

Chapter 8

Recidivism and Cognitive Behavioral Therapies: The Efficacy of Correctional Programming

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ABSTRACT

Recidivism of criminal offenders has become a national problem in the United States. New criminal activity along with technical violations of conditions of probation or parole are the results of deficiencies in cognitive behaviorisms. Numerous studies have revealed that weaknesses in cognitive behavior are a common denominator among offenders. These studies have led to the development and implementation of treatment strategies that, when administered to criminal offenders, have proven to be effective in reducing recidivism. Therapeutic programs grounded in evidence-based practices are widely used throughout correctional facilities and probation-parole departments. However, this evidence-based approach in reducing recidivism is moot if correctional leadership is not supportive of rehabilitative programs for offenders. The efficacy and success of these programs are dependent on effective leadership along with professionals and paraprofessionals that are specifically credentialed or licensed and have the qualities and skillsets to provide these types of rehabilitative measures.

INTRODUCTION

Reducing and preventing criminal recidivism has been and continues to be the overarching goal of the criminal justice system. The correctional ideology that epitomized the benefits of rehabilitation was prevalent in the United States before the 1970s when mainstream society demanded that local, state, and federal governments implement stronger and harsher punishments regardless of crime classification. These demands shifted the correctional pendulum back to punishment and retribution for criminal convictions while eliminating rehabilitation through treatment and vocational training. As a result of societal change, state and federal statutory authorities implemented strategies designed to harshly punish those who committed misdemeanor or felony crimes, thereby ensuring societal retribution for criminal behavior. The federal Truth in Sentencing Act of 1994, which provided states with the financial means to build more prisons, enabled states to enact harsher sentences using convictions requiring incarceration. To qualify for federal funds, states enacted statutes requiring mandatory minimum sentences for a broad spectrum of violent and non-violent criminal acts. Many states also passed some variation of a “three strikes” rule, which mandated increased prison time or life without the opportunity for parole for three instances of criminal activity in the same crime category. The harsh punitive legislative and judicial actions satisfied mainstream society while causing the prison population to explode, thereby facilitating severe prison overcrowding. This overcrowding led to a plethora of problems that are slowly being addressed by the affected states. Prison overcrowding also led to the advent of private prisons run by corporations contracted by various states (Eisenberg, 2016; Blumstein, 2012; Ayre, 1995).

Late in the 20th century, mental health professionals began to utilize cognitive behavior therapies to mitigate behavioral issues of those individuals that had been diagnosed with mental health issues that affected their cognitive behaviors. These therapies were implemented in residential facilities and non-residential outpatient programs (Feucht & Holt, 2016). Given the success of the cognitive-behavioral intervention programs and treatments in the mental health field, criminal justice professionals adopted, adapted, and implemented these program ideations to promote positive change in offender populations. As a result, these cognitive-behavioral programs implemented by correctional facilities and community corrections providers are a way to reduce recidivism among juvenile and adult offenders. They have replaced ineffective programs that did nothing to mitigate recidivism.

The rehabilitation of offenders using evidence-based practices involves the implementation and utilization of effective cognitive-behavioral therapeutic programs. Although many cognitive-behavioral intervention programs have the same overall goal of modifying behavior and mitigating negative thought processes, not all programs are designed the same. Cognitive-behavioral therapies (CBT) and programs seek to change the learned dysfunctional thinking of offenders that leads to criminal behavior (Lizama et al., 2014). The variety of available programs for cognitive-behavioral intervention run the gamut from individual journaling to role-playing in group programs or individual therapy sessions. In a correctional setting, programs that involve groups of offenders are widely used as they are more cost-effective, more expedient, and can influence a reasonably substantial number of offenders at the same time (Gendreau & Smith, 2012). Cognitive-behavioral interventions or programs are more than appropriate in prison and probation or parole settings. The main goal of prison, probation, or parole is not only to hold individuals accountable for their unruly behavior but to reduce the recidivism rates of offenders. This goal is accomplished by teaching, modeling pro-social behaviors, and providing knowledge on mitigating dysfunctional and destructive thought patterns that control behavior. A regime of successful treatment practices drives the concept of cognitive-behavioral therapies based on empirical evidence that restructures

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