

COGNITIVE BEHAVIORAL THERAPY PRACTICES FOR CRIMINALS



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Abstract

Cognitive Behavioral Therapy is not a single method of psychotherapy; rather, CBT is an umbrella term for therapies with many similarities. CBT is a marriage of sorts between social learning theory, cognitive therapy, and behavioral therapy, all of which initially grew from experimental psychology. From the cognitive therapist's perspective, an individual's personality is formed by central values that have developed early in life as a result of factors in the individual's environment. These factors serve as the basis for the way the individual codes, categorizes, and evaluates their experiences and the stimuli they encounter. Cognitive therapists believe that psychological problems stem from faulty learning, making incorrect assumptions as the result of inadequate or incorrect information, and not being able to adequately distinguish between imagination and reality.

keywords: Therapy, Criminals,

INTRODUCTION

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the individual's environment. These factors serve as the basis for the way the individual codes, categorizes, and evaluates their experiences and the stimuli they encounter. Cognitive therapists believe that psychological problems stem from faulty learning, making incorrect assumptions as the result of inadequate or incorrect information, and not being able to adequately distinguish between imagination and reality). Early views of cognition shaping one's view of the world came from early Greek philosophers including Plato. Philosophers during the seventeenth and eighteenth century viewed the world around the concept of the mind controlling reality. In the nineteenth century cognitive therapy was practiced by two early psychologists, Wundt and James, who defined their discipline as the science of mental life. Wundt and James' research centered around cognition such as the way individuals perceived, stored, and used information. Allen (2006) notes, "The methodology involved subjects trained in introspection, who examined their own cognitive processes during experimental tasks. This phase of research was overtaken by the behaviourist framework during the 1920s, largely due to difficulties in demonstrating the validity of self-report data generated by introspective methods, and resultant concerns that this would compromise psychology's standing as a legitimate science" (p. 143). Modern cognitive therapy started to emerge between 1955 and 1965, but was not recognized in the literature as a separate and distinct field of psychology until the 1970s (Mahoney, 1993). According to many accounts Aaron Temkin Beck founded the cognitive therapy movement. Much of Beck's work surrounded the treatment of depression. Early research compared Beck's cognitive-based approach with treating depression with antidepressant medication. One study found that cognitive therapy was effective in reducing the symptoms of major depression in moderately ill patients who were non-psychotic (Rush, Beck, Kovacs, & Hollen, 1977).

COGNITIVE-BEHAVIORAL THERAPY

In the 1950s, through the work of Ellis (1989), and eventually Beck, there began a blending of cognitive therapy with behavioral therapy to form CBT. Ellis created rational-emotive therapy (RET) in 1955. Ellis was a practicing psychoanalyst who after six years of doing classical and analytically oriented psychotherapy became disenchanted with the inefficiencies of the approach. Ellis began using behavioral therapy, which he had previously used on himself to overcome his fear of dating and public speaking. According to Ellis (1989): I did not by any means wholly invent cognitive-emotive-behavioral methodology, I think I can safely say that I was the first modern therapist to give it heavy emphasis and considerable publicity. From the beginning, I also included some highly emotive exercises and practices in RET. (p. 8) Ellis'

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postulated good and comprehensive CBT includes many features of existing therapies but also focuses on scientific methods, excluding some of the unscientific aspects of psychoanalysis. In reviewing Ellis' work with clients, Kuehlwein (1993) noted, "... Ellis vigorously works with them to persuade them to give up their irrational thoughts and behaviors. While doing this, he emphasizes his clients' unconditional worth as people, maintaining that people are acceptable in spite of negative behaviors and traits". In the late mid-1980s, there was still resistance to the blending of the two therapies, despite the work of Ellis and Beck. Marks (1986), a well-known behavioral therapist, noted, "it is quite possible that current research into cognitive therapy will yield more promising results that would justify teaching the approach to (behavioural) trainees interested in routine treatments. That moment has not yet arrived" (p. 8). Despite the beliefs of Marks (1986) and others in the field, in the late 1980s and early 1990s, the cognitive and behavioral fields merged to form CBT. Cognitive and behavioral changes have a reinforcing effect. When cognitive change leads an individual to change his or her actions and behavior, it results in a positive outcome that strengthens the change in the individual's thought patterns. When this occurs, changes in thinking are reinforced by the changes in behavior, which further strengthens those behavioral changes. Milkman and Wanberg (2005) note, "It is not just the reinforcement of the behavior that strengthens the behavior; it is the reinforcement of the thought structures leading to the behavior that strengthens the behavior. This self-reinforcing feedback process is a key principle, which becomes the basis for helping clients understand the process and maintenance of change.

OBJECTIVE OF THE STUDY

1. Does the Cognitive Intervention Program (CIP2) create reliable change?
2. What characteristics are predictive of success in CIP2?
3. Who would be most responsive to CIP2?

RESEARCH METHODOLOGY

PARTICIPANTS

Participants were students in the Windham School District in Texas that participated in the revised Cognitive Intervention Program (CIP2) in the first three (3) years of new program (August, 2016 through August, 2019). The participants are a convenience sample of those who

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have participated in the program. The data was de-identified archival data of approximately 20,587 students who completed CIP2 during this time.

Measures

Criminal thinking. The Measures of Criminogenic Thinking Styles (MOCTS) assessment is a 70-item self-report instrument designed to measure the presence of thinking styles that perpetuate criminal and maladaptive behaviors. The test consists of five scales: Total Criminogenic Thinking, Control, Cognitive, Immaturity, and Egocentrism. The Control scale (26 items) represents thinking patterns that address an individual's need for power and control over one's own emotions, the environment, and other people. The Cognitive Immaturity scale (28 items) represents thoughts of self-pity and over-reliance on underdeveloped cognitive shortcuts such as labeling and judging. The Egocentrism scale (11 items) represents an individual's extreme feelings of uniqueness, focus on one's self, and overestimation of one's own importance. The Total Criminogenic Thinking scale (65 items) represents overall level of criminogenic thinking and consists of all the items from the three criminogenic thinking subscales

(Mandracchia, 2013). All questions are answered on a 5-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Mixed/Neutral, 4 = Agree, 5 = Strongly Agree) with questions such as "I have often felt worthless or inadequate because of what others have said about me" or "I don't stop to think before I act, I just act". Completion of the MOCTS should take between 10 to 15 minutes. The test also includes a scale to detect inattentive response style. The Inattentiveness Scale consists of five items that direct a respondent to provide a particular response option, such as "Answer this item with Agree" or "Answer this item with Mixed/Neutral". For each of the five Inattentiveness items, there is a correct response; all other responses are considered incorrect. Answering with a correct response corresponds to a score of 0 for that item, and endorsement of an incorrect response corresponds to a score of 1 for that item. As such, the range of scores for the Inattentiveness scale is 0 to 5, with higher scores indicating more inattentive responding. Preliminary analyses (Mandracchia, 2013) suggest an optimal cut-score for identifying an inattentive respondent as 2 or higher on the Inattentiveness scale. The MOCTS is currently only available in English. The MOCTS assessment has demonstrated strong to adequate reliability of internal consistency and test-retest reliability for the Total Criminogenic Thinking scale and each of the subscales ($\alpha = 0.945$; $r = 0.62$) (Mandracchia & Morgan, 2011). These values are presented in Table 3.1 below:

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Table 1 Reliability of MOCTS

Scale	Cronbach's Alpha	Split-Half Coefficients	Test-Retest Pearson Product Moment Correlations
Control	.917	.903	.55
Cognitive Immaturity	.929	.908	.64
Egocentrism	.807	.790	.67
MOCTS Total	.945	.914	.62

Antisocial attitudes and associates. The Measures of Criminal Attitudes and Associates (MCAA) is a two-part assessment. Part A quantifies the number of criminal associates a person self-reports and Part B is an attitude measure consisting of four scales: Attitudes Towards Violence (12 items), Sentiments of Entitlement (12 items), Antisocial Intent (12 items), and Associates (10 items). Part A consists of five Yes/No questions regarding the four adults the individual spends the most time with and contains questions such as “Has person #1 ever committed a crime?” or “Has person #1 tried to involve you in a crime?”. Part B consists of agree or disagree statements such as “It’s understandable to hit someone who insults you”, “Most of my friends don’t have criminal records”, or “Rules will not stop me from doing what I want”. For the purpose of the current study, only results from Part B were collected. The MCAA’s reading level is approximated at a Grade 5 level (Mills & Kroner, 2001). The MCAA has demonstrated acceptable internal consistency (alpha = .89) and moderate to high correlations with other attitude measures, such as the Criminal Sentiment Scale (CSS) scales and the Pride in Delinquency (PID), supporting its validity (Mills, Kroner, & Forth, 2002). Table 3.2 below provides test-retest reliability values provided in the assessment manual (Mills & Kroner, 2001).

Table 2 Test-Retest Reliability of MCAA

Scale	Test-Retest Correlation
Violence	.74
Entitlement	.77

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Antisocial Intent	.79
Associates	.66
MCAA Total	.82

TABE. The Test of Adult Basic Education (TABE) is used by educators to provide a solid foundation for effectively assessing the skills and knowledge of adult learners. The TABE is a diagnostic test used to determine an individual's skill levels and aptitudes as well as academic readiness. The standard TABE test covers reading, math, and language. For the current study, the reading test scores were used to better understand offender's reading ability and the impact on the efficacy of CIP2.

RESULTS

DESCRIPTIVE STATISTICS

After removing individuals who randomly responded, the total sample size was 11,477. To explore the nature of the sample and the frequency and means of the variables being used for analysis, descriptive statistics were applied (see Tables 2 and 3). The participants were individuals who completed CIP2 in the first three years of implementation. Out of the total sample, more than 80% were males. About 40% of the sample was white, 30% was black, and 31% Hispanic. The majority of the sample's inmate type was ID (87%). The most prevalent current VPDO category was violent (44%) and the next highest was drug (23%). For current offense category, 35% of the participants were "other" and the second highest category was 17% were assault/terroristic threat/trafficking. On average, the participants had about two previous felony arrests and about three previous misdemeanor arrests. The average number of times in prison was about two, with the maximum number of times in prison being eight. The participants had on average about two previous violent, property, drug, or other arrests, indicating a history of criminal behavior. The typical age at start of CIP2 for the sample was 36 years. A mean of about 12 years of education and a TABE reading level of 10 shows that most of the sample was able to read the material. However, the minimum TABE reading level was less than one and the minimum years of education was zero, demonstrating some of the sample did not meet the minimum reading level of the CIP2 program of 7th grade.

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Table 2 Characteristics of the sample (N = 11,477)

Independent Variable	Frequency	Percentage
Sex		
Female	1,911	17%
Male	9,566	83%
Race		
Black	3,446	30%
Hispanic	3,548	31%
White	4,440	39%
Other	43	< 1%
Inmate Type		
ID	9,985	87%
IS	704	6%
SAFP	7	0%
SJ	599	5%
Current VPDO Category		
Drug	2,600	23%
Property	1,530	13%
Violent	5,069	44%
Other	1,789	16%

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Current Offense		
Category		
Assault/Terroristic		
Threat/Trafficking	1,969	17%
Robbery	1,518	13%
Drug-Possession	1,390	12%
Drug-Delivery	1,207	11%
Burglary	881	8%
Other	4,023	35%

Table 3 Characteristics of the sample (N = 11,477)

Independent Variable	Mean	Minimum	Maximum
Previous Felony Arrests	1.95	0.00	2.00
Previous Misdemeanor Arrests	2.55	0.00	3.00
Previous VPDO Violent Arrests	1.65	0.00	3.00
Previous VPDO Property Arrests	1.51	0.00	3.00
Previous VPDO Drug Arrests	1.60	0.00	3.00
Previous VPDO Other Arrests	2.11	0.00	3.00
Sentence Length (in Days)	4,761.00	180.00	36,525.00
Total Prison	1.63	0.00	8.00
Total State Jail	0.41	0.00	15.00
Total SAFP	0.14	0.00	4.00

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Total ISF	0.28	0.00	10.00
Vocational Hours	177.00	0.00	3,527.00
Program Hours	67.00	0.00	970.00
Academic Hours	248.00	0.00	8,529.00
TABE Reading Level	10.36	0.70	12.90
Years of Education	11.59	0.00	20.00
Age at Start of CIP2	35.67	18.00	90.00
Previous Minors	0.89	0.00	219.15
Previous Majors	0.27	0.00	28.10
Previous Good Time Loss	7.38	0.00	444.22

CONCLUSION

Utilizing a risk needs responsivity (RNR) model framework on criminal conduct, the responsivity principle suggests that there is potential to identify possible characteristics to differentiate who has a greater likelihood of success in the program and thus potentially reduce the risk of recidivism among offenders who take the CIP2 program. The goal of this dissertation was to determine if significant change was occurring by taking the revised Cognitive Intervention Program (CIP2) and to define characteristics that best predict success in CIP2 with improvement in criminal thinking and attitudes. I used a dataset on Texas offenders that included pre-test and post-test scores on the MOCTS and MCAA, TABE reading scores, and twenty-seven predictor variables. The goal of this dissertation took the form of three research questions:

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