
Cognitive Models and Evidence-Based Practice for Offenders

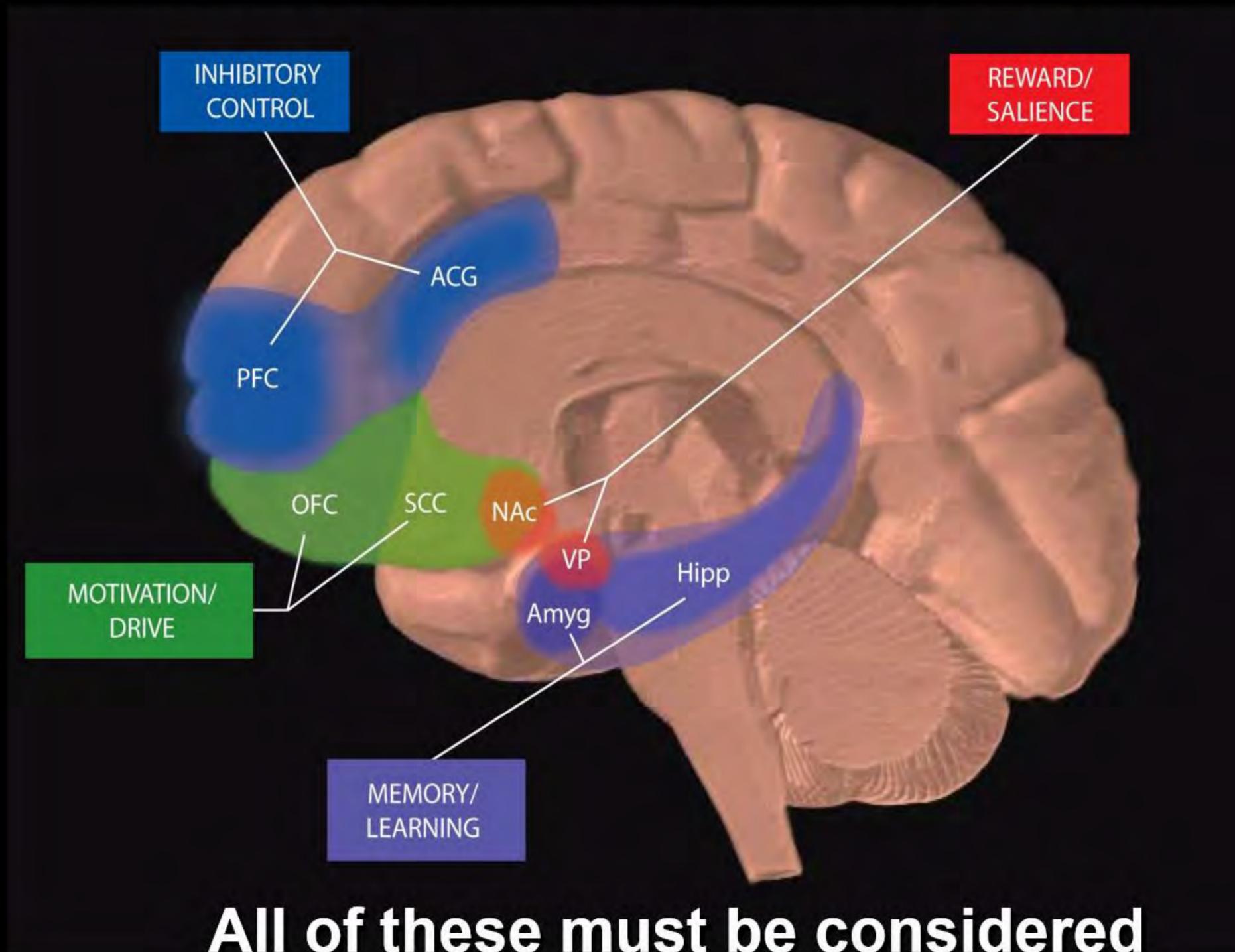
Presented by: Dr. Kenneth Robinson, Ed.D.
President, Correctional Counseling, Inc. Co-Developer of Moral
Reconciliation Therapy - MRT®

Disclaimer

- This project was supported by Grant No. 2019-DC-BX-K012 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office.

Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Circuits Involved In Drug Abuse and Addiction



**All of these must be considered
in developing strategies to
effectively treat addiction**

IS TREATMENT EFFECTIVE?

- Many do not comply
- Many relapse
- There is no cure
- Rates are similar to other diseases
 - e.g. diabetes, heart disease, obesity



POPULAR TREATMENT APPROACHES

- General Counseling
- Lectures & Films
- Confrontation
- Relaxation
- Milieu therapy
- Group Psychotherapy

RATES OF MEDICATION ADHERENCE

(Over 6-12 Months)

- Bipolar Disorder: 34% - 80%
- Schizophrenia: 11% - 80%
- Cardiovascular: 46% (Beta), 44% (Cholesterol)
- Osteoporosis: 43% - 53%

MAJOR ELEMENTS OF TREATMENT

- Motivation
- Insight
- Skills

DYNAMIC NEEDS THAT MUST BE ADDRESSED

Strong correlation with committing a new crime:

- **APD**
- **Antisocial Values**
- **Criminal Peers**
- **Low Self-Control**

PICKING THE RIGHT PROGRAMS

- If your livelihood depends on it, you want to pick a sure thing!
- Using SAMHSA as a datapoint
- Scarcity of Evidence-Based Programs (EBP)
- Process for becoming an EBP

EVIDENCE-BASED PRACTICES

Interventions based on scientifically sound research studies:

-
- **Experimental Design**
 - **Sufficient Sample Size**
 - **Matched Groups**
 - **Control Group**
 - **Specific Performance Indicators**
 - **Ability to Generalize to the Field When Implemented with Fidelity**

IDENTIFYING BEST PRACTICES: EBP CRITERIA

- Documented, structured curriculum, supported by instructional resource tools
- Formal, certified training for treatment providers
- Quality Assurance methods to ensure fidelity program delivery
- Ongoing data collection and evaluation of modality implementation
- Practice should be based on results of assessments

PRINCIPLES OF COGNITIVE BEHAVIORAL TREATMENT

- CBT aims to help clients understand their current ways of thinking and behaving, and to equip them with the tools to change their maladaptive cognitive and behavioral patterns.
- CBT is present-focused and problem-oriented, looking for ways to improve a client's current state of mind.

CBT & TREATMENT COURT OUTCOMES

- Enhancing "real" abstinence
- Creating permanent behavioral change
- Sustaining post-program effects & reducing
recidivism

CBT vs OTHER MODALITIES

- Clients are dependent on the therapist in most modalities
- Many modalities apply the same methods for all clients
- CBT creates an equal relationship between therapist and client
- CBT ensures the client takes ownership of their program

CBT TYPOLOGIES & MODALITIES

- Motivational Interviewing
- Moral Reconciliation Therapy - MRT®
- Thinking for a Change (T4C)
- Seeking Safety
- Aggression Replacement Therapy (ART)
- Reasoning & Rehabilitation (R&R)
- TCU Mapping-Enhanced Counseling



STATIC RISK FACTORS

- Historical factors that have been demonstrated to relate to recidivism potential
- These are ***NON-CHANGEABLE*** aspects of the offender
- **EXAMPLES:**
 - Age of first offense
 - Criminal history



CRIMINOGENIC RISK FACTORS

1. Antisocial/pro-criminal attitudes, values, & beliefs
2. Pro-criminal associates
3. Temperament & personality factors
4. History of antisocial behavior
5. Family factors
6. Low levels of educational, vocational, or financial achievement



MAJOR CRIMINOGENIC FACTORS

DYNAMIC RISK

- **Antisocial Personality Pattern:**
 - Impulsive, adventurous, pleasure-seeking, restlessly aggressive & irritable
- **Procriminal Attitudes:**
 - Rationalizations for crime, negative attitudes towards the law



MOST RELATED TO RECIDIVISM

- **Social Supports for Crime:**
 - Criminal friends
 - Isolation from pro-social others



RELATED TO RECIDIVISM

- Substance Abuse (abuse of alcohol or drugs)
- Family/Marital Relationships:
 - Inappropriate parental monitoring & disciplining
 - Poor family relationships



RELATED TO RECIDIVISM

- **School/Work**
 - **Poor performance**
 - **Low levels of satisfaction**
- **Lack of involvement in prosocial recreational and leisure activities**



MAJOR PROGRAMS USED IN CRIMINAL JUSTICE, NATIONALLY

- Reasoning & Rehabilitation
- Thinking for a Change
- Moral Reconation Therapy - SAMHSA Approved



REASONING & REHABILITATION (R&R)

- **Ross and Fabiano (1985) developed R&R based on the premise that offenders are delayed in the development of certain cognitive skills.**
- **They came to this conclusion after examining the correctional rehabilitation research literature and identifying a substantial number of studies that indicated significant reductions in recidivism.**

REASONING & REHABILITATION (R&R)

- R&R was developed to focus on changing the impulsive, egocentric, illogical, & rigid thinking of delinquents & offenders.
- They are taught to:
 - stop & think before acting
 - consider the consequences of their behavior
 - conceptualize alternative ways of responding to interpersonal problems
 - think how their behavior impacts others.

MRT Twice as Effective as R&R

- Wilson, Bouffard & MacKenzie compared findings of cognitive programs (MRT and R&R accounted for 13 of the 20 studies judged to be of high quality).
- Research findings showed MRT to be 2 times more effective than R&R.



R&R GEORGIA STUDY 2003

In 2003 the University of Cincinnati released final results from the “Cognitive Skills Experiment” implemented by the Georgia Board of Pardons and Paroles (Voorhis, et. al., 2003). The project was designed to assess the effectiveness of the cognitive skills program Reasoning and Rehabilitation (Ross & Fabiano, 1985) upon offenders randomly assigned to the program.

R&R GEORGIA STUDY 2003

The Georgia program hoped to “modify offenders’ impulsive, egocentric, illogical and rigid thinking patterns.... Specific objectives of the R & R program include improving offenders’ interpersonal problem-solving, consequential thinking, means-end reasoning, social perspective-taking, critical and abstract reasoning, and creative thinking.”

R&R GEORGIA STUDY 2003

The University of Cincinnati study summarized the outcome results of the implementation of Reasoning & Rehabilitation with Georgia offenders succinctly: *“In sum, a strict comparison between experimental and comparison group members found very few statistically significant differences... The Cognitive Skills Program also showed no significant impact on post program recidivism.”*

Thinking for a Change (T4C)

Thinking for a Change 4.0 (T4C) is an integrated cognitive behavioral change program authored by Jack Bush, Ph.D., Barry Glick, Ph.D., and Juliana Taymans, Ph.D., under a cooperative agreement with the National Institute of Corrections (NIC). T4C incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem solving skills.

Thinking for a Change (T4C)

T4C is comprised of 25 lessons that build upon each other, and contains appendices that can be used to craft an aftercare program to meet ongoing cognitive behavioral needs of your group. Not all lessons can be completed in one session, so a typical delivery cycle may take 30 sessions. Sessions should last between one and two hours. Ideally, the curriculum is delivered two times per week, with a minimum recommended dosage of once per week and a maximum of three times per week.

Participants must be granted time to complete mandatory homework between each lesson.

CBT Program Evaluation Report by LeCroy & Milligan Associates, Inc.

Thinking for a Change (T4C)

- Concerns center around difficulty in retaining clients in the programs so that they can benefit from the cognitive training, and for some,
- the lack of flexibility in the curriculum (*T4C*) itself.
- Another barrier is lack of capacity to serve clients due to burden on trained facilitators and budget constrictions.

LeCroy & Milligan Associates, Inc. (2010). *Colorado State Court Administrator's Office - Division of Probation Services: Cognitive-Behavioral Treatment Program Annual Evaluation Report*.
LeCroy & Milligan Associates, Inc., Tucson, AZ.

T4C Research Findings

Thinking for a Change (T4C)

- Findings were significant at 6-month follow up
- Recidivism 23% vs 36%

Lowenkamp, C. T., Hubbard, D., Makarios, M. D., & Latessa, E. J. (2009). A Quasi-Experimental Evaluation of Thinking for a Change: A “Real-World” Application. *Criminal Justice and Behavior*, 36(2), 137–148. doi: <https://doi.org/10.1177/0093854808328230>

MRT FOCUS

- Confrontation of beliefs, attitudes & behaviors
- Assessment of current relationships
- Reinforcement of positive behavior & habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning



MRT UNIQUE PROGRAM ATTRIBUTES

1. Open ended & Self-paced
2. Usable across systems
3. Encompasses a range of learning styles
4. Utilizes an Inside-Out process
5. Standardized curriculum provides facilitator structure and accountability
6. Program emphasizes feedback & student reflection
7. Enhances personal problem solving & self-direction
8. Helps clients identify their individual strengths

WHY MRT WORKS

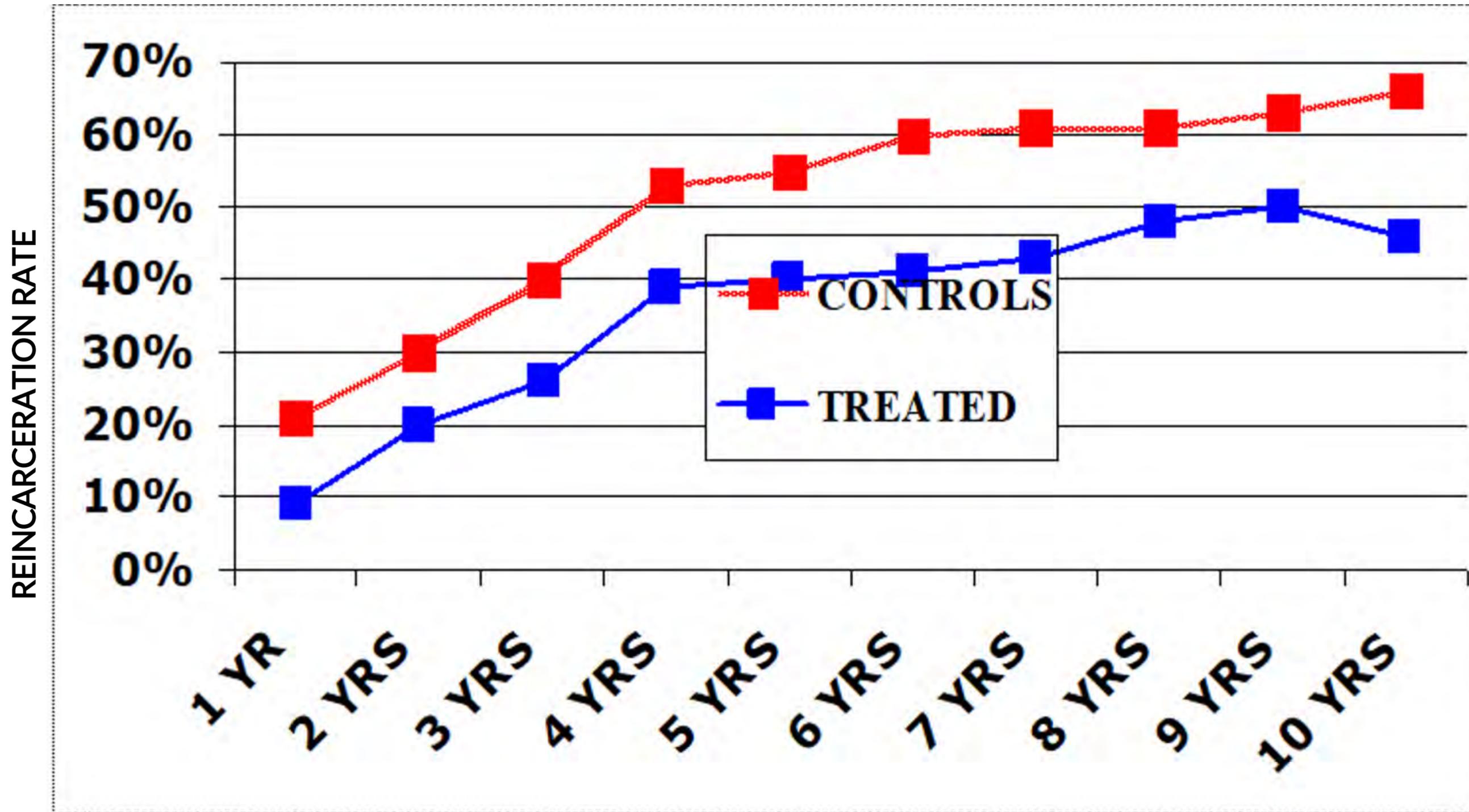
- The delivery of MRT is both highly structured and directive, which gets clients engaged and keeps them on track
- Achievements of each step in the program are clearly understood and client progress can be documented at every stage of the program
- Clients quickly establish ownership of their participation in the program because the program emphasizes feedback and client reflection

WHY JUVENILE MRT WORKS

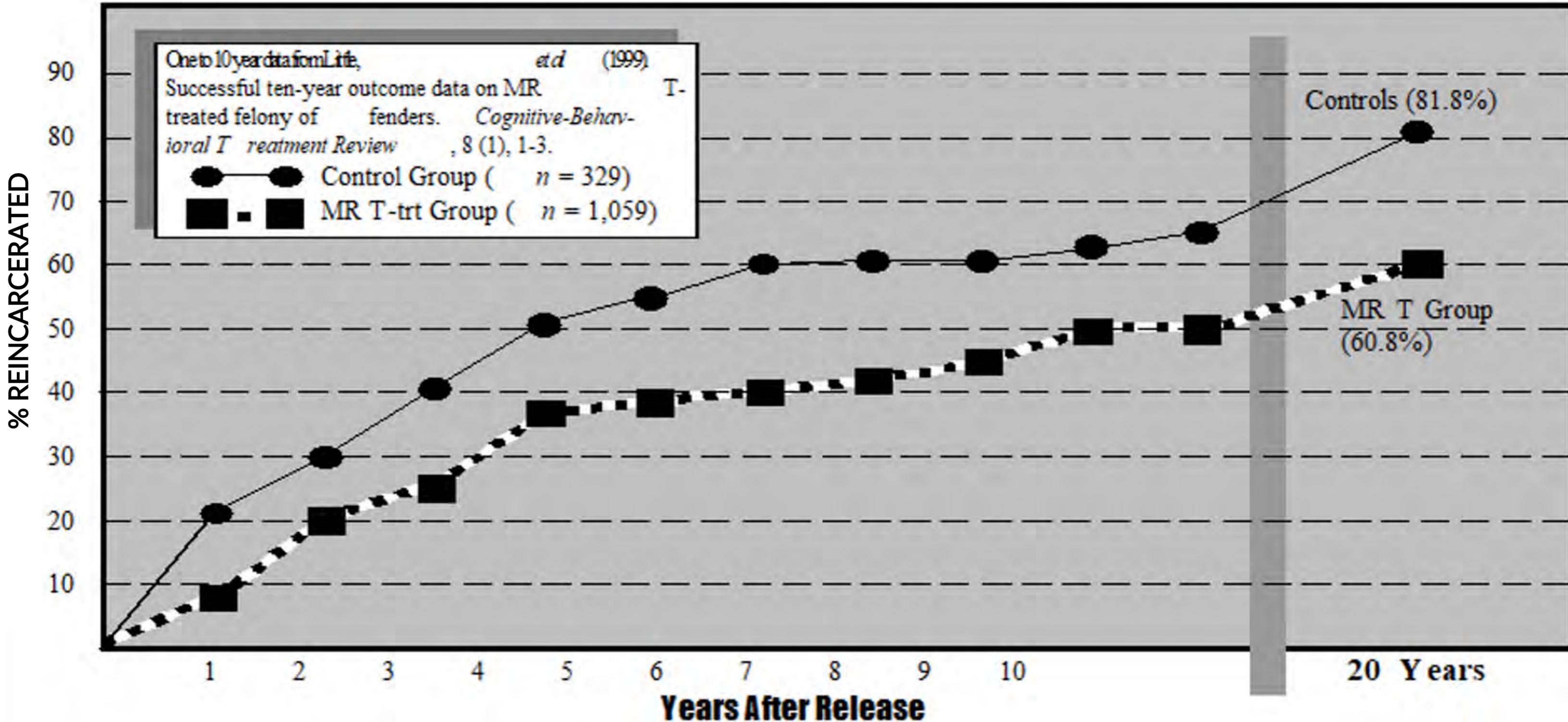
- The program is gender sensitive.
- Standardized curriculum and facilitator training ensures consistent program delivery and quality assurance.
- Each step in the program involves completing specific assignments and reporting on how they completed the step
- Finally, Juvenile MRT is extremely cost-effective compared to other programs.

Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-10 Years After Release

Shelby County
Correction
Center,
Memphis, TN
1987-1998



Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-20 Years After Release



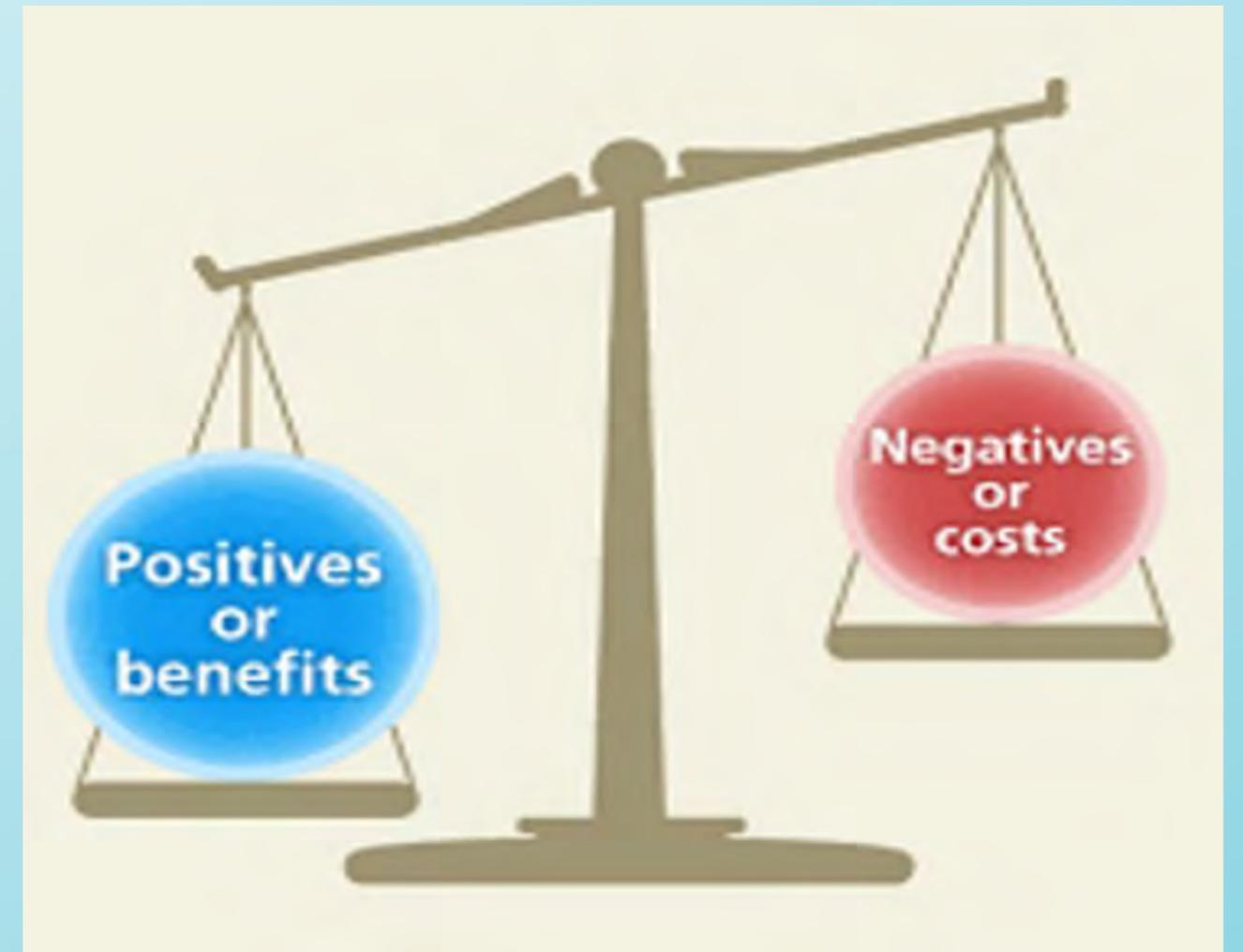
Bonneville County Mental Health Court

- Began in 2002
- 1 of 5 National Learning Sites
- 1st graduate was a drug court drop out
- 98% decrease in hospitalizations
- 85% decrease in jail days in 3 years
- 6 year outcome shows 75% arrest free

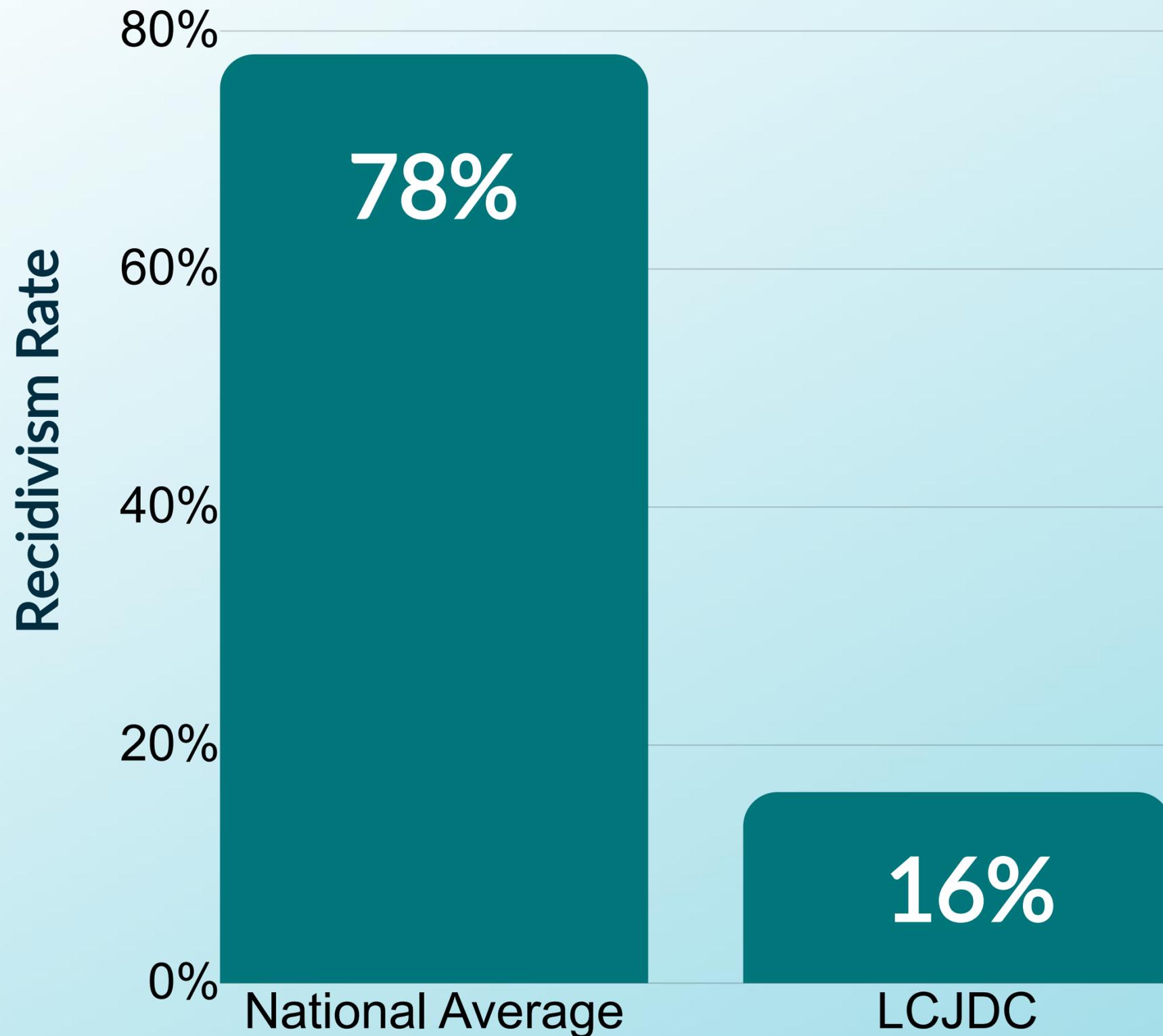
Virginia Adult Drug Treatment Courts

Cost Benefit Analysis

The multilevel analysis of the determinates of in-program recidivism determined participants in drug court programs that utilize Moral Reconciliation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.

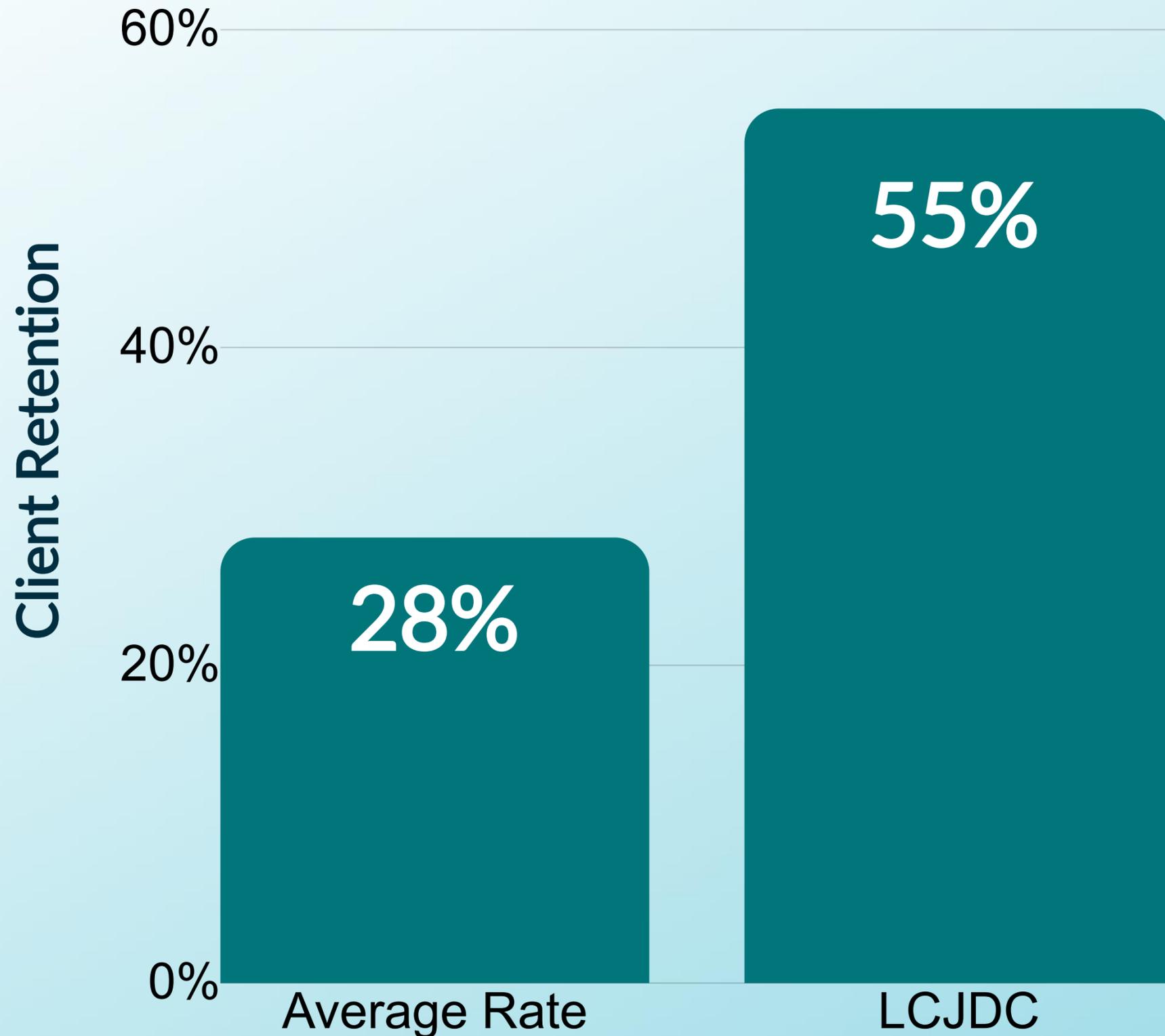


Lincoln County Juvenile Court: Recidivism



The re-offend rate through April 2009 is 16%, but this only reflects one participant re-offending, which far exceeds this objective of the program. Additionally, this result compares to the average juvenile drug offender re-offense of 78%.

Lincoln County Juvenile Court: Retention Rate



The positive outcome of producing a 55% Retention Rate continues to be met, which far exceeds the average of 28% reported in research for substance abuse treatment programs.

“

Things do not change, we do.

HENRY DAVID THOREAU

NEED FOR MORE RESEARCH

- Local treatment program managers need better information on activities that ensure recovery in their clients
- Identifying and documenting research on Recovery to develop and/or confirm evidence-based practices
- Gaining input from local program managers to identify best Recovery practices and practical, realistic approaches
- Developing a system to disseminate “lessons learned” in promoting sustained Recovery



“

I was always looking outside myself for strength and confidence, but it comes from within. It was there all the time.

ANNA FREUD

CONTACT US

WE'D LOVE TO HEAR FROM YOU!

ADDRESS

2010 Exeter Rd, Suite 2
Germantown, TN 38138

EMAIL

ccimrt@ccimrt.com

PHONE

(901) 360.1564

WEB

ccimrt.com

