structures preserve fidelity. Given the strength of the association between implementation quality and outcome [9], this may yield larger practical gains than the development of new therapeutic models.

10. Conclusion

Punishment addresses the offence; counselling attempts to address the psychological conditions that surrounded it. This paper has argued that these are complementary rather than competing responses, and that rehabilitation which relies on the passage of a sentence alone leaves the modifiable factors associated with offending largely untouched.

The evidence supports this position with appropriate caution. Psychological interventions in prison are associated with reduced reoffending, but the pooled effect reported in the most rigorous recent meta-analysis did not survive the removal of smaller studies, and the authors concluded that such interventions need improvement and should target genuinely modifiable factors [1]. That is a call for better practice and better research, not for abandonment. Alongside it, international guidance is consistent in identifying social reintegration as central to preventing recidivism and in insisting that interventions be matched to individual need [2].

What emerges is a picture of counselling as a psychological bridge. It cannot remove the social disadvantage, stigma or structural barriers that many people face on release, and it should not be presented as a guaranteed solution to criminal behaviour. What it can do is work on thinking patterns, emotional regulation, motivation and self-concept — the internal conditions on which the use of any external opportunity depends. Rehabilitation, understood psychologically, is the process of becoming someone for whom a different life is possible. Punishment can mark the end of an offence; counselling, delivered well and continued after release, is one of the few mechanisms available for supporting what comes next.

References

[1] G. Beaudry, R. Yu, A. E. Perry and S. Fazel, "Effectiveness of psychological interventions in prison to reduce recidivism: a systematic review and meta-analysis of randomised controlled trials," The Lancet Psychiatry, vol. 8, no. 9, pp. 759–773, 2021.
[2] United Nations Office on Drugs and Crime, Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders, 2nd ed. Vienna: United Nations, 2018.
[3] D. A. Andrews and J. Bonta, The Psychology of Criminal Conduct, 5th ed. New Providence, NJ: Anderson Publishing, 2010.
[4] J. Bonta and D. A. Andrews, Risk–Need–Responsivity Model for Offender Assessment and Rehabilitation. Ottawa: Public Safety Canada, 2007.
[5] T. Ward and S. Maruna, Rehabilitation: Beyond the Risk Paradigm. London: Routledge, 2007.
[6] J. O. Prochaska and C. C. DiClemente, "Stages and processes of self-change of smoking: toward an integrative model of change," Journal of Consulting and Clinical Psychology, vol. 51, no. 3, pp. 390–395, 1983.
[7] W. R. Miller and S. Rollnick, Motivational Interviewing: Helping People Change, 3rd ed. New York: Guilford Press, 2013.
[8] M. W. Lipsey and F. T. Cullen, "The effectiveness of correctional rehabilitation: a review of systematic reviews," Annual Review of Law and Social Science, vol. 3, pp. 297–320, 2007.
[9] N. A. Landenberger and M. W. Lipsey, "The positive effects of cognitive-behavioral programs for offenders: a meta-analysis of factors associated with effective treatment," Journal of Experimental Criminology, vol. 1, no. 4, pp. 451–476, 2005.

[10] S. Maruna, Making Good: How Ex-Convicts Reform and Rebuild Their Lives. Washington, DC: American Psychological Association, 2001.
[11] S. Fazel and J. Baillargeon, "The health of prisoners," The Lancet, vol. 377, no. 9769, pp. 956–965, 2011.
[12] S. Fazel, A. J. Hayes, K. Bartellas, M. Clerici and R. Trestman, "Mental health of prisoners: prevalence, adverse outcomes, and interventions," The Lancet Psychiatry, vol. 3, no. 9, pp. 871–881, 2016.
[13] C. A. Visher and J. Travis, "Transitions from prison to community: understanding individual pathways," Annual Review of Sociology, vol. 29, pp. 89–113, 2003.
[14] T. Ward and M. Brown, "The Good Lives Model and conceptual issues in offender rehabilitation," Psychology, Crime & Law, vol. 10, no. 3, pp. 243–257, 2004.
[15] R. Martinson, "What works? Questions and answers about prison reform," The Public Interest, vol. 35, pp. 22–54, 1974.
[16] P. Gendreau, T. Little and C. Goggin, "A meta-analysis of the predictors of adult offender recidivism: what works!," Criminology, vol. 34, no. 4, pp. 575–607, 1996.
[17] A. Bandura, Social Learning Theory. Englewood Cliffs, NJ: Prentice-Hall, 1977.
[18] A. T. Beck, Cognitive Therapy and the Emotional Disorders. New York: International Universities Press, 1976.
[19] United Nations, Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), General Assembly Resolution 70/175. New York: United Nations, 2015.
[20] J. Petersilia, When Prisoners Come Home: Parole and Prisoner Reentry. New York: Oxford University Press, 2003.
[21] Note on figures: all graphs and diagrams in this paper are illustrative representations prepared by the author to communicate patterns and concepts discussed in the cited literature. They do not present new empirical data and should not be cited as research findings.