Cognitive-Behavioral Treatment: Recognizing Criminal Thinking Patterns

August 17, 2020
Introductions

• About CJI at CRJ
  • The Crime and Justice Institute (CJI) at Community Resources for Justice (CRJ) works with local, state, and national criminal justice organizations to improve public safety and the delivery of justice throughout the country
  • CJI provides nonpartisan policy analysis and practice assessment, capacity- and sustainability-building technical assistance, research and program evaluation, and educational activities throughout the country
Presenters

Michael Kane has more than 17 years of experience conducting research and providing technical assistance in criminal justice, with a focus on reentry. Mr. Kane was the project manager for the National Institute of Corrections’ (NIC) Transition From Jail to Community Technical Assistance. He has provided technical assistance to grantees through implementing reentry programs through the Bureau of Justice Assistance’s (BJA) Second Chance Act and Substance Abuse and Mental Health Services Administration (SAMHSA) funding.

Mr. Kane is the lead author of Planning and Implementing a Reentry Program for Clients With Co-Occurring Disorders: A Toolkit.
**Presenters**

**Jen Christie** is the Senior Trainer and Policy Specialist at CJI. She has more than ten years of instructor experience and five years’ experience developing and delivering criminal justice training. Jen’s training work focuses on helping staff with behavior change and building capacity. She is the lead curriculum developer for NIC’s Facilitating Behavior Change Curriculum, which focuses on teaching effective supervision strategies to community corrections staff.
Overview

• The Principles of Effective Intervention (PEI)

• Cognitive-behavioral therapy (CBT) and criminal thinking

• Recognizing criminal thinking patterns
The Principles of Effective Intervention (PEI)
Principles of Effective Intervention

The foundation for what works in correctional rehabilitation is adherence to the Principles of Effective Intervention (PEI)

• Risk Principle – tells us **WHO** to target
• Need Principle – tells us **WHAT** to target
• Responsivity Principle – tells us **HOW** to effectively work with individuals
• Fidelity Principle – tells us how to do this work **RIGHT**
Risk Principle

• The Risk Principle tells us *who* to target

• The Risk Principle says to target those individuals with a higher probability (higher risk) of recidivism
Risk Principle

Recidivism Rate (%)

Non-Treatment

High Risk: 51.1
Low Risk: 14.4

Treatment

High Risk: 31.6
Low Risk: 32.3

(Bonta et al., 2000)
Need Principle

• The Need Principle tells us *what* to target

  • Risk factor
    • Static
    • Dynamic

• Criminogenic needs
## Factors Correlated With Risk

<table>
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<tr>
<th>Risk Factor</th>
<th>Mean r</th>
<th># of Studies</th>
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<tbody>
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<td>Lower class origins</td>
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<td>97</td>
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<tr>
<td>Personal distress/psychopathology</td>
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<td>Educational/vocational achievement</td>
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<td>Parental/family factors</td>
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<tr>
<td>Temperament/misconduct/personality</td>
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<tr>
<td>Antisocial attitudes/associates</td>
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<td>168</td>
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</table>

(Andrews and Bonta, 1994)
## Factors Correlated With Risk

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<thead>
<tr>
<th>Risk Factor</th>
<th>Male</th>
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<tbody>
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<td>Lower class origins</td>
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<td>.03(12)</td>
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<tr>
<td>Personal distress/psychopathology</td>
<td>.09(157)</td>
<td>.08(19)</td>
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<tr>
<td>Education/vocational achievement</td>
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<td>.13(7)</td>
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<tr>
<td>Parental/family factors</td>
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<td>.16(43)</td>
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<tr>
<td>Temperament/misconduct/personality</td>
<td>.18(461)</td>
<td>.23(38)</td>
</tr>
<tr>
<td>Antisocial attitudes/associates</td>
<td>.21(113)</td>
<td>.23(12)</td>
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</table>

(Simourd and Andrews, 1994)
Need Principle

- “Big Four” criminogenic risk factors
  - Antisocial peers
  - Antisocial attitudes
  - Antisocial personality characteristics
  - History of antisocial behavior
- Other criminogenic risk factors
  - Substance abuse
  - Employment/education
  - Low family affection/poor communication/poor supervision
  - Leisure/recreation

(Andrews and Bonta, 1994)
Responsivity Principle

• The Responsivity Principle tells us *how* to target

• Targeting responsivity factors will increase the likelihood for success
General Responsivity

• Social learning theory and cognitive-behavioral approaches have been found to be the most effective with a wide variety of individuals.
Fidelity Principle

• The Fidelity Principle tells us how to do this work **right**
  • Adhering to the RNR principles
Fidelity Principle

Andres and Bonta, 2006

(Andrews and Bonta, 2006)
Summary

• The Fidelity Principle encourages staff to incorporate Risk, Need, and Responsivity Principles into everyday correctional practices
Summary

• To be effective, programs should incorporate as many of the principles as possible

• The foundation for what works in rehabilitating individuals is adhering to the basic four Principles of Effective Intervention (PEI):
  • Risk Principle – tells us **WHO** to target
  • Need Principle – tells us **WHAT** to target
  • Responsivity Principle – tells us **HOW** to effectively work with individuals
  • Fidelity Principle – tells us how to do this work **RIGHT**
Cognitive-Behavioral Therapy (CBT) and Criminal Thinking
Cognitive Behavioral Cycle

- Situation
- Thoughts
- Feelings
- Behavior
- Consequences
Cognitive-Behavioral Therapy

• Cognitive-behavioral therapy (CBT) dates back to the 1960s
  • The approach identifies thoughts in order to change them
• CBT has been shown effective for many diagnoses, such as:
  • Depression
  • Anxiety
  • Panic disorder with and without agoraphobia
  • Social phobia
  • Obsessive-compulsive disorder
  • Post-traumatic stress disorder
  • Schizophrenia
  • Internalized childhood disorders
  • Sexual offending
  • Chronic pain (not headache)

Butler et al, 2006
Effectiveness of CBT

Percent Reduction in Violent Reoffending by Treatment Approach

(Dowden and Andrews, 2000)
Many treatment programs for antisocial behavior today rely on CBT:
- Thinking for a Change
- Aggression Replacement Training
- Moral Reconciliation Therapy
- Multi-Systemic Therapy
- Functional Family Therapy
- Decision Points
- Moving On
CBT, Criminal Thinking, and Substance Abuse

• This is a very new area of study
• Recent studies have shown that addressing antisocial behavior and substance abuse concurrently is more effective than addressing only one at a time
  • SA and domestic violence (Easton, Crane, and Mandel, 2018)
  • SA and aggressive youth (Stromeyer et al, 2020)
Recognizing Criminal Thinking Patterns
Criminal Thinking Patterns

• How we see the world
• Common antisocial thinking patterns
  • Justification, neutralizations, rationalizations, minimizations
  • Denying harm or denying that there was a victim
  • Appealing to higher loyalties
  • Negative expressions about the law, authority, and conventional rules
Justifications/Rationalizations

I’m in pain, and this helps. Why shouldn’t I use?

This was free. I’m not going to turn down free!

They left the car unlocked—what was I supposed to do?

Life is hard. I’m going to enjoy it.

You don’t know what it’s like to be me. My life is terrible, and I want to escape for a while.
Justifications/Rationalizations

I'm a grown adult, and I'll do what I want.

I just need more than I used to, but I still have things under control.

The big stores all have a loss prevention budget. They are just expecting theft. It's no big deal.

Lots of people use drugs. Everyone I knew growing up used. They are fine, and so am I!
Minimizations

I don’t use nearly as much as I used to.

That guy wasn’t even hurt that bad! I didn’t kill anyone.

I can still do my job and all the things I need to do while I’m high.

It’s just painkillers. It’s not like I’m doing heroin!

I just made one little mistake.

I don’t use nearly as much as Jim. He’s the mess. Not me.
Denying Harm

She liked it.

That building was empty anyway.

It’s MY body.

No one got hurt. What’s the problem?

Doctors prescribe this stuff. If it was so bad for me, they wouldn’t prescribe it!

My family doesn’t suffer. I think they like it better when I’m high. I’m more fun!
Appealing to Higher Loyalties

I’m not going to rat out my friends.

This is what my family does when we get together.

My family is counting on me to keep my job. I can’t do that if I’m in pain.
The government shouldn’t be regulating what I put in my body.

Drugs are legal in other places. Our laws are just stupid.

The judge knows my family. I was always going to get a harsh sentence.

The cops were just out to get me. I wasn’t doing anything wrong.
Negative Expressions Towards Conventional Rules

I don’t care what society thinks.

It’s MY body.

I follow my own rules.

I don’t want to just live the same life as everyone else. I want to be free and do what I want.
Questions or Comments?

• Contact information
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  • Jen Christie, jchristie@cjinstitute.org
https://cossapresources.org/Program/TTA

TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multi-disciplinary community-based criminal justice responses to illicit substance use and misuse.

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshops, and meeting presentations, and online resources.

The COSSAP TTA Program supports communities by:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to elevate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying best practices such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.