

Colorado Probation Research in Brief

Cognitive-Behavioral Treatment

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Summary/Conclusions

This monograph, distributed by the National Institute of Corrections (NIC), is a general review of Cognitive Behavioral Therapy (CBT). It describes the history and principles of CBT, including a detailed description of six different CBT programs, which can be used with offenders. The program descriptions include a summary of the model's main elements, as well as training information for those interested in facilitating groups. The authors also discuss the effectiveness of CBT programs, with the last chapter devoted to "real world" applications for corrections/probation.

Limitations of Information

Cognitive-behavioral therapy (CBT) is a highly regimented approach to teaching offenders behavioral and decision-making skills. In order to gain maximum benefit from CBT, offenders should complete the dose (number of classes) recommended, with regular skill reinforcement and role modeling by the facilitator. Although the authors suggest ways to use CBT skills with offenders, it is recommended probation officers complete CBT training. The State offers a CBT Overview and Thinking for a Change trainings.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

What is CBT and Why Use it?

Cognitive Behavioral Therapy (CBT) is based on the assumption that criminal behavior is produced as the result of dysfunctional thinking. It is a blend of two theoretical backgrounds: behavioral theory and cognitive theory. Behavioral theory developed in the late fifties, focusing on "observable, external behaviors and disregarding internal mental processes." Although the underlying beliefs of cognitive theory can be traced to ancient Greece, the modern theory, developed in the early sixties, was "based on the idea that thoughts control feelings." Finally, in the mid-seventies, the two theories were merged to form a CBT model.

As higher risk probationers are apt to struggle with good decision-making and pro-social behavior, this population tends to benefit the most from this type of treatment. "CBT uses two basic approaches in bringing about change: (1) restructuring of cognitive events and (2) social and interpersonal skills training." Six CBT programs are discussed: Aggression Replacement Therapy (ART), Strategies for Self-Improvement and Change (SSIC), Moral Reconciliation Therapy (MRT), Reasoning and Rehabilitation (R&R), Relapse Prevention Therapy (RPT), and Thinking for a Change (T4C).

The authors address the effectiveness of each of the programs, noting that meta-analyses (studies of studies) have concluded CBT is one of the most effective treatments we have for offenders, reducing recidivism rates by about 30%.

The monograph closes with "real world" applications for the field, including the following:

Practical Applications

- √ When referring higher risk offenders to CBT, ask questions to ensure the agency hasn't "modified" the program (e.g. length, content), as these changes will decrease the effectiveness of the program.
- √ Model pro-social/appropriate behavior. Be firm and fair, clearly distinguishing between rules and requests.
- √ Use praise when offenders demonstrate skills, adding an explanation to connect the reward with a specific behavior.
- √ Assign homework to address a certain problem or weak social skill, then assist the offender in setting a goal, generating pro-social solutions, and have him report at the next appointment which solution he used, as well as the results.
- √ Increase incentives as offenders demonstrate skills.
- √ Remove barriers to treatment. For example, use offender services funds to pay for classes or decrease the frequency of appointments during enrollment.
- √ Provide in-house T4C groups.

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