

Research in Brief

ROBINA INSTITUTE
OF CRIMINAL LAW AND CRIMINAL JUSTICE

UNIVERSITY OF MINNESOTA

August 2020

Using Cognitive Behavioral Therapy in Community Supervision

KEY POINTS

- There is strong evidence from multiple high-quality studies that the use of cognitive behavioral therapy (CBT) in community corrections programs reduces recidivism.
- The effects on recidivism are greater for CBT programs that are well-implemented (i.e., include close monitoring of the fidelity and quality of the program and adequate training for CBT providers) and that target individuals classified as higher risk to reoffend.
- CBT programming can be delivered on a larger scale by community supervision staff, but the effectiveness of such interventions may be diminished by “real world” implementation issues.

Policy and Purpose

Cognitive behavioral therapy (CBT) is a treatment modality used in community corrections programming that is based on the theory that thinking influences behavior.¹ Behavioral techniques are used to teach new thoughts *and* new skills, so that new behaviors occur. More specifically, CBT teaches individuals to understand the thinking processes and choices that immediately preceded their criminal behavior. Learning to self-monitor thinking is typically the first step, after which the therapeutic techniques seek to help offenders identify and correct biased, risky, or deficient thinking patterns. All cognitive behavioral interventions, therefore, employ a set of structured techniques aimed at building cognitive skills in areas where offenders show deficits and restructuring cognition in areas where offenders’ thinking is biased or distorted.²

Though CBT can be delivered in one-on-one interventions,¹ it can also be delivered in group settings, and it is this ability to provide such programming to large numbers of people at the same time that makes it attractive for use in community corrections. The purpose of incorporating CBT into curricula and programs used in community corrections is to reduce recidivism.³

¹ Please see brief on “Core Correctional Practices” to learn more about the evidence of using CBT with supervision officers in one-on-one interventions. ■

Summary of Research

There is strong evidence from multiple high quality studies (meta-analyses) that the use of CBT in community corrections programs reduces recidivism.⁴ Some meta-analyses have focused on determining the overall effects of CBT. Pearson and colleagues reviewed numerous studies representing a broad range of CBT and other behavioral interventions and found that programs that utilized CBT were the most effective at reducing recidivism.⁵ Lipsey, Landenberger, and Wilson found that CBT programs reduce recidivism on average by 25%.⁶

Several meta-analyses have focused on trying to determine which aspects of CBT programs are most effective. Lipsey, Landenberger, and Wilson determined that **the effects on recidivism are greater for CBT programs that are well-implementedⁱⁱ and that target individuals classified as higher risk to reoffend.**⁷ They also found that though all CBT programs reviewed positively impacted recidivism, those that included anger control and problem-solving components enhanced the effect of CBT on recidivism; while programs with victim impact components, behavioral contracts, and punishment/reward schemes designed to reinforce specific behavior tended to diminish the effect of the CBT program on recidivism.⁸ These findings demonstrate that CBT programs utilized in the criminal justice setting are most effective when they focus on teaching new prosocial skills. Wilson, Bouffard, and MacKenzie looked exclusively at programs delivered in a group setting and found that here too, CBT reduced recidivism by an average of 8 to 16 percentage points, depending on the type of program.⁹

Many of the studies included in the meta-analyses discussed above were demonstration projects, that is, early iterations of the programs that were managed by program developers or evaluators, so there was some concern that the effects might not hold when such programs were brought to scale. For example, Wilson, Bouffard, and MacKenzie found larger effects on recidivism in smaller versions of the programs studied, and hypothesized that the differences might be due to treatment integrity problems associated with large-scale program implementation rather than with the program model.¹⁰ Thus, more recent studies have focused on evaluating “real world” applications of specific programs offered by practitioners in community corrections.

Lowenkamp and colleagues conducted a quasi-experimental study to determine the effectiveness of Thinking for a Change (TFAC), one of the most widely used CBT

programs for people on community supervision.¹¹ TFAC is a structured curriculum that corrections staff deliver in a group setting, which is designed to help people learn new thinking and skills to prevent reoffending. In this study, TFAC was delivered by community corrections staff who had received training from the National Institute of Corrections. The authors found that people in the comparison group who had not participated in TFAC were more likely to be arrested for a new crime during the follow-up period, and that controlling for other relevant variables such as age, race, and gender, the recidivism rate for people in TFAC was 15 percentage points lower than people in the comparison group (28% vs. 43%).¹² Golden, Gatchel, and Cahill conducted another study that examined the effectiveness of TFAC delivered by community corrections facilitators who had received training from the National Institute of Corrections.¹³ The authors found that those who completed the program committed fewer new offenses than people in the comparison group, but that the difference was not statistically significant.¹⁴ They also found that those who dropped out of TFAC had significantly more technical violations compared to both the program completers and the comparison group, and that TFAC significantly improved problem-solving skills among those who completed the program.¹⁵

Barnes and colleagues examined the effect of “Choosing to Think, Thinking to Choose,” a cognitive behavioral program designed specifically for community corrections.¹⁶ This study utilized a randomized control trial, wherein only people classified as high risk were referred to the program, and both the treatment and comparison groups received the same supervision levels but the treatment group also received the program.¹⁷ The authors found that a smaller proportion of people in the treatment group reoffended compared to the control group, and that this difference was statistically significant.¹⁸ However, the agency implementing this program faced significant challenges in that it was difficult to keep individuals in the program for the

ⁱⁱ Lipsey, Landenberger, and Wilson, (2007) defined well-implemented as meaning that there were a low number of program dropouts, close monitoring of the quality and fidelity of treatment, and that providers had adequate CBT training. ■

four continuous months needed to complete it. Since programs started at specific times, individuals had to wait an average of 69 days to start programming, and some individuals received jail sanctions during the course of the program which would often result in their missing significant portions of the program and/or having to start over.¹⁹ The authors found, however, that about two months after random assignment, “the prevalence of reoffending began to diverge between the two randomly assigned groups, with the CBT group suddenly becoming much less likely to commit new offenses,” and that the gap between the two groups continued to widen throughout the rest of the follow-up year.²⁰ Thus, the authors concluded, once an individual was able to start programming, the effects became apparent.

These three studies examined the delivery of cognitive behavioral programming for people on community supervision in “real world” settings and delivered by community corrections staff. Two of the studies found significant differences in at least one measure of recidivism, however, one of the studies found no difference. Yet for the study that found no difference, there were some improvements in the development of problem-solving skills targeted by the program. These studies demonstrate that **CBT programming can be delivered on a larger scale by community supervision staff, but the effectiveness of such interventions can be diminished by “real world” implementation issues.**

This brief was prepared with support from Arnold Ventures.



Endnotes

- ¹ Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews*, 3(1), 1-27.
- ² Lipsey, Landenberger & Wilson, 2007, pg. 4.
- ³ Andrews, D., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17(1), 19-52; Lipsey, Landenberger & Wilson, 2007.
- ⁴ Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews*, 3(1), 1-27; Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1(4), 451-476; Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, 32(2), 172-204; Pearson, F. S., Lipton, D. S., Cleland, C. M., & Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime & Delinquency*, 48(3), 476-496. It should be noted that most of these meta-analyses have focused on general offending rather than programs that target specific areas such as sex offenses and domestic violence.
- ⁵ Pearson, F. S., Lipton, D. S., Cleland, C. M., & Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime & Delinquency*, 48(3), 476-496.
- ⁶ Lipsey, Landenberger & Wilson, 2007; see also Landenberger & Lipsey, 2005.
- ⁷ Lipsey, Landenberger & Wilson, 2007.
- ⁸ Lipsey, Landenberger & Wilson, 2007; Landenberger & Lipsey, 2005.
- ⁹ Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, 32(2), 172-204.
- ¹⁰ Wilson, Bouffard & MacKenzie, 2005.
- ¹¹ Lowenkamp, C. T., Hubbard, D., Makarios, M. D., & Latessa, E. J. (2009). A Quasi-Experimental Evaluation of Thinking for a Change. *Criminal Justice and Behavior*, 36(2), 137-146.
- ¹² Lowenkamp, C. T., Hubbard, D., Makarios, M. D., & Latessa, E. J. (2009). A Quasi-Experimental Evaluation of Thinking for a Change. *Criminal Justice and Behavior*, 36(2), 137-146.
- ¹³ Golden, L. S., Gatchel, R. J., & Cahill, M. A. (2006). Evaluating the Effectiveness of the National Institute of Corrections: Thinking for a Change Program Among Probationers. *Journal of Offender Rehabilitation*, (43)2, 55-73.
- ¹⁴ Golden, Gatchel & Cahill, 2006.
- ¹⁵ Golden, Gatchel & Cahill, 2006.
- ¹⁶ Barnes, G. C., Hyatt, J. M., & Sherman, L. W. (2017). Even a little bit helps: An implementation and experimental evaluation of cognitive behavioral therapy for high-risk probationers. *Criminal Justice and Behavior*, 44(4), 611-630.
- ¹⁷ Barnes, Hyatt & Sherman, 2017.
- ¹⁸ Barnes, Hyatt & Sherman, 2017.
- ¹⁹ Barnes, Hyatt & Sherman, 2017.
- ²⁰ Barnes, Hyatt & Sherman, 2017, p. 624.

The strength of the evidence reviewed in this brief is assessed according to our Evidence of Assessment Criteria and Hierarchy of Study Design, which are posted online: robinainstitute.umn.edu/research-brief.