COGNITIVE - BEHAVIOURAL APPROACHES

An introduction to theory and research

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An introduction to theory and research

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FOREWORD

Early in 1998 HMIP published its report, Strategies for Effective Offender Supervision" which summarised the findings of our "what works" project and drew together the available evidence from research about the most effective ways of supervising offenders.

Later that year we published our "Evidence Based Practice; a Guide to Effective Practice" which distilled the research and thinking behind the "Strategies" report into practical guidance. The Guide sought to address issues of professional practice, operational management and evaluation of probation work. It was issued in very large numbers to probation staff and managers and has been widely welcomed as making a valuable contribution to ensuring that the "what works" evidence is easily accessible.

This manual is a further important milestone in the journey to ensure that probation practice is evidenced based, is effective and can demonstrate its effectiveness. It provides probation staff – managers and practitioners with helpful and accessible background reading to the cognitive behavioural programmes which are being implemented in all probation services. Along with the soon to be published handbook of guidance on evaluation it helps to ensure that the work of probation services with offenders is based on sound research and the best that is known about effective practice in changing the way offenders think and behave.

Sir Graham Smith

HM Chief Inspector of Probation

July 2000

INTRODUCTION

This manual is designed to outline a theoretical basis for the use of cognitive-behavioural methods in offender programmes. Its purpose is to support training for staff preparing to deliver those programme, by providing background notes on the areas covered, outlines of the practical exercises, and lists of further sources and references which readers may follow up in their own time.

Cognitive-behavioural approaches and offending behaviour

Recently, a number of new methods of working with offenders have been developed which have derived from the *cognitive-behavioural* approach. As an approach to working with offenders, the approach has a number of important features and advantages:

- it is *theoretically-driven*: i.e. it is based on a rigorous, extensively developed, and logically coherent conceptual framework, which has links both to the biologically-based human sciences and to the social sciences

- the approach is firmly grounded in a considerable volume of empirical research. The propositions it contains are derived from more fundamental ideas which have been systematically tested in experimental and clinical settings

- recent large-scale reviews of the outcomes of work with offenders have lent significant credence to the view that repeated offending behaviour can be reduced by the application of methods based on the cognitive-behavioural approach.

This is not to suggest that this approach, or the methods based upon it, have all the answers. That would be an arrogant and unrealistic claim. There are still many large questions to be answered, some yet to be asked; numerous problems to be solved, further ideas to be tested, and room for many innovations and developments. Thus the manual is intended not just to convey information, but to indicate possible directions which future research and practice might take.

The Manual's Aims

The manual is being published by HM Inspectorate of Probation as a further volume, following "Strategies for Effective Offender Supervision" and "Evidence Based Practice; the Guide to Effective Practice" (both published in 1998 by HMIP) to assist in the implementation of "what works" and the effective practice initiative. It is not intended that individual probation areas or practitioners will use this manual to begin to design programmes for offenders as the Home Office is working in partnership with services to design and implement a core curriculum of accredited programmes. Rather the manual has been prepared with the following aims and objectives in mind, to:

- provide an outline of the historical origins of cognitive-behavioural methods

- describe the theoretical model on which cognitive-behavioural methods are based

- locate the cognitive-behavioural model within a broader theoretical account of the causation of criminal behaviour

- demonstrate the nature of the relationship between theory, practice and data-gathering within the cognitive-behavioural approach

- illustrate applications of cognitive-behavioural methods in practice and summarise evaluative outcome research on their effectiveness

- provide detailed illustration of the implications of the model through a series of practical exercises for use by trainers.

James McGuire's own programme, now known as "Think First" has recently been accredited by the Joint Accreditation Panel and this manual complements the manual and training designed to assist services to implement the programme.

Teaching methods

The coverage of the manual is such that it can be used by staff wishing to prepare short seminar-style presentations. Different chapters provide outlines of:

(a) the history of cognitive-behavioural approaches

(b) theoretical concepts and models underpinning the main methods of cognitive-behavioural therapy

(c) background research findings and research methodology

(d) results obtained using cognitive-behavioural approaches with offenders and other clients.

This material may be supplemented by the use of practical exercises which aim to consolidate understanding of the theoretical concepts by illustrating separate aspects of the theory as they are gradually developed and assembled into a unified framework. Sufficient background material for this work is provided in the manual, but if further detail is needed an extensive list of source references is also included.

Language

In the past the probation service referred to those individuals whom it supervised as "clients" whereas it is now more acceptable to refer to them as "offenders", being open and explicit about the reason they are being supervised. However, the manual is aimed at a wider audience than those who work with offenders as part of a community penalty. As the manual explains cognitive behavioural therapy derives from the worlds of psychology and psychotherapy and has been used predominantly in the field of mental health where the recipients can more properly be regarded as clients. In the manual therefore the word client is used when the relationship being described is generally a treatment one and as offenders when it is clearly a reference to the criminal justice world.

THE HISTORICAL BACKGROUND

Summary

The phrase *cognitive-behavioural*, an unwieldy conjunction of two unlikely-sounding complementary parts, first came into usage in the 1970s in the work of a number of psychologists working in the United States and Canada. What is known as *cognitive-behavioural therapy*, first formulated in their writings, was a product of a convergence between groups of ideas which until that point had generally been discussed in quite independent traditions.

This chapter of the manual describes the historical origins of the concepts which led to the emergence of this approach. To place this thinking in its broader context, a brief account is given of the beginnings of the two main separate strands of the *cognitive-behavioural* formula.

The chapter describes the emergence of psychology, the development of cognitivitism and how ideas of behaviourism were constructed as a result of criticisms that these early notions of psychology were subjective.

The parallel development of cognitivitism and behaviourism are traced through, for example, the work of Piaget and Bandura and the influence of psychotherapy in the eventual appearance of cognitive-behavioural ideas is explained.

Finally, it is emphasised that the process of integrating cognitivitism and behaviourism into cognitive-behavioural methods has resulted in a "family", rather than a single methodology. This manual uses the cognitive-behavioural label to denote a series of therapies each of which draws on a formal conceptual statement regarding the links between thought, feelings and behaviour.

Science and human problems

Until the 18th century, the study of many human problems remained essentially at a pre-

scientific stage. Though numerous advances had been made in several fields, supernatural or moralistic notions continued to predominate amongst existing interpretations of human ills such as mental illness, social conflict and crime. In the understanding of mental illness for example, ideas drawn from alchemy, astrology, and other partly-scientific, partly-mystical belief systems still played a large part. During the 18th century, under the influence of Rationalist philosophy, and especially in the period of intellectual ferment commonly referred to as the European Enlightenment, many established patterns of thinking were re-examined. Rousseau formulated the idea of the 'social contract', and newer concepts of crime were enunciated which derived from general philosophical inquiry into the nature of reason, motivation and morality. Such studies were not as yet however based on any attempt at systematic empirical observation.

From the early 19th century onwards, more scientifically-based principles began to have a wider impact, and to influence what we now know as the social sciences (which did not, at that point at least, exist in any identifiable form). Comprehension of the physical and biological world had made significant leaps forward by use of the scientific method, and as the 19th century progressed this method of inquiry came to be adopted much more extensively in the study of the mind and of social phenomena.

The first empirically based studies in what we now call criminology were carried out in France and Belgium in the 1820s and 1830s. The first national crime statistics were published in France in 1827; subsequently, A. M. Guerry compared patterns of crime with the distribution of wealth and income, to test the theory that crime was associated with poverty. In another book which appeared in 1831 Adolphe Quetelet, a Belgian mathematician, reported a similar survey covering parts of France, Belgium and Holland.

'Cognitivism' in psychology

Contemporary cognitive psychology could also be claimed to have its origins in that strand of thinking which is traceable to the Rationalist philosophers of the 17th and 18th centuries, who saw the direct investigation of the human mind as a legitimate and important domain of inquiry. Amongst the 18th-century Rationalists, the mind was thought to have inherent organising powers with which it constructed the perceived world. Such ideas are still present today in notions such as the 'structures of thought' identified by anthropologists like Claude Levi-Strauss, or concepts like 'deep structure' and generative grammar proposed by linguists such as Noam Chomsky. For most of the 18th and 19th centuries however, exploration of ideas such as these was largely carried out within the realm of philosophy.

The emergence of psychology as an independent domain of inquiry is generally dated to 1879 when the first experimental psychological laboratory was established by Wilhelm Wundt, a physiologist, in Leipzig, Germany. The first areas of investigation fell within what would now be recognised as cognitive psychology, though at the early stages this remained closely linked to physiology. Wundt and his colleagues studied basic processes in sensation and perception, showing for example how receptors for touch and pain were distributed over the surface of the skin, or establishing the importance of binocular vision in depth perception. Other workers such as Ebbinghaus, one of the first psychologists to carry out detailed study of memory and forgetting, showed how different segments of a quantity of information were retained or lost over time.

The first appearance of psychology, then, was in essence a cognitive one. It came to be known

as **structuralism** because it entailed a focus on the contents and elements of conscious experience and on how different kinds of sensory and perceptual events were related to it. A principal method of data-gathering used in such work was that of **introspection.** This required individuals taking part in experiments to describe their thoughts, feelings and experiences. The data collected were based upon what would now be called 'verbal report' or 'self-report'. In parallel with studies employing this method, and inspired by Darwin's evolutionary theory, other workers formulated theories of human motivation based on concepts such as 'instinct'. Not only were the origins of hunger, thirst and sexuality explained in this way but also aggression, competition and individual personality traits were traced to inherited and instinctively motivated urges. The circularity of this argument, the fact that it did not provide any real explanations, but simply moved what had to be explained one stage further back, was not recognised by those propounding such ideas.

Behaviourism

In the face of these problems there was something of a revolt amongst other psychologists, working mainly in the United States. It was argued that the use of such methods as introspection, and the invocation of such concepts as instinct, led nowhere. It was claimed instead that such ideas were basically varieties of 'subjectivism' and 'mentalism'. Relying on individuals' statements meant investigators had no real way of checking on the veracity or validity of what they had been told. Without experimental evidence, almost anyone could formulate a theory of mind or of instinct or human motivation which merely reflected his or her own mode of thinking. Such 'mentalism' was attacked as being profoundly unscientific. The essential problem was a failure to focus on data that were externally observable, and thus available for checking and validation by others. From these criticisms the ideas of **behaviourism** were developed.

Behaviourism, founded through the writings of American psychologist John B. Watson, represented an insistence on collecting data concerning behaviour itself, i.e. the ways an organism acted, which could be seen and verified by observers. It is simply not possible, Watson asserted, to observe 'the mind', and such talk should be banished from any enterprise which pretends to call itself scientific. This led to a number of related propositions which had a major effect on how research on human behaviour came to be conducted during subsequent decades. First, in explaining behaviour Watson emphasised the importance, not of ideas such as instinct, but rather the effects of the environment. Behaviour, rather than being driven from within, was influenced mainly by events in the organism's immediate surroundings. Second, and associated with this, Watson saw human behaviour almost entirely as a product of **learning.** As a basic mechanism for understanding this process, Watson pointed to the work of the Russian physiologist Ivan Pavlov, who had earlier discovered the phenomenon known as **conditioning.** Watson proposed that this mechanism could be used to explain even quite complex kinds of learning by humans.

However, a third key point made by Watson was the fundamental scientific principle that we should attempt to explain complex processes in terms of simpler, more easily studied ones. It was for this reason that researchers turned to the study of 'infra-human' species, and carried out systematic work on how such animals learned, and how their behaviour could be changed by varying their environments or learning experiences. From these investigations, concepts such as *stimulus, response, reinforcement, extinction,* and so on were developed. At a later stage, in the 1940s, B. F. Skinner, possibly the best-known behaviourist, made extensive additions to the 'science of behaviour' and added a range of new findings and behaviour-

change technologies linked to the mechanism of **operant conditioning.**

In parallel with this extensive work on learning processes, other laboratory-based researchers were pursuing different lines of inquiry. Russian psychologist A. R. Luria, carrying on the tradition of Pavlov, turned attention to language and attempted to account for its development and its relation to behaviour. In this respect Luria's writing anticipated the later evolution of the cognitive-behavioural approach and the focus on links between cognition and action.

The study of cognitive development

However, the behaviourist 'revolution' did not entirely halt direct investigation of cognitive processes. Throughout the middle decades of the present century, work continued in a few centres on memory, perception and allied areas. It was typically carried out in complete isolation from the work being done by behaviourists, and while a few theorists made attempts at integrating findings they had little influence outside a narrow field. Research with more far-reaching implications was however being done in the area of cognitive development in children.

In particular, a Swiss psychologist, Jean Piaget, studied the learning and progressive problem-solving of children from the very earliest stages of life. Piaget's starting-point was the notion that the mind had certain in-built capacities for making sense of its surroundings, and that during the process of maturation these unfolded in much the same way as did physical growth. For example, just as (given favourable circumstances) most children will learn to walk, so Piaget thought they also learned such concepts as the existence of objects, conservation of volume, causality and so on. Piaget carried out his investigations by watching children, but also by listening to what they said as they learnt. He saw them conducting 'experiments' on their surroundings, and took note of their verbal reports on what they believed they had been doing. He gave his inquiry the title 'genetic epistemology'; the study of how knowledge is acquired and utilised by the developing organism.

By the 1960s, many studies of this kind had been made. Cognitive research was also conducted extensively in laboratories where attention, perception, memory. problem-solving and other processes were investigated using sometimes very ingeniously constructed experiments. One strand within this entailed the study of relationships between thinking and language. The ways in which language was used, the purposes it served, how it was acquired and how it was related to behaviour, were systematically researched. Alongside this, a new form of cognitive science arrived, based on the study of similarities and differences between processing by computers and that carried out by the human brain. This was inter-linked with, though not dependent upon, steady developments in the understanding of neurophysiology, and how information was assimilated and encoded within the nervous system.

Developments in behaviourism

Meanwhile, other developments had taken place within behaviourism. Two of them in particular are important for the ultimate emergence of cognitive-behavioural theories.

The first was the advent of **behaviour therapy** through the work of psychiatrist Joseph Wolpe. Given the premise that most human behaviour is learned, this was taken to apply also to the acquisition of problems such as irrational fears or *phobias* and anxiety states. (Watson had earlier demonstrated how harmless objects could come to be feared through conditioning

experiences). Wolpe extended this principle and developed a range of treatments based on the mechanisms of counter-conditioning and *reciprocal inhibition.* This was based on the assumption that two competing emotional states could not simultaneously co-exist within an individual. It should therefore be possible for individuals to learn, in step-by-step fashion, to replace the fear they felt for a phobic object with a different form of emotional response such as relaxation. The technique Wolpe devised for achieving this, **systematic desensitisation,** has been one of the most widely used in behaviour therapy. Other methods such as *response prevention, exposure training, flooding,* and *thought stopping,* were founded on a similar approach to the reduction and eradication of anxiety problems.

The second was the development by psychologist Albert Bandura of **social learning theory.** Several animal researchers had made the discovery that, for an animal to learn, it did not need to have direct experience of rewards and punishments, as earlier behaviourists had supposed. It could learn indirectly, by observing outcomes of behaviour for other members of its species. This **observational learning** had to rely on internal mechanisms which could not be accounted for by direct conditioning alone. Bandura amassed a large quantity of evidence on the importance of 'learning from models' in human development. Social learning theory posits both direct conditioning and observational learning from models as basic processes in development. This also led to the construction of new theories concerning the origins of abnormal, maladaptive, or anti-social behaviour, and to the establishment (amongst other things) of *social skills training.*

Both of these developments represent crucial departures in the way behaviourally-based ideas are applied to learning and change processes. The use of imaginal processes is required in behaviour therapy procedures, especially desensitisation. As a component of it, the therapist must pay attention to, and make use of, the patient's self-reports. In social learning theory, observation of models and subsequent learning are dependent on the stipulation that internal, cognitive processes are indispensable for such learning to take place. In both these approaches, in other words, there is a reliance on cognition as an explanatory tool in the account of learning that is given. Having made these assumptions, behavioural psychology was open to some form of 'merger' with ideas from cognitive science.

Several other specific developments within behaviourism have been seen as important in the eventual appearance of *cognitive-behavioural* methods:

- one was the study of the phenomenon of **learned helplessness** by American psychologist Martin Seligman. Animals subjected to repeated, unpredictable shock became unable to make responses which would avoid such shock even though they were also given opportunities to learn 'controlling' responses. This mirrored some clinical observations concerning the behaviour of people diagnosed as suffering from depression.

- a second was a theory forwarded by Bandura in which a central part was played by the concept of **self-efficacy.** This reflected some observed differences between individuals in the extent to which they made controlling responses towards their environments. The tendency to do so was seen as a component of a general set of self-referring statements people made regarding their relative ability to exert such control.

- a third was the accumulation of a sizeable body of research findings on the process

of **self-regulation** of behaviour by means of language. The acquisition of such control was seen to be dependent on speech. To begin with, children's behaviour is governed in part by things adults say to them. At a later stage, children begin to say these things to themselves; initially aloud, later more covertly. Later still, they will not even be aware of saying them; behaviour comes to be governed by cognitive processes which occur automatically, without deliberate reflection, and outside conscious awareness. These observations are in close concordance with those that had been made by cognitively-oriented developmental psychologists.

Cognitive psychotherapies

Most of this history so far has concerned the activities and findings of workers engaged in research. But another source of influence was important in the final appearance of cognitive-behavioural ideas. This was work being carried out by psychotherapists, many of whom had initially been trained in psychoanalysis. Some had been exposed to, and had their practice considerably modified by, ideas from 'humanistic' sources. Either way, they came to recognise the importance of cognitive processes, and especially self-beliefs and other internal self-referential thinking patterns, in the generation and maintenance of psychological problems and also in their eventual remediation, where that was possible, through therapy. Included in this diverse collection of therapists are such individuals as George Kelly, who developed **personal construct theory;** Albert Ellis, founder of **rational-emotive therapy;** and Aaron Beck, whose development of **cognitive therapy** has had a very far-reaching influence in the application of cognitive principles to the understanding of disordered emotional states and disturbed behaviour.

The cognitive-behavioural 'integration'

Within a few years of each other in the mid-1970s, a number of books and articles were published which combined, with different emphases but in broadly the same vein, ideas from the behavioural and the cognitive traditions within psychological research and psychotherapy. Mahoney's book *Cognition and Behavior Modification* appeared in 1974, Goldfried and Merbaum's *Behavior Change through Self-Control* in 1974, and Meichenbaum's *Cognitive-Behavior Modification: An Integrative Approach,* in 1977.

From behaviourism and behaviourally-oriented research these writers took a number of key principles. They included attention to the role of the environment in learning; the idea of breaking complex behaviour into simple, more comprehensible units; the possibility of behaviour change in gradual, clearly defined steps; and the universal importance of monitoring and evaluation from outset to completion of the process, including follow-up to examine maintenance of change.

From cognitively-based research and therapeutic practice they took converse principles. They included an accent on the value of self-reports; attention to the crucial part played by language and self-referent 'inner speech' in the genesis, maintenance and reduction of disorder and distress; recognition of the centrality of cognitive processes in self-regulation and self-perception. Assembled into a coherent framework, these concepts provided a powerful new approach to understanding the complex dynamic relationships between thoughts, feelings and behaviour.

An important point which must be recognised is that there is no single cognitive-behavioural

method or theory. Work of this kind is best thought of as a 'family' or collection of methods rather than any single technique easily and clearly distinguished from others. It could be argued that **self -instructional training** (SIT) is the 'core' method of cognitive-behavioural therapy. In some textbooks, this is the approach taken and these methods are viewed as the essence (sometimes even as the sum total) of the approach. In strict terms, this form of compartmentalisation may be partly valid. However, a number of other methods, with slightly different origins, and different modes of application, bear strong resemblances to SIT and overlap with it in several ways. In any case, it is a fairly vacuous, and ultimately futile exercise, to enter into narrow definitional arguments. Therapeutic practice and service delivery will benefit much more from a flexible approach in which a range of methods can be adopted, all of them capable of being subsumed within the same general theoretical framework. An alternative is to use the *cognitive-behavioural* label in a broader sense, to encompass a series of therapies each of which draws on some formal conceptual statement regarding the links between thoughts, feelings, and behaviour. Throughout this manual, this approach to the understanding and application of these methods is the one which is adopted. The accompanying flowchart shown in Figure 1 depicts some of the historical inter-connections described in the above account.

Figure 1. Historical pathways in the evolution of cognitive-behavioural methods

Experimental Psychology: study of sensation, perception, memory

Behaviourism: conditioning, learning processes

Study of cognitive development language and thought

Study of cognitive processes: use of self-reports

Behaviour modification

Social learning theory: modelling

Role of language in self-regulation

Psychotherapy: importance of cognitive mechanisms

Behaviour therapy: use of imaginal procedures

'Self-efficacy'; Problem-solving

Self-perception; cognitive approaches

COGNITIVE-BEHAVIOURAL THERAPIES

2

THEORETICAL MODEL OF COGNITIVE-BEHAVIOURAL APPROACHES

Summary

This chapter describes the theoretical model on which cognitive-behavioural methods are based. The model known by the acronym SORC is introduced, the interrelationship of thought, feelings and behaviour emphasised, and the importance of language in regulating behaviour is recognised, as in the individual's concept of self. The importance of the interaction between the individual's internal world and the external environment is acknowledged and behaviour is seen as the product of the interplay between personal/internal and situational/external factors. Finally, developments in cognitive-behavioural theory are described and the three principle phases of cognitive behavioural therapy – conditioning, information processing and constructive narrative – are explained.

Probably the most fundamental point to note concerning the theoretical model to be described in this manual is that it is intended to be a general account of human behaviour. It is applicable to 'normal', well-adjusted individuals as much as to problems like mental disorder or crime. Thus, no dividing line is recognised between so-called normality and abnormality. Although the phenomena observed and the experiences reported may be very different in each case, the same explanatory principles are used to make sense of both.

Environmental influences on behaviour

The starting-point of behaviour analysis is the finding that an environmental event or stimulus (S) elicits a response (R). In behaviourist terminology this is represented by the simple notation S-R. The form of **classical conditioning** discovered by Pavlov fits this paradigm. The response is dependent upon the stimulus event which preceded it.

In the form of learning discovered by Skinner, **operant conditioning,** responses (here called operants) are influenced more by what happens afterwards than by what happens before. Behaviour is under the control of its consequences (C). In the same notation, this sequence is therefore usually symbolised S-R-C.

The difficulty with both of these models is that an anticipated lawful link between stimuli, responses, and consequences (sometimes expressed as *Antecedents*, *Behaviour*, *Consequences* or *A-B-C*) simply fails to appear. Something crucial has been left out of the model, the organism itself. Depending upon how internal processes such as attention, perception, and memory operate, and upon the meaning of stimuli within them, different organisms given the same stimulus may still not emit the same response. For the notation to make sense a fourth factor, the organism (O), must be added, yielding a model which can be summarised by the acronym S-O-R-C.

<div align="center">

S - O - R - C

Stimulus   Organism   Response   Consequences

</div>
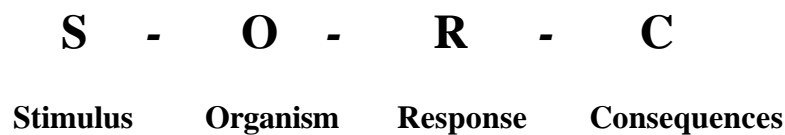
The **S-O-R-C model** is the basic foundation of social learning and of cognitive-behavioural theories. The **cognitive mediating events** represented by the symbol O add a totally new dimension to the behaviourist learning approach. This could be described as the first principle of cognitive-behavioural theory.

Inter-relationships of thoughts, feelings and behaviour

The second principle is the assertion that an organism's, or person's, activity has three modalities. These are respectively **behaviour, emotion, and cognition.** These are variously described in different textbooks by means of a number of sometimes overlapping terms. Behaviour is usually taken to refer to the motor system, and bodily movement. but also includes verbal behaviour or speech. The words affect or affective are sometimes used to denote emotion, but some writers use them to apply to cognitive attributes of emotion, others to depict physiological or somatic expression of feeling (e.g. in arousal). Whatever the precise coverage of the terms used, the key principle is that these three modalities are inseparable. An account of human functioning with one of them left out would be absurd. They are not only interlinked but interlocked. For this reason it can be a helpful reminder to represent them in the form of a triangle as shown on the accompanying diagram Figure 2. If any side of the figure is removed, it ceases to be a triangle and no longer exists.

Figure 2. Inter-dependence of thoughts, feelings and behaviour
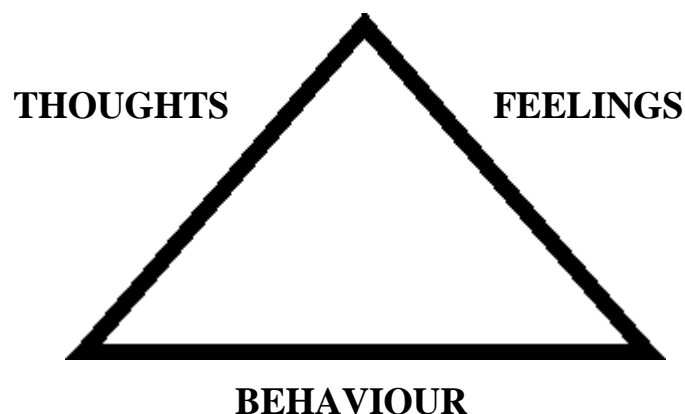
Each of the three modalities forming the triangle can be described as having three dimensions

as follows:

> **intensity:** its experienced strength.
> **frequency:** how often a type of event occurs.
> **duration:** the time lapsed since its first occurrence.

In clinical assessment of any problem, collection of information about these dimensions is an essential first step.

Self-regulation and the role of language

In considering the relationships between thoughts, feelings and behaviour in this way, it is important not to lose sight of the fact that the locus of most of this activity is the human brain. Cognitive psychology has made significant advances over the past few decades through the use of models of brain function based on the concept of **information processing.** Of special relevance here is a key distinction which has emerged from this work, and which is supported by large amounts of empirical evidence, between **automatic and controlled** processing of information and of sequences of action.

A very large proportion of the things we do each day, as we will see more fully in chapter 6, work on the basis of **automatic processing.** Rising and dressing, driving a car and many similar activities are run as highly routinised programmes which, apart from when they are first being learned, require no conscious thought for their execution. Our capacity for learning routines and programmes of this kind is considerable and a number can be run in parallel.

Controlled processing differs from this. Its activities must be run serially, we are usually aware of doing it and it calls for attention and effort. This is the type of cognitive activity called upon when we face novel situations, make decisions or solve problems. It also co-ordinates our automatic processing. If a routine programme is interrupted, or becomes pointless, controlled processing may make the switch to a different routine.

Controlled processing also serves a self-regulatory function. In infancy, much of our behaviour is regulated from outside, by parents and others. Learning and socialisation not only modify our behavioural repertoires, they also help us acquire the skills of self-regulation. A large proportion of this is done through the medium of language.

Although our capacity to store automatic programmes is large, there are much more limited capacities for making use of the information in controlled processes. Language facilitates this to some extent. The developing infant learns to self-regulate with the assistance of language, first overtly, then covertly. This self-regulation may take the form of explicit internalised instructions concerning some piece of behaviour. This is the foundation of the important part played by cognitions in the self-management of feelings and behaviour. There are detailed theoretical accounts of the precise processes involved in the development of self-regulation in children. Kanfer and Schefft (1988) for example view it as a three-stage process, involving self-monitoring (or self-observation), self-evaluation, followed by self-reinforcement. Once self-regulatory processes have been established, the individual becomes much less dependent upon the environment and on external sources of stimulation for the guidance of behaviour.

Access to private events

As posited above, one of the cornerstones of cognitive-behavioural theories is the principle there is a close relationship between cognitive processes and behaviour. The former is sometimes described as governing the latter. This is summed up in a much-cited quotation from Farber (1963) regarding how the "…things people say to themselves determine the rest of the things they do". However, the supposition that individuals can reliably report on the contents of their own cognitive processes has not been accepted uncritically by all researchers and has in fact been a matter of some dispute. People obviously cannot comment on some internal events. But the contention that they are unable to provide any information about the immediate contents of consciousness, for example, is difficult to accept (and not borne out by research). A more fruitful position to adopt is the view that whether individuals can reliably describe private events or not varies according to the nature and content of different cognitive processes (Ericsson and Simon, 1980).

It must also be borne in mind, concerning the processes of observing and gaining access to automatic thoughts, that there are variations *between* individuals in their ability to do this. Cognitive-behavioural methods cannot be used methodically with those who are unable to self-observe and self-monitor to some extent. A first step in therapy is often to teach these skills for the purpose of future work.

Attributions and the self

Within the developing person, a specific sub-set of self-referent statements develops which in itself constitutes a form of theory, or meta-cognitive appraisal, concerning the other activities of the system. This is the cognitive-behavioural view of the evolution of the self-concept. Knowledge of what is labelled the 'objective' or phenomenal self is viewed as a batch of information stored in memory just like any other. Higgins (1987) formulated a cognitive-behavioural model of the functioning of the self which depicts it as a series of self-state representations. In most cases, there are discrepancies between three domains of the self *(actual; ideal;* and *ought* self). Higgins sees the pattern of these discrepancies as linked to specific forms of dysfunction and illness.

Within these self-referent constructs there is another set of propositions which provide an account of cause-and-effect relationships in the world around us, including perceptions of ourselves. These propositions are called **attributions** and they are described as having three dimensions:

- **internality-externality:** the extent to which causes are ascribed to individuals themselves or to environmental events such as the actions of others;

- **stability-instability:** the extent to which they remain static, or change over time;

- **specificity-globality:** the extent to which they apply to one event or sphere of experience, or are thought to extend to cover a whole class of events.

A further specific sub-set of these attributions applies to our general sense of our ability to influence our own behaviour. This feature is called **self-efficacy** (Bandura, 1978). Interconnected sets of propositions and attributions which individuals use for organising

information about the world around them are called **schemata**. An important aim of any cognitive-behavioural assessment is to assess the nature of cognitive schemata which may be maintaining states of distress or behaviour disturbance. In some kinds of cognitive theory, these may be called irrational beliefs. In other approaches, they may be called cognitive errors. The net effect is the same, they are maladaptive filters for other kinds of information which may portray a systematically distorted picture of self and of the world.

Neural bases

This manual cannot deal in any depth with theories of neural function. It must be registered however that cognitive-behavioural approaches are predicated on the assumption that there are potentially discoverable brain structures or neural events that support all of the cognitive, affective, and behavioural events described. The developing theory of **connectionism** (and also allied models known as *neural networks,* or *parallel distributed processing)* appears to offer the prospect of making these links at some future stage of research (for further information concerning the initial development of this, see for example the book by Bechtel and Abrahamsen, 1991). In recent years a series of both philosophers (e.g. Churchland, 1988; Dennett, 1993) and biological scientists (e.g. Crick, 1994; Damasio, 1999) have forwarded proposals concerning how mental events and processes are created by complex events on a neurological level. Robertson (1999) has described recent knowledge concerning learning processes in the brain, and how these might provide an account of the kinds of changes that are more familiar on an everyday, psychological level.

Interactionism

Drawing together the areas just discussed, it may appear that cognitive-behavioural approaches focus too heavily on internal, psychological events at the expense of external, environmental ones. We have heard about thoughts, feelings and behaviour, self-regulation, automatic and controlled processes, attributions, self-perceptions and the proposed neural basis of them all. It must not be forgotten however that though we have placed the 'organism' in a central place in the cognitive-behavioural framework, a key role still remains, as in all accounts of behaviour based on learning theory, for events in the environment.

Thus in cognitive-behavioural approaches both personal, intra-psychic variables, *and* situational, environmental variables, are viewed as important. It is assumed that the best explanation of human behaviour will come from an analysis of the interaction between the two. In fact, research studies have repeatedly shown that the best prediction of behaviour comes, not from information concerning either personal or situational factors, but from the interaction effect of the two. This stance is therefore known simply as **interactionism.** Behaviour is a product of a complex interplay between personal and situational factors. In the cognitive-behavioural framework however, the person is described not purely in terms of the 'traits' of traditional personality theories, but in terms of relationships between cognitive, affective and behavioural factors. Of course some patterns amongst these may remain relatively stable over time, and can still be conceptualised as 'traits' of personality. Environmental variables may include an enormous range of events, encompassing anything from a bright flash which leads to an eye-blink reflex, to the complex sequence of experiences involved in the socialisation of a child within a disadvantaged family in a disorganised urban neighbourhood. In different circumstances, the relative importance of the two sets of factors may vary, a point which is depicted schematically in Figure 3.

Figure 3. Person-situation interactions

Personal and situational factors must both be involved in accounting for behaviour. The interaction between them accounts for more of the observed differences than does either alone.
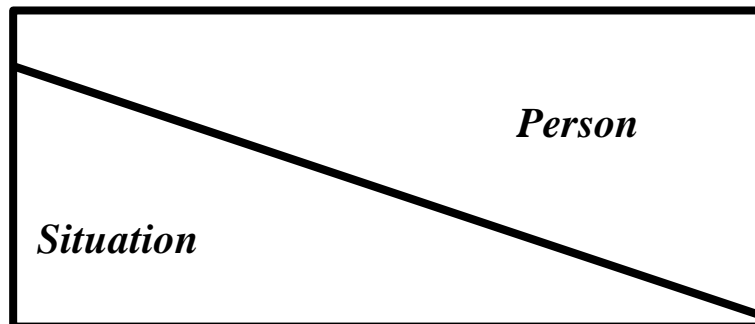
Developments in cognitive-behavioural theory

The theoretical framework of cognitive-behavioural psychology continues to undergo development and recently Donald Meichenbaum (1995), one of the originators of the approach in his 1977 book *Cognitive-Behavior Modification,* has offered a re-formulation of its history and the basic concepts underlying it. According to Meichenbaum, cognitive-behavioural therapy (CBT) can be described as having had three principal stages in its evolution. To some extent they reflect wider developments in psychology itself. Each is characterised by reliance on a different fundamental metaphor for the understanding of change processes in individuals. These three stages and underpinning metaphors are:

Conditioning: Given the prevailing notions of learning theory as a basic foundation of cognitive-behavioural approaches, change was initially conceptualised in terms of alterations in learning process in the nervous system. Even cognitive events were originally viewed by behaviourists as covert forms of conditioning. While this gave rise to some invaluable therapeutic tools which still form part of the CBT repertoire, the concepts appeared too rigid to encompass the range of individual differences seen and the complexity of the factors that were operating. As these inadequacies became more apparent, simultaneously the view of cognitive events as 'computational' was increasing in influence.

Information processing: The first phase of artificial intelligence (AI) research failed to make a great deal of headway with the problems it addressed. But despite this failure the focus on cognitive events as prime factors influencing individuals and their difficulties took a strong hold in work with mental health problems and the key notions of cognitive therapies were spelt out by Beck, Ellis and others. This was followed by large quantities of research on how cognitive patterns support dysfunctional feelings and behaviour, and on the nature and causes of these patterns themselves.

Constructive narrative: As an understanding of the roles of thoughts and beliefs, or of cognitive events, processes and structures became more clearly grounded. An appreciation also developed of how individuals generate more complex sets of cognitive patterns, which might

loosely be called 'stories', through which they understand, express and create their own lives. At this stage in the development of cognitive-behavioural therapies, this view of individuals as architects of their own individual existences is currently being actively researched. The metaphor here is that of 'constructive narrative'. This is the view that we can comprehend individuals, and assist them in personal change, by entering into the sets of meanings they have created in their lives, and by becoming collaborators in the re-arrangement of such narratives to enable them to resolve difficulties and adapt to changes.

3

THE COGNITIVE-BEHAVIOURAL MODEL AND GENERAL EXPLANATIONS OF CRIME

Summary

The history of the models and methods described in this manual has been briefly introduced in chapter 1. From that outline it can be seen that these methods are drawn from a range of sources principally in psychology and psychiatry, and their main practical applications have been in the fields of mental health, in psychotherapy and counselling.

Currently however, they are being pressed into service for a different purpose, i.e to increase understanding of offending behaviour and to provide a framework for methods of assisting individual offenders in the processes of behaviour change. In this respect the models must be viewed as part of a much more generalisable theoretical approach to the understanding of human behaviour. To clarify this point, it will be valuable to locate the theoretical approaches described here in relation to attempts to account for criminal behaviour drawn from other perspectives.

In this chapter the field of criminological theory will be briefly surveyed and characterised as providing explanations for criminal behaviour operating on five discrete but interconnected 'levels'. Table 1 shows this conceptual scheme. The explanatory focus of theories is shown in the second column, the third column states the overall objectives of the focus and the fourth, right-hand column lists some illustrative theories. The chapter provides more detail of the theories and their origins. For a fuller account of this framework, see McGuire (2000).

Table 1.   A schematic representation of levels of explanation in criminological theories

Level	Explanatory focus (unit of analysis)	Objective	Illustrative theories
1	Society	To explain crime as a large-scale social phenomenon	*Conflict theory* *Strain theory* *Sociological control theories* *Feminist theories*
2	Localised areas Communities	To account for geographical variations in crime; such as urban-rural differences, or between neighbourhoods	*Ecological theories* *Differential opportunity theory*
3	Proximate social groups	To understand the roles of socialisation and social influence through family, school or peer-group	*Sub-cultural delinquency theory* *Differential association theory* *Social learning theory*
4	Individual criminal acts	To analyse and account for patterns and types of crime events	*Routine activity theory* *Rational choice theory*
5	Individual offenders	To examine intra-individual factors such as thoughts, feelings and behaviour	*Neutralization theory* *Psychological control theories* *Cognitive social learning theory*

Level 1 - Macro-level explanations

The first level concerns crime viewed as an ineluctable by-product of certain aspects or forms of society itself. Taking this as a starting-point, criminological theories have been developed which view both crime, and the social conditions commonly associated with it, as intrinsically bound up with other features of basic social organisation.

For example, **Conflict Theories** such as those derived from Marxist analysis see crime as inescapable given the nature of the relationship between competing groups within society, especially social classes. Society as a whole is seen as having evolved in a state of conflict. There has been relentless competition not just for limited resources but also for institutionalised power. The dominant class in a society formulates and administers its laws and does so in a way which serves its own interests, controls the memberships of other social groups, and sustains its position in both these respects. 'Crime' is created by this general condition of society and by the specific rules devised by the dominant group for the maintenance of social order and the continuation of its own power. According to this analysis, crime serves a purpose, in furnishing a constant reminder of the need to safeguard the social order and in reinforcing the disadvantaged position of certain segments of the populace.

Other viewpoints such as **the Strain Theory** of the American sociologist Robert Merton are also representative of this type. Merton too saw industrialised society as conflict-ridden, its prescribed goals are primarily economic ones and its cardinal virtue personal ambition. Since only a limited proportion of the people can achieve success as defined in this way, others utilise crime to resolve the strain which results from these irreconcilable demands made upon them, to succeed in a race with only a few winners and very many losers. Different forms of strain resolution lead to different types of social pathology which can be cast in tabular form according to the observed balance between socially dictated means and ends. Crime is an

attempt to secure socially desired ends by illegitimate means.

A third genus of explanation within these wide-ranging viewpoints on crime is known in sociology as **Control Theory.** This has been expressed in a variety of forms, but all have in common a pre-supposition that the needs or wishes of the individual and those of society are in fundamental opposition to each other. If left to their own devices, individuals will act without regard for others in pursuit of their own ends. Laws have been devised to stop this happening and to compel individuals to behave responsibly towards each other. Unfortunately, people vary in their ability to conform with this. In this theory, the purpose of criminology is to explain, not why some individuals break the law, but why the majority do not. Attention is therefore focused on those restraining factors which keep crime under control, and on what happens in circumstances in which they break down.

A fourth group of theories that can be briefly considered here are **Feminist theories.** These are also explicitly concerned with the overall patterning of crime in society, with their main objective as the development of explanatory links between the observable fact that most crimes are perpetrated by males, on the one hand, and other aspects of the male domination of society, on the other. There are numerous strands of interpretation within feminist approaches and over time, their focus and compass has gradually changed. An initial prime concern was with institutionalised sexism in criminal justice systems, evident both in the preponderance of males at all stages of decision-making and in sexist assumptions concerning the role of biology in women's offending. At later stages this inquiry widened to address the question of whether theories developed on the basis of research with male offenders are applicable to female offenders (the *generalisability* problem), and also to the factors which lead to there being a gender differential in criminality in the first place (the *gender ratio* problem) (Daly and Chesney-Lind 1988).

Level 2 - Locality-based accounts

The grand sweep of theories of the above kinds does not however serve to explain the uneven dispersal of crime across different geographical locations between and within societies. Other criminological theories therefore operate at a second level in which the spatial and social distribution of crime is a prime focus of study.

Some of the earliest empirical work in criminology, like that of Guerry and Quetelet mentioned earlier, was an attempt to find relationships between crime and social conditions such as poverty. No direct causal relationship between the two has been found; instead, different types of crimes (property offences as compared to violence, for example) have been shown to vary in frequency, not in straightforward relationships with poverty alone, but in correspondence to relative differentials between poverty and wealth in different areas.

The first concerted attempts to provide a more thorough explanation of this, by Clifford Shaw, Henry McKay and others at the University of Chicago in the 1920s, marked the real beginnings of modern criminological research. From the mid-19th century onwards, as a result of waves of immigration into the United States, Chicago was one of the world's most rapidly growing cities. Shaw, McKay and their colleagues investigated the relationship between urban structure and development on the one hand, and social disruption and correlated problems on the other. They discovered certain areas of the city where crime was consistently more likely to flourish. These 'transitional zones' were marked by other forms of social pathology, and were likely to have the highest crime-rates regardless of which groups were living there. The work

of this group of criminologists, who subsequently became known as the **Chicago School,** was seminal in providing an impetus to many further investigations along similar lines. But in addition it also gave rise to a range of other theoretical approaches developed from hypotheses which had emerged from their initial efforts and results.

One such development for example was that of **Differential Opportunity Theory.** This was one of several extensions of American criminological theory influenced both by the findings of the Chicago school and by Merton's Strain Theory. Merton's work had focused on adult crime; numerous later theorists attempted to explain juvenile delinquency, and especially the formation and activities of delinquent gangs. Richard Cloward and Lloyd Ohlin constructed a typology of delinquent youth, classifying their behaviour as a product of strivings for economic gain or for status, and emerging in a variety of ways according to a range of locally-determined pressures and crime opportunities.

Level 3 - Lifestyle, Rational Choice and Routine Activities theories

A third level of explanation accepts that there are spatial differences in crime, but searches elsewhere for an account of the underlying mechanisms. Over recent years, a new direction has been taken in criminology. Its starting-point has been neither the study of criminal statistics and variations within them, nor the personal attributes of adjudicated offenders, though both these kinds of data have been incorporated into it. The theory is based instead principally on an examination of crime as a form of action, and its relationship to the lifestyles of those who perpetrate it. The theory attempts to account for a range of data linking types of crimes with the manner in which they are committed, on the one hand and the availability to certain individuals of opportunities to commit them, on the other. For example, certain districts of towns have higher rates of burglaries than others; within them, certain houses are more likely than others to be targets of burglary. Examination of various types of crime, including taking vehicles, shop theft, criminal damage or drug abuse reveals patterns which are indicative of the availability of opportunities to individuals within other 'routines' of daily activity which they are following in their lives.

Routine Activities Theory, as this approach to criminology is known, considers the bulk of crime to fit this pattern and to be explicable in this way. The criminologist Marcus Felson (1994), who has written extensively on this approach, states that most crime is characcerised by triviality, impulsiveness, and failure. To the extent that this orientation makes any usage of psychological variables, it views crime as generally committed by individuals with poorer than average self-control. Though this point has not been expanded upon by these criminologists, there are clear potential links between this set of ideas and cognitive-behavioural theories.

Some writers have supplemented the 'routine activities' concept with another view which is of much older origin. This is the domain of **Rational Choice Theory,** the basic concept of which can be traced to the notion of 'crime as rational calculation', propounded in the 18th century in the work of Jeremy Bentham and Cesare de Beccaria, founders of the so-called 'Classical School'. According to the principles of that school, all crime was a result of a calculated balance of pain and pleasure made by rational beings acting in their own best interests. The currently fashionable concept of 'just deserts', the idea that crime will be reduced if the costs of it to the offender are made higher, is derived from this approach. In its resurrected form however, the approach is applied in a more narrowly-defined field, to explain some variations in crime (Clarke and Felson, 1993). For example, once a decision has been made to commit burglaries, a range of factors, including the distance to be travelled, ease of access to a

dwelling, likelihood of interruption or detection, and probable gain, all come into play in the process of deciding which 'target' will be selected. There is little doubt that calculations along some such lines as these probably take place prior to the commission of many offences. In so far as the perspectives of the actors involved, or the spectrum of factors they take into consideration, are important in their ultimate decisions, there are links to cognitively-based approaches of the kind described in this manual.

Level 4 - Socialisation and group influence processes

The fourth level of explanation in criminology represents a combination of variables from large-scale social processes to small-scale group factors in explaining crime. Going one stage further than the observations of the Chicago theorists, some criminologists have attempted to understand the mechanisms by which some individuals within certain localities or neighbourhoods are drawn into crime, while others are not. For the larger part of this century, American criminologists remained pre-occupied with the findings of the Chicago school, to the extent that they saw a principal challenge as being to detect the mechanisms of crime causation in disrupted neighbourhoods. This led them to some extent to consider variations between families, and amongst other social groupings such as adolescent peer-groups, as contributory factors in the genesis of delinquent activities.

One direction of this thinking was towards a view in which crime was thought to be at its most frequent amongst circumscribed social groupings within which sets of anti-social norms had developed. It was accepted that there are higher levels of crime within certain neighbourhoods. Inside these, particular concentrations of criminality could be found, associated for example with delinquent gangs. There are several specific formulations of this type of theory, collectively known as **Sub-cultural Delinquency Theories.** According to this viewpoint, individuals with certain kinds of problems, notably adolescents who are having difficulties both at school and at home, seek alternative sources of interpersonal affiliation in which they can acquire standing. Such individuals will be at risk of being drawn into delinquent groups where they can recoup lost status and restore their self-esteem, but where they will also be 'socialised' into the acceptance of criminogenic norms.

Other writers attempted to explain how such assimilation processes occur. Sociologist Edwin Sutherland set out to account for this, developing what is known as **Differential Association Theory.** This starts from the statement that criminal activity is simply one form of normal, learned behaviour. The conditions in which individuals grow up, or other influences to which they are exposed, increase or lessen the chances that they will be presented with opportunities and pressures to participate in it. This viewpoint bears a close resemblance to **Social Learning Theory** and shares many detailed propositions with it; as a result the concepts it deploys overlap substantially with those of cognitive-behavioural models. Involvement in criminal activity is a product of a complex set of learning experiences, both in terms of basic life circumstances and acquired attitudes and behaviours. Obviously, processes such as this could be at work in criminogenic situations in various parts of society. Fraud, embezzlement, tax evasion and similar crimes occur amongst groups whose situations provide a different range of offending opportunities from those available to youthful street gangs. This theory has been applied, therefore, to the study of 'white collar crime', a phrase popularised by Sutherland and a theme of much of his research.

Level 5 - Self-definition, personal and cognitive factors

Many sociological criminology theorists have remained aware of the anomaly that, social factors notwithstanding, there are still unexplained differences between individuals in the extent to which they participate in criminal acts, or avoid doing so in the first place. Or whether, after they have been arrested and convicted on an initial occasion, they go on to commit further crimes, or desist from doing so. A fifth level of theorising therefore focuses explicitly on factors which influence people's self-images and self-definitions, the way individuals think of themselves/their lives and their problems.

One approach to explaining the origins of these differences which combines both sociological and psychological approaches is **Inner Containment Theory.** This describes the chances that an individual, and particularly an adolescent, will be drawn into delinquency in terms of factors of 'outer and inner containment' respectively. Some of the principles of Control Theory are drawn into this equation. Individuals are seen as subject to a range of pressures to conform to, or ignore, social and moral rules, as well as adverse living conditions which may have differential effects upon them. *Outer containment* factors affecting the end result include, the nature of family and other support groups reasonableness of norms and expectations of behaviour levels of supervision and so on. *Inner containment* factors include: goal orientation, frustration, tolerance, sense of responsibility and levels of self-esteem. Recent research based upon ideas which closely resemble this theoretical orientation has focused on what are now termed *resilience factors,* which enable some young people even in high-risk criminogenic environments to resist pressures to be involved in delinquent acts.

In other approaches, attempts have been made to explain two apparently incompatible sets of observations. One is the assumption that members of delinquent or other 'deviant' groups have rejected conventional morality, a claim inferred from their anti-social behaviour. The other is the contrary finding that often, such individuals appear in fact to endorse conventional values for example to property acquisition, or more fundamentally to what constitutes 'right' and 'wrong'. **Neutralisation Theory** is an attempt to explain these conflicting ideas. It is hypothesised that during certain phases of development, young people temporarily suspend aspects of their belief in adult norms, while at the same time fully supporting them on a different level. To enable them to tolerate such incongruity in their feelings, they make use of a series of *techniques of neutralisation* which serve to integrate the two sets of values. These techniques include *denial of responsibility, denial of victim, denial of injury, condemning the condemners* and *appeal to higher loyalties.* There are certain potential overlaps here with cognitive-behavioural formulations in that these mechanisms can be represented as self-statements which individuals may use. Such statements might help the individuals preserve their personal intactness and their ability to justify their actions to themselves and to each other.

Other approaches have identified processes which, whilst not explaining the genesis of criminal behaviour, purport to explain its continuity in certain individuals or groups. **Labelling Theory** for example has shown how legal and related social stigmatisation processes create further difficulties for adjudicated offenders and place obstacles in the way of attempts they may make to avoid re-offending. It is now widely recognised that the response of criminal justice agencies to young offenders may draw them into a long-term conflict with the law much more than would a less intrusive strategy. A variety of practical policies and other proposals have flowed from this theory, including the principles of *de-criminalisation, minimal intervention, diversion* and *decarceration.*

On an explicitly psychological level, a substantial volume of research has been undertaken which has highlighted some differences between persistent or recidivist offenders and other groups. This has suggested that the former may lack, or may not use, a range of **cognitive skills** and as a result become repeatedly involved in crime. It is not suggested that the difference here is one of overall cognitive abilities or intelligence, but rather of non-optimal functioning in crucial areas. For example, thinking may be prone to be rigid rather than flexible, the individual may possess poor skills for generating alternative solutions to problems, may show a tendency to be impulsive rather than reflective or to be egocentric rather than empathic in interpersonal encounters. It has been proposed that programmes of remedial *cognitive training* may help offenders develop the skills they lack in some of these areas and preliminary evidence from several sources has provided tentative support for this. (Some of the relevant evidence is reviewed in chapter 11 of this manual.)

Integration of the Levels

The connections between cognitive-behavioural approaches are most in evidence at the fourth and fifth levels of this theoretical scheme. Aspects of self-definition, self-esteem, self-statements, or cognitive skills are closely associated concepts to those which may be found in cognitive-behavioural models. The latter also utilise family and socialisation factors as indispensable explanatory concepts and the similarities between *differential association* (sociologically-driven) and *social learning* (psychologically-driven) theories need no further elaboration.

But the general cognitive-behavioural framework also focuses upon decision-making processes and how they are manifested in individuals' habitual thinking patterns. It also takes into account general social conditions affecting individual development. Theoretical links can thus be seen to exist at other levels also. The cognitive-behavioural approach to offending behaviour is not, therefore, detached from other explanations of crime, but convergent with them at a whole series of points. It is possible it can play a significant part in drawing together some inconsistencies and 'loose ends' in existing theories.

There is a supplementary reason for providing the above account and for placing CBT in the context of other theoretical ideas in criminology. This is to dispel any suggestion that the causes of illegal behaviour are viewed within the cognitive-behavioural approach as deriving solely from intra-individual or psychological factors, for example 'personality'. Unfortunately, in the past some psychologically-based accounts of criminality that were developed from pre-existing theories of personality, placed considerable reliance on the notion that certain types of individuals are by virtue of their personal make-up alone more prone than others to commit crimes.

There are several species of theory which make such claims, but empirical support for them is weak and the evidence for some of their more basic claims has also been questioned. Nevertheless they are often seen as the primary (sometimes the only) psychologically-based approach to deviance. The emphasis of the foregoing review has been intended in part to counteract this misconception. It is designed instead to illustrate the 'multi-factorial' nature of crime causation, and to place the cognitive-behavioural approach within an interlinked network of other theoretical constructs.

Over recent years, criminologists themselves have become concerned with the proliferation of

theories of crime. One result of this has been a number of attempts to develop complex models that will serve to integrate ideas from various theoretical positions such as those outlined above. Some of these developments are discussed by Vold, Bernard and Snipes (1998). For an overview of such models with a particular emphasis on the integration of psychological and sociological approaches, see the books by Farrington, Sampson and Wikström (1993); by Hawkins (1996); and a review chapter by McGuire (2000). For a more advanced selection of readings on criminological theory, see the edited volume by Henry and Einstadter (1998).

4

EVERYDAY BEHAVIOUR: A COGNITIVE-BEHAVIOURAL PERSPECTIVE

Summary

This chapter describes the way human beings behave – explaining the differences between habits and routines which are normal and functional and the way in which normal behaviour may become dysfunctional, addictive and even harmful.

The role of internal self-regulation in behaviour is explained, as is the place of external reinforcement. The interplay between an individual's behaviour and the social context in which he or she lives is described. Finally the functional and dysfunctional aspects of stress and stress management are introduced.

Habits, routines and rituals

On a day to day basis, most people's lives are fairly orderly. The vast majority of us wake around the same time each morning, engage in organised work, domestic or leisure activities within approximately the same time-bands each day, have our meals at more or less pre-arranged hours and go to bed at roughly the same time each evening. Most people depart from this pattern for certain interludes such as holidays and a segment of the population either by choice or by constraint adopts patterns which are markedly different. By and large however, a large proportion of our behaviour can be described as routinised. It occurs in more-or-less fixed sequences of action, according to certain rules and to the extent that unexpected or unplanned variations on it can be felt to be quite stressful.

Behaviourism has supplied a theoretical account for understanding the establishment of these regularities in human behaviour. A fundamental principle of course is that such behaviour is learned. A second is that the physical and social environment provides patterns of reinforcement to which individuals are conditioned according to complex learning schedules. Patterns of work, leisure, and many other activities can be viewed in these terms. Though it is in historical terms a relatively recent phenomenon (as a product of changes such as industrialisation and urban growth over the past two hundred years), the day to day synchronisation of the habits of literally millions of people is an illustration of this on a massive scale.

Some specific patterns of behaviour can be thought of as routinised in a different sense. When

we set out for example to make a cup of tea, the sequence of behaviours involved, once learned, becomes more or less automatic. We do it virtually without conscious, controlled thought. It is for this reason that it sometimes occurs that we can do something without realising we have done it. Driving a car is similar. Most habitual car-users know the route from home to work well, and during an average journey are unlikely to be conscious of changing gears, or of places passed along the way; they will probably spend the entire journey thinking of other things. Only when interrupted or distracted during the execution of routines like these do we become conscious of the units of behaviour in which up to that point we had been engrossed.

Most habit routines of the kind characterised here also serve a purpose; they are **functional** in relation to goals which an organism or individual is attempting to achieve. However, habits can also become **dysfunctional.** Over time, some kinds of behaviour which have reinforcing properties or which secure selected goals can become harmful but despite this, can have developed sufficient strength as habits to make them very difficult to alter. In extreme cases, some behaviours can be life-threatening and self-destructive for an individual. The so-called addictive behaviours, self-injurious behaviour, and excessive appetites can be made comprehensible in this way.

Under certain circumstances, some behavioural routines can become detached from the patterns of direct reinforcers which led to their formation. This process itself can be described in conditioning terms, using concepts such as secondary reinforcement, negative reinforcement and so on. When habits take on this form they can be called rituals. Here, a complex behaviour sequence takes on a pattern in which its automaticity becomes virtually self-governing. Instead of being linked to direct reinforcers of any kind, it is associated with symbolic functions. In some instances on a social level this serves recognisable purposes, such as supporting the cohesion of a group. In other cases for some individuals, personal rituals can reach an extent in which they become debilitating. Assessment and investigation of rituals of this kind shows that in most cases their function is to reduce or control anxiety.

We can comprehend a large proportion of daily behaviour as a sequential series of small-scale routines and rituals combined to form larger routines. This makes us sound like simple automatons and in a sense at one level we are. However, other features differentiate us from the mechanised automaton. One is that the routines we have developed represent only a tiny part of our capacity. When the situation demands we are capable of acting with enormous flexibility. If a driver en route home from work sees an accident, he or she might stop, make telephone calls, give first aid, provide other kinds of help and behave in a whole range of ways which would be quite outside the repertoire of any machine. Some of this behaviour in itself constitutes other kinds of routines but the changeover between different chains involves processes that are much more complex. A second is that for at least a proportion of the behaviours in which we engage, we have exercised choice and control prior to embarking upon them. The latter requires explanation at a cognitive level and cannot, at present be accounted for in straightforward conditioning terms.

Self-regulation: functional and dysfunctional thoughts

Complex learned behaviours can be understood more readily however if we examine the cognitive processes that have played a vital role in their establishment and execution. Our daily routinised activity is supported and governed by a standard set of self-instructions. Preparing for work and noticing the clock, we speed up or slow down according to how close we are to a

prearranged schedule. A cognitive event, telling ourselves that time is short and we might miss a train, makes us accelerate our behavioural routines, even leave out portions of them or decide to avoid others completely. The bulk of the time, such internal self-regulatory processes have a function in achieving goals we have previously set.

Self-regulation is thus a crucial concept in understanding goal-directed behaviour. Some pre-programmed routine behaviour sequences can be run automatically without its intervention. But decisions concerning which routines to execute, or reactions if they are subject to any kind of interference, are made at a self-regulatory level which is likely to be conscious and reflective. This recalls the important distinction made earlier between **automatic and controlled** processing. The first runs many 'programmes' without entering conscious awareness. The second intervenes when decisions have to be made concerning which programme to run, or how to achieve the goal of a programme if its routinised progress is blocked in any way.

Just as habits, routines and rituals can be functional or dysfunctional for an individual, so can cognitive processes. Given specific traumatic experiences or learning histories, for example, some dysfunctional habits may be supported and facilitated by dysfunctional thoughts. The development of many severe anxiety disorders can be understood in this light. A new kind of equilibrium may be reached in which thoughts, feelings and behaviours move conjointly on a tangential path, in a direction which is ultimately harmful for the individual, or for others. To take another example, individuals may routinely act in an aggressive way and may entertain thoughts which are consistent with their behaviour. Given a lengthy period of development of such a pattern, it may be very resistant to change, especially if it is in some respects functional for the person, by, for instance, ensuring his or her domination of others.

External and self-reinforcement

A central proposition of cognitive-behavioural theories is that not all reinforcement comes directly from external stimuli and events. The concept of cognitive self-regulation allows the possibility that individuals may employ self-statements which in themselves can reinforce behaviour, and patterns of thinking and feeling, to a large extent. On a day-by-day basis, most of us enter into an internal dialogue of this kind. We may reassure ourselves concerning some things, congratulate ourselves, make excuses for failures, or enact a range of cognitive rituals that will help us feel better, or more confident, or less worried over certain experiences. Of course the reverse can also happen and we might be self-deprecating or even self-punishing.

Healthy adjustment can be described as a state in which the balance, or overall relationship, between these various processes is functional in relation to our self-selected goals. It is likely to involve a congruence between thoughts, feelings and behaviour and self-regulatory cognitions that are reality-based and allow for both positive self-reinforcement when circumstances permit, and self-criticism when necessary. Occasional deviations from this are tolerable and unlikely to cause significant problems. Larger or longer-lasting departures may lead to a new relationship developing between thought, feeling and behaviour which may be dysfunctional and may ultimately result in some kind of harm.

Self-presentation

It is essential to remember that most human behaviour occurs in, and must be viewed in the context of, relationships with others. The social environment is of profound importance to most

people. Humanity has been described as a social species, we live together in groups and our patterns of survival are for the most part dependent on this. A major component of the causes and the goals of our behaviour, thoughts and feelings, resides in the social/interpersonal domain.

On an everyday basis therefore, most people invest considerable energy in organising this sphere of their lives. Self-perceptions are heavily dependent on information and feedback from others. The social milieu is a predominant source of rewards for us but also of pain and distress. The manner in which individuals construct their views of themselves in relation to others is a core component of their personal make-up. Amongst people whose functioning can be described as healthy and well-adjusted, there is likely to be a congruence between everyday behaviour and habits on the one hand and self-definitions, expectations, and hopes on the other. If or when difficulties arise, an examination of these components and their inter-relationships can provide important indications of what has gone wrong and how.

Stress management

During development, in addition to the patterns of behaviour and range of capacities outlined above, each individual also learns a range of skills and mechanisms for coping with stress when it arises. Stress has many sources and there is no simple way of defining it without reference to individual perceptions of it and reactions to it. People differ considerably in the kinds of environmental events they experience as stressful. This is true in both qualitative and quantitative terms. We vary both in the kinds of stimuli that stress us and in the levels of various stimuli we find stressful. Cognitive-behavioural approaches emphasise the key role played in this by the **appraisal** of events. The latter takes place at a cognitive level. Individuals' perceptions and constructions of an event influence their emotional and behavioural reactions to it and so determine the coping processes called into play for dealing with it. There are obviously some events, such as serious illness or injury, which are likely to be found stressful by most people. But there are numerous events which, appraised differently by two individuals, can have diametrically opposite effects on them. While one feels almost no reaction at all and experiences little or no stress, the other may be overwhelmed.

A certain level of stress is more or less inescapable in living. A heightened level of it is also deliberately sought out by some people. Its presence can be energising for them and may lead to increased motivation and performance of some skill. In the course of development, most people learn methods for managing stress, and for reducing it or maintaining it at a tolerable or optimum level. The range of such methods is very wide and may include relaxation, recreational pursuits, prayer, motivated forgetting of events, denial, minimisation, use of alcohol, other drug-induced states, or self-statements of various kinds. Most people resort to one or other of these at some time. Many rituals can be understood as mechanisms for the management of stress. This applies both to socially-prescribed ceremonials, such as funeral services, and to idiosyncratic personal habits such as repeated checking that doors are locked or electrical appliances are switched off.

Once again however, there can be functional and dysfunctional solutions to the problem of stress management. There are individuals who just have not acquired skills or any reliable methods for its reduction or control. Under prolonged and intense levels of stress, most people are likely to develop symptoms of anxiety or some other form of illness or disorder. Individual susceptibilities and resistances vary, and some will succumb to pressures long before others. Even at low-to-moderate levels of stress however, there are individuals whose means of coping

may lead them into further difficulties, or may exacerbate the levels of stress they experience. These problems can develop in a slow, insidious fashion, as a result of an accumulation of many small-scale reactions or decisions, made on a regular basis over a lengthy period. For an understanding of many problems therefore, a close focus upon a person's everyday habits and patterns of adjustment can provide invaluable information for giving them help at a later stage.

THE DEVELOPMENT OF INDIVIDUAL PROBLEMS

Summary

This chapter helps the reader to understand human problems which vary greatly in their complexity and in the ease or difficulty with which they can be solved. Most problems which are of major concern to people, and most complex problems, such as crime, tend to have more than one cause. In fact, they are often due to a multiplicity of causes, each of the causal paths itself affecting other factors, so that it becomes very difficult to obtain any clear picture of the whole.

Often it seems as if there is an impossible gulf to be bridged between the findings of research on the general causes of problems, and the presentation of any single individual with whom we have to work. There is no clear, direct relationship between what appears to happen on a large scale, and the individual level of experience.

A possible way to approach this gap is to envisage the findings of research not as fixed statements concerning causes and effects, but as providing tools with which we can construct an understanding of individual problems as they are disclosed in the course of an assessment. The chapter lists some principal known sources of difficulty in individual development. Whilst they cannot be seen as producing any definitive mapping of causal pathways in the origination of problems, they can be seen as providing working hypotheses, to be applied when attempting to draw a localised map of one person. In every case, the relative importance of each and the balance between them will be different.

The role of biology

Biological factors have a pervasive role in development, in providing first, the genetic endowment with which we are born. There is evidence that aspects of temperament show marked patterns of individual difference which appear too soon after birth to be due to learning. Though no complex behaviour such as criminality can be described in this way, our biology nevertheless plays an inescapable limit-setting role on many aspects of behaviour.

Human beings have highly developed social and cultural institutions, but we are also, like any

other species, products of biological evolution. We may rarely think of this on a day-to-day basis, yet it nevertheless plays a fundamental part in development. We may be most likely to notice it when it imposes constraints. For example, there are a number of sensory, motor, or intellectual disabilities which place limitations on individuals. They may be single or multiple, and may vary in type and severity. Some have direct biological causes, some are due to birth trauma, others to later accidental events. The existence of disabilities does not in itself necessarily constitute a problem. Many individuals survive and manage lives in a perfectly successful manner despite very serious disability. But where problems do develop, an issue in assessment may be the possible contributory factors arising from any constraints which biological factors have imposed.

Socialisation history: attachment and social learning

The importance of child-rearing and of the whole socialisation process, and the learning experiences they provide, are universally recognised as having the most powerful formative effect on individual development. The presence or absence of caregivers, the quality and continuity of care they provide, their personal attributes and styles of care-giving, have all been shown to have great importance for the growing child. Infants vary in temperament, especially in emotionality and irritability, and these factors in turn have a marked effect on the behaviour of caregivers. Development is viewed within cognitive-behavioural approaches as a **transactional** process. In other words, infant and care-givers have a reciprocal and dynamic effect on each other's behaviour. The behaviour and reactions of both are important in shaping the overall outcome.

Most children develop attachments to significant others involved in their care. The pattern of these attachments can have a lasting formative effect. The ongoing resolution of problems, through the relationships so formed, plays a key part in the development of coping capacities which will be important throughout life. Modelling and other social learning processes are also at work from the very earliest contact.

Disruptions in these processes, variations in their quality, and any traumas which result from them can have long-term implications for development. As the child develops he or she acquires routines, habitual reactions and coping mechanisms which reflect the opportunities afforded by significant models. If these models are negligent, or causes of pain and stress rather than providers of care, there is likely to be a lasting impact on the child. The scale of this will depend on the type, extent and duration of any departures from a pattern in which the child's needs are fully met.

Conditioning and habit formation

Most children conduct experiments of their own from which they learn new things about their environment. They are not simple recipients of socialisation, they play their own part in shaping it. Socialisation processes thus interact with other kinds of learning experiences, some of them instigated by children themselves, in a complex way. Some of these learning processes can be understood in terms of conditioning, but the majority involve social-observational learning and symbolic modelling of various kinds. For most individuals, there are some restrictions on learning opportunities. The extent of these in turn affects the development of coping skills. In particular, the provision of chances to learn self-regulatory skills plays a crucial part in the encouragement, or inhibition, of movements towards independence. The way in which such moves are supported or not, or the nature of any obstacles created, has a marked

effect on the development of problem-solving capacity.

Cognitive schemata and self-beliefs

Development does not of course occur on a behavioural level alone. In parallel with the aforementioned learning processes, emotional and cognitive development also take place. Language is acquired and with it a fundamental tool for the planning of action and for making sense of and giving shape to the surrounding world. Patterns of action are interpreted and habits of thinking are instilled which act as filters for other aspects of experience. Language and inner speech articulate important aspects of experience and also determine what is thought to be possible, permissible, or achievable. From these combined social learning and symbolic experiences, cognitive **schemata** emerge which provide a framework for understanding the world, the self, and their inter-relations. A set of propositions evolves concerning self-identity; a cluster of definitions expressed in patterns of relationship between thinking, feeling and action.

Again, given distorted or disrupted information concerning the operations of the world, the individual will be prone to develop schemata which reflect these omissions or misconstructions to some extent. In extreme cases, a sense of self may develop which contains confused, incoherent, or damaging constructs. The world may begin to seem a place where, for example people cannot be trusted, or where people exist to be used. At some stage this might come to be consciously and voluntarily expressed in inner speech, later even in spoken words.

Environmental stressors and traumatic life events

Stress and trauma may occur at any point in development. As noted elsewhere, the impact of life events is dependent on the meaning of them to the individual and on her or his appraisal of them. The damage traumatic events cause can be minimised, and eventually reversed (even where their impact has been marked), if individuals are given the necessary support and help in returning to normality. Most individuals have some resilience, but their ability to continue manifesting it depends on the nature, intensity and duration of stressors, the availability of support, and their own constructions of the origins of the stress itself. The impact of very severe traumatic events can of course be devastating, making recovery virtually impossible. If less severe stress arrives at a time when learning experiences or internal schemata are in a state of flux, the impact can be equally profound. Thus the timing of stressful events, at whatever developmental stage, can be a major determining factor affecting individuals' abilities to cope. Research on the sequelae of life events and changes supports the popular notion that these events can be very de-stabilising. However, the mechanisms by which this happens, and the relative importance of these events as compared with others contributory factors, are still only poorly understood.

Opportunities and triggers

Given disrupted development, the acquisition of dysfunctional thinking habits, the growth of conflicting relationships between thoughts, feelings and behaviour, it can be the case that only the most minor 'triggering' event is then required before major types of problems emerge. The trigger could consist of an opportunity to do something previously forbidden, e.g. a provocation, a suggestion, an application of interpersonal pressure. For any single event to be of outstanding significance is a relatively uncommon occurrence. However, cumulative patterns or sequences of events and experiences confirm or dis-confirm expectations of the

world on a more or less continuous basis. Also, as individuals look to the future, their own evolving images of themselves and of their location in their environments influences how they will act in the present. They become influenced by their prospective futures as much as by their accumulated pasts. Incongruities between the two can lead to abrupt changes of direction, or can make individuals give up certain avenues they thought were open to them. All of these options are being constantly revised, especially throughout adolescence when the pressures of impending entry to adulthood are most sharply felt.

Dis-inhibition factors

If as a result of having taken specific pathways through any of the foregoing processes, individuals retain unresolved problems, their eruption into larger problems may be accelerated by other established habits such as excessive use of alcohol, or other patterns of substance abuse. In some cases this can destroy already limited capacities for self-regulation. In others it provides permission to operate with a different set of rules for accepted or expected social behaviour (see MacAndrew and Edgerton (1969) for some illustrative discussion of this with reference to alcohol).

PROBLEM AREAS ADDRESSED BY COGNITIVE-BEHAVIOURAL THERAPIES

Summary

The basic premise of this manual is that cognitive behavioural approaches can be applied to the understanding and reduction of offending behaviour and offence-proneness. However to date, the principal area of application of cognitive-behavioural therapies has been in the field of mental health. Given their origins in clinical psychology and psychiatry, this is hardly surprising. The very use of the word 'therapy' is suggestive of these origins and applications. It should not be taken to imply however that users of cognitive-behavioural approaches endorse a medical or disease model of mental health problems. On the contrary, as stated in chapter 2, mental disorder or breakdown are seen as events that are comprehensible within the same general model of explanation that can be applied to 'normal', well-adjusted individuals and their behaviour. A corollary of this is the view that the origins of most kinds of personal distress and dysfunction are multi-factorial. For any individual there will be a unique combination of factors which can only be fully understood in relation to that person's past history and present situation.

Nevertheless, the most active area of use for cognitive-behavioural therapy continues to be in mental health (for overviews of developments in this field, see the books by Fairburn and Clark (1998) or Salkovskis (1996)). Furthermore, cognitive behavioural therapy is sometimes used in conjunction with somatic psychiatric treatments, such as medication. This chapter is intended to provide an overview of the main kinds of problems to which the therapies and their component methods have been applied.

Fears, phobias and anxiety states

The attempt to understand anxiety problems, and to help in reducing them, provided a major impetus in the historical development of the cognitive-behavioural therapies. The reason for this is probably theoretical. What are known as the mono-symptomatic phobias, such as fear of snakes or spiders, proved relatively easy to explain and to incorporate within the basic learning model of Watson's behaviourism. Conditioned fear reactions could be demonstrated in the laboratory application of this model then yielded the principles of treatment encapsulated in the

behaviour therapies.

A considerable number of mental health problems have irrational or disproportionate fear or anxiety at their root. This includes not only the single-symptom phobias, but also other phobic states such as agoraphobia, panic disorders, insomnia, generalised anxiety disorders, and obsessive-compulsive disorders. All of these can be successfully treated using procedures derived from behavioural and cognitive-behavioural therapies.

It has been shown that some kinds of fears are more easily developed, and are more difficult to eradicate, than others. This phenomenon, which appears to indicate an in-built human capacity to learn fear more easily to some objects as compared with others, is called **preparedness.** This discovery has provided a link between the learning theory foundations of behaviour therapies, and an evolutionary account of human development.

Evaluation anxieties

This is a general name now given to a group of anxieties which have the common feature of deriving from, or being focused upon, aspects of social relationships and resultant self-perceptions. It includes social phobia and withdrawal, social-evaluative anxiety and *dysmorphophobia*. These are almost always conjoined with problems of low self-esteem. Again, these problems can be successfully managed using cognitive-behavioural methods, sometimes combining several forms of behaviour and cognitive therapy with social skills training.

Depression

There are several varieties of approach to depression within a cognitive-behavioural framework. Lewinsohn's social learning theory emphasises patterns of activity and reinforcement, and consequent effects upon mood, from which there has emerged the idea of activity schedules and programming. Seligman's learned helplessness model has led to the formulation of an attributional theory of depression. The depressed state is seen as one in which individuals have stable, internal, global attributions for negative events. Beck's cognitive therapy directs attention to self-statements and other cognitive processes, and has led to the development of a systematic set of treatment procedures.

Each of these approaches has generated some evaluative research but the greatest volume by far has been concerned with Beck's cognitive therapy. In most controlled trials to date this has emerged as superior to pharmacotherapy (usually, tricyclic antidepressants), it has also been claimed that cognitive therapy plus medication produces the most effective combined therapy now available for clinical depression. A number of controlled trials have been conducted which have demonstrated the efficacy of this approach. Schwartz and Schwartz (1993) have concluded that conjoint cognitive-behavioural therapy provides a better outcome than either cognitive or behavioural procedures used alone. Thus there is ample evidence for the value of these approaches with a disorder which in its most severe form can lead the individual to suicide.

Habits and dependencies

The traditional view of substance abuse disorders is that they are forms of physiological addiction to the substance itself. In some versions of this view, for example concerning alcohol

abuse, the prevalent model for many years was one of disease. The cognitive-behavioural perspective, by contrast, shows chronic substance abuse to be a form of learned dependence. If there is an 'addiction' as such, it is seen as psychologically, rather than physiologically-based (Davies, 1992). Evidence such as that concerning the feasibility of controlled drinking (Heather and Robertson, 1981) is wholly consistent with this approach. A sizeable number of studies has shown the possibility of securing control over harmful habits, or reducing levels of damaging dependencies, through cognitive-behavioural methods.

Cognitive/social learning models also allow substance dependencies to be integrated into a wider framework within which the formation of any maladaptive habit or dependency becomes comprehensible. There is evidence that individuals can become dependent not only on alcohol, heroin, or other substances but also that other appetitive disorders such as obesity can be understood in similar terms, alongside, in addition, a variety of habit disorders such as gambling, and including some types of sexual offending. There are case studies of individuals dependent on exercise and other 'normal' behaviours; regardless of this, similar basic causal mechanisms can be identified.

The **cycle of change** model (to be outlined in chapter 8) has also proved useful in the study of addictions and dependencies and has generated new concepts for treatment of a variety of problems. For example, the concept of **relapse prevention** has been applied in work with substance abuse (Wanigaratne, Wallace, Pullin, Keaney and Farmer (1990) and with sexual offences (Laws, 1989).

Delusional beliefs

The extent to which criminal behaviour and mental disorder may or may not be related, and whether or not some forms of mental illness cause crime, has been the subject of a great deal of controversy in recent years. Though rates of overlap between specific mental disorders such as schizophrenia and criminality are generally very low, there are indications that the presence of certain symptoms is more often linked to offending. Foremost amongst these is the presence of delusional beliefs.

However, a number of clinical studies have now illustrated the possibility of reducing levels and intensity of delusions using a range of cognitive-behavioural methods including belief modification, self-instruction, verbal challenge and confrontation, exposure and response prevention, reality testing and coping strategy enhancement. These are cited in Appendix Four. Some recent volumes (Fowler, Garety and Kuipers, 1995; Chadwick, Birchwood and Trower, 1996) have consolidated the research literature in this area.

Impulse disorders

A prime focus of the cognitive-behavioural approach has been on the area of self-control. This to some extent could be viewed as the natural territory for a theory based on concepts like that of cognitive self-regulation. One of the most obvious applications is therefore in the field of impulse control.

Kendall and Braswell (1985) have provided an outline of an approach to working with hyperactive, impulsive, or conduct-disordered children, using a number of variations on self-instructional training. Several reviews have provided supportive evidence for the effectiveness of methods of this kind. Work such as that of Novaco on anger control uses a similar array of

techniques. Results from this work can also be incorporated into a broader model in which concepts of information-processing are used to understand distorted perceptions, or difficulties in social problem-solving, which give rise to interpersonal hostility and aggressive behaviour (see chapter 9).

Offending behaviour

Though originating in the clinical field, the methods described in this manual have clear potential for work with individuals who have broken the law. One possible direction for this, not often considered, is that many offenders do experience a range of personal difficulties which could be approached by forms of cognitive-behavioural counselling. This is not to medicalise these problems. As previously contended that would not be consistent with the principles of CBT as an approach. However, anxiety, depressed mood, substance dependencies and related difficulties are by no means uncommon amongst offenders. Whether or not such problems are directly linked to their law-breaking, the possibility exists of offering help based on this model of working.

Over recent years a second direction has emerged which is to view offending behaviour itself as a problem which can be directly approached using cognitive-behavioural concepts and methods of intervention (Hollin, 1990; Marshall, Anderson and Fernandez, 1999; McGuire and Priestley, 1985). While the present manual as a whole is a further development of this suggestion, the specific evidence most closely related to it is covered in chapters 9 and 11, and in Appendix Four.

The importance of assessment

A major point which should be underlined from consideration of the above outline is the crucial importance of thorough **assessment** of clients prior to embarking on any programme of work with them. The range of possible assessment methods now available is extremely wide and even within cognitive-behavioural approaches a considerable variety can be employed. The need to help individuals to identify the nature and sources of their difficulties in as clear and careful a manner as possible, cannot be over-emphasised. In every case in which cognitive-behavioural methods are used, their implementation is slightly different. They are finely adjusted in several ways for application by the individual with whom they will be used. Problem assessment should therefore be undertaken in as comprehensive and systematic a manner as possible.

For the purpose of such work, the obvious starting-point is interviewing the client. A format for carrying out an interview along cognitive-behavioural lines is provided in Appendix Two. This can be supplemented with a number of other assessment methods. The major types are described in books such as that by Hersen and Bellack (1981). They include a range of specially-developed interview formats for specific problems, self-report methods including diaries, checklists and rating scales, psychometric tests and clinical inventories, observational methods involving independent judges or videotape-recording and specific tasks designed for use in selected problem areas such as the assessment of social or cognitive skills. An outline of structured methods for incorporation into cognitive-behavioural interviews is provided by Wilson, Spence, and Kavanagh (1989). Though most of this book deals with mental health problems, many of the methods can be adapted for other areas, and one chapter focuses on substance abuse.

In clinical practice with clients, the outcome of assessment would be the development of a *case formulation*, a kind of individualised theory that provides a working account of the person's difficulties. It also indicates still further information that might need to be collected, and points towards interventions that might be offered. The process of developing a case formulation is outlined by Persons and Tompkins (1997).

Large-scale reviews of research on the outcomes of psychological therapy have shown cognitive-behavioural methods to have generally positive, significant, beneficial effects for a wide range of client problems. They fare well both as compared with control and placebo comparison groups and also alongside other therapies, and have been described as the treatment of choice for a number of disorders (Dobson and Craig, 1998; Lambert and Bergin, 1994; Nathan and Gorman, 1998; Roth and Fonagy, 1996). Examples of the use of the methods with more complex cases are given in the book edited by Tarrier, Wells and Haddock (1998).

PRINCIPAL METHODS OF COGNITIVE-BEHAVIOURAL WORK

Summary

As was stated in the historical outline in chapter 1, the therapeutic approaches with which this manual deals are a product of a confluence between two formerly separate traditions, roughly characterised as the 'behavioural' and the 'cognitive'. The range of methods so generated is best treated as forming a "family" or collection rather than a single approach. In this chapter, the variety of methods which can be subsumed within this framework will be surveyed and the main differences between them will be depicted.

The conceptual scheme used for doing this will be in terms of a continuum between the most behaviourally-oriented e.g. behaviour modification, and most cognitively-oriented e.g. rational emotive therapy. This is an over-simplification and it does some injustice to the real complexities of different ways of working and their theoretical roots. However, it is a useful starting-point, and having depicted the methods initially in terms of this scheme, some of the subtler complexities, inter-linkages and overlaps can then be more easily portrayed.

Behaviour modification

One end of the continuum is represented by a group of techniques which could be typified as closest to radical behaviourism. *Behaviour modification* (BM) methods are based on a conceptualisation of behaviour in terms of stimulus-response learning through both classical and operant conditioning, and the development of more elaborate behaviour patterns through complex *schedules of reinforcement.*

Behaviour patterns can be modified through making changes in the contingencies of reinforcement, i.e. the consequences for an organism of a response it has made. Some reinforcement schedules will make certain responses more likely, others will make them less likely. By re-arranging reinforcement contingencies, the behaviour of any organism, including that of a human individual, can be shaped. *Shaping,* the progressive alteration of responses, may be accomplished using a variety of behaviour modification techniques.

The range of methods of behaviour modification is very wide and includes:

- *Positive reinforcement:* presentation of a reinforcer contingent on a response to increase the frequency of that response.

- *Negative reinforcement:* increasing the strength of a response by removal of an aversive stimulus.

- *Extinction:* withholding of the positive reinforcer for a response until its frequency declines to a specified level (which may be zero).

- *Satiation:* repeated presentation of a positive reinforcer until it loses its reinforcing effect.

- *Fading:* transfer of a conditioned response from one stimulus to another in progressive steps.

- *Punishment:* response-contingent presentation of an aversive stimulus, to decrease the strength of the response.

- *Response-cost:* a form of punishment: response-contingent removal of positive reinforcement.

- *Overcorrection:* a form of punishment; contingent on certain unwanted responses, an alternative behaviour chain is set in motion which this has two forms (a) restitution, (b) positive practice.

- *Time out:* a response-contingent removal of positive reinforcement, in which the person is temporarily placed in a minimally reinforcing environment.

- *Differential reinforcement:* this has several variants; each uses positive reinforcement to increase the frequency of some behaviour *other than* (DRO) or *incompatible with* (DRI) the behaviour to be reduced.

- *Backward chaining:* training a complex series of stimulus-response units commencing with the final one and working in reverse order.

- *Successive approximation:* approaching a behavioural target by shaping responses in a series of pre-determined steps, each sequentially closer to the final target.

- *Behavioural assignment:* a task to be performed by an individual, between treatment sessions, involving performance of a specified behaviour.

- *Behavioural contract:* an agreement between individuals (usually client and therapist) specifying behavioural expectations, and consequences of performance or non-performance.

All of the above involve external manipulation of environmental events or of responses themselves, though as far as possible this should be done with the agreement of all parties concerned. One of the main uses of the methods has been in the reduction of undesirable behaviour, such as self-injury, in individuals with severe learning disabilities. Another form of behaviour modification, the token economy system, has been widely used in educational

settings and in residential child-care and psychiatric services. A third form, aversion therapy, has been used in the treatment of addictions and sexual deviation.

Partly because its principles were based initially on extensive experimentation with animals, and partly because some of its procedures involved aversive conditioning or punishment, many workers have looked upon BM with reservations or with downright suspicion. The ethical basis of behaviour modification has been widely questioned, especially during the 1970s in the United States. More recently, applications of its techniques have been undertaken which require that much more attention be paid to ethical concerns. Programmes have avoided usage of aversive techniques and new kinds of methods have been developed such as *gentle teaching* (Donnellan, LaVigna, Negri-Shoultz and Fassbender (1988). There is an insistence upon careful and detailed assessment before any of the methods are used, on obtaining the fullest possible consent from all involved, and on implementing processes for the thorough monitoring and reporting of progress.

A distinction that is useful in appraising the value of behaviour modification methods is that between *eliminative* and *constructional* approaches to behaviour change. With **eliminative** methods, intervention strategies are designed to reduce the frequencies of certain unwanted behaviours, or to eradicate them entirely. The focus of change is on these behaviours themselves. This approach has been described as 'pathological' in so far as it tends to deal with certain kinds of behaviour which are seen as a kind of disease to be attacked directly and eradicated. With **constructional** methods, the emphasis is quite different. Instead of directing attention and effort to the reduction of certain behaviours, interventions are provided which will build new behaviours, i.e. the intervention is constructional in its methodology. With some techniques, these new behaviours will be incompatible with unwanted responses, which will then be reduced as a result. Alternatively, the availability of new behaviours will make older responses simply redundant. Differential reinforcement methods generally follow these guidelines, as do skills-development, gentle-teaching, and 'repertoire-building' methods (for example, those used in social skills training).

Behaviour modification approaches have not been solely concerned with overt behaviour. There are theoretical accounts of depression, such as that of Lewinsohn, which although based on a behavioural theory concerning origins, also examines the mood changes and self-image of the sufferer.

Behaviour therapy methods

Behaviour therapy, like behaviour modification, has its theoretical base in conditioned learning as a basic mechanism in the acquisition of maladaptive habits and responses, and consequently in their reduction and removal. Rather than attempting to secure change by altering external reinforcement contingencies, however, behaviour therapies also involve work on the conditioned connections which have been established between external stimuli and internal emotional states. Most states of emotional distress involve some disturbance in the individual's level of physiological arousal. In anxiety, anger, or depression there is a deviation from normal levels of emotional functioning and experience. It is held that these unpleasant emotions have become conditioned to external stimuli. The essential prerequisite of recovery therefore is the inhibition of these negative emotions and their replacement by coping responses.

Behaviour therapies entail a variety of methods, including the following:

- *Relaxation training:* exercises for helping individuals reduce levels of emotional arousal; the most common method *is Progressive Muscular Relaxation* developed by Edmund Jacobson in 1938, though others such as *Autogenic Training* (a form of suggestion) may also be used.

- *Systematic desensitisation:* application of relaxation in controlled stages to replace maladaptive responses, using a hierarchy of stimulus situations presented in imagination to the client.

- *Exposure training:* progressive presentation of a stimulus or situation which arouses strong negative emotion, in progressive and controlled steps, using relaxation or other coping responses at each stage.

- *Response prevention:* physical prevention of a response which has been linked by an individual to reduction of a negative emotional state.

- *Flooding:* reduction of emotional distress by extinction of avoidance responses. A normally avoided situation is presented for a prolonged period, with avoidance being prevented, until the emotional distress is reduced and the conditioned response is extinguished.

- *Covert sensitisation:* reduction of a behavioural excess by repeated pairing with an aversive stimulus in imagination.

- *Thought stopping:* a procedure in which individuals learn, through a succession of training stages, to use verbal prompts to interrupt and reduce unwanted patterns of thought and behaviour.

- *Assertiveness training:* a complex treatment programme involving a combination of methods to enable individuals to replace anxiety and similar emotions with positive coping responses in social situations.

Social skills training

Because it has been very widely used by a variety of professional groups, and has also been the focus of a large amount of research, social skills training seems almost to constitute a kind of therapy. However, it is not in itself a therapeutic approach, but the application of a combination of behaviour-therapy methods to a specific problem, i.e. a lack of skills for dealing with social encounters.

This problem can manifest itself in various ways, from social withdrawal and isolation, or low rates of participation, to inappropriate and maladaptive social behaviour. Research suggests that social-interaction difficulties are common in the general population; are marked features of many illnesses, and are also evident amongst some persistent offender, groups (Hollin and Trower, 1986).

There are several distinct models of the causation of social-interactional problems. These are of theoretical importance primarily, but they can also influence the choice of methods used in training. Broadly speaking however, most social skills training programmes contain a similar mixture of ingredients, as follows:

- *Instruction:* provision to individuals of information concerning standard rules and expectations in social situations; these may be cast in general terms or may be situation-specific.

- *Modelling:* presentation of a coping response, or skilled performance, in a given social situation, for imitation by learners, or to influence their usage of a skill.

- *Roleplay practice:* repeated performance in prepared training situations of a target social behaviour or skill. This is sometimes called *behavioural rehearsal, i.e.* practice of a behaviour prior to its use in real social encounters. It may be supplemented by *imaginal rehearsal,* a similar procedure involving cognitive practice.

- *Feedback:* systematic provision of information concerning skills performance, in order to shape behaviour and assist in skills development. It may be accomplished by direct verbal means, via behavioural ratings of observers, or through use of videotaped self-presentation to learners.

- *Coaching:* combined instruction and feedback provided by trainers to help shape skilled behaviour in learners.

There are now large amounts of evidence demonstrating the effectiveness of these methods for the increase or alteration of socially skilled behaviour, in many client groups. However, a recurrent problem of such training has been that while it is often highly effective for specific target behaviours, the results do not readily generalise to other, even closely adjacent, social situations or behaviour response-classes. As one approach to solving this problem, social skills methods have recently been developed which make more systematic use of cognitive methods. For example, social skills training may be combined with self-instructions, or with problem-solving skills training, to increase its effects and its range of applicability.

Self-instructional training

What could be described as the archetypal experiment employing cognitive-behavioural treatment methods was outlined by Meichenbaum (1977). Meyers, Mercatoris, and Sirota, whose study Meichenbaum reports, worked with a group of psychiatric patients diagnosed as suffering from schizophrenia. One frequently-observed symptom in such groups is an output of bizarre and disconnected speech which is meaningless to others. Meyers *et al.* worked with these patients and attempted to reduce their levels of 'schizoid' speech, by training them to make use of a series of internalised 'self-statements'. These were in fact a set of instructions which told them to avoid, or at the very least minimise, the use of words or sentences which listeners would not understand. A set of ten 'self-instructions' was prepared and the patients were taught to use them. Over a four-week period in which their speech output was monitored in interviews, the output of schizoid talk amongst this patient group was reduced from 75% of their total speech, to 16%. This was achieved by the simple device of changing the things they said to themselves. Meichenbaum reviews evidence concerning the effects of this method with other types of problems and with other client groups.

The method of *self-instructional training* used in this study has been extensively applied with other types of clinical problems, and has also been modified in a number of ways for use in

non-clinical settings. In the above example it was used to reduce levels of a behaviour. But self-instructions can also be used to promote selected behaviours, through the use of *coping self-statements,* for example to control pain, increase confidence, or improve the performance of athletes. As with all of the other therapies described here, ongoing follow-up of effectiveness should be undertaken. In support of this, a specially-devised additional set of self-statements is used at this stage, to help clients provide *self-reinforcement* of their own progress.

Self-instructional training has become a standard feature, almost a hallmark, of the cognitive-behavioural therapeutic approach. However, it is much more frequently used in combination with other types of method. For example, in conjunction with relaxation, it has been developed into a method called **Stress Inoculation Training,** used in anger control and other treatments for stress-related disorders, from headaches and asthma to dental anxiety.

Self-instructional training plays a pivotal role in the conception of the cognitive-behavioural approaches outlined in this manual. It has close ties on the one hand to the principal methods of behaviour therapy. **Thought stopping,** which was briefly described above, is one of the simplest forms of self-instruction. This method has been used in the treatment of obsessive-compulsive rituals and of intrusive and ruminative thoughts.

The way in which this method is used is as follows. With the client in a state of relaxation, he/she is invited by the therapist to commence an aberrant thinking pattern. In the first phase of treatment, the therapist interrupts the pattern by shouting 'stop!' loudly, after which the client uses some distracting cognitive operation, such as mechanically performing mental arithmetic, as a distraction from the unwanted thought. In the next phase, it is the client's turn to shout 'stop!' on a signal from the therapist. Finally, covert speech replaces the vocalisation; the client subsequently practices using the internalised thought-stopping procedure at any time when the unwanted ideas re-appear. The steps used here parallel those thought to occur in the development of self-regulation in childhood.

In self-instruction training, more elaborate forms of self-prompt are used. For this reason the method is sometimes known as **cognitive restructuring.** The new set of self-statements may be provided by the therapist, but are likely to be more effective if they have been developed jointly by therapist and client, as a product of detailed assessment of the client's thinking habits. This in turn is only one step away from the kinds of method used in cognitive therapy, in which maladaptive thought patterns, such as self-defeating or fear-arousing statements, are replaced with more realistic, positive, coping inner speech.

Problem-solving training

This is a form of therapy based on the frequent finding that individuals who have amassed sizeable numbers of problems, and who may have become ill as a result, often lack a range of problem-solving skills for dealing with difficulties which arrive in their lives. As with the other principal headings used here, there are several sub-variants of this general approach.

One of the earliest discussions of problem-solving linked it firmly to behaviour modification. Robert D'Zurilla and Marvin Goldfried, in an article written in 1971, set out an analysis of the cognitive skills required for effective problem-solving. Their ideas had a formative influence on the arrival of cognitive-behavioural approaches. The most systematic development subsequent to this was the work George Spivack and Myrna Shure, who assessed social

problem-solving skills in groups of different ages from childhood to adulthood. They also undertook a series of comparisons between groups manifesting problems of various kinds, and normative control samples in the general population. The social-problem groups included psychiatric in-patients (adolescent and adult), heroin users children with conduct disorders out-patients suffering from depression, or agoraphobia; and teenagers who had unwanted pregnancies. These groups generally had poorer problem-solving skills than matched comparison samples.

Part of this work also involved an analysis of problem-solving into a sequence of steps and associated abilities, which Spivack and Shure called *Interpersonal Cognitive Problem-Solving (ICPS)* skills. The skills identified were close to the original list specified by D'Zurilla and Goldfried and included the following:

- Problem awareness
- Problem recognition.
- Distinguishing facts from opinions.
- Generating alternative solutions.
- Means-end reasoning.
- Consequential thinking.
- Perspective taking.
- Social cause-and-effective thinking.

Each of these is operationally defined and most can be assessed by a separate, specially devised measure. Based on their findings, Spivack, Shure and others such as Jerome Platt developed training exercises and therapeutic programmes to impart the required skills. A moderate amount of research has been conducted showing such methods are useful for helping individuals who lack the above skills.

Another form of work developed from this, but incorporating other ingredients also, is a programme of **cognitive training.** This was successfully pioneered with offenders by Platt, Perry and Metzger (1980) in a study with heroin users in a prison pre-release unit. It was subsequently developed by Robert Ross, Elizabeth Fabiano and their colleagues for use in probation and prison settings in Canada. Ross *et al.* surveyed research comparing persistent offenders with other less recidivistic groups and with non-offenders, focusing on the extent to which they possessed and used cognitive problem-solving skills. Their conclusion was that repeated offenders often lack such skills and further, that the existence of such 'cognitive deficits' was the most consistently evident difference between them and other groups. They also provided evidence that the most effective programmes for reducing re-offending employed some form of cognitive training methods; and devised and tested a programme of such exercises entitled *Reasoning and Rehabilitation.* Some of these findings are discussed more fully later in the manual.

A number of other problem-solving therapies exist, such as that of Jay Haley. Problem-solving methods along the lines described above has also been used in the treatment of depression (Nezu, Nezu and Perri, 1989). These adaptations are very much more designed for use in individual work in therapeutic settings such as psychiatric clinics, or in personal counselling.

Rational-Emotive Therapy

This approach to therapy, originated by Albert Ellis, has been developed by him and his colleagues into a wide-ranging account of personal difficulty and disorder. Its fundamental tenet is that distress is caused by sets of negative, dysfunctional or maladaptive statements which individuals make to themselves concerning events. This position is common to almost all forms of cognitive therapy. However, the *Rational-Emotive Therapy* (RET) approach goes further than this. It is held that these statements are in turn a product of more deeply-held beliefs, of a completely irrational nature, which inform the way individuals live. It is also claimed that for the most part, individuals rarely examine these beliefs and as a result almost never question them.

For example, many people live their lives in terms of a series of 'ought' or 'should' statements, which may be expressed consciously as articles of faith but which far more often are not fully articulated. Their effect on feelings and behaviour is nevertheless pervasive. In other cases, beliefs can cause highly distorted perceptions of events and correspondingly disproportionate emotional reactions. Individuals are judging themselves, or have expectations of the world around them, on a basis that is misconceived and irrational. The aim of RET is to unearth these beliefs and modify them and to replace them with more rational and realistic sets of values and expectations.

The principal method used in this form of therapy is a form of Socratic discourse and direct questioning in which clients are asked to justify statements they have made. Under repeated and often very pointed questioning, the onus is placed upon them to provide evidence for their statements, or demonstrate to the therapist why they hold the views they express. Ellis states that there are certain fundamental irrational beliefs which emerge during therapy (at one stage in his writings, he provided a list of twelve such basic beliefs).

Until recently there was (despite claims by its adherents to the contrary) a dearth of firm evidence concerning the efficacy of RET. Recent reviews have, however, provided sound support for many of Ellis's claims (Lyons and Woods, 1991). RET is a highly appropriate therapeutic approach for certain kinds of difficulty. However, in itself it may have limited scope in work with offenders, and its use requires special training in the forms of Socratic dialogue in which therapists must be able to engage.

Cognitive therapy

Possibly the most widely-used therapy which can be subsumed within the cognitive-behavioural framework is the form of cognitive therapy developed by Aaron Beck and his associates. This has generated considerable quantities of evaluative research, especially in the treatment of depression, including clinical trials in which the therapy has been used in conjunction with psychotropic medication. The central proposal underpinning this form of therapy can be succinctly presented in a single statement by Beck and his co-authors that " ... the primary pathology or dysfunction during a depression or an anxiety disorder is in the cognitive apparatus".

A substantial repertoire of techniques is used in cognitive therapy, but its basic procedures revolve around the identification and modification of dysfunctional thoughts. These are elicited from clients in interviews, and also in self-observational diaries and schedules, most notably

the daily record of dysfunctional thoughts or *dysfunctional thoughts diary.* An adapted version of this, called a *thinking report*, was used by Bush (1995) in his work with violent prisoners. Individuals may require initial help to recognise that some thoughts are automatic, i.e. they occur very swiftly and without apparent prior cogitation, in response to events or stimuli which may be external or internal in origin. Having recorded some thoughts of this kind their levels of belief in them are assessed, before embarking on a therapeutic process in which the contents of thoughts are altered or replaced by more functional, or reality-based, or coping material. As a part of this, a number of well-established cognitive errors, discovered by Beck and his associates in their work, may be pinpointed. They include:

- *Arbitrary Inference or Filtering:* a tendency to focus on some (usually negative) aspects of a situation whilst ignoring others.

- *Catastrophising:* expecting the worst and interpreting events as evidence of impending disaster.

- *Over-generalisation:* drawing conclusions from a single incident or a limited range of events.

- *Dichotomous thinking or polarisation:* an insistence that events, people, etc. must be in one class or another, with no ground in between.

- *Personalisation:* a tendency to assume inappropriately, that others are referring to oneself or to make endless comparisons with them.

- *Mind-reading:* an assumption that one knows what others are thinking without asking them or hearing them speak.

- *Blaming:* an assumption that there must be someone to blame for an event, either others, or oneself.

- *Shoulds:* a fixed set of expectations, with no realistic basis, concerning the behaviour of others or of oneself, causing distress when violations occur.

- *Emotional reasoning:* a belief that if someone (including oneself) feels a certain way, it must be true.

- *Heaven's reward:* a view that pain and sacrifice will be rewarded, and an experience of dismay when they are not.

The above patterns (there are others) may be introduced and described to clients, and explained to them as part of an attempt help them clarify their own thoughts. Clients are required to monitor the process of using their newer, more adaptive thinking patterns, alongside other aspects of their daily living.

Research using cognitive therapy has suggested that in some of the major forms of psychological disorder, there are patterns of cognitive distortion or habits of thought which can be regularly detected. One such regularity can be found amongst the beliefs which individuals have concerning the causes of events. The ways in which they attribute cause, to their own actions or to others, positively or negatively, in a stable or changeable manner, can provide

explanatory clues to the nature of their thinking which may contribute to their illness. One form of cognitive assessment focuses on these *attributions,* and provides an analysis of them which can be invaluable in therapeutic work. A specific variant of cognitive therapy, **Re-Attribution Therapy,** has been developed for the purpose of helping individuals develop less self-damaging patterns in the attributions they make.

Cognitive therapy has obvious similarities to a number of other therapeutic methods. There is a clear affiliation between it and RET. But there are also some forms of counselling and therapy which employ cognitively-based methods and which pre-date the arrival of cognitive therapy. One of them is **Personal Construct Therapy,** an approach based on the work of George Kelly. In formulating his theory of personal constructs in the 1950s, Kelly described patterns of relationships between constructs which were indicative of unstable emotional states. From this proposal, a variety of therapeutic prescriptions flow, though it was not until the 1970s and 1980s that these were articulated in a form of therapy as such. Some of them involve the conduct of 'behavioural experiments' by clients, which will generate evidence likely to result in construct re-organisation, and restoration of better personal adjustment.

Schema-focused therapy

Recently another variation of cognitive therapy has appeared, which builds on earlier work but is also based on recognition of some of its limitations. Its theoretical framework is broader and incorporates ideas from a *constructivist* approach in cognitive psychology. It also relies on greater usage of the working relationship between a therapist and client as the basis for change. *Schema-focused therapy* as its title implies is concerned with eliciting and confronting basic, unconscious belief structures within individuals, that are influencing their conscious thoughts, their feelings and actions. Some of these sets of beliefs, which are known as *early maladaptive schemas*, are thought to be particularly important in contributing to problems, and especially more serious and enduring problems that are resistant to other forms of cognitive therapy. These are sets of basic, taken-for-granted beliefs or expectations about the world, or dominant themes in how individuals interact with it, which are formed in early development and which play a fundamental, but unrecognised part in organising a person's everyday experience. This may include schemas of abandonment, mistrust, shame, isolation, control, entitlement and so on which place people at risk of developing severe problems or of acting in a marked anti-social manner at some stage of their lives. This has been piloted in work with individuals identified as suffering from personality disorders (McGinn and Young, 1996). Application of this approach involves use of some techniques that are familiar from other forms of behavioural and cognitive therapy.

Inter-relationships

The ground covered in this chapter is very wide. Figure 4 shows a simple arrangement of some principal methods or categories of therapeutic endeavour, following the continuum from most behaviourally-oriented to most cognitively-oriented, which has been used in the text.

However, as noted at the outset, this is a considerable over-simplification and there are numerous overlaps and inter-linkages which are concealed by this linear scheme. From the text itself it will have been clear that most collections of methods owe intellectual debts to more than one source. Overall, it must be borne in mind that there are many cross-currents and subtle pathways of influence which cannot be represented in this way.

Figure 4. A continuum of methods forming a cognitive-behavioural 'family'

Behaviourally-oriented approaches

Behaviour modification
Behaviour Therapy
Social SkillsTraining
Self-Instructional Training
Social Problem-Solving Training
Rational-Emotive Therapy
Cognitive Therapy
Schema-focused therapy

Cognitively-focussed approaches
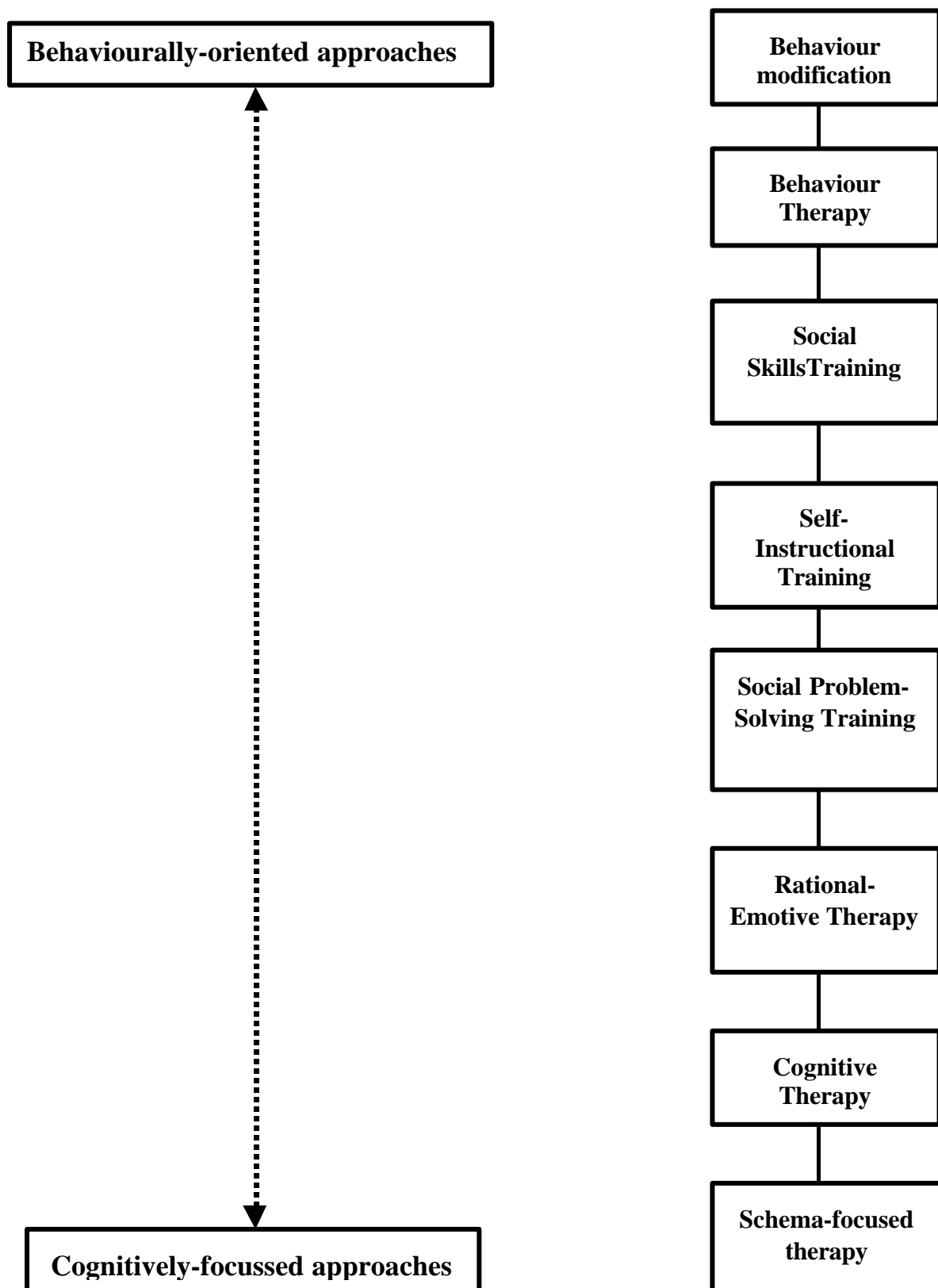
CHANGE PROCESSES

Summary

This chapter of the manual looks briefly at different approaches, within cognitive-behavioural therapies, to the understanding of *therapeutic change*. There is not any single all-inclusive model of this, but a variety of models each with some restricted applicability. They are not incompatible with each other and attempts have been made to subsume some of them into a coherent whole (e.g. Kanfer & Schefft, 1988; Mahoney, 1991). In what follows, only the briefest summary of some of these models of change is provided including, behaviour-led change, the cycle of change and the role of motivation in the change process.

Environmental contingencies

In traditional S-R behaviour change methods, it was assumed that since behaviour was so much controlled by the environment, planned alterations in the contingencies of reinforcement would have the desired effect upon behaviour. This is the rationale behind many behaviour modification techniques, and for certain kinds of problems it has proved to be highly effective. While the limitations of it for many purposes are now obvious, the value of incorporating changes in environmental events as a component of a more multi-faceted programme continues to be recognised.

Behaviour-led change

Many change methods in behaviour therapy are based on the assumption that the process of change will be *behaviour-led* which is construed as follows. The importance of the inter-relationships between cognitive, emotional and behavioural systems is fully acknowledged. A disorder such as an anxiety state, however, is viewed as a product of learning. The individual becomes incapacitated with fear in situations in which little or no real danger is present. Approaches such as exposure training or flooding rest on the assumption that if the individual can be sustained in the feared situation for a long enough period of time, his or her anxiety will subside and there will be an opportunity to re-experience the situations as one which need not be feared. This is viewed, in essence, as a behaviourally-based learning process. For it to happen, however, behaviour must as it were lead the way and venture into the feared situation even when experienced anxiety, and associated cognitions, are at acutely distressing levels.

This phenomenon, in which the three systems adjust at different rates, perhaps with the

impetus to change occurring initially in one system only, is known as **desynchrony.** It is commonly observed in behaviour therapy. It is also widely reported that the speed of change of the three components of fear, cognitive, physiological, and behavioural, can vary between patients. Individuals are known to differ in their relative investment in, or domination by, the three systems respectively. The management of this desynchrony and the relationships between different kinds of change is of major concern in behaviour therapies.

Cognitive change processes

Alternative views have however been formulated of the kinds of change just described, which take a quite different perspective on the real nature of the changes taking place. It is held that the underlying process is instead a cognitive one. Behaviour change plays a contributory part, but the theoretical account of the change mechanism locates it in cognitive activity.

Such a view has been put forward by Brewin (1988, 1989) and by Foa and Kozak (1986). The latter, for example, focus on the processes which occur when a patient suffering from agoraphobia is successfully treated. The basis of their theory is in cognitive psychology, specifically in what is known as the propositional theory of memory. This is a theoretical model of how information is stored in the nervous system. The specific propositions contained in fear memories are probabilistic judgments of the likelihood of harm in certain places. Thus in the agoraphobic individual, there are several interlinked propositions joining together certain place-memories with probabilities of harm. In treatment, what has happened is the provision of new, 'corrective' information. This in turn must be assimilated into the propositional network. Its effect is to dis-engage some of the existing propositional connections which had been sustaining the anxiety reaction. Within the memory store a new clustering of propositions is formed, such that fear or harm memories are no longer adjoined with propositions concerning relatively harmless places. All of this is viewed as occurring at the neural level, though of course the treatment methods setting it in motion are assumed to be behaviourally-based.

Outcome expectancies and self-efficacy

There is as things stand at present insufficient evidence to permit a clear choice between the above models of change. They are not necessarily in competition in any case, but cognitively-based models have gained greatly in clarity and made considerable headway in research terms in recent years. Whatever the precise locus of the changes outlined, they do have an impact on self-perceptions, on perceived ability to act upon the environment, and on attributions regarding internally-motivated change. This conforms well with the views of Bandura (1977) regarding self-efficacy and also with those of Frank (1974) who depicts psychotherapy as an essentially restorative process which serves to increase the individual's morale.

The cycle of change model

In addition to specific theoretical formulations regarding therapeutic processes, the cognitive-behavioural approach also incorporates a model of motivational balances and imbalances present at various stages of behavioural and personal change.

As anyone involved in trying to engender change in others knows, individuals are not always ready or willing to alter even in ways which seem desirable for them. Levels of motivation vary substantially even amongst those who appear to be urgently in need of help. Some individuals are highly motivated to tackle their problems but others are not remotely interested

in change, and may in fact be resistant to it. It can therefore be very useful, in making decisions about how to work with someone, to be able to judge the probability that an individual will benefit from a programme of work.

A framework for making this assessment has been devised by two American psychologists, Joseph Prochaska and Richard DiClemente (1994). Their concepts were originally formulated for work they were doing with people trying to stop smoking tobacco. They have since been extended and applied to alcohol and drug abuse, to other repetitive/compulsive behaviours such as habitual gambling, and to offending behaviours such as predatory sexual assaults. Prochaska and DiClemente have claimed that their model is 'trans-theoretical', i.e. applicable across many different types of therapy regardless of their theoretical roots.

The model is presented as a 'revolving wheel' with an entry point and three exit-points as shown in Figure 5. Individuals are described as being at one of the following stages or motivational states:

> **Pre-contemplation** - those who have only limited awareness of their problems, or refuse to recognise them, and see no reason to change.
>
> **Contemplation** - persons who have recognised some problem and are pondering what to do about it, but need help to decide on a course of action.
>
> **Determination stage** - those who have made up their minds on some course of action, but who require assistance to make a definite choice from amongst a range of possibilities.
>
> **Action stage** - those who have embarked on a course of change and need help to get through the most difficult phases of early progress and establishment of a new pattern of behaviour.
>
> **Maintenance stage** - individuals who have achieved some progress, but are not yet free of their problems, still experience a day-to-day struggle, and need support to avoid relapse.

The cycle of change model is consistent with a general cognitive-behavioural framework of substance dependence but also provides a conceptual tool for making sense of change processes in relation to many others types of problem. Its breadth of applicability is such that Prochaska and DiClemente expanded it into a conceptual framework of **transtheoretical therapy.**

Figure 5. The 'cycle of change'

Exit 3

Maintenance

Action

Determination

Exit 1

Contemplation

Relapse

Exit 2

Entry point
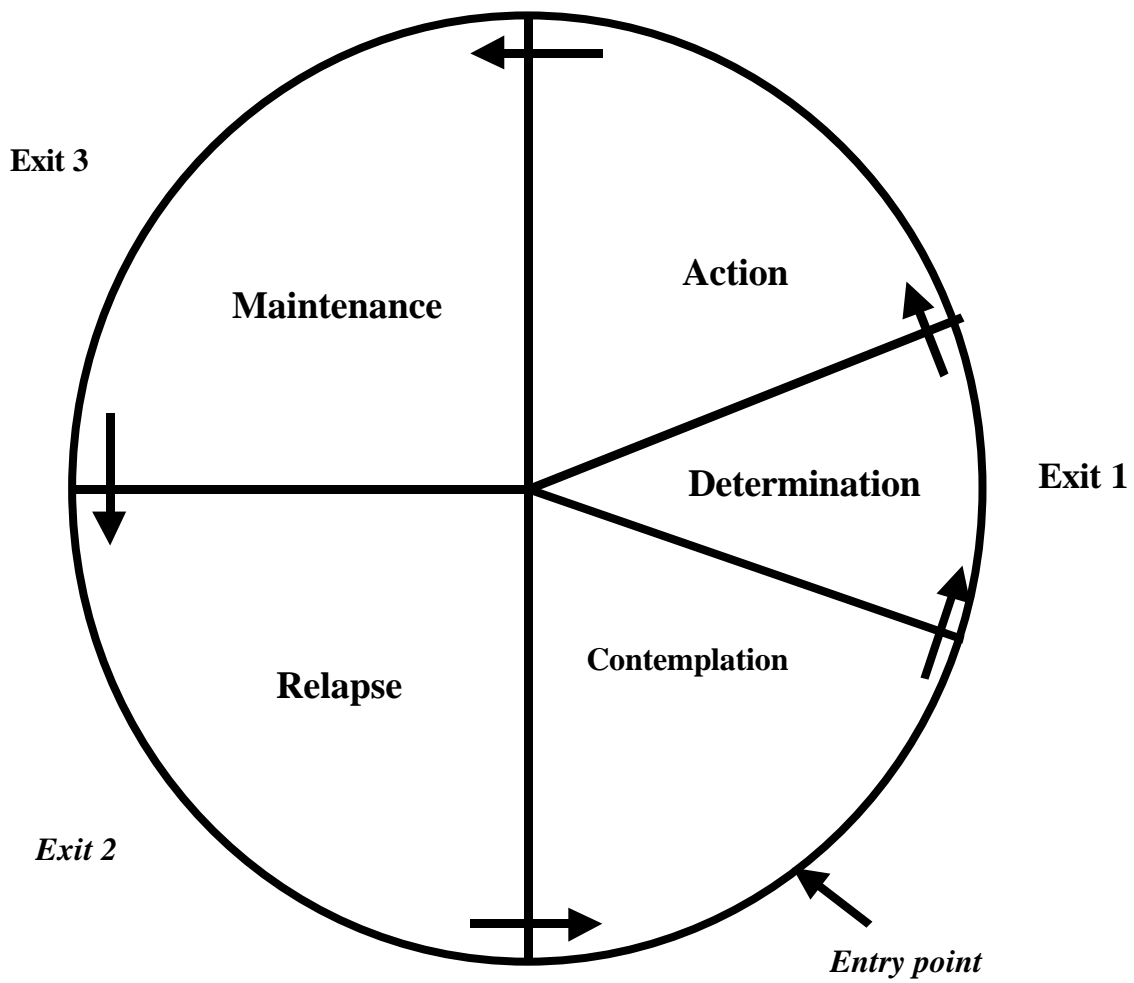
Pre-contemplation

Exit 1: *Choosing not to change*

Exit 2: *Giving up trying*

Exit 3: *Stable, successful change*

Motivation change strategies

The question of how to increase individual motivation to change is often the most difficult one in therapy. It has been expressly and systematically addressed within cognitive-behavioural methods.

One general 'strategic' approach to the problem is through the interactional style which is adopted when working with clients. This is described as strategic in the sense that it would not be expected to produce immediate results, but is part of a longer-term plan to influence the client's motivational state. The method is known as **motivational interviewing** and like the cycle of change it was based originally in work on substance-dependence, though with alcohol problems rather than smoking. This form of work has distinct aims, underlying principles, and involves specific techniques which are set out in some detail in Appendix Three.

A number of other motivation enhancement methods which employ similar basic mechanisms to those involved in motivational interviewing. have been described by Kanfer and Schefft (1988). The following is a summary of the strategies they propose.

- *Disrupting automatic responses* - raising questions or responding selectively to the client's statements, pointing out inconsistencies, encouraging revision or 'reframing' to incorporate them.

- *Encouraging use of self-regulation skills* - promoting development of self-monitoring, examination of consequences, self-reinforcement.

- *Making small demands* - at the initial stage of work, making only limited requests or demands which are easily achieved.

- *Doing something associated with a task* - making minimal requests of the client to find information, observe or ask others, to accumulate material relevant to a larger task, without embarking on the task itself.

- *Doing a task without fear of failure* - setting a task or making a request which can be easily accomplished or in which failure has no negative consequences.

- *Associating outcome with previous reinforcers* - helping individuals to make links between outcomes of tasks and well-established previous reinforcers.

- *Re-attributing causes* - encouraging re-appraisal of the causes of events, especially previous problems or lack of change.

- *Using role play* - use of an active method which engages the client in positive coping such as brief role-reversals and behavioural rehearsal exercises.

- *Working toward self-generated goals* - focusing on objectives set by the client, and increasing responsibility for selection of appropriate goals.

- *Using 'provocative strategies'* - use of methods such as paradoxical interventions which challenge individuals and influence motives to act.

- *Encouraging positive self-reinforcement* - encouraging individuals to review performance, identify even limited achievements, and use self-reinforcements of specified kinds.

- *Recording progress* - regular review and reflection on change, monitoring of target thoughts, behaviours or feelings, making comparisons with earlier states.

- *Using environmental cues* - employing existing patterns, such as regular habits or daily events, to act as cues in the production of new behaviour.

- *Requiring a prior commitment* - making certain forms of work conditional upon specified changes in behaviour, or on the making of statements concerning goals.

- *Promoting a facilitative environment* - discussing with the individual any changes which are needed in the environment, especially in significant others, to support his/her efforts; contacting relevant persons and seeking assistance and support.

- *Making contracts* - drawing up written agreements concerning the individual's goals and associated activities, and specifying consequences of attainment or non-attainment.

- *Using the therapeutic alliance* - after initial sessions, if a positive working relationship has developed between client and worker, this itself may be a source of motivational enhancement for the client.

- *Using seeding* - preparation of individuals for discussion of topics at a later stage, applicable if there are present obstacles which prohibit this indicating directly that the issue must be addressed at some point.

- *Encouraging the client to dream new dreams* - with clients who have no well-defined goals, encouraging vivid imagination of possibilities, and if possible 'sampling' of some available options for change.

All of the above must be deployed within a constructive and empathic approach to individuals and their problems. It is assumed that the basic principles of counselling espoused by Carl Rogers (1955), in which the client is shown 'unconditional positive regard', will continue to operate. Thus for example, if there are inconsistencies between what someone says and how he or she acts, this is not presented as an accusation. There is likely to be an underlying discomfort as a result of the dissonance or lack of congruence between statements of intention and behaviour. A more appropriate intervention therefore would take the form of a question for the client to resolve.

9

TOWARDS A COGNITIVE-BEHAVIOURAL THEORY OF OFFENDING BEHAVIOUR

Summary

This chapter illustrates ways in which cognitive behavioural ideas are applicable to work on offence-related behaviour. Six selected areas are examined and for each of these a brief rationale is given linking types of offence to (a) theoretical models and (b) related research on cognitive behavioural theory.

The six selected areas are:

1. **Routine Activities Theory and Property Offences.** Within this framework crime is seen as a product of the availability of opportunities to commit it. Most crime is committed within a close proximity of an offender's residence. Little effort, planning, skill or preparation is involved. Typically persistent offenders possess poor problem solving and decision making skills.

2. **Social Interaction, Acquiescence, and Assertion.** A large proportion of offending, particularly amongst juveniles, is committed in a group setting. Individuals may apply pressure to each other to offend, or escalate each other's claims about law breaking activities. They almost certainly reinforce sets of attitudes supportive of and conducive to the commission of offences. Social skills training particularly in areas such as assertion is therefore relevant.

3. **Violent Offences and Loss of Self-Control.** A distinction is drawn between *instrumental* and *expressive* (affective or emotional) aggression. Instrumental violence has received little attention in research. Expressive violence has been much more extensively studied and can be accommodated within a number of cognitive behavioural approaches.

4. **Addictive Behaviours.** Within a cognitive behavioural explanation for substance misuse, the user needs the substance not because of the inherent physiological reaction it produces but because of the cycle of mood changes which are experienced as a result. The cycle of change is revisited and to assist in maintenance, cognitive behavioural strategies are developed, collectively aimed at relapse prevention.

5.   **Risk and Resilience Factors in Young Offenders.** This section examines the importance of self image as a contributory factor in offence proneness in some individuals affecting their *resilience* (ability to avoid offending in the first place) and *desistance* (likelihood of avoiding subsequent re-offences).

6.   **Attitude Change and Values Education.** This section addresses specific types of anti social attitudes or values that are supportive of criminal conduct. Attitudes of this kind are often very difficult to change. Methods employed include role reversal work, designed to increase an offender's ability to take other perspectives, and moral reasoning training.

Outcome studies of the applications of methods with offender groups are not reviewed in depth, but a guide to this research is contained in Appendix Four.

ROUTINE ACTIVITIES THEORY AND PROPERTY OFFENCES

The 'reasoning criminal' and Routine Activities theory

Some criminological theories view the phenomenon of crime itself as something which requires understanding, independent of the characteristics of those who have perpetrated it. Within this framework, however, crime is not seen as the result of environmental pressures or social conditions but as a product of the availability of opportunities to commit it. Patterns are therefore sought in the incidences of crime itself, in discoverable regularities amongst situations, targets, or victims.

Research of this kind has discovered that there are indeed regularities in the way crimes are committed. Some stores are more likely to be the target of shoplifting than others. End dwellings or those with easier rear access are more likely to be burgled than middle dwellings. Street robberies or thefts of vehicles are more likely at certain times of day. When houses are burgled, mainly portable items are stolen, almost regardless of their value. Most thefts and violent assaults (with the exception of homicide) involve strangers to the victim. Property crimes are nearly always carried out with a built-in aim of avoiding detection, or any other form of contact with likely victims. Most crime occurs in relatively close proximity to the offender's residence. In fact, "…ordinary crime requires little in the way of effort, planning, preparation or skill" (Gottfredson & Hirschi, 1990).

These findings have led to the formulation of a theory that is a variant of the 'criminal opportunity' approach, known as 'routine activities' theory. This is also associated with the idea of the 'reasoning criminal', who calculates a balance of effort, anticipated gain, and risk of detection, before attempting to carry out a crime. Most offences are designed to involve the minimum of effort on the part of the offender, are opportunistic, seeking readily available targets rather than ones which involve much planning and do not need a great distance to be travelled. They occur within a space which is within easy reach in terms of the normal lifestyle of the offender and they can more or less be incorporated as part of a routine activity. Many more crimes are attempted than successfully completed. The average loss in most property crime is very small. Many crimes are so trivial as not to be reported by victims. Overall,

offenders gain very little and the majority do not repeat the criminal act.

Outcome expectancies and calculations

In this perspective then a criminal act is the product of a decision, but it is one made with relatively few dimensions taken into account, and is informed by only a very short time-perspective. A study illustrating this was conducted by Carroll and Weaver (1986), who worked with high-frequency shoplifters and obtained from them verbalisations (spoken into a micro-cassette recorder) of their thought processes while in department stores. This theoretical approach has been applied to crime reduction principally through prevention and 'target-hardening' strategies, as a means of increasing the difficulty of criminal acts, or of altering the balance of costs to the offender. It has been commented (e.g. by Blackburn, 1993) that one missing ingredient from this model is a cognitively-based account of decision-making. If what is known about crime occurrences can be combined with information concerning problem-solving, for example, other approaches to direct work with offenders might emerge. These would assist offenders in the re-examination of the outcomes they expect from offences and also, help them bring other dimensions, and longer time-perspectives, into their calculations of the viability and worthwhileness of an offence.

Cognitive and problem-solving training

To an extent, work of this kind has already been undertaken, within the basic approach of cognitive-behavioural theory. As outlined in chapter 7, Robert Ross and his colleagues have surveyed research comparing persistent offenders with other groups, and have suggested that those who repeatedly commit offences possess, on average, poorer problem-solving, decision-making, and perspective-taking skills. The possibility exists of providing offenders with training in these skills, and so potentially reducing their offence rates. In a series of studies in probation and prison services in Canada, researchers and practitioners have done precisely this (Robinson, 1995).

Their first step was the development of a training manual which covers a wide range of areas in problem-solving, social skills, negotiation, management of feelings, values enhancement and critical reasoning. The manual was designed for delivery to small groups of offenders of a course of 35 two-hour training sessions - a total of 70 hours of fairly intensive and focused learning. This was experimentally tested in probation and prison settings, and secured highly significant reductions in trained offenders, as contrasted with other groups given lifeskills training or no intervention. A number of other trials of this work are now in progress, some of them in the UK where it has been applied in probation agencies and is now also being piloted within a number of prisons. Relevant sources concerning this work are given in Appendix Four.

SOCIAL INTERACTION, ACQUIESCENCE, AND ASSERTION

Interpersonal contexts of offending

A large proportion of offences, particularly amongst juveniles, are committed in a group setting. There are several possible explanations for this, some of which have to do with the quest for peer affiliation and status in the face of rejection by (or of) adult society. Another plausible reason however resides in patterns of social interaction in such groups. Individuals may apply pressure to each other in a diffuse manner, or to specific individuals who are seen as

persuasible or acquiescent. Alternatively, group members may excite or escalate each others' claims about law-breaking activities. They almost certainly reinforce sets of attitudes supportive of or conducive to the commission of offences.

Social learning theory

According to Social Learning and Differential Association theories, the interactive processes inside such groups, and also within larger social networks, play a major role in leading individuals towards offending. Modelling and observational learning play a direct part in the establishment of patterns of delinquent behaviour, while symbolic learning and values-acquisition occur alongside them and further absorb individuals into the acceptance of delinquency. For some young people whose basic preference would be to avoid being drawn into offences, pressures to do so are irresistible. They may lack the personal resources for acting counter to group norms or ignoring the arguments (or threats) of dominant individuals.

Interactive skills and social information-processing in problem groups

In support of this contention, there is a substantial volume of research which has indicated that, by comparison with normative groups, individuals who experience frequent problems often lack a range of social-interpersonal skills. This work has been done both with offender groups and with those who develop other behavioural and mental health problems. It is often the case that they may have poor verbal skills but in addition their ability to communicate non-verbally, and perceive the intentions of others may be impoverished to some extent. There are parallels here with the findings concerning interpersonal problem-solving.

On a separate front, there is tentative evidence that aggressive children exhibit a number of deficits in several facets of social information-processing. Dodge (1986) developed a theoretical model of the links between these deficits, and Akhtar and Bradley (1991) have summarised evidence suggesting, for example, that such children "...are biased to attribute hostile intentions to their peers, especially under ambiguous circumstances". Research studies have found differences between these children and other groups in their ability to use social cues, and to generate solutions to problems, as well as in the behavioural performance of socially appropriate courses of action.

Models of social skills training

The most widely tested intervention for the types of problems just described has been social skills training. This is in fact a collection of methods rather than a single technique, and there are four different models of social-behavioural problems each with a slightly different prescription for strategies of remediation. They are:

> **(a)** The **motor skill** model of Argyle emphasises the skills deficits to be found in poor social performance, and sets out to provide training in the same manner as would be used to train any other complex skill.

> **(b)** The **assertion training** model of Wolpe and Liberman links poor social skill performance to the effects of anxiety, replacing it with assertive responses. This is the origin of assertion training.

> **(c)** The **reinforcement schedules** model of Lewinsohn focuses on patterns of

interaction or their absence, focusing attention on the individual's overall patterns of social activity and sources of reinforcement.

(d) The **cognitive** model of Trower addresses a common problem in social skills training, that of failure to generalise, by teaching thinking strategies that will enable individuals to apply principles they have learned in a more flexible way.

Training methods

Given these theoretical divergences, the range of techniques used in social skills work is immensely wide. There is nevertheless (as seen in chapter 7) a common set of methods which includes instructions, practice and feedback as indispensable ingredients of most programmes. This may be supplemented with relaxation training; modelling; coaching; successive approximation; activity scheduling; homework tasks; and cognitive components as required.

There is substantial evidence for the usefulness of these methods in both ameliorating general social interaction difficulties, and in the reduction of re-offending. For sources concerning the latter, readers are referred to the research guide in Appendix Four.

VIOLENT OFFENCES AND LOSS OF SELF-CONTROL

Instrumental versus expressive aggression

Most discussions of aggression and violence begin by making a key distinction between *instrumental* and *expressive* (affective or emotional) aggression. In the former, the motive is not aggression itself but some other goal or incentive. Injury to a victim facilitates achievement of non-aggressive goals (e.g. in street robbery). In the latter, "...harm or injury to the victim reduces an aversive emotional state" (Blackburn, 1993). The first form of aggression is seen as incidental to the offence and has received very little attention in research. The second form has been far more extensively studied, and can be accommodated within a number of cognitive-behavioural approaches.

Novaco model of anger

Raymond Novaco (1975) developed a model of anger for the purpose of devising a treatment programme for its reduction. The model includes environmental, cognitive, physiological and behavioural (motor) components, and can be depicted as shown in Figure 6. The appraisal process is of crucial importance in this model; environmental events are not in themselves anger-provoking but only become so when filtered through the cognitive apparatus of a perceiver. Thereafter, the familiar triad of cognition, behaviour and affect are called into play in interrelated ways. Novaco emphasemphasiseses that anger is a normal, healthy, adaptive response to certain events, which motivates coping strategies. It is when it is inappropriate or uncontrolled that problems, such as some criminal offences, arise.

Anger control training

As an extension of this model Novaco developed a programme of *Anger Control Training* which rests conceptually on an application of it to help individuals understand, and then learn to regulate, their degree of anger arousal and related anger behaviour. A first step in this is to

educate individuals in the model, that is to provide them with an understanding of anger and of how the constituents of it interact. The programme itself combines relaxation training and cognitive self-instructions in a form Novaco calls **stress inoculation training.** This programme and variants of it has been applied to aggressive behaviours shown by a number of offender groups, with positive outcomes. Source references for these studies are obtainable in Appendix Four.

Figure 6. Novaco's model of determinants of anger arousal
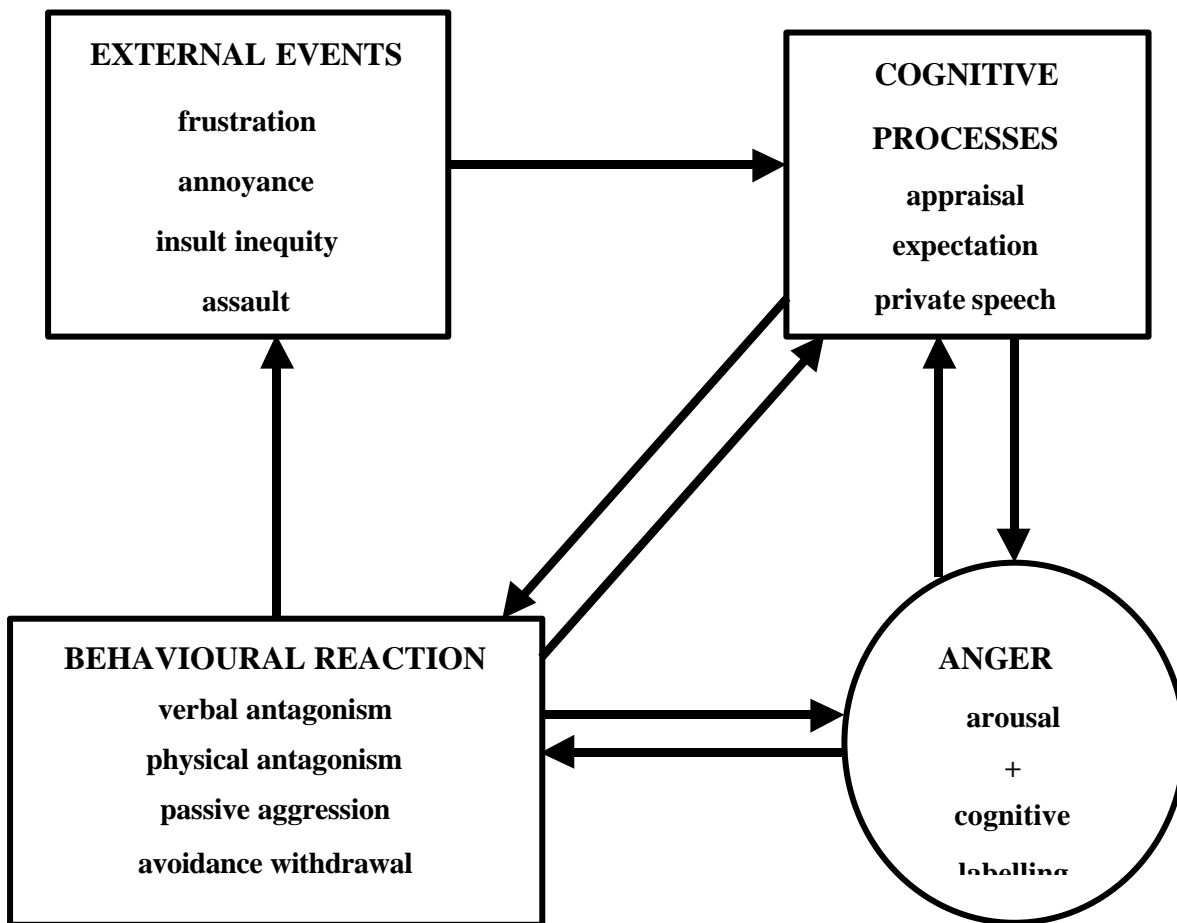
Systematic desensitisation

An alternative approach to the management of aggressive responses is provided within Wolpe's model of reciprocal inhibition. Here, as with anxiety problems, the fundamental principle of change is the replacement of anger with a state of relaxation. The two cannot co-exist simultaneously within the physiological or motor system and with systematic training anger reactions are controlled. The **desensitisation** procedure entails the production by individuals of a hierarchy of anger-arousing situations. These may be written on a series of cards or placed against a subjective scale of discomfort such as a *feelings thermometer*. This is a variation on a procedure used by Wolpe, in which individuals describe situations in terms of the *subjective units of distress* (SUDs) associated with them. Relaxation is then applied in

gradual, stepwise fashion to the arousing stimuli. A number of studies have reported successfully on the use of this method not only with anger problems, but also with other offence-related behaviours including alcohol abuse, kleptomania, and indecent exposure (listed in Appendix Four with source references).

ADDICTIVE BEHAVIOURS

The myth of substance addiction

It is still widely assumed that regular ingestion of certain chemicals such as alcohol, initially for pleasurable purposes, leads to a bodily reaction which in due course becomes an addiction. The site of this addiction is thought to be a physiological one, i.e. there is an interaction between the chemical and other substances in the body, such that the user finds it intolerable to be without the drug or even to let its concentration in the blood fall below a certain level. A still more radical version of this theory is what was known as the disease theory of alcoholism. This held that in some individuals there was a susceptible state, caused by a chemical already present in the body, which made them more prone to addiction and to become alcoholics.

It is difficult to prove or disprove this theory, though no substances meeting the requirements of the disease theory have been isolated. It is evidently the case that ingestion of a wide range of substances leads to dramatic bodily changes, including in the long run, severe damage to vital organs. However, an alternative explanation of the observed phenomena of the 'addictive' behaviours is now available, which locates the mechanisms of habitual use on a psychological rather than a physiological level (Davies, 1992).

Cognitive-behavioural model of addiction and dependence

The traditional behavioural model of addiction portrayed it, as with all else, as a form of learned behaviour due to conditioning. Over recent years, more elaborate models have been assembled, which identify the modulating effects of substances on levels of mood arousal as the principal factor in the maintenance of substance dependence. The user needs the substance not because of the inherent physiological reaction it produces but because of the cycle of mood changes which are experienced as a result. This conception accords well with a cognitive-behavioural approach to the understanding of self-damaging behaviours; and is also applicable to non-substance dependence syndromes, including gambling, some types of sexual offences, and possibly also a small proportion of property offences, for example shop theft (McGuire, 1997).

The controlled drinking controversy

A cornerstone of the view that addictions were physical reactions, and which supported the disease theory, was the supposition that people 'addicted' to a substance, who had recovered from a period of abuse, could not possibly use the substance again without once more becoming addicted. A major scientific and clinical dispute erupted when it was reported that a number of former 'alcoholics' had done just that, i.e. returned to normal, social drinking after a period of abstinence. There are now several studies which have reported findings of this kind. Some of those who recovered did so without any treatment or other form of professional help. Others, in specially designed studies, used cognitive-behavioural methods such as self-control training, desensitisation, or contingency contracts to maintain their alcohol consumption at acceptable and harm-free levels.

Reviewers of this research, and advocates of the possibility of controlled substance use, are not of course insisting either that (a) all those who abuse alcohol or other drugs can achieve a goal of moderation, or (b) that those who prefer complete abstinence should be persuaded to abandon this course and attempt a programme of low or moderate use. Individual variations in the history of substance abuse, the degree of harm done, in preferences for different treatment goals, and so on, mean that a range of goals must remain available for those seeking substance abuse treatment.

Cognitive-behavioural interventions and the 'cycle of change'

The **cycle of change** model, introduced in chapter 8, was derived from the study of addictive behaviours and can be applied to provide guidelines for the most appropriate kinds of interventions to use at each stage. This may be additionally valuable for example in assisting workers who are attempting to make decisions about the amount of effort or investment of resources which may be required for any given individual to change. For individuals at the *Pre-contemplation* stage, the goal may of necessity be **damage limitation** only. For those in the stage of *Contemplation*, motivational interviewing and other strategies may be employed to increase the likelihood of change. In the *Action* phase, a variety of methods, from across the whole field of cognitive-behavioural therapies, may be used as necessary according to the specific problems with which clients require help. It is likely that such methods will be combined in a multi-modal programme incorporating a broad range of targets. Later still, to assist in *maintenance*, a number of cognitive-behavioural strategies have been specially developed, collectively aimed at what is known as *relapse prevention*.

Relapse Prevention model

To help understand the relapse process, a detailed cognitive-behavioural model has been put forward by Marlatt and Gordon (1985). This has in turn led to development of techniques for work on a variety of addictive and offending behaviours. The model focuses on the importance, for example, of distinguishing **lapse** (e.g., having thoughts of an offence, engaging in preparatory behaviours, or experiencing small-scale setbacks) from full-blown **relapse.** Marlatt and Gordon noted that following minor lapses, individuals sometimes succumb to an abstinence violation effect whereby they see themselves as having failed and so give up their resistance entirely. In work with those who have committed sexual offences this has produced an increasing awareness of **apparently irrelevant decisions** which form a sequence of events leading ultimately to a re-offence. Further conceptual developments and associated research can be explored in several sourcebooks, for example those by Laws (1989) and Wanigaratne *et al.* (1990). More recently, a comprehensive cognitive approach to substance abuse has been described by Beck, Wright, Newman and Liese (1993). The factors that are associated with relapse into criminal activities by high-risk offenders have been investigated in some depth by Zamble and Quinsey (1997).

RISK AND RESILIENCE FACTORS IN YOUNG OFFENDERS

Self-image and self-esteem: models of causation

In the theoretical accounts given in chapters 2, 5 and 8, a model of self-awareness was proposed which comprised a set of self-referent constructs or schemata focused on patterns of linkages between thoughts, feelings and behaviour. Concepts such as that of self-esteem also

appeared in chapter 4 as a component of the inner containment theory of delinquency. This section examines the importance of self-image as a possible contributory factor in offence-proneness in some individuals, affecting their *resilience* (ability to avoid offending in the first place) and *desistance* (likelihood, if someone does offend, of avoiding subsequent re-offences).

Sources of self-esteem

Most developing children are conveyed positive images, and are encouraged to think well of themselves, through the attention, affection and actions of caregivers. The child is in fact reliant on these sources for the nurturance of self-esteem. If they are absent, contradictory, critical or abusive, it will be difficult for a positive sense of self-worth to flourish.

Research supports what most of would assume, that children receive their impressions of themselves from two principal source, home and school. Children receiving positive feedback from neither of these may develop a fragility which under other sorts of strain can lead to a seriously damaged self-concept.

Self-image and delinquency

In these circumstances, children and adolescents understandably remain motivated to develop more positive feelings towards themselves. A proportion of them will find an alternative source of positive feelings in their peer-group. If in turn that group is delinquency-prone, or consists in large part of other young people in similar predicaments, its members may find a new means of instilling positive self-regard by engaging in criminal acts.

Self-definition and anti-social attitudes

Several pieces of evidence support this sequential model of the association between self-image and delinquency.

- Comparative studies of young offenders and resilient, law-abiding peers revealed more positive self-images amongst the latter than the former.

- Laboratory studies in which self-esteem was experimentally manipulated showed that induced low self-esteem led individuals towards greater dishonesty and rule-breaking.

- In a study in a young offenders' institution in New Zealand, levels of self-esteem were highly predictive of subsequent rates of re-arrest and incarceration.

Finally, it has been suggested in work by Howard Kaplan that as insecure young people progress farther towards the adoption of pro-delinquent, anti-social values, their self-esteem rises correspondingly. This evidence has been described more fully by McGuire and Priestley (1985).

For adult offenders, and especially those who become involved in violence, a quite different model of self-esteem and its role has been developed by Baumeister and Boden (1998). A proportion of offenders appear to have high self-esteem and are at risk of offending when this appears to be threatened. This model is concordant with some of the evidence obtained by Toch (1983). Interviews with violent men indicated that sizeable proportions of their offences

were committed as a form of self-image compensation or reputation defence. Self-esteem that is either abnormally low or high may then be linked to offending in separate ways.

Self-esteem enhancement

Based on the above arguments, the possibility exists of providing an approach to helping some offenders by enabling them to achieve new levels of self-esteem, or overcome threats to esteem, by finding legitimate alternatives to engagement in delinquent acts. A number of cognitive-behavioural methods offer the prospect of this form of work. They include

- re-examination of sources of self-esteem, and of the standards by which individuals judge themselves.

- Positive focusing on achievements, personal qualities, hopes or expectations which re-locate the individual within a pro-social network.

- Skills-training, self-instructional, and other CBT methods which if successfully addressed to other problems will have the by-product of increasing self-confidence and esteem.

- Examination of the schemata or sets of attributions within which individuals frame the surrounding world, and the use of cognitive therapies (e.g., *rational-emotive*, *personal construct*, or *re-attribution* therapies) to help them establish more realistic and functional appraisals of themselves.

ATTITUDE CHANGE AND VALUES EDUCATION

Cognitive-developmental theory and moral behaviour

The final possibility to be illustrated within this section is that of addressing specific types of anti-social attitudes or values which are supportive of criminal conduct. Attitudes of this kind are often very difficult to change. That this is feasible at all becomes clearer when the process of values-formation is placed within a coherent theoretical framework. Such a framework is provided by the cognitive-developmental approach to moral values espoused within the work of American psychologist Lawrence Kohlberg.

KohIberg applied an approach to children's moral reasoning based on Piagetian ideas. From an extensive study of children's reactions to a variety of moral problems given to them, he proposed that moral growth could be understood as movement through a sequence of three levels, from pre-conventional, through conventional to post-conventional. Each of these Kohlberg further subdivided into two, so distinguishing six phases or orientations. They are respectively described as follows:

pre-conventional level

- *Punishment and obedience* orientation: what is right or wrong is determined by what is punishable, and moral acts guided by the avoidance of punishment.

- *Instrumental-relativist* orientation: rightness or wrongness are determined by what

people want, what rewards they seek, and what they are prepared to exchange.

conventional level

- *Interpersonal concordance* ('good boy/nice girl') orientation: rightness is judged by what pleases others, by conformity to stereotypes of good behaviour, and by what is socially approved.

- *'Law and order'* orientation: rightness is determined by concepts such as duty, respect for authority, maintenance of the *status quo*, and the unquestioning acceptance of laws.

post-conventional level

- *Social contract/legalistic* orientation: rightness is determined by what has been democratically agreed, though individuals may also have their own values; laws are made and can be changed by discussion and agreement; individual rights can sometimes predominate over laws.

- *Universal-ethical principle* orientation: morality is determined by inner conscience and by principles evolved through individual thought rather than as given by laws; basic moral principles are abstract and universal; only through them can each individual take responsibility for personal action.

Kohlberg also developed a sophisticated measuring instrument, the *Moral Maturity Scale,* for assessment of individuals' progress through the above stages. Thus individuals can be shown to differ in the speed with which they ascend through the stages, and also in the highest stage they reach.

Egocentrism and perspective-taking

One of Piaget's discoveries concerning young children was their egocentricity as compared with adolescents and adults. As development unfolded, the child became less egocentric and also developed an ability to see situations from points of view other than his or her own, sometimes called **perspective-taking.** Developments of this skill run in parallel to moral developmental stages; the more 'mature' stages of morality correspond with less egocentrism and a full capacity to appreciate the standpoints of others.

It is held that some offenders have difficulties in these areas. As a result of environmental/developmental limitations, they may remain fairly egocentric and morally immature. It should be noted that this is not a judgment on the nature of the things they may believe but a descriptive statement concerning ability to reason over moral questions, as compared between people of different ages. Several hypotheses arise irresistibly from this analysis. One is whether those who do violate rules for no valid reason, or show little regard for others, will be as a consequence more prone to offend. Another is whether, assuming the first suggestion were supported, individuals could by direct training be moved to a higher level of moral maturity.

Cognitive and affective empathy

An important distinction must be made at this point, as there are two interdependent processes at work in the taking of other people's perspectives. Affective empathy, an ability to sense another person's feelings given knowledge of his or her position, has as its prerequisite a form of cognitive empathy, the basic ability to imagine how the world may look from someone else's stance. It must be emphasemphasiseded that training in moral reasoning has nothing to do with imposing specific values on people, or confronting them with their supposed moral inadequacies. It is quite literally a training process, based on the links between cognitive and affective empathy in learning to take another's perspective.

Role-reversal methods

One possible approach to this therefore employs a method well-established in social skills training but used here with a quite different purpose in mind. This involves a form of simulation of different perspectives, by asking individuals to adopt, for short periods, the roles of others whose viewpoints they do not understand who may even be their adversaries. Work of this kind has been carried out with offence-related attitudes, including racial hostility, attitudes to football violence; and general egocentrism and ability to take perspectives. Reductions in recidivism were obtained by this means, extending over an 18-month follow-up period.

Moral-reasoning training and values enhancement

A second direction which work of this kind might take is in the direct teaching of moral reasoning as a kind of skill. Here the moral-developmental framework is indispensable. Kohlberg contended that exposure of individuals to **moral dilemmas** and reasoning processes *one stage above* their own stimulated their progress and movement into that stage. Moral dilemmas consist of specially prepared decision-making exercises focused on ethical questions. They usually employ case vignettes or other case materials of a fairly concrete nature but containing the possibility of various levels of abstraction in discussions based upon them. This approach too has been applied successfully with offenders, yielding changes in attitudes, moral maturity levels, and numbers of subsequent contacts with the police. These sources and those relevant to the preceding chapter are cited in Appendix Four and in the references section at the end of the manual.

10

RESEARCH AND EVALUATION METHODS

Summary

This chapter examines the main research methods employed in evaluating the effectiveness of work with offenders. For evaluations of programmes of intervention experimental designs are favoured. The author explains that, properly carried out, group experiments can provide some of the best evidence concerning the value of different kinds of interventions with offenders. The chapter also describes how single-case designs can be used to evaluate the outcome of an intervention for an individual offender.

The latter section of the chapter looks at ways of aggregating the evidence from several experimental studies, to explore whether there are any general trends emerging from the results. The traditional format is known as a narrative review where its author will locate and read all the relevant research reports and provide a summary or interpretation of the trends. Since 1980 a statistically based method has been used to enable reviewers to combine findings from different experiments. Known as meta-analysis the method involves recalculating data from the different experiments into an all-encompassing statistical analysis. The outcomes of a number of recent meta-analysis in research on offender treatment are outlined in chapter 11.

The chapter concludes by examining different approaches to programme evaluation and the duty placed on practitioners to combine practice and research in order to improve the service provided to offenders.

Experimental and quasi-experimental designs

Research is usually seen as the exclusive preserve of specialists. This image probably derives from the physical and biological sciences, where costly and elaborate equipment is required for the conduct of most experiments. But large-scale social science surveys too can be expensive and may use complex methods of data analysis. Whatever the field, the nature of the activity is generally seen as something separate from the work undertaken by practitioners, and not accessible to them.

The fundamental principles of research, however, are in essence fairly simple. It is nothing more than an attempt to answer questions. The complications, such as they are, emerge first, from the conceptual difficulty of asking questions that are clear enough to allow them to be

answered and second, from ensuring that the methods that are then used provide a clear answer to the question that has been asked.

All of the apparent complexities of research methods flow from attempts to observe these fundamental points. What is known as **research design** is a set of established rules or principles which safeguard against the numerous errors that can creep in along the way. If research is to be valid, it must be carefully designed in such a way that the information obtained will provide clear and accurate answers to the questions asked within it.

Three main types of methodology are used in social-science research, e.g. surveys, case studies, and controlled experiments conducted in the laboratory or in the field. Generally speaking, these methods can have quite different aims. For evaluation of programmes of intervention, which is the main concern here, experimental designs are favoured. These typically involve groups or samples of individuals, but as will be outlined below there are now experimental designs for use in single-case study approaches.

For evaluating the effectiveness of work with offenders, the best designed research involves making some sort of comparison between different groups. There are usually at least two kinds of groups. One, the *experimental* group. receives whichever treatment the hopeful investigator hypothesises may have some desired effect. The other, the *control* group, is carefully matched with the first in relevant background characteristics, and does not receive any treatment. In well-designed research then, the only difference between the two groups is in the treatment given to one and not the other; this is called the **independent variable.** The logic of sound design is, therefore, that any obtained difference in outcome can only be explained in terms of this planned difference in the independent variable. In more elaborate research designs, a third group is added, the 'attention control' or *placebo* group, intended to eliminate the possible effects of being involved in an experiment on the outcome.

All groups are measured on some characteristics (e.g., offending) at the beginning of the experimental period and again at the end. This is usually referred to as the **dependent variable.** Preferably, and this applies especially in research with offender groups, this characteristic should be measured again some time afterwards - the follow up. It has been proposed that such a follow-up should be over an interval of not less than two years (Logan, 1972).

The purpose of an experiment of this kind is, as has been said, to answer a question. In most research, however, the question is usually re-formulated into a kind of statement known as an **experimental hypothesis.** This is a specific prediction, which should be based on reasoning and existing evidence, concerning the outcome of the study and which is to be empirically tested through the research being carried out.

The **validity** of an evaluation experiment is the extent to which any effects that are observed on the treatment group can be attributed to the effect of the treatment and the treatment only. A major difficulty with much evaluative research is that observed changes may be caused by what are known as extraneous variables. The purpose of good experimental designs is to reduce or eliminate the effects of such variables.

There are two types of validity, known respectively as internal validity and external validity. **Internal validity** is a measure of the extent to which, within any single experiment, the influence of extraneous variables has been reduced. Such influences are sometimes called *threats to validity*. They include, for example, (a) the possibility that experimental and control

groups were not matched in crucial ways (b) the fact that there was 'contamination' between the groups, or between one group and outside factors (c) the possibility that historical factors and events in the individuals' lives differentially affected members of the experimental groups (d) different loss or attrition rates in groups between the beginning and the end of an experiment. (e) changes in the way assessment and evaluation instruments may have worked at different points in time (calibration error).

External validity refers to the extent to which the results of an experiment can be generalised outside the experimental sample: to other groups, in other places at other times. There are three sub-types of this form of validity, known as population, ecological, and temporal validity respectively. There are threats to this type of validity also. They include (a) sampling bias, (b) experimenter effects, expectations and 'demand characteristics', (c) multiple-treatment interference effect and (d) usage of analogue participants.

In true experiments, the people taking part are assigned to the different experimental conditions on a random basis. In research in criminal justice setting, most often, they have instead to be placed in certain groups because of non-random factors (such as court decisions) beyond the researcher's control. Clearly, this interferes with validity and reduces the amount of control the experimenter has. However all is not lost as there are research designs which allow for this to some extent. These are called **quasi-experimental designs** (Cook and Campbell, 1979).

Properly carried out, research of the group-experiment type can furnish us with some of the best kind of evidence concerning the value of different kinds of interventions with offenders. However, an activity on this scale is generally beyond the reach of most practitioners in criminal justice work. In any event, there are many things that can go wrong with research of this type. Reviewers of it in the academic journals repeatedly complain of the poor quality of much of it - its lack of 'methodological rigour'. One difficulty is just the sheer number of things that can go wrong which make the interpretation of results hazardous and the drawing of clear and unambiguous conclusions impermissible.

Single-case designs

We are accustomed to thinking of research of the kind just described as a fairly large-scale undertaking costing substantial sums of money. An alternative approach, which brings the process of research more easily within our grasp, is to employ what are known as *single case research designs.* In conducting single-case research, the individual with whom we are working becomes a 'subject' of study. What we might normally think of as 'case-work' becomes transformed into research. This is by no means to dehumanise the person with whom we are doing the work. The overall purpose of thinking in this way is to find better ways to help him or her. This can be done alongside, in fact as an integral component of, the rest of the work we are undertaking.

How is it possible to carry out research with someone, to whom we are expected to provide a professional service as a probation officer, social worker, counsellor, or psychologist? The basic notion underpinning the single-case research designs is that by observing and recording changes in someone over time, or as circumstances and external factors change, we can learn a great deal about the factors that influence that person's thoughts, feelings and behaviour, and then perhaps turn them to advantage.

Single-case designs are of several main types, each with some minor variants, and in this chapter of the manual three of them are described. The simplest is what is known as the A-B design. This could be called the 'before-and-after' design as it consists of recording some feature of an individual's activity (which is usually designated the **target behaviour)** for an initial *baseline* phase, then applying an intervention and monitoring it again afterwards to see what the effects and this can be represented diagrammatically as shown in Figure 7.

Figure 7. A simple A-B single-case design

Simple A-B design

Consecutive sessions -->
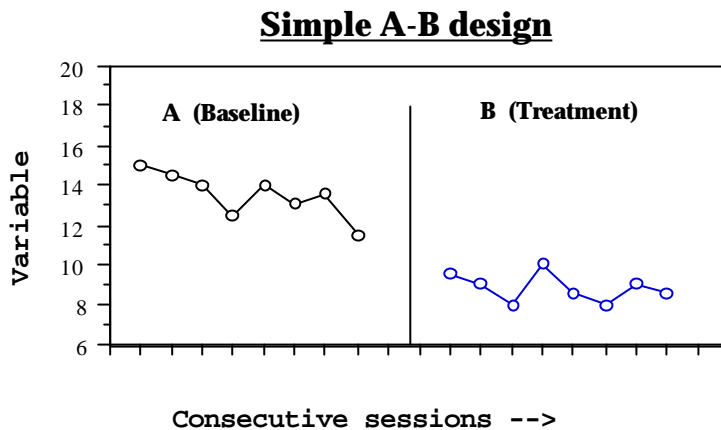
The first phase is the rate at which the target behaviour - the one we want to measure and alter, such as someone's alcohol intake - is occurring at present, before we have made any attempt to affect it. For example, we could the offender to note the number of units of alcohol consumed per day over a period of two weeks. This is that person's *baseline* ('A') rate of drinking. On the fifteenth day the offender is due to start attending an alcohol education group, and continued self-monitoring of drinking patterns enables us to see whether any reduction is obtained. This second phase is labelled *treatment* (or 'B') (used in the research-design rather than the medical sense of the word).

The longer we measure the baseline rate of any behaviour, and the more stable it is over time, the easier it is to see whether an intervention is affecting it. Similarly, the larger or faster a change in it after treatment begins, the more likely it is that the change has been brought about as a result of the treatment having been introduced. In the ideal situation, we would have a long, steady baseline, followed by a sudden change to a new level in the 'B' phase, which is then maintained. Needless to say, this does not always happen!

But in any case, there could be problems about basing conclusions on even a dramatic and lasting change. We might think the intervention we have applied (like our excellent alcohol education group) is the cause of the change. But perhaps, in the same week, there was some other event in that individual's life that had far-reaching repercussions. In these circumstances, we cannot be sure what has engendered the change in behaviour. It might not work again were we to try it a second time.

A fundamental problem with A-B designs then is that they do not allow *casual inferences* to be made, as there could be competing explanations for a shift in someone's behaviour. How can such alternative explanations be eliminated so that we have a clearer picture of what is happening? To answer this question we must move beyond the simple A-B design.

Experimental designs like these all have the same underlying logic. If the introduction of an intervention or treatment (that is, any attempt to change someone's behaviour) is uniquely associated with changes in the target variable (there are no changes in it at other times), then the likelihood that other explanations for the change are true is reduced. To rule out other potential explanations, several other designs can be used.

One of them involves a kind of equivalent to 'replication' as encountered in other forms of research; but in this instance, it is done with the same person. This is called the *Withdrawal* or *A-B-A-B* design because after the first treatment phase, we arrange for a return to baseline conditions (the treatment is withdrawn or withheld) while we continue to monitor effects on the target variable. After an interval, the treatment is re-introduced, as portrayed in Figure 8. This process might be repeated a number of times. If after each removal and reinstallation of treatment there are corresponding, and predicted effects in the target, we can become progressively more confident that these changes are being caused by the intervention. If on the other hand an improvement that began following treatment continued even after treatment was withdrawn, the question of what the causal factors are remains open.

Figure 8. Single-case 'withdrawal' design
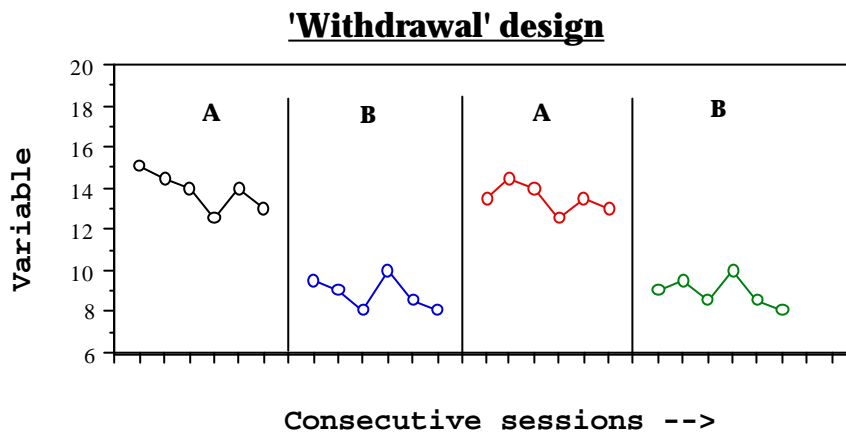
Of course, it could seem highly unethical to remove treatment in this way. If we have someone whose dangerous or self-destructive behaviour is reduced by a programme we provide, we can hardly justify withholding it from them just to satisfy our scientific curiosity about underlying causes and effects. A slight variation on the withdrawal then is the *Changing Criterion* design. Here, we attempt to demonstrate that the treatment is having an effect by testing whether changes in the level of it are accompanied by changes in the target. An illustration of this is the reduction of smoking in consecutive stages, where new and successively lower criteria (in terms of numbers of cigarettes smoked) are set for the intending ex-smoker to achieve. If a programme was helping someone to stop, neither we nor they would want to reverse it. The Changing Criterion design helps us assess its effectiveness without doing so.

The use of Withdrawal or Changing Criterion designs allows more clear-cut causal inferences to be drawn in relation to the factors which are contributing to someone's behaviour. In behaviourist parlance, by using these designs, it is possible for us to demonstrate **functional control** over the target. This is not an act of self-deification nor a symptom of some deep-seated lust for power. It merely furnishes us with a clearer understanding of an individual's problem behaviour, that will enable us to provide more effective methods for helping the individual to change.

A second option that is open to us for this purpose is to deploy another parallel with large-scale, group-based research and think in terms of *experimental* versus *control* conditions. Strange as it may seem, this can be done with just one individual, in which he or she becomes an experimental and a control subject wrapped up together in one. More specifically, certain target variables become controls for each other. By focussing our treatments, whatever they may be, on one of the targets at a time, but simultaneously monitoring all the behaviours in which we are interested, it becomes possible to assess whether the treatment is effective. If it is, it should affect the selected target only, and all others should remain at baseline. In the next phase, we select another target and provide 'treatment' for it; it too should then change while 'untreated' targets remain at baseline level. This possibility is shown in Figure 9.

Figure 9. A multiple-baseline design

Multiple baseline design

Consecutive sessions -->
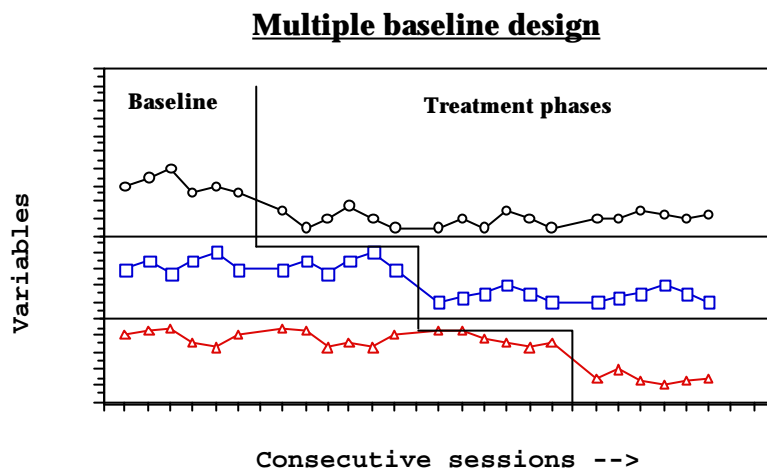
This sort of design has been used extensively in research on social skills training, in which different aspects of social responding (for example, eye contact, voice tone or gestures) are 'targeted' in successive training sessions. While the first behaviour is trained, other behaviours act as a kind of control. There are several variations on this design. In the example we have been discussing, we have one offender involved and a stepwise progression across targets. This is known as a *multiple baseline across behaviours*. A different pattern could be adopted if, say, we had two or three offenders to work with together. We could then stagger the introduction of the treatment phase to each of them in turn. This is known as *multiple baseline across subjects;* a closer parallel still to group-comparison research, as one offender acts temporarily as a control for another. Once again, we are in a stronger position with regard to drawing conclusions about cause, effect, and the overall value of the methods we are testing.

Although single-case design methodology is behavioural in origin, the use of it need not be restricted to 'targets' from the behavioural domain. The items measured for baseline and intervention phases can have an almost limitless variety; and could include for example:

- *psychophysiological indices* such as heart rate, use of penile plethysmographs, etc.;

- *event records* for example of offences, drinks consumed, days drunk, frequency of angry outbursts, use of time;

- *behavioural observations* for example, of social skills or other interactions, ability

to cope with insults;

- ***test or questionnaire responses*** for example on personal questionnaires, repeat items from cognitive tests;

- ***self-reports*** such as *Subjective Units of Distress,* self-ratings of behaviour or fantasy, diaries, etc.

Single-case methodology is not entirely problem-free. Interpretation of results may not always be straightforward. If the initial baseline is extremely variable (as for some targets it nearly always is), it may be inadmissible to draw any conclusions after the start of the treatment phase. The same constraint may apply if treatment effects are slight or slow to appear, or if the original variability continues. There may be numerous extraneous factors which pose awkward questions and are difficult or impossible to take into account.

But these disadvantages are more than compensated for by the fact that such designs enable individual practitioners, working alone, to undertake research on their offenders which will be helpful in gaining a fuller understanding of them. They might use such case studies also to provide more information about methods of working, so generating further evidence on effectiveness. This constitutes part of what is meant by the *scientist-practitioner* model of working.

Meta-analysis and outcome evaluation

In work with offenders, the research designs so far described have been used mainly with the aim of providing evaluative information on the outcome of an intervention. What happens if we want to assemble together the evidence of several experimental studies, to explore whether there are any general trends emerging from the results? This is the task undertaken in a **research review**. This is a kind of survey, generally focused on a single area of work, which attempts to draw findings together and distil from them an overall picture of what can be deduced from the results. In the field of **comparative outcome research,** in which attention is focused on the relative merits of different types of intervention, there are two main kinds of review. The first, traditional format is known as a **narrative review.** Its author will locate and read all the research reports pertaining to the chosen area of work. Having done so, he or she will then attempt to provide a summary or interpretation of the trends amongst their respective findings. Research reviews of this kind play a major role in synthesising research results. This is indispensable for theory-building and for pointing to unanswered questions and new directions for work. Often however, this can be a very daunting task. There could be many studies in one area and methodological differences between them may inhibit the drawing of any clear conclusions at all. The sheer quantity may make it difficult to see any pattern within them. Reviews of this kind generally include summary tables of the various pieces of work that have been surveyed.

In the period since 1980 a statistically-based method has been extensively used to facilitate the review process and enable reviewers to combine findings from different experiments. This method which is called **meta-analysis** involves re-calculation of the data from different experiments in a new all-encompassing statistical analysis. An obvious problem is that different studies may have used different outcome measures. In one approach to integrating studies, this is overcome by expressing the changes from pre-test to post-test in **standard deviation units,** which are independent of the precise outcome measure used, and which

cumulatively provide a new variable called **effect size.** A number of adjustments can be made in the analysis and a variety of comparisons made; for example to test whether better, more strictly-designed studies obtain a different effect from those that are weaker or looser in the way in which they have been conducted. (For a short outline of meta-analysis, see McGuire, 1997b). The outcomes of a number of recent meta-analyses in research on offender treatment are summarised in chapter 11.

Approaches to programme evaluation

The approaches depicted above may appear very mechanical and abstract, and divorced from the more complex and disorderly real-world setting in which most work with offenders is carried out. In any case, practitioners may wish to carry out an evaluation, but have only minimal interest in providing results that are of interest to the wider scientific community. The goals of evaluation are therefore different. They would be different again if, say, the managers or funders of a programme wanted to evaluate its benefits, to assist in decision-making over its future.

Stecher and Davis (1987) have described evaluation processes as applied to social programmes, such as offender services, and have characterised five different approaches to the task. Although these overlap with each other, there are some subtle but important differences between them, stemming principally from different aims which evaluation may be intended to serve. They are:

- the **experimental** approach, in which an attempt is made to view the project from outside, to be as rigorous as possible, with the overall aim of reaching conclusions that can be generalised widely in a 'scientific' sense.

- the **goal-oriented** approach, in which a project's aims, and criteria for evaluating their achievement, are identified in consultation with project staff .

- the **decision-focused** approach, in which particular attention is paid to providing information that will assist project managers in decision-making.

- the **user-oriented** approach, which is intended to supply items of information for direct use by the individuals most intimately involved in running a project.

- the **responsive** approach, which is usually more qualitatively based, and attempts to describe projects from the perspectives of all those involved, and to collect information that will meet each of their needs.

It is possible, in practice, to combine these orientations and carry out evaluation with a number of aims simultaneously in mind. If this is done, it is important to have clear guidelines as to the various kinds of data being collected, the rationales for doing so, and the eventual uses to which any evaluative information will be put.

The 'scientist-practitioner' model

The overall tenor of the contents of this chapter is to make research appear not only more accessible to practitioners, but a virtual onus placed on them for the monitoring and improvement of their practice. This view coincides with the principles of cognitive-

behavioural work. Within this field, each client seen is viewed at one and the same time as a consumer of a service and a focus for research. We are required to give help, but without evaluating that help, we cannot be sure that it is appropriate nor can we collect data that will lead to any overall improvement in practice. But the idea of combining practice and research goes farther than evaluation itself. Simply attempting to identify correctly what are a person's real problems; and then selecting a way of working that will be of assistance can in themselves seen as a kind of research project.

In cognitive-behavioural psychology a model of this process has been developed, loosely called that of the *scientist-practitioner.* Each individual is a new body of knowledge to be investigated. In doing so and adopting this attitude, we maximise the chances that we will provide a better service to that individual, in addition to generating information that will help us to be better helpers; and if made known to others, will similarly help them.

EFFECTIVENESS RESEARCH AND OUTCOMES OF EVALUATION

Summary

This chapter charts the 'what works' debate from the erroneous and damaging 'nothing works' conclusions of the 1970s to the present position where the cumulative findings, from meta-analysis, have led to a consensus sufficient to provide clear guidelines as to 'what works' with offenders.

The 'nothing works' conclusion of Robert Martinson and others attained the status of virtual dogma in the 1970s and early 1980s and stultified and depressed work with offenders during this period. It is now known that these conclusions were flawed and Martinson later recanted the views he first expressed.

Taking all of the meta-analysis together it can be demonstrated that the net effect of 'treatment' represented a reduction in recidivism of approximately 10% points. In some studies meeting certain additional criteria the figures range from 20% to 30%.

The features that distinguish effective from ineffective treatment programmes are outlined and include the need for a clear theoretical framework which provides a rationale for the application of the methods and which is supported by empirical research.

The chapter lists a number of single case research studies as further evidence of how offence-proneness has been ameliorated and concludes by identifying further research needs including the need to replicate a number of the principal studies. The majority have been undertaken in North America and the applicability of some of the methods with differing populations in this country requires further examination.

The 'what works' debate

Until relatively recently there has been an unspoken assumption concerning working with offenders. Though few people might have articulated it explicitly, it formed a backdrop to much thinking in criminology, penology and social work. It is the view that, when we

contemplate any attempt to alter or reduce offence-proneness, little or nothing will work. What is the origin of this view? It derives from a number of wide-ranging surveys of research, conducted in the mid-1970s in the United States and in Britain, which sought to draw together all the evidence then existing from 'treatment-outcome' studies in work with offenders. Lipton, Martinson and Wilks (1975) in the USA, and Brody (1976) in the UK, reached agreement on two broad conclusions. One was that the research that had been done was plagued by poor methodology. Wide variations in the quality of experimental design made it difficult to draw any clear conclusions at all. The other was that, as far as any pattern could be detected in the studies that were acceptably rigorous in design, there was no evidence that anything could be consistently relied upon to work.

The 'nothing works' conclusion attained the status of a virtual dogma as far as many people were concerned. Yet we now know that the reviews conducted in the 1970s, and the conclusions drawn from them, were severely flawed.

Following on the work of Martinson, Brody and their associates by a gap of a few years, a variety of other workers re-assessed their arguments and reached conclusions quite opposite to theirs. For example, Blackburn (1980) examined a series of studies carried out during the second half of the 1970s. He subjected them to a set of fairly rigorous methodological tests proposed by Logan (1972), in which studies were required to satisfy specified criteria as regards use of follow-up periods, and so on. Blackburn unearthed only five pieces of work which met these criteria in full. However, in all of them, reductions in recidivism were obtained amongst treated as compared with untreated groups. This is a far cry from the view that 'nothing works' and that criminal behaviour is not susceptible to change.

Similarly, Gendreau and Ross (1980) compiled a 'bibliotherapy for cynics', in the form of an edited volume of articles reporting positive findings in offender treatment. McGuire and Priestley (1985) assembled a sizeable list of studies in which promising outcomes had been obtained and sought to challenge the (by then, widespread and firmly established) view that nothing constructive could be done to alter patterns of offending behaviour.

Equally damaging for the 'nothing works' position was a paper by Thornton (1987) in which he re-investigated a selection of the studies used by Lipton, Martinson and Wilks (1975) to derive their original conclusions. Contrary to what had been claimed, a number of these projects had in fact described positive outcomes. Indeed, focussing on those studies which employed psychological therapy as the experimental 'treatment', a figure approaching 50% of the studies had demonstrated a positive advantage for therapeutic intervention. In the remainder of the studies, no differences were detectable and in one, therapy yielded a net disadvantage. But as Thornton pointed out in the wake of his re-analysis, while many questions could still be asked about the exact nature of the gains secured, the one conclusion that was not permissible was that 'nothing works'.

But in any case, in parallel to these diverse criticisms, Robert Martinson, one of the original group of reviewers, acknowledged their errors and recanted the views he first expressed in his 'What works?' article of 1974. On the basis of a fresh look at the empirical evidence, in 1979 he referred to his initial conclusion thus:

> *"On the basis of the evidence in our current study, I withdraw this conclusion. I have often said that treatment added to the networks of criminal justice is 'impotent', and I withdraw this characterization as well. I protested at the slogan used by the media to sum up what I said – 'nothing works'. The press has no time for scientific quibbling*

and got to the heart of the matter better than I did. But for all of that, the conclusion is not correct."

Recent research reviews

What is the nature of the evidence that now enables us to turn the 'nothing works' conclusion on its head? There are in fact considerable quantities of it. But one key element that can inform our overall thinking in this area is the emergence since the mid-1980s of a number of studies using the new statistical methodology of **meta-analysis.** This can be located alongside other narrative reviews to produce a clear and convincing picture of 'what works' in the offender treatment field. Meta-analysis involves the aggregation and side-by-side analysis of large numbers of experimental studies (reporting different outcome measures; based on different numbers of subjects; even varying in the rigour of their experimental design). Their impact is examined in terms of a common statistic called **effect size.** As described in chapter 10, this is a measure of the relative extent to which the treatment group differs from the control group between the beginning and the end of an experiment.

More than 15 major meta-analyses have now been conducted on recidivism and allied variables in work with offender groups. They include the first study of this kind by Garrett (1985), which surveyed 111 papers incorporating a total of more than 13,000 incarcerated young offenders. She found a significant overall effect of treatment on a variety of outcomes including re-offending. A weaker effect was obtained by Gottschalk *et al* (1987), working on community-based interventions. Whitehead and Lab (1989) reported predominantly negative findings, and described only a few promising results; but close examination of their review shows that they discarded all studies with a treatment effect size of less than 0.2. Somewhat bewildering, as most policy-makers would be overjoyed if a reduction in re-offending of this order could routinely be obtained. Lösel and Koferl (1989), described the outcome of the German 'socio-therapeutic' prison regimes, and reported a modest positive effect with highly recidivistic, long-term offenders. Izzo and Ross (1990) compared programmes that contained a 'cognitive' component with those which did not, and found a marked superiority in terms of reduced recidivism following the former. Two of the largest meta-analyses, those of Andrews and his colleagues (1990) and Lipsey (1990) obtained consistent, parallel patterns of results and have drawn together a set of conclusions based, in Lipsey's case, on no fewer than 397 outcome studies. These results were again paralleled in a later analysis by Lipsey and Wilson (1998) of interventions with serious young offenders. A study by Redondo, Sanchez-Meca and Garrido (1999) of European outcome studies yielded further confirmatory results. Available findings from the CDATE project (Lipton, Pearson, Cleland and Yee, 1997), the most comprehensive review of the field so far (which at the time of writing were not yet published in full), add further positive evidence concerning the impact of treatment.

Taking all of these meta-analyses together, it can be demonstrated that the net effect of 'treatment' in the many studies surveyed represents on average a reduction in recidivism of approximately ten percentage points. But in studies meeting certain additional criteria, this figure ranges between 20% and 30% and is in some cases even higher. This is a very different picture from the 'nothing works' notion which until very recently stultified and depressed so much thinking in this field.

What are the cumulative findings of these very substantial and wide-ranging surveys concerning the ingredients of effective treatment programmes? The meta-analyses just referred to have been considered by a number of researchers in this field. There is a consensus that they

are sufficient to provide us with some clear guidelines as to 'what works' (Harland, 1996; Hollin, 1999; McGuire, 1995a; Nuttall, Goldblatt and Lewis, 1998; Ross, Antonowicz, and Dhaliwal, 1995; Sherman, Gottfredson, Mackenzie, Eck, Reuter and Bushway 1997; Vennard, Sugg and Hedderman, 1997). The features which appear to distinguish effective from ineffective treatment programmes, on the basis of all of this evidence, are that the former:

- have a basis in a theoretical framework which provides a clear rationale for the application of methods and is supported by empirical research;

- involve assessment of offenders as to their risk level of future offending and their allocation to services accordingly;

- target offending behaviour or behaviours closely associated with it, which can be changed by intervention: what are known as *dynamic risk factors* or *criminogenic needs*;

- employ a structured programme and the use of clear, more directive, treatment approaches, congruent with the learning styles of most offenders: the concept of *treatment responsivity*;

- are more likely to have a multi-modal, skills-oriented, cognitive-behavioural focus;

- are more likely to be community based than conducted in institutions (though the latter may still achieve positive, significant effects;)

- show high *treatment integrity*: the ingredients of the programme are carefully delivered as planned.

To the above list, Palmer (1992) would add another which he has loosely termed the **breadth principle.** This is based on a recognition that most offenders are faced with multiple problems which Palmer classifies into three groups. *Group A* comprises skill/capacity deficits, developmental or social skills difficulties in educational, vocational, or interpersonal domains. *Group B* consists of external pressures and disadvantages, including family or community stressors or lack of support. *Group C* are internal difficulties, such as aspects of self-perceptions, attitudes, or personal commitments, which may hinder change. To describe individuals' lives in this way is not to adopt the medical model, nor to pathologise the offender but simply to recognise the spectrum of difficulties he or she is encountering which may be conducive to crime. The breadth principle then is the view that programmes with multiple components, if properly designed, are more likely to be effective than those with a single 'active ingredient' only.

Single case research studies

The conclusions of the large-scale studies listed above are important, but they are not the only evidence that can be adduced concerning the reduction of offending behaviour. To supplement them, there is now a sizeable number of 'single-case design' reports which illustrate how, in individual cases often with very difficult kinds of behaviour, it is possible to alter and ameliorate an individual's offence-proneness. Examples of this type are available concerning a wide variety of troublesome behaviours, including those shown in Table 2. The methods

employed in these studies share features in common with those identified as most valuable in the meta-analyses, in utilising principally cognitive-behavioural procedures.

Table 2. Research studies employing single-case designs

Offence / problem behaviour	Author(s), date
stealing:	Reid & Patterson, 1976 Stumphauzer, 1976
conduct disorders & truancy:	Foxx *et al.,* 1987 Kolko & Milan, 1983
alcohol problems:	Lawson, 1983 Miller *et al.,* 1974
anger control problems:	Bistline & Freiden, 1984 Feindler & Fremouw, 1983
verbal abusiveness:	Frederiksen *et al.,* 1976
explosive rages:	Foy *et al.,* 1975
substance abuse:	Polakow & Doctor, 1973,1974
firesetting:	Clare *et al.,* 1992 Daniel, 1987a
indecent exposure:	Daniel, 1987b
incest:	Harbert *et al.,* 1974
paedophilia:	Brownell *et al.,* 1977 Laws, 1980s

Future research needs

Although the evidence summarised above is very encouraging as regards the possibility of reducing re-offending, considerable amounts of research remain to be done. There are several important research questions which still require answers, amongst them the following:

- A number of the principal studies require replication and extension. The majority have been done in North America, and the applicability of some of the methods to different populations, e.g. differing simply in age, requires examination.

- The relative importance of different components of programmes with established effectiveness needs more detailed analysis and testing.

- Issues concerning the applicability of methods in different settings, and with different populations, most importantly with members of different ethnic groups and with female as well as male offenders, need to be addressed and tested in practical terms.

- There are still considerable gaps in research on criminogenic needs, i.e. on factors influencing different forms of offending behaviour and how they can best be approached.

- Numerous practical questions remain unanswered, e.g. concerning maximum risk levels of offender suitable for various programmes; relationships between addictive behaviours and offending, and how the former might be addressed prior to participation in other programmes.

- Practical policy questions, concerning how methods can be applied within criminal justice agencies, must be addressed if programmes are to become accepted features of practice.

References cited in this chapter of the manual are presented in a different form in Appendix Four and all are collated in the source references list at the end.

PUTTING METHODS INTO PRACTICE

Summary

Preceding chapters of the manual have described cognitive behavioural theories and the methods of working which flow from them. Details have been given of the origins of these methods and of the conceptual model which underpins them. A variety of specific possibilities for applying these methods have also been illustrated. It is acknowledged however that working in this way represents a departure from the standard modes of practice for some services and agencies.

This final chapter aims to consider, therefore, some of the other factors that individuals need to attend to if they are to successfully implement programmes within their own agency. Factors include resource considerations, securing the support of the organisation to run the programme and targeting appropriate offenders.

Things to do to make your programme work

Preceding chapters of the manual have described cognitive-behavioural theories and the methods of working which flow from them. Some details have been given of the origins of these methods, and of the conceptual model which underpins them and a variety of specific possibilities for applying them in practice have been illustrated. It has to be acknowledged, however, that working in this way, especially if staff want to develop a new kind of individual or group programme, may involve a departure from the standard modes of practice in some agencies.

The aim of this final chapter, therefore, is to consider some of the other factors to which individuals must give attention if they are seeking to develop programmes within an organisation which has established agendas of its own and which may not have been set up with the implementation of such programmes in mind. What follows is a checklist of issues to think about based on experience of obstacles that can occur (and have occurred) and which can hinder and even defeat the goal of delivering programmes.

First, **within agencies.** It is very difficult, unless propelled by a single-minded, strong-headed and very determined person, to 'swim against the tide' and set up a programme in any place of work without some sort of input from the agency itself. Before contemplating such a move, there are at least four vital factors about which some thinking should be done and some arrangements made:

(1) Resources: A prime consideration is basic needs such as the provision of rooms and chairs if you are planning to run a group; the need for paper and pens, or for questionnaires, informational handouts or other essential materials; and possibly for video-recording or other audio-visual equipment. This may sound so basic as to seem blindingly obvious, but it is remarkably often overlooked, to the detriment of plans that may have been expertly thought out in other respects.

(2) Organisation and time: Most individuals in full-time work have to do just that; their hours are allocated, perhaps over-fully already; and the notion that it would be a good idea to undertake this or that new departure simply may not fit on top of existing demands. For any programme to be adequately carried out, allowances must be made for it within working time and if needs be this may call for negotiation with team leaders or possibly even senior managers within the system. Neglect of this fundamental requirement is likely to mean that any proposed innovation, however, progressive or desirable it may appear, is doomed not to fail but just never to begin.

(3) Colleague agreement/support: Similarly, though workers may not require their colleagues' permission (in a literal sense) to engage in a new project, their agreement, co-operation and, in most instances, support are indispensable if any real changes are to be made. The partnership of even just one other person in a team or office can be a tremendous boost to efforts and can clear the way for leaping over many other hurdles. Without this, and preferably much more, setting up any programme is likely to be an ongoing, and constantly stressful, struggle.

(4) Agency 'climate': The culture or 'climate' inside an organisation can have a pervasive and far-reaching influence on what is seen to be possible, and actually is possible, within it. A consensus of cynicism about the outcomes of work with offenders is unlikely to engender an atmosphere in which positive, programmatic new undertakings can be planned and executed. Even if the ethos is less clearly-defined than this, bold innovators can find even their most tentative moves forward subtly - or sometimes crudely - undermined. This has blocked the emergence of many otherwise well-considered projects and must be borne in mind when any plans are drawn up.

Fortunately, there have recently been very significant departures in both practice and policy, with regard to prisons, probation, and youth justice agencies in the UK. A major initiative has been taken in applying and evaluating a range of methods of work with offenders, including some that are based on the theoretical model outlined in the present manual.

A second set of issues for effective programme planning arises when we contemplate **the offenders** themselves. Will they willingly rush forward to avail themselves of some promising work which cognitive-behavioural research has suggested might be advantageous for reducing their re-offence rates? The probable answer, unless some very unusual offenders have been discovered, is 'no'. How can they be invited and induced into higher rates of participation? Here there are at least three fundamental points to bear in mind.

(1) Targetting. Appropriate focus upon the needs of a selected target group, or on a specific issue which is thought to be at stake for a number of offenders is more likely to yield referrals or bring offenders forward than a vaguer, catch-all type of proposal. This is not to suggest that every programme should wear an 'exclusive' tag that will be off-putting to all but a privileged few. But a clear statement of whom a project is for, what

its aims are and how they can be met, coupled, of course, with some prior research on whether such people and such needs exist locally, will be more likely to lead to the development of a project that can be effective in the longer term.

(2) Equal access. An associated problem is that often, programmes actively exclude a range of individuals because not enough is done to explore their potential relevance to different groups. It is partly because of this that, for example, women offenders or members of ethnic minorities are sometimes further discriminated against in the provision of offender services. The solution to this may involve addressing wider issues than the nature or content of the programme as such. But the question of how to reach as many potential candidates as possible when designing a programme should be in the forefront of its planners' minds.

(3) Recruitment and 'marketing'. Both of the foregoing problems come together in the practical process of 'recruiting' or attracting offenders to a project. There is a need both for good communication, involving the design of information leaflets, brochures or posters clearly stating the aims of a project and good distribution, to ensure that as wide as possible a net is cast in the effort to reach the largest potential audience. Liaison vertically and horizontally throughout the agency is mandatory for this process to succeed.

The third domain to which attention must be paid is the **external environment.** No organisation exists in a vacuum. Processes of communication, co-operation, and joint decision-making with other agencies are intrinsic to all work in criminal justice. Of maximum importance, relationships with courts and court personnel must be cultivated with particular assiduity when new programmes are being promoted. A regular and steady stream of feedback is well appreciated and leads to future increased project usage. But in addition to courts, and to the inter-communication between the various probation, local authority, and central government components which make up the criminal justice 'system', external relations should also include some thought for the public themselves who are both the consumers of and the providers for this system. It is widely recognised that there has been a dearth of 'positive publicity' about the nature of work with offenders. Perhaps the shortage of it is partly to blame for the critical attitude of central government towards some criminal justice services, and its escalating interference in their working over recent years.

The proper application of the cognitive-behavioural approach requires that processes of monitoring and evaluation become an intrinsic part of the change process. The development of a wide range of methods for carrying out such evaluation has been an important by-product of the approach. It is also important that procedures be established whereby the usage of methods and provision of programmes are monitored, to sustain high quality delivery of services. The creation of processes of programme accreditation and audit is an invaluable step towards ensuring that this occurs.

There is now a significant accumulation of evidence to support the value of the approach described in this manual for reducing rates of offending behaviour. As research proceeds, evidence of the effectiveness of other types of approach may well of course emerge. In the immediate future the application of cognitive-behavioural methods should yield considerable advantages, in providing criminal justice workers with much-needed evidence concerning the effectiveness of their activity as a whole.

APPENDIX 1

Exercise 1. Sources of self-definitions

This exercise illustrates one way of commencing an examination of self-perceptions and the sources of social identity.

You are asked to complete the following sentence: **I am....**

You should do this a total of **20** times. (This is known as *Kuhn's Twenty Statements Test* or sometimes simply as *WAI* (Who am I?)).

Having written out twenty sentence completions, re-examine your statements and allocate them in the following three ways:

(1) Those which you see as POSITIVE, NEGATIVE, and NEUTRAL respectively.
        (Count the totals in each case).
(2) Those which refer to momentary as opposed to enduring, long-lasting
        features.
(3) Those which refer to your membership of a group or social network (e.g.
        marriage, family, employment, club, team, political party, church), as
        opposed to those which do not. (Again, count the totals in each case).

You will be invited to disclose to a partner or to the group. There is no obligation to do so, but it may prove valuable for discussion purposes.
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Exercise 2. Explaining offence behaviour: case study

For this exercise participants are asked to work in small groups of 3 or 4 members.

One member is asked to provide a brief anonymous outline of an offender/client known to him or her. Describe his or her offences and give some relevant background information.

The group as a whole is then asked to consider this person and his/her offence(s) and attempt to explain, as thoroughly as possible, why the offence(s) occurred. If possible, prepare a list of the five principal reasons or contributory factors, and provide a weighting of relative importance for each.
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Exercise 3. Dysfunctional thoughts recording

You are asked to consider the last occasion in which you engaged in a form of behaviour you would like to change, or experienced a feeling you would like to be able to control.

Focus on this event, and try to bring it clearly to mind. Now use two kinds of self-monitoring diary provided to record some aspects of the situation.

The first is called an **A-B-C Diary**, where   **A =   Antecedents**
                                                 B =   Behaviour
                                                 C =   Consequences

Write down details of your behaviour in the middle column. Next, complete the other two columns by recording information about the circumstances immediately prior to the event in

the *Antecedents* column; and immediately following it in the *Consequences* column.

The second is called a **Dysfunctional Thoughts Diary**. Again focus on the event. This time, try to remember the automatic thoughts that were in your mind at the time of the event: the automatic thoughts, i.e. the instantaneous reactions you had. Write them down in the space provided and record your level of belief in them.

This sequence of analysis and recording should be followed for several instances of the problem behaviours or feelings.

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Exercise 4. Self-monitoring of mood and emotion

In this exercise you are asked to reflect upon changes in your moods and to try to discover the main factors which affect them. This exercise will probably be easier if done in pairs in which one individual first helps the other and then vice versa.

Over the course of a week, sometimes even within a single day, moods fluctuate. Often, the reasons for the changes are clear enough but at other times the reasons are less obvious and cannot be pinpointed without a systematic search.

You can do this either by:
> (a) Taking a week and looking at patterns of mood change over the course
> of it; then linking them to external or internal events.

> (b) Compiling a list of the factors you are aware of which do influence your
> moods. Then, asking if you have really accounted for all the instances.
> If not, explore the situation and attempt to elicit the causal factors in
> each case.

> (c) Examining some critical recent event, in which you were in a relative
> extreme of mood (from your own point of view). Recreate in memory
> the sequence of events and note the points at which your mood was
> subject to the most rapid change.

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Exercise 5. Behavioural interviewing

This exercise employs an outline of a behavioural interview format devised by Kanfer and Saslow (1969). You are asked to conduct part of such an interview for approximately 20-30 minutes. This will involve pairs of course members working together. There will be time to conduct the interview in one direction only. The interviewee may act as himself/herself; or may role-play a client.

The format for the interview is contained in **Appendix Two** of the manual.

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Exercise 6. Examples of personal change

This exercise should be conducted in pairs and consists of a short interview.

In the interview, discuss with your partner one personal change or type of change you have made in your life. This is not focused primarily on categories of events which could be described as 'public', such as marriages, births of children, etc. important though those may be.

The objective instead is to examine personal change and to attempt to identify the mechanisms which were involved in its occurrence. In particular, note whether it is possible to identify whether the first precipitant of change was on a cognitive, emotional, or behavioural level; and whether change was synchronous or desynchronous across all three 'systems'.

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Exercise 7. Training in thinking skills

This exercise is one of a number used in social problem-solving training, based on the work of Spivack, Platt and Shure (1976) in this area. Its basic objective is to explain the nature of alternative solutions; illustrate some techniques for generating them; and help group members practice the skill in relation to familiar and unfamiliar problems. The exercise is conducted in four stages.

(1) A common, familiar problem with which a group member or known
    client is 'stuck' will be elicited and some possible solutions listed.

(2) The technique of **Brainstorming** will be illustrated as a means of
    generating possible solutions to problems.

(3) Another technique, **Remote Associations**, will also be illustrated.
    Course members will be provided with the necessary materials
    for this exercise.

(4) The original problem will be considered again to see if any new
    possible solutions can be generated.

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Exercise 8. Modelling assertion

This exercise focuses on interpersonal encounters in which offences might take place. A single situation, in which two individuals place a third under pressure, will be used to illustrate a number of methods of social skills training.

(1) Using a brief **specification roleplay**, the situation will be depicted
    and the nature of the interactional problem identified.

(2) The behavioural features of submission, aggression, and assertion
    will be briefly summarised, illustrated, and discussed. Their verbal
    and non-verbal components will be distinguished.

(3) Some simple observational behaviour-rating scales will be devised
    by group members.

  (4) Volunteer models will be invited to demonstrate possible approaches
    to the encounter.

  (5) The use of coaching will be illustrated with the help of some
    volunteers.

  (6) Observational behaviour-ratings will be collated and findings
    discussed.

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Exercise 9. Hierarchy cards

This exercise is designed to illustrate a form of assessment method used in one form of cognitive-behavioural method, systematic desensitization.

Each group member will be given a set of five 5" x 3" cards and asked to focus on his/her experiences of either anger or anxiety. Five different events, one per card, each arousing different levels of the emotion, should be identified, and then placed in hierarchical order according to the degree of feeling they arouse.

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Exercise 10. Self-instructional training

This exercise is designed to illustrate the nature of cognitive/self-instructional training methods. It can be done in one of two possible ways.

(1) Participants work in pairs and focus on some problems identified in Exercise 4, Dysfunctional Thoughts Recording. Pairs work together to formulate sets of self-instructions or coping self-statements which can be used to replace the dysfunctional patterns. A list of these is prepared for possible presentation to the whole group.

(2) Alternatively, the focus of the exercise can be on a real client known to one member of the pair. His/her self-control difficulties will need to be briefly outlined, and the pair work together to generate some possible self-instructions which might be used by the client. Again these should be listed for possible presentation to the group.

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Exercise 11. Motivational assessment

This exercise illustrates some of the preliminary components of a **motivational interview** conducted along the lines proposed by Miller (1983). This will involve pairs of course members working together. On this occasion the interviewee should act as himself/herself; and focus on an aspect of thoughts, feelings or behaviour with which he/she feels discontented, or would like to change in some way.

The objective is to delineate aspects of a motivational **force field** by listing sets of factors acting to promote change, or militating against it in relation to the thoughts, feelings or behaviour selected. You may list as many as possible on each side, but should then try to select the *five most important* in each case. A member of the group will be asked to volunteer his or her responses, which will then be used to illustrate the principles underlying the 'motivational

analysis' approach.

Some background information concerning motivational interviews is contained in **Appendix Three** of the manual.

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Exercise 12. Self-attributions

For this exercise it is best to work in pairs and conduct a short interview with your partner. The format of the interview will be either (A) or (B) as listed below.

(A) You are asked to discuss with each other a past event or achievement which shows something good about you; which entails **positive focusing** on your better qualities. Provide this information for each other and then help your partner to extract from the description what you think this illustrates about his/her personal strengths, virtues, or skills.

(B) The objective of the exercise is to examine some of the attributions you make for positive and negative events that have occurred in your life.

Working with your partner, you should each make two lists. The first is a list of all the things in your life which you consider to be positives, advantages, good things, items about which you feel happy, excited, stimulated, comfortable, etc. The second is the opposite: all the negatives, disadvantages, bad things, etc.

The next phase involves taking the two lists and re-analysing them along the following lines. The two lists should now be allotted to four boxes, further sub-divided according to whether the items were due to your own actions, a result of your efforts or errors, etc; or were due to the actions of others, or of external forces outside your control.

When you have finished, examine the pattern of your allocations and see whether any general pattern emerges as regards the 2 x 2 relationships between positive/negative and internal/external attribution. Are there any items which could in principle be re-allocated to other boxes as a result of actions you could take?

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Exercise 13. Moral dilemmas

This exercise uses an illustrative moral dilemma from Kohlberg's work on training in moral reasoning. This will be shown to the group on acetate/OHP. Following this, the group members will be asked to express views on the issue in question.

After initial discussion the group will be divided and further discussion and informational input will take place. Views regarding the central issue in the dilemma will be collated at several points and discussion will focus on the processes of moral reasoning, rather than on the content of the decisions made and the opinions and values expressed.

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Exercise 14. Designing a single-case evaluation

This exercise may be conducted singly, or in pairs or trios. The object of the exercise is to select a client known to you, focus upon his/her problems and behaviour, and decide how you

would carry out a single-case experimental design with that client. Attempt to carry out the following steps:

(1) Identify a single aspect of this client's thoughts, feelings or behaviour which it would be useful to change and which he/she would also see as a problem. This is called the treatment **target**.

(2) Estimate in rough terms the likely frequency of this target.

(3) On this basis, decide how the client, alone or with your help or that of someone else, would monitor and record the occurrence of the target.

(4) Construct some form of graphic representation in which frequency data concerning the target could be logged.

(5) Also, decide what length of period it would be best to use in order to obtain a reasonable **baseline** measure for the experiment.

(6) Finally, discuss the possibilities for using different kinds of single-case design for evaluating change once the **treatment** or intervention phase has commenced.

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Exercise 15. Designing a programme

The final exercise can be carried out by individuals, pairs, or small groups; working in whichever combination makes sense in terms of either (a) current team membership or (b) shared interests or future plans.

The objective is to plan an application of cognitive-behavioural methods within your work. The options can cover a very wide range and could include for example: (a) development and establishment of a group-based programme; (b) evaluation plan for an existing programme; (c) survey of client risk or need levels as a component of future programme planning; (d) general strategy for working with a series of single case-studies of the kind prepared in Exercise 15; (e) preparation of materials for any part of the foregoing projects, including literature search, training resources, publicity or information leaflets, etc.; (f) establishment of a local working group to advise on implementation of programmes; (g) development of further staff training initiatives. These are just some of the possibilities. It is important to give attention not just to the substantive nature of your proposal(s) but also to consider the organisational implications and how they might be addressed.

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APPENDIX 2

BEHAVIOURAL INTERVIEWING

A number of frameworks for conducting behavioural interviews are available. For the most part, they follow a similar format, with slight variations of detail or sequencing of areas to be covered. The one proposed here is based on the outline by Kanfer and Saslow (1969).

The essential feature of the behavioural interview, as its name suggests, is that its starting-point is a focus on those aspects of an individual's actions which he or she is experiencing as troublesome (for example, social withdrawal, sleep disturbance, offence behaviour, substance abuse, deviant sexual arousal). To adopt this approach has a number of advantages. First, it provides an immediate purpose and focus for the interview session: a clearly-defined place to begin. Second, there can be built upon this an orderly, progressive and coherent plan for the rest of the session; a systematic framework for exploration which helps give the interview an overall shape. Third, this adoption of a steadily progressing, systematic approach gives the interviewee a sense of confidence in the interviewer: an impression (which might be crucial at this stage) that he or she knows the direction in which things are going. Fourth, there is evidence that the use of structured interviews provides more reliable assessment; using a similar framework, different interviewers are likely to obtain a more consistent overall picture of someone than would otherwise be the case.

All of this may sound somewhat mechanical. The notion that we focus on 'behaviour' might be taken to mean that the individual's thoughts and feelings are, therefore, to be ignored. The idea that we approach the complexities and subtleties of an individual's personal experience with a systematic plan might sound de-humanising. Both of these criticisms are, however, groundless. This type of interview takes full account of people's statements regarding their feelings, thoughts, fantasies, wishes, mood changes and images of themselves - and anything else they believe is important. It entails an examination of the relationship between these things and what a person does, how he/she spends time; with whom; what the pattern of these relationships has been in the past, and is expected to be in the future. To explore, gather and organise such information in a systematic way is by far the best route to enabling the person to make sense of it.

Kanfer and Saslow have set out a framework for 'behavioural diagnosis' with the following seven step-by-step components.

1.   Initial analysis of the problem situation:

The interview commences (after initial introductions and scene-setting, etc.) with a preliminary statement of the problem/s as the individual sees them. The latter can be sub-divided into:

   (a)   behavioural excesses: something which the individual is doing to an unpleasant or unacceptable level, e.g., high alcohol consumption.

   (b)   behavioural deficits: the individual is unable to cope with a situation because of a lack of insufficiency of some behaviour, e.g., a social skill.

Alongside these, we also explore and assess:

   (c)   behavioural assets. Things the individual can do; is good at; has achieved, etc.

2.   Clarification of problem situation:

The first, relatively brief survey of the problem or problems is then expanded upon. Further details are elicited by asking additional questions about the individual's behaviour; for example:

(a)   identify who is affected by it.

(b)   consider consequences of the behaviour for all affected.

(c)   examine its conditions of occurrence (when, where, how).

(d)   list the satisfactions/reinforcers if it was sustained.

(e)   the problems arising if it was eradicated.

(f)   explore ability of individual to change without support.

3.   Motivational analysis:

Why do the individual's difficulties persist? Often it is quite clear to them the damage they are doing to themselves yet they feel incapable of change. A mapping out of the circumstances in which problem behaviour occurs furnishes one vital sort of information they will need. But behaviours are not independent of each other. To assess the likelihood of change, the next step must be to look closely at the factors acting for and against it; which provides an overall picture of the individual's motivation to make progress (or not). More information needs to be sought of the following kinds:

(a)   rating/ranking of goals/incentives in the individual's life.

(b)   frequencies with which he/she obtains them.

(c)   conditions in which goal-directed behaviour emerges.

(d)   relationship between actions and verbal statements made by the individual.

(e)   persons/groups with most influence on problem behaviour.

(f)   internal-external locus of control.

(g)   fears, aversions, hatreds, etc., in the individual's life.

(h)   likely losses amongst incentives/reinforcers if the individual were to change (i.e., costs to him or her).

(i)   incentives/reinforcers that could be used to induce or to support change.

4.   Developmental analysis:

So far, the issues addressed have focussed on the behaviour and the analysis has been a-historical: restricted to the present. The obvious next area to cover is the individual's personal history and how it led to the present circumstances.

(a)   biological development and any current limitations it places upon the individual (e.g., sensory disabilities).

(b)   social/interpersonal history and features of present social environment; changes

over time. Information concerning family; school; friendships; work; and so on.

(c)   behavioural changes: relationship between their pattern over time and (a) and (b) preceding.

5.   Analysis of self-control:

The focus of the interview now moves to a more thorough assessment of how the individual might be able to change. This begins by concentrating on the person him/herself and on different areas in which he/she achieves varying levels of control. Most individuals exhibit a mixed pattern in their lives: it is very rare for someone to possess no self-control whatever over feelings and behaviour. Discovering areas in which individuals manifest control can be very useful for helping us (and them) to understand areas over which control has apparently been lost. We therefore ask about:

(a)   situations in which the individual achieves control.

(b)   influence of aversive consequences (e.g., being told off; having hangovers; getting fined; losing friends) on the behaviour and on attempts at self-control.

(c)   degree of avoidance of problematic situations.

(d)   relationship between individual's statements regarding self-control and (i) his/her actual behaviour, (ii) the observations of others.

(e)   conditions of occurrence or other factors affecting levels of self-control.

All of the above then help us to formulate a general view about:

(f)   the utility of self-control for engendering change for this individual; i.e., the extent to which he or she can 'make it alone'.

6.   Analysis of social relationships:

But for most people, neither their present circumstances nor their likely future ones exist in a vacuum. They are bound to other people in social relationships (often, part of the problem). Possessing a picture of these relationships adds a further dimension to our (and their) understanding of the problem/s. It also yields key information about who will help or hinder, and in what way, if change is set in motion. The next phase of the interview, therefore, explores:

(a)   significant persons in the individual's environment.

(b)   social reinforcers or other means of social influence.

(c)   the individual's expectations of others.

(d)   others' expectations of them; the amount of congruence/agreement between this and (c).

(e) availability of persons identified in (a) as supports in change, should it be embarked upon.

7.   Analysis of the social-cultural-physical environment:

Lastly, we turn to the wider environment in which the individual and his/her immediate social milieu are enmeshed. Those individuals closest to us have an enormous impact on our lives; but so do much larger-scale social processes and the latter can both supply opportunities for, and place barriers in the way of individual (and even group) change. This final piece of the puzzle means we also require knowledge of:

(a)   local norms regarding the problem behaviour (e.g., approval of joyriding on this estate).

(b)   discontinuity in norms in different settings (e.g., friends approve but parents do not).

(c)   limitations/restrictions/deprivations imposed (and which may have emerged from the developmental analysis above); e.g., racial attitudes.

(d)   frequency/intensity of problem behaviour in different settings (e.g., in larger groups, or when certain others are present).

(e)   support in the person's social milieu for change methods (e.g., not the done thing to keep appointments, or go for treatment for alcohol problems).

The above represents a fairly exhaustive appraisal of the multiplicity of factors likely to be affecting a specific kind of behaviour or pattern of behaviours which are causing problems for an individual. In undertaking it, aspects of both the behaviour itself and of the individual's thoughts and feelings have been taken into account. Attention has been given both to past causes or 'antecedents' of the behaviour and to present maintaining factors. The most powerful elements of the person's environment, especially 'significant other' people, have been identified and explored. Most importantly, the manner of interplay of all of these influences upon each other and upon the problem 'target' behaviour has been sketched in some depth.

Thorough coverage of the above areas is unlikely to be completed in a single session. It is best planned to last for two sessions of between 45 minutes and 1 hour. Fuller analysis of some of the specific areas dealt with might also be carried out by means of some supplementary structured assessments. The ordering of the seven areas is described is not fixed or inviolate: for example, section (4) could be dealt with earlier in the interview; aspects of section (7) may already be known to the interviewer. It is important to start with section (1) but following this, information relevant to areas (4) and (6) could be gathered before returning to (2), (3) and (5).

APPENDIX 3:

MOTIVATIONAL INTERVIEWING

Some key principles of motivation

The term 'motivational interviewing' was introduced by William Miller (1983) in a paper in which he discussed the nature of motivation in individuals with problem behaviours. Miller's paper dealt primarily with alcohol problems, but the ideas contained within it are in principle applicable to a very wide range of difficulties. In it, Miller contended that for most individuals, motivation can be considered as a state of balance or imbalance between different - sometimes competing and even incompatible - sets of factors. By discovering what these factors are, it is possible to influence the individual by acting on the state of balance in various ways. This can be done even through interviews, in which the statements of the interviewer to the interviewee at each moment can elicit different kinds of reactions and induce different mood states; and which if handled correctly, can enhance overall motivation to change.

The motivational principles underlying this approach to interviewing are:

1. **BALANCE**: the individual is being pulled in different directions by different forces acting on him or her: the direction in which he/she goes will be an outcome of the way in which these are resolved.

2. **DE-EMPHASIS ON LABELLING**: a confrontational approach which attaches labels to individuals is unlikely to promote an increase in motivation to change.

3. **INDIVIDUAL RESPONSIBILITY**: individuals are most likely to change when they themselves decide to do so. They are also only likely to do so when they appreciate the part they have played in creating their own problems. Our job is to help them analyse the contribution of their own actions and also give them a sense that they have the power to change some aspects of themselves.

4. **INTERNAL ATTRIBUTION**: they are most likely to do this when they make causal statements about their own lives and attribute at least some of the power to change events to themselves. Interviews can be conducted in such a way as to make the formulation of statements of this kind more likely. When people hear themselves say certain things about themselves or their capacities, these statements act to crystallise their beliefs about themselves.

5. **COGNITIVE DISSONANCE**: concerning most problem behaviours, individuals experience discomfort when they think about it. This discomfort can be utilised to help promote change by encouraging them in a constructive way to examine the relationships between their verbal statements and their actions.

General characteristics of motivational interventions

In a later paper (Miller *et al*, 1988), and subsequently in a book (Miller and Rollnick, 1992) Miller expanded on the nature of motivational interviewing and described it as having eight key characteristics:

ADVICE	Giving clear advice to change, and practical information on how to do so
BARRIERS	Removing practical barriers to change
CHOICE	Providing the person with options and alternatives from which to choose a change strategy
DESIRABILITY	Decreasing the perceived desirability of the problematic behaviour
EXTERNAL CONTINGENCIES	Making use of available external influences to press for change
FEEDBACK	Offering credible, objective feedback of the person's current problem
GOAL	Helping the person set specific, demanding, and attainable goals for change
HELPING ATTITUDE	Being actively and empathically involved in helping the person to change

Strategic goals of motivational interviewing

Motivational interviewing is described as having 'strategic goals' which the interviewer is attempting to achieve throughout the interview session. These are:

TO INCREASE SELF ESTEEM: most individuals with protracted problems have low opinions of themselves or do not believe in themselves; our approach to them should be designed to increase self-esteem.

TO INCREASE SELF EFFICACY: interviewers should attempt to reinforce the individual's sense of being able to change his/her own life; by eliciting specific statements to this effect from him/her.

TO INCREASE DISSONANCE: by systematically attempting to illustrate areas in which there are imbalances or inconsistencies between verbal statements and behaviour.

Features of motivational interviews

Following from the above principles, the interactional style adopted in motivational interviewing is therefore distinguished by a number of features.

First, there is an attitude of **sustained affirmation** towards the client through accurate empathy; the use of reflection as reinforcement; and of reflection as restructuring.

Second, there is a **focus on developing awareness** through eliciting self-motivational statements; integrating objective assessment (e.g., results of medical examinations, in the case of alcohol problems; likely court outcomes, in the case of work with offenders); using relationships between different things the client has said, or between verbal statements and behaviour, as a means of increasing dissonance; and summarizing.

Finally, at each point where is makes sense to do so to influence the client's motivational state, the interviewer engages in **presentation and discussion of alternatives.**

APPENDIX 4

A GUIDE TO COGNITIVE-BEHAVIOURAL OUTCOME RESEARCH

1. BEHAVIOURALLY-BASED METHODS

Contingent reinforcement	*Miller et al, 1974*
Contingency management in probation	*Polakow & Doctor, 1973, 1974* *Polakow & Peabody, 1975*
Covert punishment contingency	*Guidry, 1975*
Behaviour modification/ family teaching programme	*Reid & Patterson, 1976*
Stimulus satiation	*Daniel, 1987(a)*
Covert sensitization	*Harbert et al, 1974* *Brownell et al,1977*
Shame aversion therapy: indecent exposure	*Daniel, 1987(b)*
Masturbatory reconditioning	*Laws, 1982*

2. RELAXATION AND SYSTEMATIC DESENSITIZATION

(a) Alcohol problems	*Lanyon et al, 1972* *Hedberg & Campbell, 1974* *Miller et al, 1974* *Hay et al, 1977*
(b) Sexual exhibitionism	*Bond & Hutchinson, 1960* *Wickramasekera, 1968*
(c) Chronic kleptomania	*Marzagao, 1972*
(d) Aggression and violence	*Evans & Hearn, 1973* *O'Donnell & Worell, 1973* *Hazaleus & Deffenbacher, 1986*

3. SOCIAL SKILLS TRAINING

Modelling and group discussion: young offenders	*Sarason, 1978*
Role-reversal: young adults	*Chandler, 1973*

Modelling and coaching: arsonists	*Rice & Chaplin, 1979*
Negotiation training/ family conflict:delinquents	*Klein et al 1977*
Heterosocial skills training: sex offenders	*Crawford & Allen, 1979*
Assertion training/ anger replacement	*Foy et al, 1975* *Frederiksen et al, 1976* *Rahaim et al, 1980* *Rimm et al, 1974*

4. SELF-INSTRUCTIONAL TRAINING

(a) Anger control training:

Adults - community	*Novaco, 1976, 1980* *Bistline & Frieden, 1984*
Adolescent offenders	*McCullough et al, 1977* *Moon & Eisler, 1983*
Adolescent psychiatric patients	*Feindler et al, 1986*
Young offenders in secure accommodation	*Kaufman & Wagner, 1972*
Adult prisoners	*McDougall et al, 1987a*
Abusive parents	*Denicola & Sandler, 1980* *Nomellini & Katz, 1983*
For a general review	*Kassinove, 1995*
(b) Self-control training: stealing/shoplifting	*Henderson, 1981*
(c) Self-control + biofeedback: paedophilia	*Laws, 1980*

5. TRAINING IN MORAL REASONING/REDUCTION OF ANTI-SOCIAL ATTITUDES

Racial hostility	*Culbertson, 1959*
Football violence Moral education programmes	*McDougall et al, 1987b* *Gibbs et al, 1984* *Rosenkoetter et al, 1986* *Arbuthnot & Gordon, 1986*

6. MULTI-MODAL PROGRAMMES INCORPORATING COGNITIVE-BEHAVIOURAL COMPONENTS

(a) Reasoning and Rehabilitation (cognitive skills training programme)

Probation, Canada:	*Ross et al, 1988*
Prisons, Canada:	*Fabiano & Porporino, 1992* *Robinson et al, 1991* *Porporino and Robinson, 1995*
Probation, UK:	*Raynor & Vanstone, 1993* *McGuire, 1994a, b*
General:	*Ross & Ross, 1995*

(b) Aggression replacement training: Violent offenders

Goldstein & Keller, 1987
Goldstein et al, 1986
Goldstein et al, 1994
Goldstein et al, 1998

(c) Combined CBT/multi-modal programmes: Sex offenders

Perkins, 1987
Prentky & Burgess, 1989
Marshall et al, 1992
Marshall et al, 1999

(d) Cognitive self-risk management programme: violent offenders

Henning & Frueh, 1998

(e) Comprehensive CBT programme: arsonist

Clare et al, 1992

(f) Family-based interventions   *Gordon, Graves & Arbuthnot, 1995*

(g) General   *Ross, Antonowicz and Dhaliwal, 1995*

7. SHOPLIFTING: a summary of interventions

Behavioural methods: *Gauthier & Pellerin, 1982*
single-case studies   *Glasscock et al, 1988*
                                            Glover, 1985
                                            Guidry, 1975
                                            Marzagao, 1972

Cognitive group methods   *Edwards & Roundtree, 1982*
                                            MacDevitt & Kedzierzawski, 1990

8. SEXUAL OFFENDING: a summary of interventions

Shame aversion therapy   *Daniel, 1987(b)*

Hetero-social skills training   *Crawford & Allen, 1979*
                                            Perkins, 1987

Masturbatory reconditioning   *Laws, 1982*
                                            Maletzky, 1990

Covert sensitization   *Laws, 1980*
                                          Brownell et al, 1977
                                            Harbert et al, 1987

Multi-modal CBT programmes   *Prentky & Burgess, 1989*
                                            Dwyer & Myers, 1990
                                          Miner et al, 1990
                                            Marshall et al, 1999

9. DELUSIONS & HALLUCINATIONS: Cognitive-Behavioral treatment studies

Watts, Powell & Austin, 1973
Milton, Patwa & Hafner, 1978
Hartman & Cashman, 1983
Lelliott & Marks, 1987
Fowler & Morley, 1989
Chadwick & Lowe, 1990
Tarrier et al, 1993
Garety et al, 1994

See also the books by Fowler, Garety and Kuipers (1995); and Chadwick, Birchwood and Trower (1996).

(Methods employed included: belief modification; self-instructions; verbal challenge/confrontation; exposure/response prevention; reality testing; coping strategy enhancement.)

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Chapter 12

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