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Integrated Cognitive Behavioral Treatment in Prison-Based Therapeutic Communities

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Studies have consistently demonstrated a strong relationship between substance use and criminal behavior (Brownstein, 2002; Lipton & Wexler, 1988). In 2006, the Bureau of Justice Statistics reported that 53% of state and 45% of federal prisoners met the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; DSM-IV), criteria for drug dependence or abuse (APA, 1994; Karberg & Mumola, 2006). The report also noted that nearly a third of state and a quarter of federal prisoners committed offenses under the influence of drugs, with one in four violent offenders in prison having committed offenses under the influence of drugs. One in three property offenders and one in four drug offenders reported obtaining money for drugs as a motive for committing crimes.

According to the National Institute on Drug Abuse (2006), fewer than 20% of drug-involved inmates receive formal treatment during their incarceration (Chandler et al., 2009). Without treatment, inmates return to their communities with a high probability of reoffending and continued drug use. In fact, nearly 70% of drug-abusing offenders return to prison within three years of their release (Langan & Levin, 2002).

Historical Perspective on Offender Treatment

Authoritative views on correctional treatment have evolved during the last several decades from a mindset that "nothing works" toward a recognition that several principles characterize effective correctional treatment. In the mid-1970s, Martinson's assertion that correctional programming "had no appreciable effect on recidivism" set the stage for the "get tough on crime" ideology that predominated during much of the 1980s and early 1990s (Martinson, 1974). It is notable that although Martinson's comments were based on a review of the literature (Lipton, Martinson & Wilks, 1975), the review senior author disagreed with the conclusions reached by Martinson and asserted that certain early treatments worked with some groups of offenders (personal communication from Lipton to Wexler). "Three strikes and you're out" legislation and punishment-oriented control programs such as intensive supervision, correctional boot camps, increased sanctions, and home confinement for offenders became common practice.

See COGNITIVE BEHAVIORAL, next page

COGNITIVE BEHAVIORAL, from page 81

Criminologists and others asserted that if offenders feared punishment, they would remain law abiding. The notion that correctional treatment, through targeted interventions, could reduce crime and recidivism rates was not highly regarded. However, by the mid- to late 1990s, the "nothing works" mantra began to lose its dominance as well-designed studies of the therapeutic community were published (e.g., Inciardi et al., 1997; Wexler et al., 1999), followed by several meta-analyses (e.g., Mitchell, Wilson, & MacKenzie, 2012) that provided a very strong rejection of the original "nothing works" conclusion by summarizing evidence to the contrary that was too overwhelming to ignore (Cullen & Applegate, 1998).

Today, research suggests that no single program or treatment approach is superior in reducing recidivism; rather, a number of principles have evolved that characterize effective correctional interventions. These principles are borne out of general personality and social learning perspectives. That is, effective intervention programs must be matched to offenders' *risk* level, target *criminogenic* needs, and adhere to the *responsivity* principle (Andrews & Bonta, 2003):

- *Risk* is the likelihood that an offender will continue to engage in criminal activities. The higher the risk level and number of criminogenic needs, the greater the length of treatment.
- *Criminogenic needs* are dynamic (i.e., changeable) attributes that contribute to, or co-vary with, offenders' criminal behavior. Andrews, Bonta, and Wormith (2006) identified what are referred to as the "central eight" criminogenic needs. Antisocial attitudes/orientation, antisocial peers, antisocial personality, and antisocial behavior patterns are referred to as the "big four" because they are among the best predictors of recidivism, (Gendreau, Little & Goggin, 1996). The remaining four include absence of prosocial leisure/recreation activities, dysfunctional family, employment issues, and substance abuse problems.
- *Responsivity* refers to the implementation of cognitive behavioral, social learning, and structured behavioral milieus as an effective means of addressing criminogenic needs and reducing recidivism among offenders, (Andrews & Bonta, 2003). Meta-analyses of correctional treatment programs have demonstrated that cognitive behavioral programs are effective in reducing recidivism among high-risk offenders (Landenberger & Lipsey, 2006; Little, 2005). Specific responsivity involves targeting interventions in a manner that considers the unique characteristics of the offender—e.g., motivation, gender-specific issues, culture, ethnicity, intelligence, and aptitude. Research demonstrates that programs that follow these and other evidence-based principles of offender rehabilitation are much more likely to reduce reoffending, typically in the range of 20% to 40% (Dowden & Andrews, 2000).

A central goal of this article is to broaden the understanding of prison-based substance abuse treatment and recognize the value of integrating the best of both the therapeutic community (TC) and cognitive behavioral therapy (CBT) approaches for high-risk offenders. Both approaches have strong empirical support (Bahr, Masters & Taylor, 2012). This paper will argue that the two models are complementary and, when integrated together, are highly effective for treating high-risk substance-abusing offenders.

The TC Within a Prison Environment

Prison culture is generally not conducive to the development of prosocial

See COGNITIVE BEHAVIORAL, page 90

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COGNITIVE BEHAVIORAL, from page 82

skills for living successfully in society as a contributing law abiding citizen. It is often antithetical to CBT's sociocentric dimension necessitating that offenders focus on concern for others and the welfare and rights of the greater community (Wanberg & Milkman, 2006). This involves developing attitudes, values, and beliefs that support societal norms and conventions, empathy, and responsible concern for others (Little, 2000, 2001; Ross & Fabiano, 1985; Wanberg & Milkman, 1998). Toward that end, offenders are understandably reluctant to risk emotional exposure and vulnerability within the larger prison population where the "convict code" predominates. Conversely, research on prison-based TCs found that TC culture was superior to the prison general population as measured by lower levels of disorder and inmate perceptions of the environment as being more positive (Dietz, O'Connell & Scarpitti, 2003). TCs seek to ameliorate the contaminating influences of the prison general population by creating a therapeutic environment or community to facilitate social and psychological change. In TCs, there is a focus on social participation, mutual responsibility, and relationships based upon trust and values of right living (De Leon, 1997, 2000). De Leon contends that "it is difficult to conceive of changing the whole person separately from a community of others." In other words, it is within the context of the TC that the whole individual is revealed through social learning in the various activities of community life (2000).

The prison TC is clearly an intensive approach with comprehensive programming that has consistently shown positive outcomes (Peters & Wexler, 2005; Wexler & Prendergast, 2010; Wexler & Williams, 1986; see De Leon, 2000, for description and theory). The therapeutic goal of the TC is a global change in lifestyle involving abstinence from illicit substances, elimination of antisocial activities, and development of employment skills and prosocial attitudes and values. To facilitate these universal changes, the therapeutic process incorporates all of the activities and interactions between the individual and the peer community. Increasingly, prison TC programs are followed by community-based aftercare in order to reinforce and consolidate the gains made during in-prison treatment.

Spectrum: An Integrated TC/CBT Model

Cognitive behavioral treatment (CBT) is based on the premise that human thought processes affect behavior. Through treatment, offenders learn new thought processes (cognitive restructuring) that lead to changes in behavior (interpersonal skills building). Cognitive behavioral treatment delivered in a stand-alone fashion usually takes place in classroom settings with strong group dynamics similar to TCs that engage participants and facilitate learning.

An integrated TC/CBT model for substance-abusing offenders has been used in the field for more than 20 years. For example, Spectrum began in 1969 as one of the first TCs in the country for substance abusers and has developed into a multi-state provider of substance abuse treatment services. In 1991, a project was launched to develop a new type of intervention for drug-abusing criminal justice populations based on recovery training prototypes developed at the Harvard School of Public Health (McAuliffe & Ch'ien, 1986). The design was unique in its incorporation of CBT interventions designed to reduce offender relapse to both substance abuse and crime. The integration of this approach was formalized into Spectrum's TC model in 1993 (referred to as the Correctional Recovery Academy™).

The Correctional Recovery Academy™ combines the best elements of a TC's social learning approach with an advanced CBT curriculum. Programming is designed to address the criminogenic needs common among criminal offenders that are known contributors to relapse and recidivism. Substance-abusing offenders frequently exhibit limited informal support systems, fractured family relationships, intermittent or limited work experience, low levels of education and/or illiteracy, health difficulties, and significant behavioral challenges. Most are socially and economically impoverished, with a record of failure in educational, vocational, and social areas of functioning. The majority lack competency in general life skills and exhibit poorly developed social skills, criminal thinking errors, and flawed decision-making skills.

The Correctional Recovery Academy™ focuses on recovery of the whole person, including his or her physical, emotional, mental, and spiritual domains. The primary goal is for program participants to learn real-life ways to achieve a productive life, free of drugs and crime, and to acquire the knowledge, skills, and attitudes necessary to successfully integrate back into the mainstream of society. Individualized continuing care plans help offenders make permanent lifestyle changes, including participation in recovery support programs, employment, and prosocial activities.

Daily program activities are highly structured and tightly scheduled to instill order and predictability in the milieu. Each offender is accountable to him/herself and the "community" for performing program work requirements, maintaining the program unit, and participating in required treatment. Conforming to highly structured routines counters negative thinking and behavior patterns and teaches planning, time management, and goal setting, all critical skills for conforming to mainstream society.

Throughout treatment, offenders attend a variety of group sessions designed to teach essential cognitive and psychosocial skills. Cognitive behavioral groups provide offenders with concrete information, specific behavioral and problem-solving skills, and the opportunity to practice newly learned skills within a safe and structured group setting. Each session follows a research-validated, cognitive behavioral format. Curricula are directed at criminal thinking through affecting cognitions, values, attitudes, and expectations that support antisocial behavior (Donovan et al., 1992). Best practices such as role playing, graduated practice, and behavioral rehearsal are employed to improve problem solving, decision making and self-control (Carroll, 1999).

Spectrum's Correctional Recovery Academy™ not only incorporates risk, need, and responsivity principles, but also integrates social learning constructs inherent to TCs with the three dimensions of CBT treatment:

1. Cognitive restructuring;
2. Interpersonal skills building; and
3. Sociocentric concern for others and the greater community.

See COGNITIVE BEHAVIORAL, next page

COGNITIVE BEHAVIORAL, from page 90

This third dimension is largely possible because the TC is healing and restorative rather than punitive and retributive. It enables offenders to demonstrate care and concern for others within a highly structured, prosocial treatment milieu, eventually leading to identity transformation and intrapersonal and moral development.

Conclusion

Offenders completing Spectrum's integrated cognitive behavioral TC programs across the country have demonstrated improvements on the Client Evaluation of Self and Treatment (CEST) developed by the Institute of Behavioral Research at Texas Christian University. Preliminary analysis of CEST pre- and post-tests have shown promising results in treatment motivation, psychological functioning, and social functioning. This is noteworthy because criminal desistence research has demonstrated that motivation to change is correlated with reductions in reoffending (Laub & Sampson, 2001; Maruna, 2001). Likewise, meta-analyses of CBT programs for offenders have repeatedly shown reductions in recidivism, particularly with high-risk, high-need offenders (Landenberger & Lipsey, 2006; Little, 2005). Lastly, a meta-analysis by Aos, Miller, and Drake (2006) of correctional drug treatment programs found post-release reductions in recidivism, with the greatest reductions found for those who received in-prison treatment followed by treatment in the community.

The central issue for TC and CBT research with offender populations is not to determine if they have positive effects independently, but to determine when, why, and with whom an integrated model is effective. Toward that end, methodologically rigorous research designs that control for selection bias and comparable treatment and control groups, including random assignment when possible, will support the advancement of promising evidence-based interventions for criminal offenders.

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