
This article is based on the Campbell Review:

Mark W. Lipsey, Nana A. Landenberger, Sandra J. Wilson: *Effects of Cognitive-Behavioral Programs for Criminal Offenders*. Campbell Collaboration 2007

*This article is written by the Nordic Campbell Centre. The article has been approved by the authors of the review.
Published April 2008*

Well-implemented cognitive-behavioural therapy halves the recidivism of criminal offenders

Cognitive-behavioural therapy can prevent criminal offenders from continuing their criminal careers. However, some treatment programmes work better than others. A new Campbell review shows that a small number of factors make the difference. It is particularly important for the programmes to be stringently implemented, by well-trained providers. No significant differences were found in the effectiveness of the different types of programmes or “brand names”. Whether the treatment is implemented in prison or in the community has no influence on the outcome.

Effective treatment – but why?

Much research on the subject shows that cognitive-behavioural therapy effectively reduces the recidivism of offenders after serving their sentences. There is, however, a significant difference in how effective the different treatment programmes that use this form of therapy are, but further research is required to identify what sets them apart from each other. This is the question to which this Campbell review seeks an answer in its comparison of the studies of 58 different cognitive-behavioural therapy treatment programmes. The aim is to identify the factors that make some programmes more effective than others. The finding is that well-trained providers, a well-implemented course of treatment and focus on training in anger and conflict management increase the effect of the therapy.

Cognitive-behavioural therapy is directly aimed at the thinking patterns of the individual that support criminal behaviour, e.g. the tendency towards self-justification, inability to interpret social situations and problems accepting accountability for one’s own actions. The basic idea is that thinking patterns can be changed using various techniques that, through training and increased self-awareness, build the cognitive skills of the offender. There are, however, several versions of cognitive-behavioural therapy that attach varying importance to techniques and constituent elements, and there are different “brand names” that provide programmes.

Practise is decisive – the “brand name” is not

The review confirms above all that cognitive-behavioural therapy is particularly effective. Of the offenders in the studies not receiving therapy, four out of ten return to criminal activity. Therapy treatment reduces the mean recidivism rate to three out of ten. But the most effective treatment reduces recidivism to two out of ten.

It would appear that the differences in the courses of treatment that are of significance to effectiveness are few.

According to the authors of the review, the most decisive factor is the quality, i.e. how well-implemented the programmes are, and how well-trained the providers are. This means that the most effective treatment programmes are those with a low dropout rate, where the programme is implemented according to guidelines, and where the providers have received appropriate training in cognitive-behavioural therapy.

On the other hand, there is nothing to suggest that a particular type or “brand” of cognitive behavioural therapy used is decisive, as long as the quality is there. Apparently, it is the general therapeutic approach that has a positive effect on recidivism, and not special versions of it.

Treatment settings have no bearing on the effects

The place where the treatment takes place has no measurable influence on the outcome of the treatment. It would seem that it is immaterial whether the offender is treated in prison or in the community (e.g. while on parole, on probation or in transitional aftercare). It is thus worth noting that the possibility of trying out skills learnt by the individual during therapy in domestic as opposed to institutional settings does not appear to increase the effect.

The researchers also point out that there is no difference in treatment effect for juvenile offenders in institutions and adult offenders in the prison system.

Important elements in the treatment

When a comparison is made of the different courses of treatment, the presence of two treatment elements is shown to increase the effect: training in anger management and training in interpersonal problem solving. There are, however, two treatment elements that have the opposite intention and reduce the effect, i.e. behaviour modification and the inclusion of victim impact.

The results also show that cognitive-behavioural therapy has a greater effect on offenders with a high risk of recidivism, than those with lower risk.

The review concludes overall that there are three decisive factors that influence the effect of cognitive therapeutic treatment programmes for offenders. Namely: How well the treatment is implemented, the absence or presence of certain treatment elements, and the risk of recidivism of the offenders participating.

Facts about the review

This review includes 58 studies of treatment programmes. All are based on randomised controlled trials or other trials that compare groups which have participated in the treatment with a control group. The majority of the studies measure the effect of cognitive-behavioural therapy on recidivism a year after the treatment. The studies are from the US, Canada, UK and New Zealand and were published between 1980 and 2004.

The treatment programmes studied all consisted of structured therapy sessions, most lasting less than 20 weeks. Approximately half of the programmes were implemented at the institution where the offender was serving his/her sentence, the other half in the community in connection with probation, parole or transitional aftercare. The providers in charge of the treatment had mixed backgrounds, but some had little or no professional experience within psychology and had received relatively little training in cognitive-behavioural therapy.

Recommendations for future research

The authors of this review emphasise that almost half of the studies included are based on treatment on a trial basis. Further studies are therefore required before it can be confirmed whether the effect remains as positive once the treatment has become routine practice. The authors do not, however, believe there to be any reason to doubt the results of the review.