

Cognitive-Behavioral Therapy:

# An Evidence-Based Intervention For Offenders

By Patrick M. Clark

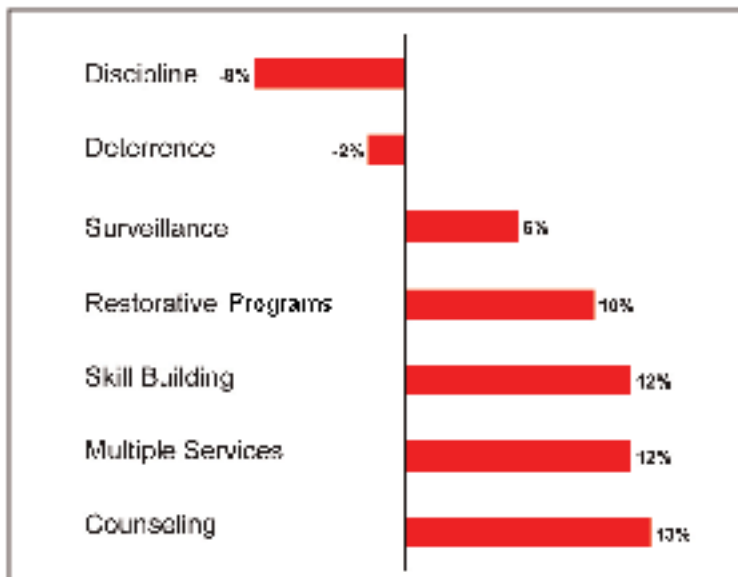
*Author's Note: Findings and conclusions reported in the article are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice. This article was adapted from the NIJ Journal 265 article "Preventing Future Crime With Cognitive Behavioral Therapy."*

Cognitive-behavioral therapy (CBT) reduces recidivism among both juvenile and adult offenders. The CBT approach represents the view that most people can become aware of their own thoughts and behaviors, and can change them for the better. A person's thoughts, which may stem from his or her experiences, often influence and trigger a person's behavior. Unfortunately, as a person develops, his or her thoughts may sometimes become distorted and fail to reflect reality accurately. Most experienced corrections professionals recognize the characteristics of such distorted thinking among criminal offenders — distorted thinking that an offender can change through CBT.

In a recent review and analysis of research on offender programs, Mark Lipsey of the Peabody Research Institute at Vanderbilt University examined the effectiveness of various approaches to intervention with young offenders. The systematic meta-analysis review examined results from 548 studies conducted from 1958 to 2002 including evaluations of intervention policies, practices and programs. Lipsey grouped evaluation studies into seven categories:

- Surveillance;
- Deterrence;
- Discipline;
- Restorative programs;
- Counseling;

Figure 1. Effectiveness of Interventions With Criminal Offenders



- Skill building; and
- Multiple coordinated services.

When the effects of these interventions were combined into categories and compared in meta-analysis, those based on punishment and deterrence appeared to increase criminal recidivism (most often equated with re-arrest within 12 months after intervention); whereas therapeutic approaches based on counseling, skill building and multiple services had the greatest impact in reducing further criminal behavior (see Figure 1).

Lipsey also examined the effectiveness of various therapeutic interventions by comparing different counseling and skill-building approaches. Results showed that cognitive-behavioral skill-building approaches are more effective in reducing further criminal behavior than other therapeutic interventions. In a separate systematic review, Nana Landenberger and Lipsey showed that programs based on cognitive-

behavioral therapy are effective with juvenile and adult criminal offenders in various criminal justice settings including prison, community residential, probation and parole. Studies published from 1965 through 2005 were examined according to particular research criteria. A total of 58 studies were included in their review and analysis. Results showed CBT to be consistently associated with reduced recidivism even among offenders at highest risk of recidivism.

## Criminal Offenders and the Cognitive Perspective

From the cognitive perspective, experiences, beliefs, attitudes and values affect the way people think and how they view problems. These views may be a result of emotional and behavioral systems that distort the way a person views reality, interacts with other people, and experience everyday life. This in turn can con-

tribute to unrealistic, arbitrary or crooked inferences and distortions in thinking and behavior.

Offenders often exhibit one or more of the following characteristics:

- Thought patterns that are immature or developmentally arrested;
- Shortfalls in problem-solving and decision-making;
- Inability to consider the effects of their behavior;
- Thoughts involving egocentric views of self, and a negative belief or lack of trust in other people;
- Distorted thoughts that hamper their ability to reason and accept blame for wrongdoing;
- Mistaken belief of entitlement, which makes them unable to delay gratification, confuse wants and needs, and disrespect others;
- Tendency to act on impulse;
- Lack of self-control and empathy;
- Inability to manage feelings of anger; and
- Use of force and violence as a means to achieve their goals.

CBT has been found to be effective with juvenile and adult offenders, with substance abusing and violent offenders, and with probationers, prisoners and parolees. It has also been found to be effective in various criminal justice settings, both in institutions and in the community. CBT programs designed for offenders directly address problems associated with criminal behavior. For instance, most cognitive skill-building programs for offenders include lessons and exercises to increase positive social skills, means-ends problem-solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management and self-efficacy.

The Landenberger and Lipsey study found no correlation between offender risk and positive program results. In fact, some of the largest effects were apparent among more serious offenders. It may be that the enabling, self-help approach represented by CBT is more effective in engaging typically resistant clients, increasing participation and the benefits of participation.

## Recent Emergence of CBT

CBT has only recently come into prominence as one of the few approaches to psychotherapy that has been broadly validated with research, although it has been used in psychological therapy for more than 40 years. CBT focuses on patterns of thinking, and the beliefs, attitudes and values that underlie thinking. It has shown to be reliably effective with a wide variety of personal problems and behaviors including those important to criminal justice such as aggression, substance abuse, being anti-social, and persistent delinquent and criminal behavior.

Unlike other approaches, CBT places responsibility for thinking in the hands of the client and supplies him or her with the means of solving problems in everyday living, focusing on the present rather than the person's past. People taking part in CBT learn specific skills that they can use to effectively solve daily problems, as well as skills they can use to achieve legitimate goals and objectives. CBT first concentrates on developing skills to recognize distorted or unrealistic thinking when it happens, and then on changing that thinking or belief to eliminate problematic behavior.

## How Does It Work?

The typical CBT program is provided by trained professionals or paraprofessionals. Training for non-therapist group facilitators often involves 40 hours or more of specialized lessons and skill building. Licensed and certified therapists often deliver CBT programs, especially as they often involve individual counseling as well as group sessions.

The programs, often offered in small group settings, incorporate lessons and exercises involving role play, modeling or demonstrations. Individual counseling sessions are also often part of CBT. Clients are given homework and actually conduct experiments on their own in between sessions. The willingness to change is necessary for CBT to be effective in reducing further criminal behavior. These components are important to gauge an individual's readiness for change and to foster engagement in the change process.

Brand name or prepackaged programs such as "Aggression Replacement Therapy," "Reasoning for Change," "Thinking for Change," and others often limit time and scope of CBT. They involve 20-30 sessions sometimes lasting up to 20 weeks. The more treatment provided or the more sessions participants attend, the greater the apparent impact on, and decrease in recidivism.

Characteristics of the provider appear to be important to increasing program effects. Counselor honesty, empathy and sensitivity are helpful traits for those delivering therapeutic programs. Support and encouragement, partnership or alliance, and acceptance appear necessary in establishing effective rapport. This may be especially important in CBT as counselors often take on the role of coach. It seems important that during CBT, counselors are consistent in modeling and expressing the pro-social attitudes and behaviors, and moral values and reasoning that are often part of CBT with criminal offenders.

## Overall Findings

Research on CBT has reported positive findings regarding a multitude of mood, personality and behavioral problems. Unlike other traditional and popular therapies, CBT has been the subject of more than 400 clinical trials involving a broad range of conditions and populations. It has successfully addressed many issues experienced by children, including disruptive or noncompliant behavior, aggression, oppositional defiant disorder and attention deficit hyperactivity disorder. For adults, CBT has been shown to help with marital problems, sexual dysfunction, depression, mood disorders and substance abuse. It has also been shown to be as useful as antidepressant medication for individuals with depression, and appears to be superior to medication in preventing relapses.

It also appears that CBT is more effective in reducing further criminal behavior when delivered with other program items such as supervision, employment, education and training, and other mental health counseling. The CBT approach has recently been used in many prepackaged or brand name programs. The National Institute

of Corrections recently published a thorough and comprehensive review of CBT, which provides detailed descriptions of these, and other programs. Interestingly, although the Landenberger and Lipsey review showed these programs were effective, in comparison, no single program was superior in reducing recidivism.

Overall, the CBT approach can produce significant decreases in recidivism even among high-risk offenders. More research is needed to determine when this intervention may be most effective or why CBT is effective across offender groups. Perhaps the therapy could be more effective in preventing criminal behavior if delivered in early intervention and parenting training programs. If so, there are far-reaching benefits of this approach for reducing crime and needless victimization.

## ENDNOTES

<sup>1</sup> Lipsey, M.W. 2009. The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, 4(2): 124-147. New York: Routledge.

<sup>2</sup> Landenberger, N.A., and M. Lipsey. 2005. The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1(4):451-476. New York: Springer.

<sup>3</sup> Yochelson, S., and S.E. Samenow. 1976. *The criminal personality: Volume I. a profile for change*. New York: Jason Aronson.

Walters, G. 1990. *The criminal lifestyle: Patterns of serious criminal conduct*. Newbury Park, Calif.: Sage Publications.

Walters, G.D. and T.W. White. 1989. The thinking criminal: A cognitive model of lifestyle criminality. *Criminal Justice*

*Research Bulletin*, 4(4):1-10. Huntsville, Texas: Criminal Justice Center, Sam Houston State University.

<sup>4</sup> Milkman, H., and K. Wanberg. 2007. *Cognitive-behavioral treatment: A review and discussion for correction professionals*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections. Retrieved from <http://nicic.gov/Library/021657>.

---

*Patrick M. Clark is a social science analyst with NIJ's Crime Control and Prevention Division.*

**Reprinted with permission of the American Correctional Association, Alexandria, Va. All rights reserved.**