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## Is Cognitive Behavioral Therapy Effective for Reducing Recidivism in Offenders?

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IS COGNITIVE BEHAVIORAL THERAPY EFFECTIVE FOR REDUCING RECIDIVISM IN  
OFFENDERS?

by

Jordanne Miller

B.S., Lincoln University of Missouri, 2018

A Research Paper  
Submitted in Partial Fulfillment of the Requirements for the  
Master of Arts

Department of Criminology and Criminal Justice  
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RESEARCH PAPER APPROVAL

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in the field of Criminology and Criminal Justice

Approved by:

Dr. Raymund Narag, Chair

Graduate School  
Southern Illinois University Carbondale  
May 11, 2022

## **AN ABSTRACT OF THE RESEARCH PAPER OF**

Jordanne Miller, for the Master of Arts degree in Criminology and Criminal Justice, presented on May 11, 2022, at Southern Illinois University Carbondale.

**TITLE: IS COGNITIVE BEHAVIORAL THERAPY EFFECTIVE FOR REDUCING RECIDIVISM IN OFFENDERS?**

**MAJOR PROFESSOR: Dr. Raymund Narag**

Cognitive behavioral therapy is a key program that addresses mental and psychological disorders. Cognitive-behavioral therapy was developed in the 1960s by Aaron Beck. Cognitive-behavioral therapy was derived from behaviorism and focuses on thinking errors and connecting cognition and emotion. It is meant to treat dysfunctional and criminogenic thinking patterns. Its main components are changing thinking patterns, core beliefs, and automatic thoughts. It has been implemented in different settings, such as in prisons, in schools, and in community-based settings. There are several different types of cognitive-behavioral therapy programs such as Reasoning and Rehabilitation Therapy, Aggression Replacement Therapy, Rational Emotive Behavior Therapy, and Moral Reconditioning Therapy. Cognitive-behavioral therapy can be explained by using criminological theories such as social learning theory, differential association, and techniques of neutralization. This paper aims to determine the effectiveness of using CBT as a program to reduce recidivism in offenders and will also determine the effectiveness of cognitive-behavioral therapy when using rehabilitation to reduce recidivism in offenders. Cognitive behavioral therapy offers a chance at treatment for offenders because it is versatile and can be used to rehabilitate many different types of offenders such as drug offenders, domestic violence offenders, and sex offenders. Cognitive behavioral therapy has different outcomes for all offenders but overall is found to be effective in reducing recidivism in drug offenders, sex offenders, and domestic violence offenders. This paper finds that cognitive

behavioral therapy is effective in rehabilitating offenders to reduce recidivism and recommends that cognitive behavioral therapy is the most effective in reducing recidivism in community-based settings.

Key words: CBT, Cognitive-Behavioral Therapy, Social Learning, Cognitive Learning, Behaviorism, Differential Association, Techniques of Neutralization, Thinking Errors, Offenders, Recidivism

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## **CHAPTER 1**

### **WHAT IS CBT?**

Cognitive behavioral therapy (CBT) is an intervention that is widely used for mental and psychological disorders. Cognitive behavioral therapy is a type of psychotherapy technique that aims to change people's thought patterns (InformedHealth.org, 2013). Cognitive-behavioral therapy is delivered in many ways based on the issues that need to be corrected. The foundation of cognitive behavioral therapy is almost always the same, that is, how people think, and feel are connected, and that has a direct effect on people's lives and the decisions people make. The main purpose of cognitive-behavioral therapy is to understand how individuals' thoughts and mindset are linked (InformedHealth.org, 2013). People's thoughts and mindsets are how people make decisions. Based on the thoughts and type of mindset an individual may have, they may make good or bad decisions. Some types of decisions can lead individuals into making criminal decisions (InformedHealth.org, 2013). Cognitive-behavioral therapy aims to change thought processes and what led to their current thought processes that have been deemed to be problematic (InformedHealth.org, 2013).

The main assertion of cognitive behavioral therapy is that cognitions, which include beliefs about oneself, future, and thoughts about the world shapes their automatic thoughts and how they may react in certain situations (Hoffman et al., 2012). Strategies in CBT are meant to change these cognitions, distress, and problematic behaviors (Hoffman et al., 2012). Cognitive-behavioral therapy can be used to treat anxiety, depression, addiction, and bipolar disorder (InformedHealth.org, 2013). It can also be used to alleviate pain in certain physical conditions (Hoffman et al., 2012). Cognitive-behavioral therapy requires the patient to be devoted to the therapy. Cognitive-behavioral therapy requires individuals to make major lifestyle changes



(Surmai & Duff, 2022). Individuals may be asked to make daily changes such as record their thoughts, emotions, and behaviors (Surmai & Duff, 2022). Cognitive-behavioral therapy focuses on what is happening in the present moment (InformedHealth.org, 2013). The past influences the present, but therapy does not dwell too much on the past. Cognitive behavioral therapy recognizes that the past is important so it will not be ignored completely but it is not the primary focus of the therapy. Cognitive-behavioral therapy aims to teach patients how to help themselves (Jeglic et al., 2008). After completing cognitive behavioral therapy, patients should be able to take what they learned and apply it to their life when needed. Cognitive-behavioral therapy is based on a model that examines the connection between cognition, emotion, and behavior (Chand et al., 2022).

### **Purpose of CBT**

Is cognitive behavioral therapy effective in reducing recidivism? Cognitive behavioral therapy has now started to be used as a form of rehabilitation for offenders and it can also be used as a form of intervention for deviant behavior. The purpose of cognitive-behavioral therapy being used to treat offenders is to change their mindset and thinking patterns. Their mindset and thinking patterns are what often leads offenders to be involved in criminal activity. If their thought processes can be changed then it is possible that they will no longer commit criminal acts, therefore, reducing recidivism.

Using cognitive behavioral therapy will help the criminal justice system become more proactive. Traditionally the criminal justice system generally does not get involved until a criminal act has already been committed. If cognitive behavioral therapy is implemented, then it can be used as a form of intervention as soon as deviant behavior is noticed. If cognitive behavioral therapy is implemented when deviant or criminal behavior is detected, then the

possibility of an individual becoming a criminal in their adult life can be prevented. I would identify individuals who are at high risk for recidivating as individuals who are constantly getting in trouble at school or at home and the traditional forms of punishment are not working. Cognitive behavioral therapy can be used to intervene, but it must cater to the individual and their needs. The purpose is to use cognitive behavioral therapy as an effective form of therapy that can be used in the future to help reduce recidivism.

### **History of CBT**

Cognitive-behavioral therapy was first introduced by Aaron Beck in the 1960s. Beck developed cognitive therapy when he noticed “cognitive distortions” (Chand et al., 2022). Beck began to look at psychological and mental health disorders from a cognitive standpoint. Beck did research and published a study that proved the efficacy of cognitive therapy. Beck’s meticulous treatment was a great contribution to psychotherapy. Something like this has been attempted in the past but has not been successful. Beck developed a model that included cognitive, emotional, and behavioral factors which was later said to be an empirically validated psychological treatment (Padesky & Beck, 2003). After Beck’s model was developed, other researchers began to develop cognitive therapy models. As the research became more focused on cognition, behavior therapy became known as cognitive behavioral therapy (Chand et al., 2022). The main highlights of cognition are automatic thoughts, cognitive distortions, and underlying beliefs and schemas.

In CBT, *automatic thoughts* are an individual’s automatic response to events happening around them. *Automatic thoughts* represent the way in which individuals react to others’ emotions and actions (Chand et al., 2022). In CBT, *cognitive distortions* are errors found in the way a person thinks. They can also be described as a wrong “way” of thinking. Individuals have

distortions in the way they think but the problem comes when those distortions lead to individuals make bad decisions based on those distortions. Negative thoughts are also labeled as cognitive distortions (Surmai & Duff, 2022). Accordingly, there are many different types of cognitive distortions. First is dichotomous thinking, which is viewing situations in an extreme way (Chand et al., 2022). Someone may view something slightly negative as an extremely negative event. There is not an in between with dichotomous thinking, it is either extremely negative or extremely positive. Second is mind reading which is assuming other people's intentions when they do not know their thoughts or intentions (Chand et al., 2022). Third is emotional reasoning which is making determinations based on feelings rather than reality. Emotional reasoning is not believing reality and making up what you believe to be true (Chand et al., 2022). There is also blame, which is constantly putting the blame on yourself in certain situations (Chand et al., 2022). There are more cognitive distortions, but these are a few examples.

In CBT, the last key factor of cognition is *underlying beliefs* or schemas (Chand et al., 2022). According to CBT, underlying beliefs are an individual's perception of events in life (Chand et al., 2022). Everyone has a belief system that changes through life. Accordingly, our belief system is how people understand information that can lead to automatic thoughts. There are two levels of beliefs in cognitive-behavioral therapy. There are core beliefs and intermediate beliefs (Chand et al., 2022). Core beliefs are our main ideas about ourselves and the world around us. Many core beliefs are based on other ideas from people around us, which is why they are often overgeneralized (Chand et al., 2022). Intermediate beliefs, on the other hand, are formed based on core beliefs (Chand et al., 2022). According to CBT, intermediate beliefs are associated with wanting to be accepted and as normal as possible. Intermediate beliefs are

acceptance, options, and regulations of an individual (Chand et al., 2022).

In a clinical sense, cognitive-behavioral therapy is a customized goal-oriented therapy that is catered to the patient (Chand et al., 2022). The therapist and the patient work together to determine how they can reach the patient's goals which is different than traditional therapy. While the patient and therapist work together, the therapist can recognize certain thinking patterns that may have led the patients to problematic actions. Treatment would include looking at these thinking patterns and determining the proper protocol to fix the problem the patient needs help with. There is no one specific way cognitive behavioral therapy should look (Chand et al., 2022). It was not until recently that CBT has become a more personalized form of treatment (David et al., 2018). The goal is for the therapist and the patient to connect to help the patient receive the best treatment possible (David et al., 2018). CBT requires that administrators of the program spend the most time with the patients so during that time they build rapport with the patients. According to CBT protocols, if implementers get to know the patients, then it will be easier to identify with them (Clark, 2011). During intake of a new patient is the perfect time for treatment implementors and patients to get to know each other and build rapport (Hofmann et al., 2013).

### **Dynamics of CBT**

Cognitive-behavioral therapy comes from behaviorism. Behaviorism operates under the assumption that behavior is learned which means it can also be unlearned (InformedHealth.org, 2013). This assumption is also similar to social learning theory which will be discussed later in this paper. Since behavior can be learned, individuals can also learn to have a certain attitude about life, which can then lead to negative thoughts. Those thoughts can lead to criminal thinking or criminal activity (InformedHealth.org, 2013). That is why it is important to correct

negative thinking patterns, so they do not result in criminal behavior. Through cognitive behavioral therapy, an individual will learn how or why certain thinking patterns may lead to making negative or criminal decisions. Just like certain types of thoughts can lead to criminal behavior, certain thoughts can also lead to making positive decisions (InformedHealth.org, 2013). The key is to replace those negative thinking patterns by intersecting thoughts and thinking about what an individual can do instead of engaging in criminal behavior. Negative thinking patterns are reframed into constructive and rational perspectives (Surmai & Duff, 2022). For example, if an individual knows certain people who are constantly engaging in criminal activity, CBT suggests that it would be best not to be around those individuals. Instead of engaging with people who are often involved in criminal behavior, CBT suggests they should associate themselves with people who engage in positive behavior that reflects the type of person an individual wishes to be (Jeglic et al., 2008).

Cognitive behavioral therapy takes a different approach to psychotherapy. Cognitive behavioral therapy requires the patient to do the work (Gunter & Whittal., 2010). CBT suggests that patients will learn specific skills and that patients should be able to take those skills and apply it where they see fit (Gunter & Whittall., 2010). Accordingly, the skills they learn will help them reach their goals. Cognitive behavioral therapy starts by developing the skills necessary to recognize distorted thinking patterns. CBT suggests that when participants can recognize their problematic beliefs, then they can take the necessary skills to unlearn unwanted behavior and replace it with healthy thoughts and beliefs (Clark, 2011).

### **Types of CBT Programs**

Cognitive behavioral therapy is aimed at reducing recidivism. It is important that CBT programs are based on the big eight criminogenic needs. The big eight criminogenic needs are

history of antisocial behavior, antisocial personality, antisocial cognition (criminal thinking), antisocial associates, dysfunctional family, employment and education, leisure and recreation and substance abuse (Andrews et al., 2006). These criminogenic needs are the basis that CBT programs are based on. Following these criminogenic needs in each program should result in reducing recidivism.

There are many types of cognitive behavioral therapy programs. There is cognitive skills training which is a type of training that is meant to teach thinking skills such as problem solving (Lipsey et al., 2007). The type of problem-solving skills that can be taught by cognitive skills training are gathering information, making alternative choices, critical thinking, goal setting, long term planning, perspective taking, and analyzing outcomes (Lipsey et al., 2007). These skills are often taught in a group setting or they can be practiced in real life situations. Role playing or practicing in real life is used to learn coping skills, in situations that could possibly bring up aggression or criminal behavior (Lipsey et al., 2007).

Anger Management Training is a type of CBT program. Anger Management Training focuses on teaching offenders how to supervise their thoughts that would normally lead to criminal behavior (Lipsey et al., 2007). CBT suggests that anger starts with the way people think so if individuals can change their thinking patterns, then that can lead to the control of aggressive behavior. According to CBT, there are strategies for the offenders to learn things that trigger their anger. Once offenders learn what their triggers are, they can learn how to supplement those triggers with rational behavior instead of anger (Lipsey et al., 2007). Anger Management Training varies in intensity, frequency, and duration (Valizadeh et al., 2010). There are many different types of cognitive behavioral therapy programs that can help with controlling anger and introduce conflict resolution skills (Lipsey et al., 2007). Anger Management Training teaches

thinking skills which follows what CBT suggests, changing thinking patterns.

Some typical cognitive behavioral therapy programs are Reasoning and Rehabilitation, Moral Reconciliation Therapy, Aggression Replacement Therapy, Thinking for a Change, Cognitive Interventions Programs, and Relapse Prevention Approaches. Reasoning and rehabilitation is centered around critical thinking and social perspective taking (Lipsey et al., 2007). Reasoning and Rehabilitation focuses on changing impulsive thoughts. CBT suggests that by changing impulsive thoughts, offenders can conceptualize their thoughts and think of a better way to respond instead of acting out and doing something that can lead to making a criminal decision (Lipsey et al., 2007). CBT suggests that by thinking about their thoughts, participants can think of how their thoughts can affect themselves and other people (Lipsey et al., 2007). "Moral reconciliation therapy is based on Kohlberg's stages of moral development (Lipsey et al., 2007)." Kohlberg's stages of moral development are taught by using workbook exercises through cognitive stages (Lipsey et al., 2007).

The purpose of Aggression Replacement training is to reduce antisocial and aggressive behavior (Ensafdar et al., 2019). Aggression replacement training includes three different factors: skill streaming, anger control training, and moral education (Lipsey et al., 2007). Skill streaming teaches friendly behaviors through modeling and role playing (Lipsey et al., 2007). Anger control training teaches offenders they are provoked into anger, so they learn what triggers their anger and learn how to control it. Aggression Replacement training is another way to teach the ways in which thinking patterns can be changed and taught. Moral education uncovers offenders' moral dilemmas, which is learned through discussion (Lipsey et al., 2007). Moral education is meant to teach individuals fairness, sense of justice and concern for others using moral dilemmas and decisions (Ensafdar et al., 2019).

Thinking for a change is a CBT program has been found to be effective in reducing recidivism (Lowencamp et al., 2009). Thinking for a change is made up of 22 sessions including group work and homework (Lowencamp et al., 2009). Homework includes learning thinking affects behavior, accepting that you respond to your own feelings and the feelings of others, and problem-solving skills (Lipsey et al., 2007). Cognitive interventions program is a 15-lesson cognitive restructuring program that teaches offenders their behaviors affect their choices (Lipsey et al., 2007). This program is meant to combine cognitive skills and cognitive restructuring of offender treatments by using problem solving to teach offenders prosocial skills (Lowencamp et al., 2009).

Relapse prevention programs are put in place to prevent substance abuse, reduce aggression, and reduce anger (Lipsey et al., 2007). An important factor of relapse prevention is self-regulation. Self-regulation is either internal or external techniques motivate an individual to reach their goals (Wells et al., 2006). Programs like Relapse Prevention are specifically for high-risk situations where there is a high chance of relapse like with sexual offenders and drug offenders (Lipsey et al., 2007). Cognitive behavioral therapy is effective in juvenile and adult offenders. Some of the types of offenders that have been found to be successful in cognitive behavioral therapy include sex offenders, drug offenders, and violent offenders (Clark, 2011). Cognitive behavioral therapy can also work in many different settings such as jail, prison, probation, and in the community (Clark, 2011). CBT suggests that offenders change their previous habits to match the new ways of thinking they learn through Relapse Prevention. It is important that all CBT programs follows the guidelines of CBT to reduce recidivism.



## CHAPTER 2

### THEORIES

In this section of the paper, I will discuss criminological theories that are consistent with cognitive behavioral therapy. Criminological theories focus on explaining the different causes of crime. CBT can be explained by social learning theory, differential association theory and techniques of neutralization.

#### **Social Learning Theory**

One of the theories often associated with cognitive behavioral therapy is social learning theory. Social learning theory was developed by Albert Bandura in 1971 (Bandura, 1971). Traditionally in social learning theory new patterns and thinking are accrued by experience or learning through others. The basis of social learning theory is to learn by direct experience (Bandura, 1971). Experience is dependent on rewards and punishments. In everyday life people go through situations where they must make choices. Some choices may be better than others based on what the situation may be. Reinforcement plays a very important role in social learning theory (Bandura, 1971). By learning through life experiences and from others, individuals learn that some situations deem positive consequences or rewards, and some situations deem negative consequences or punishments (Bandura, 1971). Social learning theory heavily relies on rewards and punishments. This is something people learn early on in life. Over time, responses to situations become automatic. People unknowingly respond automatically to certain situations based on consequences. Social learning theory allows people to learn through responses and strengthen their response capabilities (Bandura, 1971).

Social learning theory was originally meant to connect differential association theory with general behavioral psychology (Piquero, 2016). Sutherland originally proposed nine ideas

that explained differential association theory. Later Akers and Burgess revised those nine ideas into seven ideas and made a new list that was meant to explain social learning theory (Piquero, 2016). The list is as follows:

1. Criminal behavior is learned by operant conditioning.
2. Criminal behavior is learned in social and nonsocial situations.
3. Learning criminal behavior was the main source of reinforcement.
4. Learning criminal behavior is a function of reinforcers and contingencies.
5. Specific behaviors that are learned are applied by rules and norms.
6. Criminal behavior is a function of norms that are discriminative for criminal behavior.
7. The strength of criminal behavior depends on amount, frequency, and probability of its reinforcement (Akers & Jennings, 2009).

Akers later made changes and pulled away from the revised list he developed from Sutherlands differential association theory (Piquero, 2016). Now social learning theory is broken down into four theoretical factors: differential association, definitions, differential reinforcement, and imitation (Piquero, 2016).

Differential association in social learning theory focuses on the interactions people have with their peers (Piquero, 2016). These interactions can be with anyone an individual interacts with on a regular basis such as friends, family, teachers, coaches (Piquero, 2016). These interactions can also include virtual groups. Interactions with others are how social learning occurs (Piquero, 2016). By interacting with other individuals, individuals develop their ideas of crime and deviance. Associating with delinquent individuals affects the ratio of criminal to noncriminal associations (Akers & Jennings, 2009).

Definitions is a theoretical factor of social learning theory. Definitions refers to the attitudes, values, and orientations people have toward crime, deviance, and conforming behavior (Akers and Jennings, 2009). The attitudes, values, and orientations people hold toward crime will affect if they want to engage in conforming or nonconforming behavior (Piquero, 2016). Favorable and unfavorable definitions to crime and deviance are general definitions but can also be used to describe a specific behavior or specific situation (Piquero, 2016). General and specific conforming definitions may be described as strong and unfavorable to deviance or weak/absent and favorable to deviance (Piquero, 2016). General and specific nonconforming definitions may be described as strong and favorable to deviance or weak/absent and unfavorable to deviance (Piquero, 2016). Many studies have stated that definitions favorable to delinquency increase the chance of an individual engaging in criminal behavior (Ozgur, 2020).

Since social learning theory says problematic behavior can be eliminated, a great example of this would be aggression replacement therapy. As stated before aggression replacement therapy reduces antisocial and aggressive behavior (Lipsey et al., 2007). Antisocial behavior is a criminogenic behavior (Andrews et al., 2006). It is important to target criminogenic behaviors to help reduce crime and recidivism. Aggression replacement therapy would teach individuals learn different behaviors to replace aggression and antisocial behavior. CBT, aggression replacement therapy and social learning can all be linked because components of CBT are being used to help individuals learn to no longer engage in criminal behavior. Another program that can be linked to social learning theory is cognitive skills training. Cognitive skills training teaches problem solving skills through gathering information, making alternative choices, critical thinking, goal setting, long term planning, perspective taking, and analyzing outcomes (Lipsey et al., 2007). All of these skills are learned through social learning theory.

Both programs are learned through rewards and punishments.

Differential reinforcement is associated with the balance of perceived rewards and punishments that may come with certain behaviors (Akers & Jennings, 2009). Differential reinforcement may occur through positive reinforcement, negative reinforcement, positive punishment, and negative punishment (Piquero, 2016). Akers believes that value is associated with rewarded behavior, the more the behavior is rewarded the higher the value of the behavior becomes (Piquero, 2016). If a certain behavior is rewarded often then the more likely that behavior is to occur (Piquero, 2016). The last theoretical concept is imitation. Imitation is associated with reinforcement (Piquero, 2016). Imitation is like reproduction, which is discussed later.

Rewards and punishments are an important factor for offenders because if they commit a crime they are punished. Offenders are used to being rewarded and punished for their behavior. This system is something they are used to, so they are familiar with it. Differential Association theory includes motives, drives, and attitudes which can be driven by rewards and punishments (Matsueda, 1982). The excess of learning can be motivated by rewards and punishments. That is something that offenders heavily rely on. Offenders rely on the rewards and punishments based on what type of behavior is modeled and imitated. CBT can motivate offenders to achieve rewards based on their newly learned behavior.

Social learning theory includes four key concepts that describes the process of learning. First is attention, attention is the way in which people gain new information from the actions modeled around individuals (Bandura, 1971). Modeling behavior alone does not ensure that people are learning from that modeling. Another important factor in attention is associational preferences. The people in which individuals associate with will have strong influences on the

type of behavior that will be modeled (Bandura, 1971). Some behaviors will gain more attention from others because of the function they may serve. This is important because in the case of an offender if all they see is deviant crime causing behavior around them such as stealing money, then CBT suggests someone will pay attention to that and decide that is a behavior they want to model and pay attention to. Different types of behaviors serve different functions. To a criminal, crime causing behaviors may be modeled around them. To someone who has never been involved in crime or wants to, they may see crime causing behavior and try to avoid modeling that type of behavior. Some types of behaviors can be so rewarding that a person will spend their whole life imitating that behavior even though it may cause negative outcomes (Bandura, 1971). With the intervention of cognitive-behavioral therapy, therapists will model what therapy looks like for offenders, but they must unlearn the behaviors in which they modeled in the past and now learn new behaviors.

The second is retention. Retention is another key concept within social learning theory. Retention is the process of learning and rebuilding information so it can be memorized and used (Bandura, 1971). To learn things by observing, there must be retention of what is learned. If the modeled behavior were to be retained, an individual would have to memorize the behavior to remember it. Observational learning is verbal and visual (Bandura, 1971). When working with offenders, it is possible they have seen a criminal act or deviant behavior so many times that they have begun to memorize it (Bandura, 1971). If criminal behavior is something they have been seeing and modeling for a long period of time, they have most likely retained this behavior. To unlearn a criminal behavior, a new behavior will have to be learned and retained in place of that criminal behavior (Bandura, 1971).

Within the retention process there are two systems of observational learning: imaginal

and verbal learning (Bandura, 1971). When people are exposed to new behavior, behavior is modeled through sensory and mental images of the modeled behavior (Bandura, 1971). For example, if an offender who is associated with other offenders sees some criminal behavior, CBT suggest that person will become connected with being involved in criminal behavior. Someone may hear this person's name and without question automatically be linked to criminal behavior because they have been seen and known to be involved in the activity of crime (Bandura, 1971). When someone brings up this person's name there may be a mental image of the type of crime they are involved in because they have observed this type of behavior from this person.

The third key concept of social learning theory is reproduction. Reproduction is simply reproducing the behavior that was modeled. Reproduction is the physical act of doing the behavior (Bandura, 1971). To reproduce a behavior an individual must think about the responses of a modeled behavior. The response of a modeled behavior is important to the reproduction of a behavior (Bandura, 1971). This is important because when individuals notice a certain type of response to behaviors, that will help decide whether they want to reproduce that behavior. If an individual notices someone who is constantly involved in criminal behavior but is also rewarded and praised because of it, an individual may see that and think that is something they want to model. If an individual has the skills to reproduce criminal behavior, then they have the skills to learn a new positive behavior to replace criminal behaviors (Bandura, 1971).

Another important factor within reproduction is when behavior is modeled, the direct response of the behavior that is being modeled is usually not noticed. Individuals look for the response of people around the behavior that is modeled (Bandura, 1971). In terms of cognitive behavioral therapy, it is important individuals to know there will not always be good reactions from the people around them because they were previously involved in criminal behavior. There

will probably be more negative reactions to individuals deciding to change their behavior especially if they usually associate with other offenders. Individuals will learn whether their behavior and thinking patterns are appropriate. As individuals learn new thinking patterns and responses, they will have to self-correct themselves based on responses from others and the type of behavior the individual would like to emulate. Responses from others can help judge whether an individual has changed or not, but it is important to pay attention to the type of response an individual has received (Bandura, 1971).

The last major concept in social learning theory is motivation. Motivation connects all the concepts together. To achieve attention, retention, and reproduction, motivation is needed. Individuals may achieve attention, retention, and reproduction but if the behavior that is being modeled is not received favorably, then there is no motivation in place to want to achieve the behavior that is being modeled (Bandura, 1971). Individuals need to be motivated to achieve newly learned behavior. When positive motivation is in place, observational learning then becomes action (Bandura, 1971). Positive motivation can influence observational learning by paying attention to observation and modeling what has been observed (Bandura, 1971). The way in which behavior is arranged will generate patterns of behavior (Bandura, 1971). When behavior is first learned, it will be rough until the patient learns how to model it correctly. As individuals perfect the behavior over time, they will be able to determine if there are any rewards for their behavior. That will then help individuals determine if that is a behavior they would like to continue to imitate. Social learning theory considers reinforcement to be beneficial instead of essential (Bandura, 1971). There are other response conditions in place that can keep the attention of individuals in place, making them want to continue to model the behavior (Bandura, 1971). An individual does not necessarily need reinforcement to motivate them, but it helps.

## **Limitations of Social Learning**

Some important points of social learning theory when it comes to criminal behavior is criminal behavior does not have to be modeled for someone to commit criminal acts. It is possible that one day an individual just decides to commit a crime for no reason (Wikström, 2006). They did not need to commit a crime, but they did anyway (Bandura, 1971). How would cognitive behavioral therapy approach that? Social learning proffers the response that some offenders do not have appropriate supervision during their childhood so criminal behavior is something they adapted as a means of survival. Parents are usually the first form of supervision a person has. If there is not an older influence such as a parent, then there is likely no model behavior. Social learning theory does not account for these types of behaviors if there is no model behavior (Bandura, 1971).

Another important limitation within social learning theory is how much information an individual can process. Some people can recognize that their criminal or unacceptable behavior is bad, but they may not fully understand (Bandura, 1971). Some people process information differently, so people may think they are making the best decision now but to others what they did does not make sense (Bandura, 1971). Everyone has a different way of thinking so individuals may not understand the severity of what they have done. When working with offenders there will be many different types of backgrounds. Social learning theory does not account for how people learn and process information and the pace at which it occurs at (Bandura, 1971). Cognitive behavioral therapy works at the pace of the offender so the program can be catered to them and their needs (Bandura, 1971).

Social learning theory says if behavior is eliminated that is said to be problematic then that will eliminate the problem. Just because the behavior that was modeled is no longer being



modeled does not mean that the behavior will no longer occur (Bandura, 1971). Everyone is different and everyone processes information differently. It may take a long time before behavior is eliminated and it is also possible that the behavior will not be eliminated at all. It is not possible to predict if the behavior will no longer occur because it is no longer being modeled (Bandura, 1971). When talking about modeling in cognitive behavioral therapy, just because the correct behavior is modeled for the offender that does not mean they will model that behavior in return (Bandura, 1971). While people learn socially from others it is ultimately up to the offender to decide how they want to behave. If the offender decides they want to involve themselves in criminal behavior despite going through cognitive-behavioral therapy, then it is their choice.

Some CBT programs that are linked to social learning theory is Reasoning and Rehabilitation and Thinking for a Change. Reasoning and Rehabilitation is based on critical thinking. Based on social learning theory we learn from others and that includes thinking. When we learn how to think from others we also learn impulsive thinking. Reasoning and Rehabilitation teaches individuals how to control those impulsive thoughts that can lead to aggressive behavior (Lipsey et al., 2007). Thinking for a Change aims to change thinking patterns by teaching individuals to understand their thoughts and how their thoughts effect their choices (Lipsey et al., 2007). Social learning theory suggests individuals learn thinking patterns from others and this includes how individuals understand and process thoughts.

### **Differential Association Theory**

Sutherland first developed differential association and gave it that name because individuals have conflicting definitions of what the appropriate behavior is (Matsueda, 1982). Definitions favorable and unfavorable to deviant behavior are learned through interacting with others (Matsueda, 1982). Differential learning includes the direction of motives, drives,

rationalizations, and attitudes (Matsueda, 1982). Individuals become delinquent because of an excess of definitions favorable to crime violations (Matsueda, 1982).

When Sutherland first developed differential association theory, he attempted to account for the distribution of crime rates and individual criminal behavior (Matsueda, 1982). Sutherland also proposed that class, age, sex, ethnicity, and family status affect individual crime (Matsueda, 1982). Those factors affect individual criminality because it affects the chance of learning behavior patterns favorable and unfavorable to the law (Matsueda, 1982). According to differential association definitions of legal code interfere with the effects of structural factors on crime (Matsueda, 1982).

Differential association theory operates under the assumption that people learn from their environment. Like social learning theory, people learn criminal behavior, values, and morals. The difference between differential association theory and social learning theory is the concept of excess of learning. When Sutherland first introduced differential association theory, it could not be tested, and it was unclear what the excess was. Sutherland first introduced differential association theory in 1939 (Tittle et al., 1986). In 1942 Sutherland proposed that there is normal conflict in society where criminal behavior exists, but there is also behavior that is ominous to crime (Tittle et al., 1986). Differential association theory suggests that the more time spent socially interacting with others, the more criminal behavior will be reoccurring and become relative to the excess of learning criminal behavior, attitudes, and rationale for their behavior (Tittle et al., 1986).

Favorable and unfavorable definitions are weighted by frequency, duration, priority, and intensity (Matsueda, 1982). Behaviors seen with more frequency, for an extended amount of time, presented earlier in life, and presented from a vital source will hold more weight

(Matsueda, 1982). In that process, delinquent or nondelinquent behavior will be developed (Matsueda, 1982).

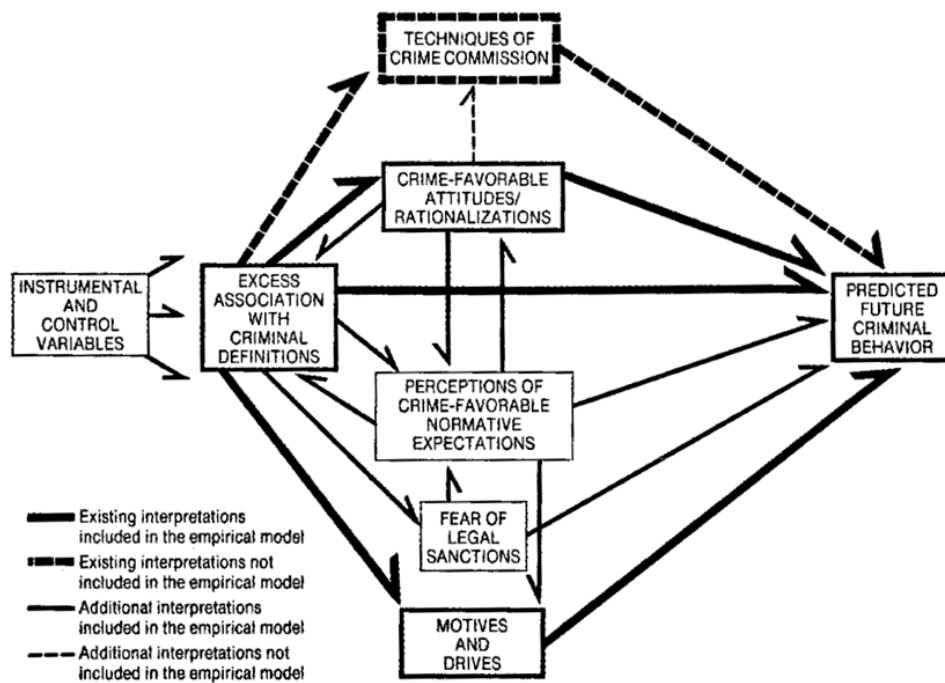


Figure 1. A THEORETICAL MODEL OF THE DIFFERENTIAL ASSOCIATION PROCESS

(Tittle et al., 1986).

This figure by Tittle et al (1986), shows the theoretical model of Sutherland's ideas of differential association theory. This figure shows how the excess association is being distributed. It shows the excess in favorable and unfavorable definitions of crime; it is then weighted by their frequency, duration, priority, and intensity to demonstrate the ratio of favorable and unfavorable associations (Tittle et al., 1986). Since it is hard to measure excess definitions, it has been measured by association with criminogenic factors (Tittle et al., 1986). Excess association has been defined as a high position on the scale of association with definitions favorable to crime, assuming that most individuals are exposed to criminal and noncriminal definitions (Tittle et al., 1986). Tittle et al, (1986) came up with a scale to measure these associations.

The scale is based on differential association theory meaning the higher the association of criminal definitions, the higher the chance of some form of criminal behavior (Tittle et al., 1986). Ten survey items were put into a scale (Tittle et al., 1986). Sutherland detected other constructs in differential association theory that are labeled under the title criminal perspectives (Tittle et al., 1986). These criminal perspectives are some of the ideas Sutherland came up with when explaining where the excess in criminal definitions comes from (Tittle et al., 1986). Criminal perspectives are techniques of crime commission, attitudes, and rationalizations favorable to criminal behavior, perceptions of crime favorable to normative expectations, fear of legal sanctions, motives, and drives (Tittle et al., 1986).

CBT may be able to explain the excess in criminal definitions. As we learned from social learning theory people learn from each other. CBT suggests individuals change their thinking patterns. By changing thinking patterns individuals can make up for the excess that is missing. CBT suggests that individuals learn where criminal definitions come from, which can be explained by learning from others. Criminal perspectives can be explained by CBT because criminal perspectives can be learned, unlearned, and replaced by positive perspectives. Criminal perspectives are also a big eight criminogenic factor (Andrews et al., 2006).

Techniques of crime commission suggest association with criminal definitions is how individuals learn to commit crimes. There is no data on criminal techniques, so techniques of crime association must be eliminated (Tittle et al., 1986). Attitudes and rationalizations favorable to criminal behavior are the mediating variables between excess association and criminal behavior. A possible variable that is overlooked is criminal attitudes/rationalizations that may cause an individual to relate with someone who has similar ideas (Tittle et al., 1986). In social learning theory, an individual will often associate themselves with people who are involved in

the same type of activities they partake in. Perceptions of crime favorable to normative expectations is the idea that association with crime favorable definitions should cause an individual to recognize others should expect or learn to accept criminal behavior, and this idea could lead to criminal acts (Tittle et al., 1986). For example, it is believed that offenders will recidivate. This example is the perception of individuals' criminal behavior norm expectations (Tittle et al., 1986). This perspective connects excess association and criminal behavior. The norm expectations of criminals can be affected if an individual gets involved in criminal behavior, then leading to criminal definitions. If crime is approved by the public because they know it is likely to happen, then favorable attitudes towards crime will be developed. There will also be rationalizations of people who do not approve of crime, leading to neutralizations (Tittle et al., 1986). I will later discuss techniques of neutralization.

When using cognitive behavioral therapy to reduce recidivism, differential association theory relates in many ways. Sutherland proposed the more excess in association with criminogenic definitions, the stronger the criminal attitude. The more criminal attitude, the stronger the possibility of criminal behavior (Tittle et al., 1986). Offenders have already committed a crime, so they have a criminal perspective. According to differential association theory if offenders continue to do the same things, there is a high possibility of being involved in criminal activity. Offenders participating in cognitive behavioral therapy will lessen their chances of being involved in criminal activity. Cognitive-behavioral therapy will also help eliminate criminal perspectives, and it will be replaced with positive coping mechanisms so they will no longer have to engage in crime (Thomas & Holt, 2016). Cognitive-behavioral therapy can also make up for the excess in association. Just because the excess is eliminated by going through cognitive behavioral therapy, that does not mean that an offender will not be involved in

criminal activity. However, it lessens the chance of being involved in criminal activity (Tittle et al., 1986).

### **Techniques of Neutralization**

Techniques of neutralization are built on the same ideas as differential association theory, which is defined as, criminal behavior learned by the techniques of committing crimes, motives, drives, and attitudes unfavorable to the law (Sykes et al., 1957). The idea of a delinquent subculture is perhaps the most powerful ideology in this content (Cohen & Short, 1986). It is argued that the main characteristic of the delinquent subculture is a system of values that constitutes an inversion of the ideals shared by law-abiding, respectable society (Sykes et al., 1957). The world of the delinquent is the law-abiding world turned upside down, and its rules act as a countervailing power to the conforming social order (Sykes et al., 1957). Cohen sees the process of creating a delinquent subculture as a question of creating, maintaining, and reinforcing a code of behavior that exists in direct opposition to mainstream values (Sykes et al., 1957).

Furthermore, the delinquent subculture is not taken for granted but rather investigated thoroughly. The role of delinquent values as a possible option or solution to the problem of the lower-class male child. Social status issues are a problem. Nonetheless, regardless of its merits, this image of juvenile delinquency is defined as a pattern of behavior that is motivated by a desire to do something wrong (Sykes et al., 1957). Conflicting or opposing beliefs and conventions appear to have several significant problems. In these flaws a feasible substitute or a revised explanation for a significant amount of juvenile delinquency (Sykes et al., 1957). The difficulties in viewing delinquents as coming from a set of deviant values and norms form a situation in which the delinquent defines his delinquency as "right"-are both empirical and

theoretical (Sykes et al., 1957).

It has been observed that juvenile delinquents commonly express appreciation and regard for law-abiding individuals (Sykes et al., 1957). The truthful person is often admired, while the delinquent can be highly sensitive to dishonesty in those who comply, unquestionable honesty is more likely to win approval. There is evidence that delinquents draw a line between who can and cannot be victimized (Sykes et al., 1957). Techniques of neutralization is a specific technique that explains how criminals engage in criminal behavior. The techniques of neutralization are denial of responsibility, denial of injury, denial of victim, condemnation of the condemners, and the appeal to higher loyalties (Sykes et al., 1957).

Denial of responsibility does exactly what it says, the individual denies that they had a choice in doing the behavior. The individual acknowledges that they did the behavior, and it was wrong, but they felt it was their only choice (Sykes et al., 1957). It is possible that other intervening variables made the individual feel like they had no choice. Using cognitive behavioral therapy, offenders need to understand that what they did was wrong but using the denial of responsibility to justify the criminal behavior they committed. After completing cognitive behavioral therapy, offenders will be able to understand what they did was wrong, and they will hopefully not put themselves in a position like that again to where they must commit crime as an only option.

The denial of injury is knowing what an individual did was wrong but because no one was hurt or injured it is justified (Sykes et al., 1957). There is a distinction between two different types of crimes, *mala in se* and *mala prohibita*. *Mala in se* is a crime that is considered wrong, and some may even say evil (Criminal Law, 1930). Some examples of *mala in se* crimes may be vandalism, trespassing, robbery, theft and more. *Mala prohibita* is a crime that is considered

wrong because it is illegal (Sykes et al., 1957). Examples of mala prohibita crimes are drug crimes, drunk driving, parking violations, pornography, etc. When using cognitive behavioral therapy, offenders need to understand that just because no one was hurt in committing a crime does not mean it is ok. After going through cognitive behavioral therapy, offenders will understand that they should not commit crimes no matter the circumstance. Crime cannot be justified simply because no one was injured.

The denial of the victim is when the victim is blamed for the crime even though it was not the victim's fault. It is acknowledged that people were hurt by their actions, but it is the victims' fault the individual had to commit a crime. Even if the offender accepts responsibility for their deviant behavior and is willing to admit that this deviant behavior causes injury or harm to others, the moral outrage of their self and others may be diminished by insisting that the injury is not immoral in the circumstances (Sykes et al., 1957). It could be argued that the injury is not really an injury, but rather a sort of justifiable retaliation or punishment. The victim transforms into a criminal and the criminal's actions become justified. (Sykes et al., 1957).

The condemnation of the condemner is accepting responsibility for their behavior, but the finger is being pointed at the person condemning them (Sykes et al., 1957). The blame is taken off the criminal and put on the behavior of others who do not agree with their criminal behavior. The criminal may try to make it seem like the condemners are hypocrites who are blaming them out of spite (Sykes et al., 1957). By putting the blame on someone else the deviant individual has now changed the conversation from themselves to others therefore now having to take accountability for what they did (Sykes et al., 1957). Using cognitive behavioral therapy offenders can learn to take accountability for themselves and their actions. Offenders will learn it does not help them to put the blame on others. The best thing to do is to ask others around them



for forgiveness for what they have caused to their family and friends.

The last technique is the appeal to higher loyalties. This is when an offender may feel a need to commit a crime as an act of loyalty (Sykes et al., 1957). This happens often in gangs or taking the blame for a loved one. Offenders may be caught in a situation they do not know how to get out of and as a result they may feel the need to get involved in criminal behavior (Sykes et al., 1957). Cognitive behavioral therapy suggests offenders no longer associate with people who may put them in predicaments to possibly get involved in criminal behavior. To successfully make sure an offender will not recidivate the best thing to do is associate themselves with people who want to reach the same goals as them. In this case the goal is to be rehabilitated and not recidivate so the best thing to do is find people who are doing the same thing.

There have been many studies on techniques of neutralization, in which most try to determine if there is a positive relationship in the acceptance of neutralizations and delinquency (Agnew & Peters, 1986). There have been several studies that have found a positive relationship between acceptance of neutralizations and delinquency. Prior researchers before failed to differentiate between the two major dimensions of the neutralization process (Agnew & Peters, 1986). If neutralization leads to deviance among people with conventional values, people must accept a technique of neutralization and perceive that they are in a situation where the technique was applicable (Agnew & Peters, 1986). Most researchers focus on the first dimension or have confused the first dimension with the second dimension (Agnew & Peters, 1986). Distinguishing between the two dimensions allows researchers to explain the mixed results of past research and allows researchers to improve the predictive power of neutralization (Agnew & Peters, 1986). Most studies that support neutralization find a weak to moderate relationship amid the acceptance of neutralizations and delinquency (Agnew & Peters, 1986). If researchers were to

consider different variations they could predict when the acceptance of neutralizations will lead to delinquency (Agnew & Peters, 1986).

## **CHAPTER 3**

### **EMPIRICAL EVIDENCE**

There are many instances where cognitive behavioral therapy can be used. In this case it is used to evaluate how effective cognitive behavioral therapy is in reducing recidivism in offenders. There are many types of offenders that need or want to be rehabilitated. Can cognitive behavioral therapy be more effective or less effective depending on the type of offender, the population, and the type of setting? Sometimes cognitive behavioral therapy may have to be modified to fit a certain setting or population.

#### **Administration of CBT**

Cognitive behavioral therapy sessions can last up to 30 sessions depending on what type of CBT program it is. It can be implemented weekly, biweekly, or monthly. Thirty sessions can possibly last over the course of 20 weeks (Clark, 2011). Studies show that the more dosage of cognitive behavioral therapy, the more impact it will have on the patient's life (Clark, 2011). The greater impact that is made on their life the more of a chance there will be at reducing recidivism (Clark, 2011). Cognitive behavioral therapy is usually administered by trained professionals, but in some cases it may be administered by graduate students (Clark, 2011). Training to administer cognitive behavioral therapy can take an extensive amount of time (Clark, 2011). In some cases, time and money are not allotted for the proper training so that may affect the effectiveness of the CBT program (Clark, 2011). The program can still be effective even if the proper training is not in place. Graduate level students have the proper knowledge to administer cognitive behavioral therapy under the right supervision (Clark, 2011).

In implementation of CBT, it is important for the administrators of the program to display certain traits. The administrators should be honest, empathetic, supportive, encouraging, and

accepting (Clark, 2011). It is important for the administrators to display those traits so they can identify with their patients. To be able to truly help the patients, they need to tailor the program to their needs while also following the program protocol (Clark, 2011).

### **Domestic Violence and Alcohol Abuse Offenders**

There is evidence that CBT is effective in domestic violence offenders. In a study done by Easton et al., (2007), cognitive behavioral therapy was used to treat domestic violence offenders. This study is a quantitative experimental research design. This design is important because it compares the control group to the experimental group, which shows us the differences in each group. This study shows cognitive behavioral therapy can be used in many different situations, and it is versatile. This study uses a combination of cognitive behavioral therapy and an integrated substance abuse domestic violence treatment approach (SADV) (Easton et al., 2007). SADV was used to treat men with substance and alcohol abuse problems. SADV was meant to treat intimate partner violence, who were alcohol dependent males (Easton et al., 2007). Another modified form of cognitive behavioral therapy used in this study was behavioral couples therapy (BCT). BCT was shown to be effective in lowering alcohol abuse, drug abuse and dyadic functioning (functioning of a couple) (Easton et al., 2007).

This study included 85 males who were 18 years old or older, met the criteria for alcohol dependence, were arrested for domestic violence in the last year and were looking for treatment at the substance abuse treatment unit (SATU) (Easton et al., 2007). Treatment was administered once a week, in 90-minute group therapy sessions over the course of 12 weeks. The groups were chosen through randomization and demographics were to keep the groups equal (Easton et al., 2007). Each group had one therapist for every ten offenders. The therapy was implemented by two graduate level students (Easton et al., 2007). One group received SADV which focuses on

interpersonal violence and substance abuse. The other group received TSF. TSF is the comparison intervention which mimics the standard interventions that are used in communities that only focus on substance abuse (Easton et al., 2007). During the treatment there were assessments taken at baseline, twelve weeks post treatment and six months after treatment. At the twelve weeks post treatment and six months follow up, the significant others (female) were contacted to see if there any instances of domestic violence (Easton et al., 2007). A phone interview was scheduled with the significant others to compare what the male in the treatment said compared to what the significant other had to say. Many of the significant others did not answer the phone or did not return the missed call. Only fifty-eight percent of significant others were consistent with what their male partners reported (Easton et al., 2007). Twenty-two percent of the male participants reported violence when their significant others did not (Easton et al., 2007). Twenty percent of the significant others reported there was violence when the male participants did not (Easton et al., 2007). Participants in the SADV group reported there was a decrease in physical violence within the past thirty days from pre-treatment to post-treatment. Physical violence pre-treatment was 42.1% and post-treatment was ten percent (Easton et al., 2007).

Based on this study there were some significant differences between the TSF group and the SADV group. The SADV group had more days of being sober from alcohol during treatment than the TSF group (Easton et al., 2007).

A meta-analysis by Hoffman et al., 2012 found that CBT for domestic violence found no difference between CBT and the Duluth model (a domestic violence program) for treating domestically violence males. The data shows that CBT has an overall small effect size, and the Duluth model has an overall slightly larger effect size, but it is still considered small (Hoffman et

al., 2012).

### **Substance Use Disorders**

There is also evidence that CBT is effective in reducing substance abuse disorders. McHugh et al, (2010) researched the use of cognitive behavioral therapy on substance use disorders (SUDs). This study is a meta-analysis of CBT specifically for substance abuse. Evidence of many large trials and quantitative reviews supports the efficacy of CBT for alcohol and drug offenders (McHugh et al., 2010). After a review was conducted for the use of CBT for drug use it was found that larger effect sizes were found for the use of cannabis and smaller effect sizes for the use of cocaine and opioids (McHugh et al., 2010). CBT for the treatment of substance use disorders includes specific interventions which can be administered in group or individual settings. The use of CBT for substance use disorders uses many different types of interventions. The use of individual and group treatments such as motivational interviewing, contingency management strategies, and relapse prevention is evaluated (McHugh et al., 2010).

Motivational interviewing addresses the motivation for treatment and the likelihood of following through with the program before patients are considered for a program (McHugh et al., 2010). Motivational interviewing targets uncertainty towards changing their behavior relevant to substance abuse. A meta-analytic review of interventions based on motivational interventions found moderate effect sizes for drug use (McHugh et al., 2010). Usually, motivational interventions are offered in an individual format (McHugh et al., 2010). Greater efficacy may be achieved when a higher dosage of treatment is used (McHugh et al., 2010). Motivational interviewing is important for individuals receiving CBT because treatment facilitators can see where the individual's head is at. Do they want to participate in the programing willingly or are they doing it for another reason.

Contingency management is an approach based on operant learning theory and involves the use of administration of a non-drug reinforcer while not engaging in substance use (McHugh et al., 2010). Many clinical trials have supported the efficacy of contingency management for substances such as opioids, alcohol, and cocaine (McHugh et al., 2010). Meta-analytic reviews of contingency management are in the moderate range but there is greater efficacy for the use of opioids and cocaine (McHugh et al., 2010). Contingency management uses escalating reinforcement schedules in which reinforcer value increases as the duration of abstinence increases (McHugh et al., 2010).

Relapse prevention focuses on high-risk patients (McHugh et al., 2010). Relapse prevention is mainly used to rehabilitate sex offenders but can also be used to rehabilitate substance abuse patients (McHugh et al., 2010). A meta-analysis reviewing the efficacy of relapse prevention across 26 studies examining alcohol, drug use disorders, and smoking found a small effect size but a large effect for reducing drug use disorders (McHugh et al., 2010). There have been similar CBT strategies that have been developed that caters to the functional cues for drug use (McHugh et al., 2010).

A meta-analysis done on the efficacy of CBT reviews found there is evidence that supports efficacy of CBT for marijuana dependence, with higher efficacy for multiple sessions of CBT versus a single session or other short intervention programs (Hoffman et al., 2012). The effect size of CBT was small compared to other CBT interventions programs for substance dependence and agonist (medical treatment of medicine that gives the same feeling as drugs) treatments showed greater effect size than CBT in some drug dependencies (Hoffman et al., 2012). Hoffman et al. (2012), also found that treatments to help individuals stop smoking such as coping skills were highly effective in reducing relapse within a community setting versus

nicotine replacement therapy alone.

The use of CBT for substance abuse overall seems to be effective. The use of CBT for substance abuse disorders includes many behavioral treatments such as operant learning processes, motivational barriers, and traditional CBT interventions (McHugh et al., 2010). After examining the data, efficacy was found in controlled trials and can be combined with other forms of treatment (McHugh et al., 2010).

### **Violent Offenders**

There is evidence that shows CBT is effective in preventing violent offending. This study is a qualitative study on the evaluation of a juvenile violence prevention program. Many juvenile violence prevention programs have been implemented in schools. Juvenile violence prevention programs based on CBT include one or more of the following factors: cognitive self-control, anger management, social perspective taking, moral reasoning, social problem solving and attitudinal change (Schwartz & Campbell, 1996). The name of the program is called the violence prevention unit (VPU) (Schwartz & Campbell, 1996). The VPU was developed by faculty, administrators, staff from a university, high school, and community-based center for the prevention of abuse (Schwartz & Campbell, 1996). The VPU is a CBT based program that provides training in the factors I listed above. The VPU is a school-based program meant to target students ages 14-16, in the 9<sup>th</sup> and 10<sup>th</sup> grade (Schwartz & Campbell, 1996). Based on research juveniles this age are at the highest risk of violent behavior and victimization (Schwartz & Campbell, 1996).

The VPU is split into three sections. Each section takes three weeks to complete (Schwartz & Campbell, 1996). The first section is based on Prothrow-Stith's violence prevention curriculum for adolescents (Schwartz & Campbell, 1996). The main objective of this section is to



evaluate where violence comes from. Violence prevention is executed by finding healthy, nonviolent ways to respond to anger (Schwartz & Campbell, 1996). It is important to note anger is normal, and needed in some situations but depends on environment, social class, racial identity, and gender (Schwartz & Campbell, 1996).

The next section focuses on violence with peers which is referred to as fighting. Fighting is operationally defined as physical violence between peers. The students role play in a group setting with each other in a situation that would normally end in violence (Schwartz & Campbell, 1996). To calm themselves down when they feel like they are going to get angry the students are taught to focus on speech, body posturing, language, and situational factors. The students are taught to take the role of the other person (Schwartz & Campbell, 1996). The students then take what they learned and practice discrete behaviors and healthy problem-solving skills (Schwartz & Campbell, 1996). The purpose of this section is for the students to learn the different types of interpersonal violence such as family violence, child abuse, and rape (Schwartz & Campbell, 1996). Research shows that student's knowledge and attitudes of violence depends on gender and their experience with violence (Schwartz & Campbell, 1996). This section also includes various exercises that include emphasis on moral reasoning, social perspective taking, and empathy (Schwartz & Campbell, 1996).

The third section addresses violence in the media (Schwartz & Campbell, 1996). Depictions of sexual and nonsexual violence have a huge effect on people especially children (Schwartz & Campbell, 1996). These depictions also influence attitudes and behaviors (Schwartz & Campbell, 1996). This section is meant for students to identify violence in movies and media. Students will review literature on how violence in the media effects their behavior (Schwartz & Campbell, 1996). The students will take notes when they review literature and write down the

violence they see (Schwartz & Campbell, 1996). Students will also recognize how media violence affects their life directly.

The VPU was implemented in a high school. Based on research it was found that the social system level of factors along with the community structure correlated with rate of juvenile recidivism (Schwartz & Campbell, 1996). The students were at high risk of violence (Schwartz & Campbell, 1996). The study had a pretest and a posttest. The pretest was administered a week before the VPU was implemented and the posttest was administered one week after the VPU was completed (Schwartz & Campbell, 1996). There was also a behavioral assessment one semester after the completion of VPU (Schwartz & Campbell, 1996).

VPU was found to be a successful program because it was composed of multiple cognitive behavioral programs (Schwartz & Campbell, 1996). VPU had moderate but positive outcomes in the experimental group's knowledge of interpersonal violence, conflict resolution skills, and level of prosocial attitudes (Schwartz & Campbell, 1996). The findings of VPU suggest that cognitive changes regarding knowledge and attitudes on violence can occur regardless of a student's academic achievement (Schwartz & Campbell, 1996). The correlations between behavior and attachment to school activities, teachers, perception of social skills, and conflict resolution and problem solving indicated the importance of cognitive dimension in effecting aggressive and violent behavior (Schwartz & Campbell, 1996). Research was not able to determine if the outcomes of VPU are long term (Schwartz & Campbell, 1996). Research also questioned long term efficacy and the ability of cognitive behavioral violence prevention programs to overcome social system risk factors (Schwartz & Campbell, 1996). VPU outcomes lasted up to two to six months after VPU (Schwartz & Campbell, 1996). The high school was categorized by school disorganization. Cognitive and behavioral effects were achieved in this

setting (Schwartz & Campbell, 1996).

Hoffman et al (2012), found that CBT was found to be moderately effective in reducing anger problems. CBT may possibly be the most effective for individuals with anger issues (Hoffman et al., 2012). Compared to other treatments CBT was found to have moderate effect sizes (Hoffman et al., 2012).

### **Sex Offenders**

There is evidence that CBT is applicable for sex offenders. This study is a qualitative study on the current evidence of CBT interventions for sex offenders. There are many treatments for sex offenders but cognitive behavioral therapy for sex offenders and relapse prevention are the most promising. Most of the time these interventions use group therapy and individual therapy. The therapy focuses on victim awareness, empathy training, cognitive restructuring, relapse prevention planning, anger management, assertiveness training, social and interpersonal skills development, learning the sexual abuse cycle, and changing deviant sexual arousal patterns (Jeglic et al., 2008).

Reducing cognitive distortions of sexual offenders is the key to reducing recidivism rates of sexual offenders. The most effective way of reducing recidivism in sexual offenders is cognitive restructuring. Cognitive restructuring includes explaining to the offenders how their deviant thoughts effect their sexual offending behavior, teaching offenders how to correct those deviant thoughts, helping offenders understand the difference between inappropriate and appropriate thoughts, and help offenders confront inappropriate thoughts (Jeglic et al., 2008). The treatment process begins with offenders explaining the sexual offense in detail and explaining their thought process that led them to commit that behavior. By doing this the purpose is for offenders to understand the pattern of their thoughts, actions, and what they did wrong

(Jeglic et al., 2008). When offenders talk about their sexual offenses in a group setting this allows other sexual offenders to think about their own offense. By talking about their offenses out loud, this allows the sexual offenders to learn from each other (Jeglic et al., 2008). The process of sexual offenders talking to each other about their actions continues until their cognitive distortions disappear or change (Jeglic et al., 2008).

The next step of cognitive behavioral therapy for sexual offenders is managing emotions. Managing emotions is important because it challenges a person's ability to be able to confront negative effects related to their psychological well-being. Most offender-based programs focus on anger when addressing offending behavior because there are a lot of emotions involved in anger (Jeglic et al., 2008). It is possible for some offenders to lack the ability to manage positive emotions which can lead to sexual offending behavior. There is also a group of sexual offenders who lack emotions completely (Jeglic et al., 2008). To complete the cognitive behavioral therapy program for sexual offenders it is important offenders learn to manage their emotions. Sexual offenders who are not able to learn how to manage their emotions must be assessed for emotional control deficits (lacking emotion) and taught how to manage their emotions in a different way (Jeglic et al., 2008).

The next step is for offenders to improve social skills of deficits in sexual offenders, so they communicate correctly and learn how to have consensual relationships (Jeglic et al., 2008). One of the first things for sexual offenders to understand is intimacy, what does that mean to them and how do they perceive it. For there to be intimacy there needs to be an equal distribution of power and control (Jeglic et al., 2008). It is important for them to understand intimacy within a sexual offense is not intimacy and that is not how they should seek out intimacy. For sexual offenders to better understand their views of intimacy they should discuss their views of

relationships as they have seen it modeled, and the way they view intimacy and relationships growing up (Jeglic et al., 2008).

Another skill sexual offenders will learn in cognitive behavioral therapy for sexual offenders is empathy. It is important they understand what they did was wrong and inappropriate, and they feel empathetic for the victim. It is suggested that they use videos of victims of sexual abuse talking about what happened to them (Jeglic et al., 2008). The group can then visually see victims of sexual assault and discuss how that affected the victim. Another way for sexual offenders to understand empathy is to write a letter to the victim expressing remorse and taking responsibility for their actions (Jeglic et al., 2008). Each sexual offender can then read their letter to the group, and they can help them make any necessary changes before sending it to the victim. On some occasions the victim may write a letter to the sexual offender letting them know how they have been affected by sexual abuse (Jeglic et al., 2008). If this is the case offenders can discuss with the group how the letter made them feel and what emotions it may bring up. If the victim or sexual offender does not want to write a letter, the sexual offender may write a letter to themselves from the victims' perspective. The letter would then be read and discussed with the group (Jeglic et al., 2008).

The next technique is masturbatory satiation and verbal satiation. This technique is used to diminish incorrect sexual arousal (Jeglic et al., 2008). Masturbatory satiation is meant to teach sexual offenders how to masturbate in a correct setting and situation (Jeglic et al., 2008). Verbal satiation is similar, but it teaches offenders to verbalize their sexual fantasies (Jeglic et al., 2008). It is better to teach sexual offenders' appropriate arousal instead of decreasing inappropriate arousal.

The last step in cognitive behavioral therapy for sexual offenders is relapse prevention

and self-management. The key to avoiding relapse of sexual offenses is to create an intervention plan to avoid relapse (Jeglic et al., 2008). Sexual offenders will learn to identify what their triggers are and have a plan in place to cope with factors that may lead to relapse. Sexual offenders must identify what it may look like when they relapse. Once they understand what the cycle of relapse may look like, they must break it down into specific risk factors. For every risk factor there must be a coping skill (Jeglic et al., 2008). Risk factors and relapse cycles will look different for every offender.

In a study done by Waite et al., (2005) existing data from the Department of Juvenile Justice was examined. This study is an experimental research design comparing the prescriptive and the self-contained group. The purpose of this study to investigate a ten year follow up of a recidivism study of two sex offender programs for incarcerated juvenile sex offender programs. The information given on juveniles was input into a database by the Department of Juvenile Justice staff. The outcomes of interest were re-arrest, months in the community to re-arrest, and type of offense at re-arrest. The data for re-arrest were separated into three categories to predict recidivism: sexual offenses, nonsexual offenses, and property offenses (Waite et al., 2005). Since there was no randomization of the groups, the groups were compared based on baseline characteristics. The sample was only taken from males because there were not enough female sex offenders to draw data from. In total there were 478 male sex offender that enter one of two treatment groups (Waite et al., 2005). One of the treatment groups was a self-contained treatment group which means they are in a specialized living situation that is separate from the general living population. This was a more intense program. (Waite et al., 2005). The other program was less intense (prescriptive), and the offenders were housed in with the general population. The recidivism rate for sexual offenses was 4.9% for the self-contained group and 4.5% for the

prescriptive group (Waite et al., 2005). For property offenses the recidivism rate for the self-contained group was 13.2% and the prescriptive group was 20.5% (Waite et al., 2005). For nonsexual offenses the recidivism rate was 27.8% for the self-contained group and 39.3% for the prescriptive group (Waite et al., 2005). Overall, for all the offenses the self-contained group was 47.2% and the prescriptive group was 70.5% (Waite et al., 2005).

Hoffman et al. (2012), found that physical treatments such as surgical castration and hormonal treatments had greater efficacy in reducing sexual recidivism compared to CBT. Based on all the different types of psychological interventions classic behavioral and CBT were found to have the prominent efficacy compared to insight oriented and therapeutic community interventions (Hoffman et al., 2012).

Overall CBT seems to be effective for all types of offenders I have mentioned but there is a lot of variation in the programs and how they may work for each offender. For domestic violence offenders I would suggest they change the way they follow-up with them after the study is done. They need to find a way to follow up with the offender without the partner of the domestic violence offender being involved. With another person being involved there are too many intervening variables, and it is best to only involve the offender. For substance abuse offenders there are many different types of programs that are effective, but it is hard to find a way to follow up with substance abuse offenders. They could easily hide if they are using drugs again and lie if asked. Violent offenders need a very intense approach. They are already a difficult population to work with because of the violence. It is easier to follow up with violent offenders because people are very likely to report an incidence of violence. Sex offender programs are found to be very effective, but it is also hard to follow up with them because a lot of sexual crimes go unreported so its easy for them to lie and say nothing happened when it did.

The follow up after a program is done is important because it shows if CBT works over a short period of time or a long time. It is hard to prove long term of effects of CBT.



## CHAPTER 4

### RESEARCH LIMITATIONS

Research evaluating the effectiveness of CBT programs has several limitations. First is attrition. There is usually a high attrition rate when working with offenders. There are many factors that contribute to differences in the attrition rate such as the setting of the treatment, the type of program, and what is defined as dropping out (Olver et al., 2011). Cognitive behavioral therapy is often done in community settings or institutional settings. When cognitive behavioral therapy is set in institutional setting such as jail or prison there will be a higher attrition rate due to many reasons (Olver et al., 2011). Prisoners will generally have a high attrition rate because they could possibly get pulled out of treatment or other things such as meetings with lawyers, or other important matters. If the program was not mandatory, then the offenders could leave the program at any time (Olver et al., 2011).

There are different levels of noncompletion of a treatment program. There are offenders who drop out after one session and there are offenders who drop out before even starting the treatment program. There are also offenders who may only attend one session and then drop out (Olver et al., 2011). Predictably noncompletion rates are higher when preprogram attrition versus within program attrition are considered (Olver et al., 2011). Most studies combine all types of attrition into one category instead of separating preprogram attrition rates and within program attrition rates. Noncompleters of treatment programs are more likely to be unemployed, unmarried, have low incomes, less educated, have a prior criminal history, mental health issues and relationship issues (Olver et al., 2011). Many of these factors apply to offenders, but these factors apply even more if offenders do not complete the treatment program. Offenders seem to already be at high risk of attrition before even completing a treatment program. Predictors of

dropout can be used to figure out who may be at higher risk of dropping out (Olver et al., 2011). In a sample of 93 violent offenders who attended a high intensity treatment program, 80% of the offenders who were found to be high risk did not complete the program (Olver et al., 2011). The higher the risk of the offender the more likely they are to not complete the program.

Another limitation found especially when working with offenders is the lack of data on female offenders. It was hard to find any data on female offenders especially sex offenders because there is a disproportionately higher rate of male sex offenders than female sex offenders. The same issue is present when examining data on domestic violence and drug offenders. There are more male domestic violence offenders than female.

The follow-up after time to determine effectiveness of cognitive behavioral therapy seems to be controversial. Usually, cognitive behavioral therapy studies are proven to be effective, but it is hard to prove if they have long term effects. The general follow up time after a study is done is six months. A year would be a better follow up time to determine if a study had long term effects. The ways in which effectiveness over time is measured is not always ideal. In the study done by Easton et al., 2007, follow up of the study was measured by calling the significant other of the male who was involved in the study to see if there was any domestic violence but many of the women did not answer the phone. The follow up time after a study is done seems to be an issue. Even if the significant others did experience domestic violence they may not feel comfortable revealing that over the phone. People can easily lie about if they have committed a crime or been involved in crime. It is also possible for people to commit crimes and not get caught. So there is no specific way that effectiveness should be measured but the way it is currently being measured is not exactly the best way.

## CHAPTER 5

### POLICY IMPLICATIONS AND DISCUSSION

Overall, based on the literature provided, cognitive behavioral therapy is effective in reducing recidivism (Easton et al., 2007, McHugh et al., 2010, Schwartz & Campbell, 1996, Jeglic et al., 2008, Waite et al., 2005). I would argue that cognitive behavioral is more effective for certain type of offenders such as sex offenders. Most of the literature is based on male offenders so CBT would suggest that cognitive behavioral therapy is the most effective in reducing recidivism for male offenders. One of the most promising types of offenders for reducing recidivism using cognitive behavioral therapy is sex offenders. Sex offenders use a specific type of cognitive behavioral therapy to reduce their sexual urges. Rehabilitating sexual offenders is a very controversial topic. Cognitive behavioral therapy gives sex offenders a chance to safely integrate back into the community without committing anymore sex crimes. If people do not feel safe putting sex offenders back into the community, then policy implications can be put into place to make the community, feel safe. If sex offenders were to be allowed back into the community they should be registered as a sex offender, so everyone knows and is able to feel safe. The problem with this is that sex offenders will still face many questions even though they have been through a rehabilitation program. Some states mandate CBT programming such as relapse prevention. Even if sex offenders go through mandated treatment they are still offered minimal access to housing, education, and employment (Bonnar-Kidd, 2010).

When it comes to drug offenders, they are sometimes offered a chance at rehabilitation using drug courts. Drug courts are for offenders who have nonviolent drug offenses and minor drug offenses (Csete & Tomasini-Joshi, 2015). Drug courts were adopted as a way of reducing drug related incarceration by using supervision for offenders who are reliant on drugs. Drug use

is the main component of drug related crimes. Drug courts cater to each offender differently so this will look different for all offenders. Since drug courts are tailored to the needs of every offender cognitive behavioral therapy can be a form of treatment that can be incorporated into treatment. Drug courts can still operate as they normally do but by adding some elements of cognitive behavioral therapy there will be a higher chance that recidivism will be reduced (Logan & Link, 2019). Drug courts generally are a detailed program supervised by a court ordered team which includes a judge and an attorney (Csete & Tomasini-Josh, 2015). Mandatory drug testing is used to monitor drug use offenders. Drug courts began as post adjudication but are now pre-adjudication. Drug courts have not been around for that long. The first drug court opened in Florida in 1989 (Csete & Tomasini-Josh, 2015). Drug courts are one of the most popular policy implications for drug offenders.

Research says drug courts are successful in maintaining felony offenders in treatment who have past substance abuse and criminal history but little to no treatment (Meyer & Ritter, 2001). Drug courts provide more supervision than other forms of rehabilitation. Drug use and criminal behavior are reduced while offenders are participating in drug court treatments. After leaving the program criminal behavior is reduced but most research has not followed up for more than one year after being in the program. The reduction of recidivism in drug courts is higher if offenders graduate from the program (Meyer & Ritter, 2001). Drug courts save money because, if an offender does not go to jail/prison, they will not have any of the expense's jail/prison requires. It is cheaper to go through drug courts than it is to go through the jail/prison system. If offenders are successful and complete the program, they have a higher chance of reducing recidivism because they are not going through the jail/prison system. Drug courts have been very successful in linking treatment with the court system (Meyer & Ritter, 2001).

When it comes to domestic violence there are not many policies in place to protect against or prevent domestic violence. Policies for domestic violence should be based on the risk factors of domestic violence. In a study by Young et al (2021), rural domestic violence victims are discussed. To identify some implications for rural domestic violence offenders, individuals must look at the risks of people in rural areas versus people in populated areas. Often people who live in rural areas get overlooked because they have little resources in their areas. Women in rural areas have specific needs that other women do not have such as, distance and isolation (Young et al., 2021). When living in rural areas victims are much more vulnerable than those who live in populated areas. The greater distance there is the further away help and support are. Being in rural areas can cause isolation and the more isolated an individual is the easier it is to manipulate them because they are alone. It is important to have domestic violence shelters and support groups in all areas. There are domestic violence shelters and support groups in populated areas, but they are probably much harder to initiate in rural areas. If support for domestic violence offenders and victims were offered, both parties could benefit from cognitive behavioral therapy. The success of domestic violence offenders is often contingent on the women, assuming they are in heterosexual relationships. Is it possible for domestic violence offenders to go through treatment and not base their success on the woman? It is possible that the woman will leave or not want to stay with the offender while going through the program. If so are women a good measure of the elimination or reduction of domestic violence. This is how domestic violence treatment was measured in the SADV study by Easton et al, (2007). It is not a good way to measure the success of a treatment program. Even though the program was successful there needs to be better ways of measuring the success of domestic violence treatments.

Cognitive behavioral therapy seems to be very successful in community settings but there

is a high amount of attrition when working with certain populations. Community settings such as inpatient programs where offenders are required to live at draw the most successful results.

Cognitive behavioral therapy seems to be successful based on certain criteria. Offenders have a better chance of reducing recidivism by going through cognitive behavioral therapy than not completing a program treatment at all. Cognitive behavioral therapy is promising and can be successful in most cases.

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