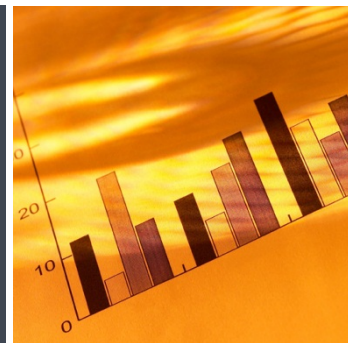


What Constitutes a Cognitive-Behavioural Intervention with Offenders?



2016-S010

www.publicsafety.gc.ca

Cognitive-behavioural interventions reduce offending by changing procriminal attitudes through teaching, modeling and guided practice

QUESTION

What constitutes a cognitive-behavioural intervention with offenders?

BACKGROUND

It has been well established that when it comes to effective treatment for offenders, cognitive-behavioural interventions work best (see Research Summary, Vol. 2, No. 3). Given this knowledge, many programs claim to be cognitive-behavioural in nature, but there appears to be some inconsistency in the definition of “cognitive-behavioural”. As a result, some people are now asking “what really constitutes a cognitive-behavioural intervention?” and “how would a person determine whether a program is actually a cognitive-behavioural one and what elements should the program possess?”

Generally speaking, cognitive-behavioural therapy is a psychotherapeutic approach that helps people to understand that thoughts influence behaviour. As the words suggest, cognitive-behavioural interventions focus on the way people think (i.e., “cognitive”) and behave (i.e., “behavioural”), and are based on the premise that what we think will affect how we behave.

METHOD

In order to develop a scheme that individuals can use to determine whether a program or technique is cognitive-behavioural in nature, we first reviewed the cognitive-behavioural literature. Evidence-based practices were reviewed and the meta-analytic research was examined. In addition to looking at cognitive-behavioural research in the field of offender rehabilitation, the general psychotherapy literature was also consulted.

ANSWER

Based upon the existing research and literature, we posited that for an offender treatment program or technique to truly be cognitive-behavioural in nature, it should incorporate the following four steps:

1. Demonstrate the thought-behaviour link;
2. Identify the attitudes, thoughts and behaviours that direct problem behaviour;
3. Model and teach concrete cognitive and behavioural skills to change problematic thinking and behaviour; and,
4. Practice to help generalize skills.

The first and perhaps most important step is for the change agent or correctional helper to show the thought-behaviour link to the client – the foundation of cognitive-behaviour intervention. Thoughts direct behaviour; what a person thinks influences what a person does or how a person behaves. Because of this, both the content of the thinking as well as the process of thinking needs to be examined and changed if the behaviour is expected to be changed. Demonstrating this link can be accomplished in several ways, as is the case with all four steps. Once the thought-behaviour link has been established and is understood by the client, the second step in the cognitive-behavioural process is to identify problematic attitudes, thoughts and behaviours. In the case of criminal justice involved clients, these are the thoughts that promote rule violations. The third step is for change agents to model and teach concrete cognitive and behavioural skills to assist the clients. Once this has been accomplished, the final step is to ensure practicing of the skills towards generalization, so the client learns to adapt these skills and apply them in their lives outside the therapeutic setting.



While teaching cognitive-behavioural intervention skills and practicing proficiency are vitally important, neither will be possible without the foundation of positive relationship between the change agent and the client. The importance of the relationship and the efficiency of these four steps were incorporated into a training model for probation officers and have been shown to be effective (see Research Summary, Vol. 17, No. 5, 2012).

IMPLICATIONS

1. This four-step scheme provides change agents and correctional agencies with a structured means of determining whether the programs they are using are truly cognitive-behavioural in nature and provides direction in assessing the various required components. This knowledge will assist them in ensuring the services they offer are in line with evidence-based practices and research.
2. For program developers of new innovative treatments for offenders, this basic scheme can act as a skeleton to guide the foundation of any evidence-based cognitive-behavioural intervention or program.
3. Inconsistencies still exist within cognitive-behavioural programs regarding the extent to which the program model “teaches” clients that other factors direct their behaviour beyond their thoughts. For example, a number of programs teach clients that external stimuli or “triggers” have a direct causal link to their behaviour. Future research is required towards developing and comparing the various intricacies of models to ensure maximum efficiency for client learning and effectiveness for facilitating cognitive and behavioural change.

SOURCE

Rugge, T. & Bonta, J. (2014) *Training community corrections officers*. In R. C. Tafrate & D. Mitchell (Eds.), *Forensic CBT: A Handbook for Clinical Practice* (pp. 122-136). West Sussex, UK: John Wiley & Sons, Ltd.

For more information on research at the Community Safety and Countering Crime Branch, Public Safety

Canada, to get a copy of the full research report, or to be placed on our distribution list, please contact:

Research Division, Public Safety Canada

340 Laurier Avenue West

Ottawa, Ontario

K1A 0P8

PS.CSCCBResearch-RechercheSSCRC.SP@canada.ca

Research Summaries are produced for the Community Safety and Countering Crime Branch, Public Safety Canada. The summary herein reflects interpretations of the report authors’ findings and do not necessarily reflect those of the Department of Public Safety Canada.
