

# Developing Social-Emotional Maturity in Social Responsibility Therapy



## Introduction

Social Responsibility Therapy (SRT) aims to increase socially responsible behavior and decrease unhealthy, harmful behavior, an important step in the creation of a more socially just community. SRT involves skills-based counseling aimed at achieving developmental mastery of the multicultural prosocial values, beliefs, and behaviors needed for a socially responsible lifestyle. A socially responsible person has well-developed social-emotional maturity. In SRT unhealthy, harmful behavior is considered to be the primary symptom of a social-emotional maturity deficit. An important goal of SRT is developing social-emotional maturity characteristics as competing responses to multiple forms of unhealthy, harmful behavior (i.e., sexual abuse, physical abuse, property abuse, substance abuse and trust abuse).

## Counseling for Development of Social and Emotional Maturity

In SRT, social maturity development involves teaching multicultural prosocial values and

associated behaviors for: Harmful behavior prevention (i.e., providing competing factors to harmful behavior); Personal success (i.e., improving interpersonal and occupational relationships) and; Community unity (i.e., developing common, multicultural values, a position referred to as “Diversity within Unity”- Etzioni, 2001). In SRT, social maturity involves developing the multicultural prosocial values of honesty, trust, loyalty, concern and responsibility as Healthy Relationship Success Skills and competing factors to unhealthy, harmful behavior. Social maturity development in SRT draws on multicultural values theory (e.g., Schwartz et al., 2001) to select basic prosocial values accepted by multiple cultural groups. Consumer preference for the multicultural prosocial values selected for development in SRT (i.e., honesty, trust, loyalty, concern, and responsibility) has been validated in structured clinical exercise surveys of multicultural population youth, their caretakers and clinical staff (Yokley, 2008). Developing honesty and trust

through the therapeutic relationship has decades of research support as a robust factor in positive treatment outcome (e.g., Lambert & Barley, 2001) and is gaining recognition in cognitive-behavioral therapy (e.g., Giovazolias

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**SRT develops social-emotional maturity characteristics as competing responses to unhealthy, harmful behavior**

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2004). With respect to developing concern, an empathy deficit has been identified as a primary contributing factor to unhealthy, harmful behavior (e.g., Regehr & Glancy, 2001; Sgroi, 1982) where less empathic concern has been found in more serious forms of abuse. The competing factor of empathy development facilitates prosocial behavior, helps prevent aggressive behavior (Foubert & Newberry, 2006; Miller & Eisenberg, 1988; Sams & Truscott, 2004; Swick, 2005), and can act as a protective factor against serious offending for both males and females (Broidy et al., 2003). Loyalty and responsibility development are key to success in interpersonal relationships and occupational achievement as indicated by findings that the development of early family loyalty experiences play a significant role in future relationships (e.g., Leibig & Green, 1999) and personal responsibility can be a better single predictor of academic achievement than verbal intelligence (e.g., Martel, McKelvie & Standing, 1987). In SRT, a socially mature person has developed honesty, trust, loyalty, concern and responsibility.

Although there are many indicators of emotional maturity, in SRT an emotionally mature person has developed self-awareness, self-efficacy and self-control. The SRT rationale for developing these characteristics is as follows. Self-awareness of emotions is prerequisite to emotional regulation and has been an important treatment objective for unhealthy, harmful behavior for over 25 years (e.g., Bays & Freeman-Longo, 1989). Developing emotional self-awareness has been an important treatment objective in multiple forms of harmful behavior including sexual abuse, physical abuse, substance abuse and food abuse/overeating (e.g., Bowen et al., 2006; Moriarty et al., 2001; Proulx, 2008; Rathus, Cavuoto & Passarelli,

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2006). Self-efficacy, empowers clients to persist in efforts to control harmful behavior and be more resistant to pressures or temptations to re-engage in harmful behavior. This makes it important in the treatment of multiple forms of harmful behavior including sexual abuse, physical abuse, substance abuse, smoking and food abuse/overeating (e.g., Bogenschutz et al., 2006; Marshall et al., 2008; Morrel et al., 2003; Patten et al., 2008; Wolff & Clark, 2001). Self-control is a critical strength to target for development in harmful behavior treatment and a key treatment focus in multiple forms of harmful behavior including sexual abuse, physical abuse, property abuse, substance abuse, smoking and food abuse/overeating (e.g., Chapple & Hope, 2003; Feng, 2005; Harris, Mazorelle & Knight, 2008; Higgins, 2005; van den Bos & de Ridder, 2006; Wills et al., 2008). Targeting both social and emotional maturity for development is important as self-control appears to be bolstered by the presence of prosocial moral values (e.g., Schoepfer & Piquero, 2006).

### **Awareness, Responsibility and Tolerance Training**

SRT increases intervention intensity to promote positive change by combining interventions and procedures demonstrated effective in achieving behavior change using different methods and pathways. Awareness Training in SRT develops self-awareness across a broad range of internal, external and social learning events. SRT uses Structured Discovery workbooks in Awareness Training that are structured to help clients discover important connections between their experiences, thoughts, feelings and behaviors (e.g., Yokley, 2010a; 2011; 2012, 2016). The most important responsibility in SRT is self-control and Responsibility Training in SRT involves self-control development

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across multiple forms of unhealthy, harmful behavior. Among other things, Tolerance Training in SRT develops both social tolerance and multicultural interaction self-efficacy as well as emotional tolerance and emotional regulation self-efficacy. Intervention methods in SRT are integrated across pathways such that the development of relapse situation awareness and behavior management self-efficacy enables unhealthy, harmful behavior self-control success which further enhances recovery self-efficacy.

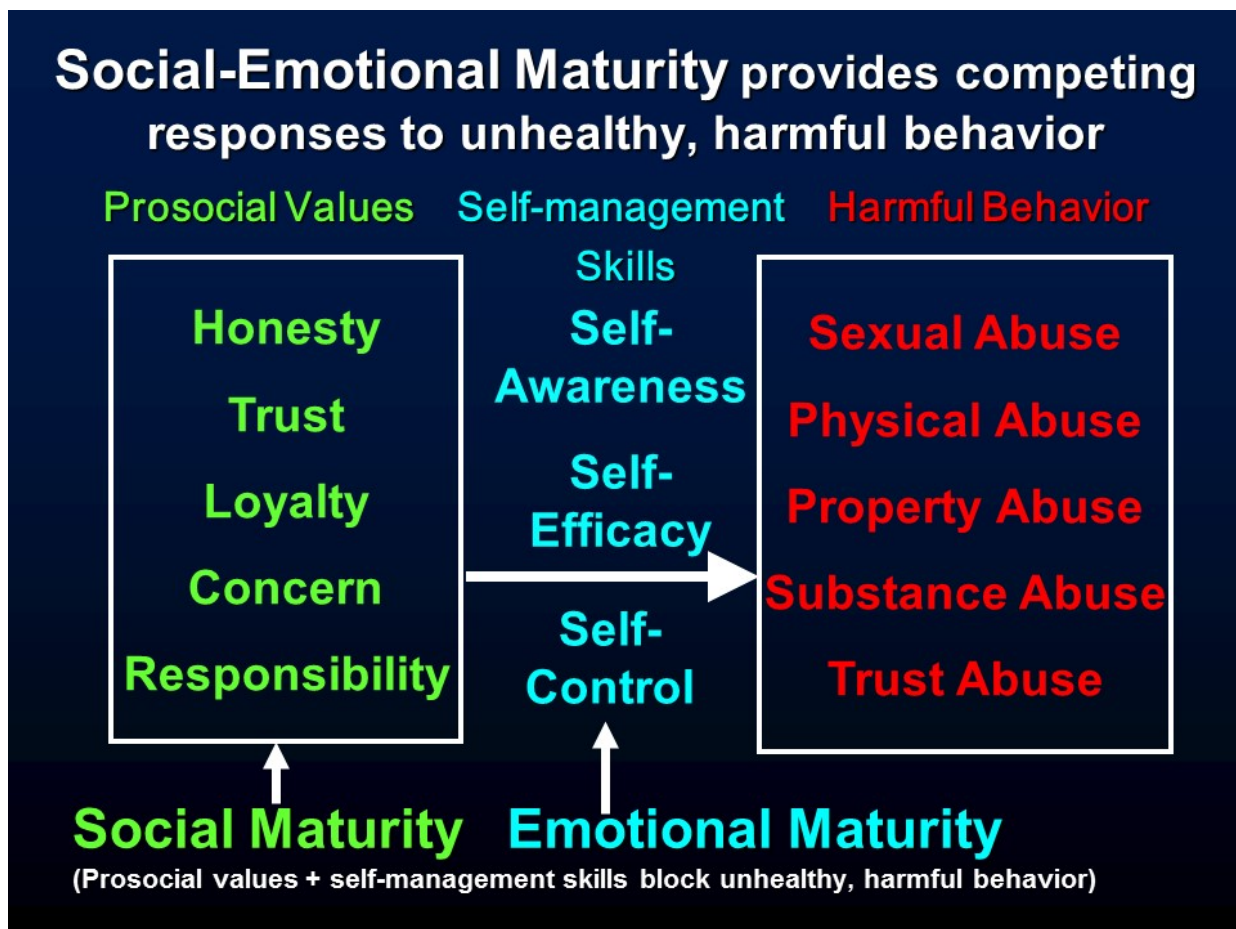
**Relapse situation awareness and behavior management self-efficacy enables unhealthy, harmful behavior self-control**

used in anxiety treatment (Wolpe, 1958). Variations of this approach continue to be implemented in the Therapeutic Community model and Dialectical Behavior Therapy which have clients practice doing the opposite of their unhealthy, harmful cravings, urges and unwanted thoughts. This positive responding is incompatible with their unhealthy, harmful thoughts, cravings and urges. Practicing honesty, trust, loyalty, concern and responsibility are competing factors against unhealthy, harmful behavior. For example, it is not

possible to be a dishonest, irresponsible drug abuser while at the same time being an honest and responsible parent and it is impossible to be a cheating, physically abusive boyfriend while being a loyal and concerned partner.

**Conclusion**

The development of social-emotional maturity in SRT provides competing responses to unhealthy, harmful behavior. Teaching clients behaviors/responses that are incompatible with their problem behavior/response was originally



SRT exhibits strong social validity and initial outcome data is encouraging. A recent outcome study on youth removed from their homes for multiple forms of unhealthy, harmful behavior (Yokley, 2010b) revealed a significant improvement of SRT over the "treatment as usual" control group across all of the outcome measures that were evaluated. Specifically, regarding rule violation severity, the SRT group exhibited a significantly higher positive to negative outcome ratio than the "treatment as usual" control group on: program rule vs legal violations; less severe vs more severe abusive behaviors and; less severe responsibility problem reports vs more severe concern problem incident reports. Compared to "treatment as usual", youth in SRT demonstrated less severe rule violation and abusive behaviors along with more responsibility and concern behaviors. These findings support SRT as a promising counseling approach for the development of social and emotional maturity characteristic as competing responses to multiple forms of unhealthy, harmful behavior. In order to create a more socially just community, we have to establish and maintain a human development infrastructure by providing counseling programs that develop social responsibility.

### Treatment References

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