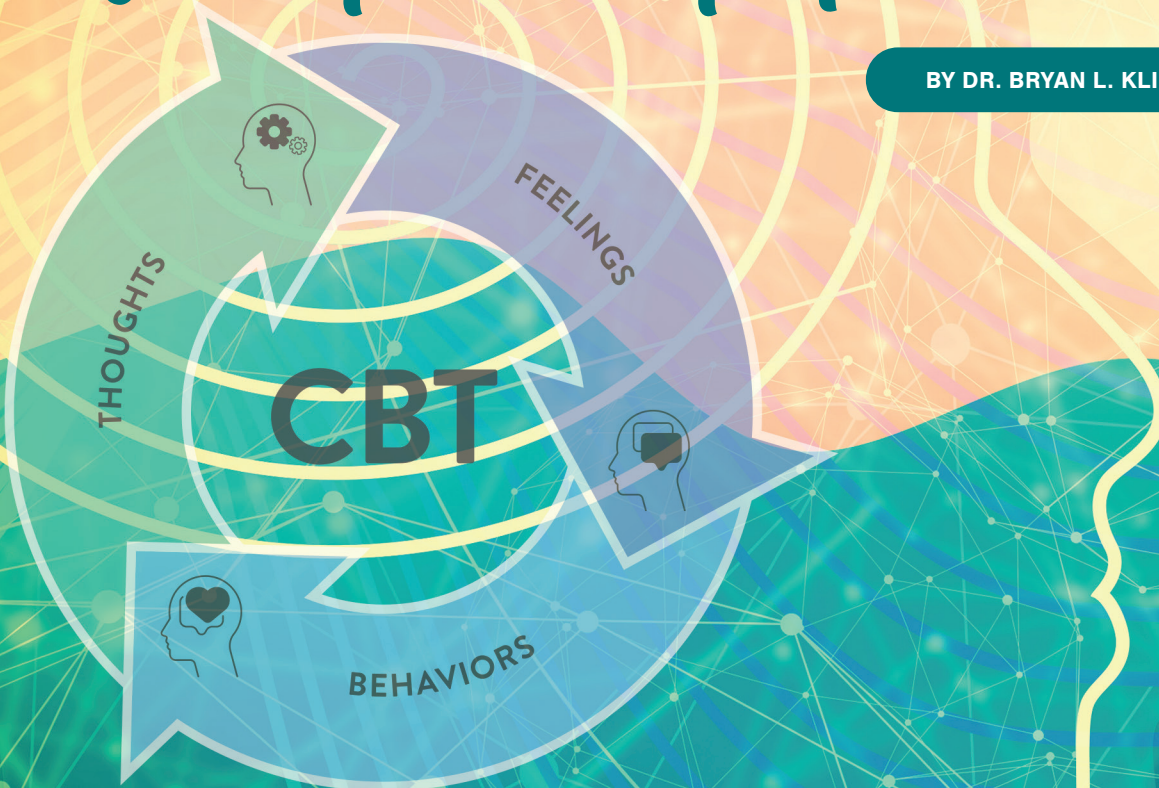


COGNITIVE BEHAVIORAL INTERVENTIONS

for special populations

BY DR. BRYAN L. KLINE



Special populations inside a correctional facility can be females, sex offenders, substance abusers, juveniles, and inmates that have mental health issues. The question is, what type of treatment should these offenders receive? Cognitive-behavioral interventions allow the offender to look at his or her own thoughts and emotions; this type of intervention also allows the offender to recognize their thoughts and emotions that are escalating quickly and allows them to change their behavior and thinking. The changing of an offender's behavior and thinking is a crucial part of the rehabilitation process within the criminal justice system.

No treatment program or intervention is expected to work for every inmate or offender; providing too many services or the wrong services fails to improve outcomes (Marlowe, 2018). Every offender who is incarcerated should be in a treatment program while incarcerated or on a community corrections program. Cognitive behavioral treatment is based on techniques and practices that attempt to change thinking and actions (Glick & Prince, 2016). The premise of cognitive behavioral treatment is if a person's thinking is altered, it will then change their actions and behavior. According to Glick & Prince (2016), the corollary principle is that if an offender can change their actions by training new prosocial behaviors, then

their thinking will change; one's actions and behavior control a person's thinking.

Albert Bandura was a Canadian-born psychologist trained in the United States; he is considered the father of Cognitive Skills School within the cognitive behavioral intervention movement. He spent his early years training as a developmental psychologist studying children and adolescent behaviors (Glick & Prince, 2016). Bandura did go onto study the behaviors of adults. According to Glick & Prince (2016), Bandura considered behaviorism as a valid explanation for human behavior; he had also observed that he thought it was inadequate to explain the phenomena he was explaining.

Female offenders and substance abuse

Half of the female offenders in state correctional facilities have used drugs, alcohol, or both at the time the incarcerating offense was committed, while female offenders had a higher drug related crime than males did (Sacks et al., 2008). Not all incarcerated offenders have the same needs. The offender needs to be met with

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treatment and have treatment goals based upon their current needs and what led him or her to be incarcerated. In Colorado, 87% of women who were incarcerated in 2004 for new crimes were substance abusers; this highlights the connection between substance abuse and criminal activity for women and underscores the importance of substance abuse treatment to reducing criminal activity among female offenders (Sacks, et al., 2008).

The changing of an offender's behavior and thinking is a crucial part of the rehabilitation process within the criminal justice system.

The cognitive behavioral treatment model involves individuals learning how their thoughts, feelings, and behaviors are connected and how to break these connections (Glick & Prince, 2016). In any type of treatment program, individuals are told that they need to change their people, places, and things. This helps the participants to change their lifestyle and those that they surround themselves with. According to Glick & Prince (2016), a counselor can help a person analyze his or her environment and identify ways to respond to cues that lead to the use of alcohol or drugs, while establishing new patterns of response to these cues. If an offender knows how to respond to these self-destructing cues, he or she will be able to find positive coping mechanisms to help deal with any issues that they might be facing which would make them turn to drugs.

The cognitive behavioral therapy and intervention model is based on cognitive therapy which is a system of psychotherapy that attempts to reduce excessive emotional reactions and self-defeating behaviors by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions (Glick & Prince, 2016). This is a key component to the treatment process by retraining the thinking of the offender and how they respond to events. Treatment is normally delivered as an outpatient service that focuses on an understanding of the determinants of

the substance use; once it is understood who the patient is, who they are, and where they live, the therapist is able to develop an elaborate functional analysis (Glick & Prince, 2016).

Cognitive behavioral interventions are compatible with a variety of other treatment programs such as pharmacotherapy, self help groups such as AA, family couples therapy, vocational counseling, and parenting skills training (Glick & Price, 2016). These additional programs can be coupled together with cognitive behavioral therapy but are not required. AA is a good support program and helps users have a positive support system. AA is recommended to accompany a cognitive behavioral therapy program. According to Glick & Prince (2106), characteristics that distinguish cognitive behavioral interventions from other types of treatment approaches include functional analyses of substance abuse, individualized training in recognizing cravings, managing thoughts about substance use, problem solving, planning for emergencies, recognizing seemingly irrelevant discussions, refusal skills, examination of a patients cognitive process that relates to substance use, the encouragement and review of extra session implementation of skills, and the practice of skills within sessions.

Sex offenders and juveniles

The treatment for sex offenders varies on the nature of the offense and the age of the sex offender. There are different programs that can be used for treatment of sex offenders. According to Glick & Prince (2016), the comprehensive model involves a systemic approach to address sex offenders, both adult and juvenile; this involves community resources, awareness, and tactical strategies to address offender characteristics that cause offenses. The comprehensive model relies on the education of the stakeholders along with collaboration with the practitioners. According to Glick & Prince (2016), this model has six overarching goals; they are as follows:

- Investigation, prosecution, and disposition
- Assessment
- Supervision
- Treatment
- Reentry
- Registration and community notification

The comprehensive module puts a focus on the victim centered perspective of prosecution and intervention. For this intervention, the victim is considered at every decision point while honoring the offender's worth; the goals for the offender will have the highest implications for a successful intervention (Glick & Prince, 2016). When involving the victim in the treatment process for the offender, it yields positive results as the victim has a vested interest in this part of the process.

Cognitive change has been linked to activity change with offenders who have been through a cognitive behavioral intervention. According to Walters (2017), it is known that cognitive change can predict changes in activity, and that cognitive interventions are capable of promoting cognitive change. The direction of a treatment linked change in criminal thinking can predict a change in direction of anti-social activity. According to Dvoskin et al., (2012) the best way to encourage program quality is to engage in program evaluations. A proper measure in corrections is the Correctional Program Assessment Inventory-2000 which is designed to measure the extent to which programs adhere to the principles of intervention.

According to Glick and Prince (2016), for both adults and juveniles, the treatment involves a multidimensional intense program that phases down in intensity over a period of time as improvements are made in self-control and managing sexual triggers that may exist.

Programs include but are not limited to:

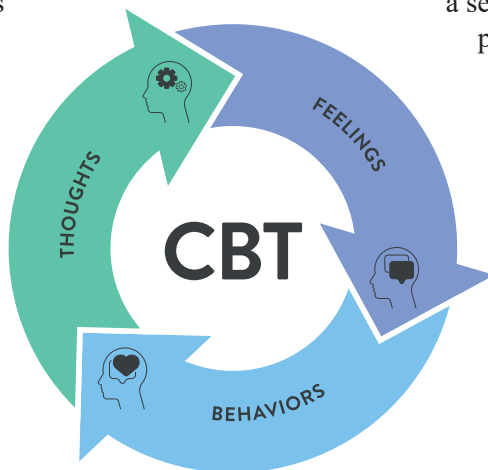
- Victim empathy through psychoeducational training
- Addressing causal factors that drive abusive sexual behaviors such as thinking patterns, cognitive distortions, denial patterns, and perpetuate offending
- Skill building that increases human capital and self-sufficiency in coping and avoiding and managing intrinsic and extrinsic conflicts that could trigger relapse (Glick & Prince, 2016).

When understanding risk reduction, according to Dvoskin et al. (2012), three things need to be understood; they are: (a) serious mental illness can be the cause or

at least one of the causes of violence, (b) serious mental illness can be a consequence of violence, as would be the case when a person realizes that he has killed his spouse and as a result becomes clinically depressed, (c) the serious mental illness can be a concomitant of the violence that is illustrated by a person who has been arrested for a violent crime and is diagnosed in jail with a serious mental illness; similar to a

person who has committed a violent crime and is diagnosed in jail with a serious physical illness. Cognitive behavioral programs are often the intervention of choice to treat aggressive clients and disruptive behavior; it is important for a practitioner to become familiar with those cognitive interventions that are effective with clients to make the most informed choice to mitigate undesirable behavior (Glick & Prince 2016).

In order for rehabilitation to produce optimal results, there are three principles that are essential. They are as follows: employ cognitive behavioral treatment interventions, target criminogenic needs, and deliver more intensive services to higher risk offenders (Dvoskin et al., 2012). The cognitive behavioral interventions should be based on behavioral, social learning, and cognitive behaviors. The criminogenic needs that should be targeted are antisocial attitudes, substance abuse, and housing.



Saint Leo core value – community

The Saint Leo core value of community can be aligned with cognitive behavioral intervention programs for special populations of offenders. To foster the spirit of belonging, unity, and interdependence, it is based upon mutual trust that creates a socially responsible environment. This challenges all of us to be better persons and can be incorporated and exhibited through various cognitive treatment programs for offenders. These programs and the rehabilitative aspect will help the offender reintegrate back into the community, which will give the offender the sense of belonging to the community with adding the value of self-worth.

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Conclusion

Cognitive-behavioral interventions should be developed and implemented to deal with special populations, including females, sex offenders, and substance abusers. As mentioned, the offender needs to be met with treatment that focuses on their needs to address needs and goals. It is imperative to have programs that are relevant to the needs of offenders. The same treatment model will not work for all offenders; it is not a one size fits all type of treatment. It is possible to incorporate different types of cognitive behavioral intervention programs for different types of special populations. The offender needs to be comfortable with the therapist for this to be a successful program; whereas the offender needs to feel that can discuss the issues and needs with the therapist. If the goal or rehabilitation of offenders within our criminal justice system is not being met, society, crime victims, and the offender's needs are not properly being served. This is reflected in the goals of the criminal justice system and does not serve the system well. It can put some negative connotations on the system and will discourage offenders from participating in voluntary and court ordered treatment programs.

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