



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Cognitive Behavioral Therapy at the Intersection of Criminal Behavior and Substance Use Disorder

April 2022

This brief provides snapshots of cognitive behavioral therapy (CBT) at work in the criminal justice system. For more information about the programs featured below, go to the [Making Changes: Cognitive Behavioral Interventions in Jails and Community Corrections](#) webinar recording at the [Comprehensive Opioid, Stimulant, and Substance Abuse Program \(COSSAP\) Resource Center](#).

Researchers have observed the greatest reductions in recidivism when interventions target three of the “Big Four” risk factors: antisocial peer associations, antisocial attitudes, and antisocial personality characteristics.^{1,2} A holistic approach to helping individuals exit and stay out of jail incorporates CBT that addresses antisocial thinking.

Antisocial thinking patterns are thoughts and ideas that are regularly used to dismiss or explain away behavior known to be wrong or illegal (see figure 1). CBT posits that thoughts, feelings, and actions are interconnected. Behavior changes occur when the thinking process and content of thoughts are addressed. The National Institute of

Antisocial Thinking Patterns

Justifications are used to explain why actions are acceptable. Individuals may draw from their own circumstances or the experiences of those around them to explain their actions.

- ◀ “This drug handles my pain. Why shouldn’t I use it?”
- ◀ “Everyone I knew growing up used drugs.”

Minimizations downplay behavior or compare it to more problematic behavior.

- ◀ “My coworker uses way more than I do.”
- ◀ “I don’t use nearly as much as I used to.”

Denying harm works by dismissing the consequences of actions. On many occasions, individuals ignore or do not recognize the harm done to themselves, to others, or to society at large.

- ◀ “No one got hurt. What’s the problem?”
- ◀ “If this drug was so bad, doctors wouldn’t prescribe it.”

Appealing to higher loyalties is a thinking pattern that suggests there are more important things than behaving in prosocial ways or altering antisocial behavior.

- ◀ “My family counts on me to keep my job. I can’t do that if I’m in pain.”
- ◀ “I’m not going to rat out my friends.”

Negative expressions about the law and conventional rules attempt to undermine the rules and regulations under which society operates. (Notably, individuals may have reasons to distrust the criminal justice system.)

- ◀ “I want to be free to do what I want.”
- ◀ “The cops were just out to get me. I wasn’t doing anything wrong.”

Figure 1: Types and examples of antisocial thinking patterns

Corrections' [Thinking for a Change 4.0 \(T4C\)](#) and other CBT programs specifically target antisocial thinking patterns. CBT has also been successfully applied to treating certain substance use disorders (SUDs).^{3,4}

Bringing together CBT programming that speaks to both criminal behavior and substance use helps to meet the complex and interwoven needs of individuals who are incarcerated or under community supervision, many of whom have SUDs.^{5,6,7} Regular use of drugs can produce changes to brain chemistry and function that may impact judgment, decision making, learning, and behavior control.⁸ Furthermore, using illicit substances often leads to other criminal behaviors,^{9,10} and unaddressed SUDs may interfere with a person's ability to secure employment, hindering successful reentry into the community.^{11,12}

Spotlight: Franklin County Jail

[Programming at the Franklin County Jail](#) in the western part of Massachusetts leans heavily on mindfulness-based CBT as a pillar for behavior change. The fundamental goal is for individuals to reenter the community with new skills, greater resources, clarity about who and what matters most, and a plan to move consistently toward those valued people and activities.

Franklin County is the only federally designated rural county in Massachusetts; the daily population of its jail averages 210 individuals. The county has been hard hit by the opioid



Franklin County Sheriff's Office, Massachusetts

epidemic. In 2018, 40 percent of people coming into the jail declared heroin or opioids as their greatest challenge—up 10 percent from just 2 years earlier.¹³ On average, 40 individuals participate in the jail's opioid treatment program (OTP).¹⁴ The OTP offers all three U.S. Food and Drug Administration-approved medications for opioid use disorder (buprenorphine, methadone, and long-acting injectable naltrexone).

Cognitive Behavioral Therapy at Franklin County Sheriff's Office

"In treating substance use disorders, we've moved from a relapse prevention model to a more holistic, living-well model," explains Levin Schwartz, assistant deputy superintendent and director of clinical and reentry services at the [Franklin County Sheriff's Office \(FCSO\)](#). "To that end, our program involves several CBT-based interventions, including dialectical behavior therapy [DBR], acceptance and commitment therapy [ACT], and T4C."

Programming is driven by assessments conducted upon entry to the Franklin County Jail. All individuals who enter receive a short version of a risk instrument to determine their risk of recidivism. Those sentenced to more than 60 days of incarceration receive a full risk assessment through the [Level of Service/Risk, Need, Responsivity](#) tool. They also complete a panel of other assessments, including a biopsychosocial assessment with a licensed mental health provider. Individuals meet with a correctional case worker (CCW) to participate in reentry assessment and develop a collaboratively created reentry plan targeting factors identified in their risk and needs assessment. A reentry case worker (RCW) is assigned to the individual to begin working on a post-release plan, which includes continued engagement with the RCW upon release from jail.

Everyone accepted into the OTP is required to participate in T4C and weekly group sessions that bring together [DBT \(dialectical behavioral therapy\)](#), as designed for SUDs by [Dr. Marsha Linehan](#); the [stages of change aspect of Motivational Interviewing](#); and a [Wellness Recovery Action](#)

Plan (WRAP). The skills introduced during these group sessions are reinforced during weekly therapy sessions and in milieu-based programming in the intensive treatment units, where participants learn how to integrate the skills into their lives. Individuals who reside in jail for 6 months or more receive 200 to 300 hours of programming, averaging 8 to 12 hours of treatment per week.

The most popular portion of OTP is voluntary group therapy that draws on the short-term motivation fostered by contingency management and combines it with ACT—a model shown to promote long-term change. The eight sessions of this voluntary group therapy are referred to as ATARY (Addiction, Treatment, and Recovery) and strive to capitalize on external motivation while sharing internal strategies for sustaining value-based actions. Participants have opportunities to win small, meaningful prizes based on attendance and by following through on their freely chosen weekly commitments.

“Most of the folks in our jail have a good understanding of what matters to them and what’s gotten in their way,” notes Schwartz. “We help inspire people to get active and convey that meaningful progress can be made while they are incarcerated. While they are here, they can choose to make commitments and work toward their values. Our RCWs serve as individual coaches in achieving these goals.”

RCWs’ facilitation of ATARY in the jail promotes therapeutic rapport, which is essential to the post-release program and particularly important for individuals in jail for a short time. A central component of ATARY is the invitation to individuals leaving jail to continue to participate in a community-based group. Anyone who has been released from any correctional facility in the county and is reentering the community in Franklin County has access to this group, as well as to supportive text messages delivered through an app called **Textedly**. Whether announcing the availability of new resources or sharing motivational recovery tips, these messages are another way RCWs can support individuals transitioning to life in their community.

A Success Story at FCSO

Dalton,* a Franklin County RCW, received a phone call from his client Jim,* who was on the verge of physically harming his manager at work and feared returning to and never leaving jail if he acted on his feelings. Dalton convinced Jim to leave his workplace and describe what happened. Dalton reframed Jim’s statements about the event into the past tense, which allowed Jim to engage in a perspective-taking process. Dalton helped Jim transform his agitation into action toward his commitment to recovery. Jim indicated his intention to attend a local Alcoholics Anonymous meeting instead of using substances to deal with this difficult situation. By the end of the phone conversation, Jim understood his next steps and felt proud of himself for calmly leaving his workplace. He and Dalton talked about starting to search for a job with supervisors who shared Jim’s values. Dalton congratulated Jim for his choices and followed up the next day by arranging an appointment for Jim with an outpatient therapist.

*Names changed to protect confidentiality

Staffing

FCSO’s delivery of treatment and other services, such as programming designed to develop prosocial relationships, is a collaborative effort involving uniformed and non-uniformed staff members (top box and bottom box, respectively, of figure 2). CCWs are correctional officers who have been trained in case management, co-facilitation of group treatment sessions, and other skills. All staff members are trained in Motivational Interviewing techniques to help individuals who are incarcerated develop behavioral change strategies that support reentry goals. Case management meetings, frequent refresher trainings, and regular consultation promote fidelity and ensure practice aligns with policy.

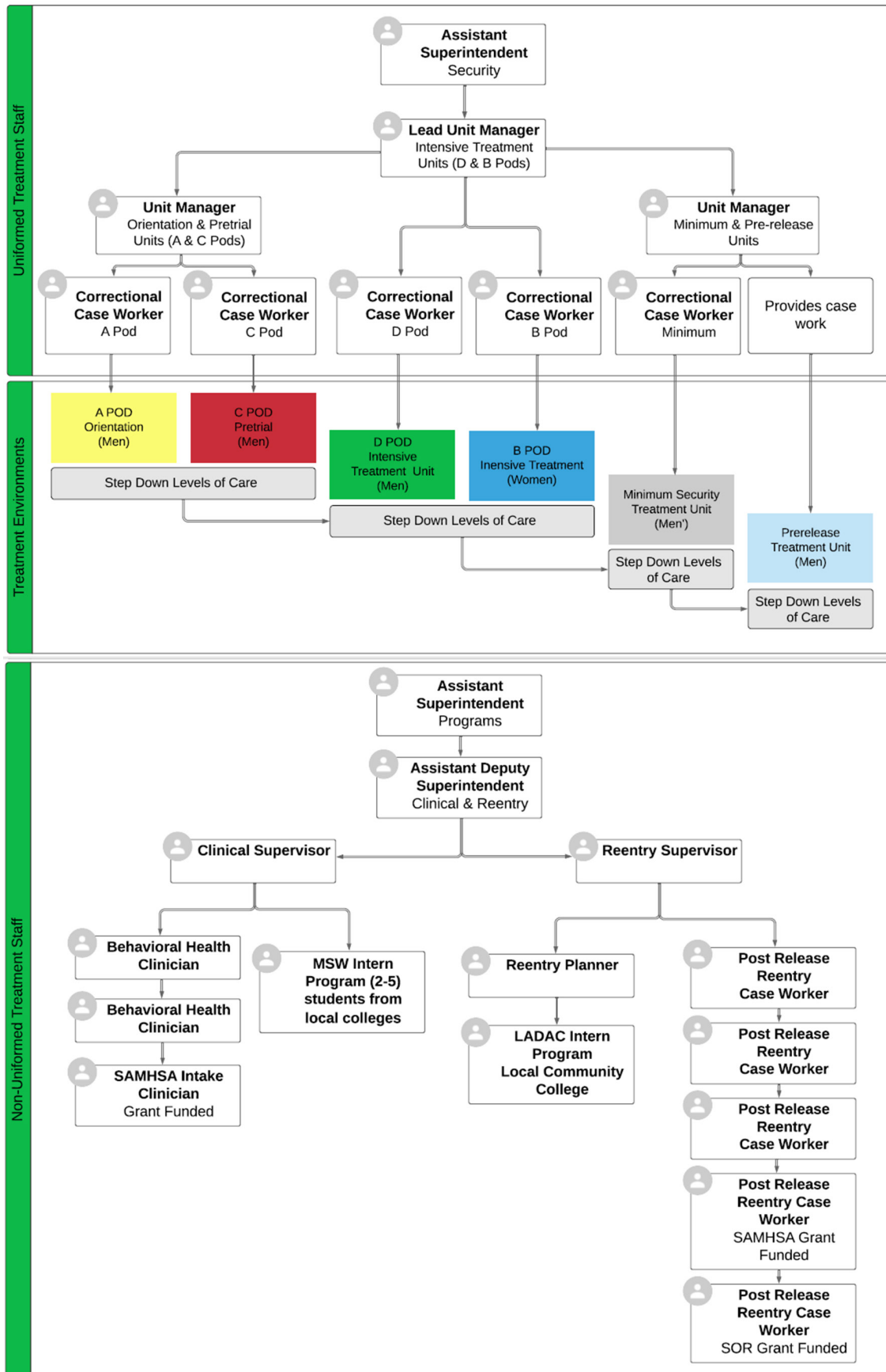


Figure 2: Treatment staffing pattern (provided by FCSO)

Spotlight on Washington County Community Corrections

Washington County Community Corrections (WCCC), located in the fifth most populous county in Minnesota, provides community supervision services to approximately 6,500 adults on probation each year. Felony drug offenses are the most common type among adult-supervised probation cases, making up nearly one-quarter of these cases.¹⁵

CBT principles are infused throughout WCCC programming to facilitate behavior change among individuals under correctional supervision, starting with the supervision officers' use of cognitive skills during individual sessions or contacts with those they supervise. Using [The Carey Group's 10 Steps to Risk Reduction](#) framework, supervision officers engage in core correctional practices, such as role clarification, effective reinforcement, structured skill-building, and cognitive restructuring. Officer-client interaction occurs extensively in steps that focus on reducing risky (criminal) thinking and behavior. Participants learn how to manage stressful situations, an important skill as they embark on discharge planning. In addition to planning for risky situations, clients are encouraged to identify people who can support them and brainstorm positive activities that will facilitate community life without the support of probation.

Assessment

Programming begins with a risk and needs assessment using the [Level of Service/Case Management Inventory](#) (LS/CMI). For an individual referred for a felony case, this assessment will likely have been completed as part of the presentencing investigation; for a misdemeanor, the LS/CMI is conducted during an initial visit with the assigned supervision agent.

Each client referred to programming also completes the [Driver Workbook](#) (a component of the 10 Steps to Risk Reduction), which helps identify the underlying factors influencing the need areas identified by the LS/CMI. In this

workbook, the client reports on six instances of being in trouble.

"The interesting thing is that it doesn't have to be legal trouble," notes David Fink, evidence-based practices coordinator at WCCC. "We go back to their childhood, so the oldest incident is often getting in trouble with a parent or at school for something relatively minor. For each incident, we look at thoughts and influences and ask the client to look for patterns over time. These patterns are reflected in one of the needs domains: cognition, coping/problem-solving skills, family, friends, or substance use. Usually, the 'driver' is either cognition or coping skills."

"They should teach this in school. If I had known this stuff earlier, I would have made different decisions."

—Graduate of WCCC CBT programming

Using the information gathered through the assessment and driver analysis, the supervision officer works with the individual to develop a case plan with specific, measurable, attainable, realistic, and timely (SMART) goals. These goals help monitor progress toward behavior change.

Programming

WCCC's roster of programming options includes four CBT-based structured curricula. Everyone who scores as medium or high risk on the LS/CMI receives a referral to [Decision Points](#), a four-step program to help participants take themselves out of a troubling cycle. Individuals whose LS/CMI results indicate high risk are also referred to one of three programs:

- ◀ [T4C](#) is a 25-session program made up of 3 components (cognitive self-change, social skills, and problem solving) and offered to eligible male clients throughout the year.
- ◀ [Moving On](#) is a 25-session program for eligible female clients that addresses transitions, communication skills, healthy relationships, expression of emotions, and real-life challenges.

- ◀ **Cognitive Behavioral Interventions-Substance Abuse** is a 42-session program offering strategies for achieving and maintaining sobriety to clients with SUDs.

WCCC follows group size guidance specified by each curriculum. Typically, in-person groups number 8 to 12 participants. Six to eight participants are the preferred group size when programs are conducted virtually.

Decision Points is facilitated by a probation officer and one jail programs staff member; two probation officers facilitate all other groups. Any staff member facilitating a group must be trained in the respective curriculum.

Studies on recidivism among participants in T4C and Moving On groups indicate positive outcomes. After 2 years, individuals who completed one of these groups were half as likely to have a new offense as those who did not complete a group (see figure 3).¹⁶ Individuals who complete programming but re-offend may be referred to repeated or more intensive cognitive programming.

Rate of Reoffense

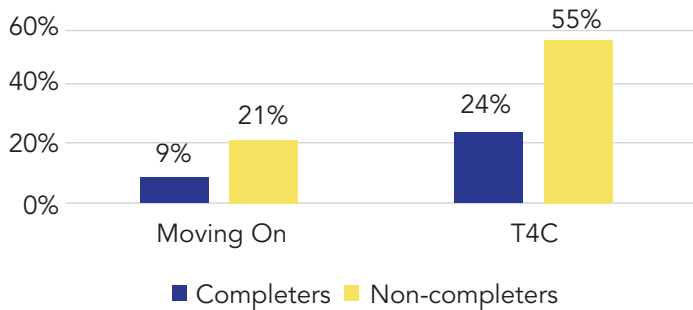


Figure 3: Recidivism among WCCC’s clients, per their engagement in CBT programming

A Success Story at WCCC

One of WCCC’s successes resulted from its partnership with the county jail in jointly providing Decision Points programming to clients while in custody. Jayden* spent approximately 1 year in the community, where he was minimally compliant with probation conditions. Eventually, he relapsed and started actively avoiding contact with probation. He was ordered to serve additional jail time, during which he participated in cognitive skills programming and received SUD treatment, which also had a heavy cognitive-behavioral emphasis. Upon release from jail, Jayden was much more engaged with probation, entered T4C, and became the unofficial client leader of his group. He applied many of the skills he learned to better manage his interactions with the mother of his son, resulting in significantly more visitation time. Having discovered his personal motivation and completing his Dosage Probation requirements, Jayden was discharged from probation almost 3 years early and has not returned to jail.

*Name changed to protect confidentiality

Pilot Program

CBT programming also plays a role in WCCC’s **Dosage Probation**, a pilot program designed by the National Institute of Corrections. Instead of adhering to a set sentence with a predetermined end date, individuals participating in the program have control over the course of their correctional supervision. Based on their risk assessment, they work toward a targeted number of hours of CBT and other programming. Clients who have an LS/CMI score of less than 15 are placed on monitored probation (sometimes referred to as “call-in supervision”). Individuals at higher risk receive higher programming target goals (see figure 4). Those who actively engage in programming receive full credit; those who attend but do not actively participate receive partial or no credit. Upon



Probation officer Sara Morrell facilitates a Moving On group.

LS/CMI Score	Programming Hours
15–19	100
20–24	200
25+	300

Figure 4: Dosage Probation programming hours, targeted per assessment results

completion of the targeted program hours, individuals are eligible for an earned discharge from supervision.

To meet Dosage Probation requirements, programming must address at least one of the five criminogenic needs (cognition, coping/problem-solving skills, family, friends, and substance use) and include a significant amount of skill-building practice (such as role-playing). Engagement in addiction treatment and other community-based programs, such as DBT, provides the bulk of Dosage Probation hours.

At WCCC, Dosage Probation programming is tailored to eligible individuals through the same process involving the LS/CMI, the *Driver Workbook*, and work with a supervision officer on the SMART goals described above. (The Dosage Probation program is open to individuals who score 15 or above on the LS/CMI and whose current offense is neither

a sex offense nor a felony DWI (driving while intoxicated). Individuals transferred from another county or state are ineligible due to their fixed release date.) Schedules and curricula are reviewed to determine the appropriate number of Dosage Probation hours to be awarded. For example, participants in an inpatient treatment program receive credit for the time spent in activities targeting criminogenic needs but not for meals, breaks, and recreation.

Resources

- ◀ *Adults With Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*, from The Council of State Governments Justice Center in partnership with the National Institute of Corrections and BJA.
- ◀ *Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-Based Guide*, from the Substance Abuse and Mental Health Services Administration.
- ◀ *Planning and Implementing a Reentry Program for Clients With Co-Occurring Disorders: A Toolkit*, from the San Joaquin County, California, Probation Department and Community Resources for Justice.
- ◀ *Cognitive-Behavioral Treatment: Recognizing Criminal Thinking Patterns*, webinar at the [COSSAP Resource Center](#).
- ◀ For more information on CBT programming at the Franklin County Jail, contact Levin Schwartz at lschwartz@fcso.ma.us or (413) 834-4528.
- ◀ For more information on CBT programming at Washington County Community Corrections, contact David Fink at David.Fink@co.washington.mn.us or (651) 430-6983.
- ◀ For training and technical assistance (TTA) on jail and reentry programming for people with SUD, complete a TTA request form on BJA's COSSAP Resource Center at <https://www.cossapresources.org/Program/TTA/Request>.

Endnotes

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Visit the COSSAP Resource Center at www.cossapresources.org.

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