

**Offender Placement into Cognitive Behavioral Therapy: Proposed Assessment Mechanism  
for use by the United States Probation Office for DC**

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Abstract

Cognitive Behavioral Therapy (CBT) is currently one of the most commonly implemented programs for the American correctional system, though many professionals in the system lack the appropriate knowledge to determine which offenders should be placed into CBT. As such, this research seeks to examine academic literature regarding the applicability of CBT to certain populations and utilize findings to develop a hypothetical assessment mechanism for use by the United States Probation Office of DC (USPO) in determining which offenders to place into CBT. The resulting research paper and assessment mechanism discuss the need for an informed screening process that captures those offenders most likely to benefit from CBT. Specifically, this research paper and assessment mechanism suggest that the aforementioned need is best met including offenders who are of moderate risk/need as the most likely to benefit from CBT, and excluding those who are both high risk and high need as well as low risk/need, and conversely least likely to benefit from CBT programs.

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In the last few decades, our country has witnessed a tremendous shift in the system of care for those with mental illness. Originally the responsibility of mental health institutions, the mentally ill now find themselves to be largely at the mercy of the correctional system. (“The Handbook of Forensic Psychology”, 2006) Already a hotbed of physical and psychological issues, America’s jails and prisons faced with deinstitutionalization had no choice but to address the need for a significant change in the way in which they attended to mental health. During this time, Cognitive Behavioral Therapy (CBT) was also emerging “as the predominant method not only for treating mental illness, but a broad spectrum of socially problematic behaviors including substance abuse, criminal conduct, and depression” (Milkman & Wanberg, 2007, p.vii). The correctional system quickly picked up on this trend by employing a range of CBT programs throughout the majority of America’s correctional institutions. CBT is generally associated with a reduction in recidivism, though its widespread applicability in the realm of distorted cognition has led to its use as a “catch all” therapy for the criminal population- many of which would likely benefit more from other treatment programs. Therefore, in order to maximize cost-efficiency and reduce overall recidivism, placement of offenders into CBT should be aimed at those most likely to benefit from its techniques.

Furthermore, professionals in this area would greatly benefit from a simple, yet accurate assessment mechanism aimed at the exclusion of offenders who would not benefit from CBT programs and the inclusion of those who would be likely to do so. Accordingly, this research paper will briefly examine the basis of CBT (focusing on its application to offender populations), and use this information in proposing a hypothetical assessment mechanism intended for use by

the United States Probation Office for DC to determine in the placement of offenders into CBT. The paper will also discuss recommended scoring for this assessment and conclude by highlighting the need for further research in this area.

CBT developed not as a distinct therapeutic technique, but rather a trend of therapy that sought to incorporate both the emergence of Cognitive Theory in the 1950's as well the field of Psychology's previous adherence to Behaviorism. The work of individuals such as Albert Bandura and others established the field of Cognitive Psychology as it sought to focus on cognitions and thought processes in relation to an individuals observed behavior. "The Philosophy of Psychiatry: A Companion" (2004) proposes that the work of Bandura and colleagues presented "compelling experimental evidence that cognitive factors and not counterconditioning" explained behavioral phenomena. Though this idea was directly opposed to the methodological behaviorism of Skinner and the behaviorists, CBT may be regarded as a result of Cognitive Theory that evidences some behaviorist influences.

The "Comprehensive Casebook of Cognitive Therapy" (1992) also demonstrates what may be CBT's most infamous characteristic- it's applicability to a wide range of psychological issues. Here, CBT has been applied as treatment for clinical problems such as Post Traumatic Stress Disorder, Social Phobia, or PTSD, as well as extended case studies such as schizophrenic disorders, or family treatment with adolescents. Further, this literature also suggests that CBT has been effective in these areas. Therefore, we find that CBT's widespread applicability is often warranted in its ability to produce effective results.

One of the best sources evidencing CBT's use in present day society is the National Association of Cognitive Behavioral Therapists' website. Specifically, this site defines CBT as "a form of psychotherapy that emphasizes the important role of thinking in how we feel and what

we do” (National Association of Cognitive Behavioral Therapists, 1996). More importantly, it asserts that CBT is based on a model of emotional response- that our thoughts are responsible for our internal feelings and resulting behaviors, as opposed to elements of external situations. This site also discusses the alluring elements of CBT that have led to its widespread appeal across a variety of disciplines. These aspects are: CBT’s ability to be briefer and time limited, its collaborative effort between therapist and client, use of homework, and basis on the educational model (National Association of Cognitive Behavioral Therapists, 1996). Most importantly, we see that these programs designed based on these desirable aspects of CBT have found home not only in the mental health realm, but in our justice system as well.

As our country faces the ever-present issue of a rapidly growing prison population coupled with high rates of recidivism, our legal and penal systems have attempted to make use of various strategies to reduce this recidivism. At present, one of the most widely implemented means of accomplishing this goal is the use of CBT for offender populations. As literature suggests, CBT has found success in this area, and though a wide array of Cognitive Behavioral Therapies exist, only a subset of these have been routinely applied to offenders.

Mark Lipsey, Nana Landenberger and Sandra Wilson’s systematic review, “Effects of Cognitive Behavioral Programs for Criminal Offenders” (2007) provides a review of CBT’s successes for offender populations as well as a useful study focusing on a specific domain of CBT treatment with offenders; and within that domain, the various moderator variables that led to a variation in treatment effects (Lipsey, Landenberger, Wilson, 2007). The authors utilize current research findings to identify CBT as being widely regarded as promising for offenders due to it’s “well developed theoretical basis”, explicit targeting of criminal thinking, and flexibility in application to both juvenile and adult offenders, as well as situational settings.

(Lipsey et al., 2007). Further, the review points out CBT's applicability to criminal thinking due to its focus on distorted cognitions- a concept familiar to criminals who exhibit "self justificatory thinking, misinterpretation of social cues, displacement of blame, deficient moral reasoning and schemas of dominance and entitlement" (Lipsey et al., 2007). CBT is also identified as being well applied to offenders based on its ability to combat offender's assumption of a "victim stance", or the idea that they have been unfairly blamed for their actions.

What's more, CBT is identified as emphasizing individual accountability by learning to self-monitor thinking via the use of techniques that build cognitive skills in areas where offenders are lacking and the restructuring of distorted or biased cognitions. Thus, the most common examples of CBT for offenders consistently employ cognitive skills training, anger management, and supplementary components to accomplish these ends. The authors name the most prototypical examples of CBT programs for offenders to date as being: Reasoning and Rehabilitation (Ross & Fabiano, 1985), Moral Reconciliation Therapy (Little & Robinson 1986), Aggression Replacement Training (Goldstein & Glick, 1987; 1994), Thinking for a Change (Bush et al., 1997), Cognitive Interventions Program (National Institute of Corrections, 1996) and Relapse prevention approaches to substance abuse (Marlatt & Gordon, 1985). Lipsey et al.'s study consisted of general criminal offenders (as opposed to specific, such as those concerned with substance abuse, sex offenses, or status offenses) which were subjected to a prototypical mode of CBT and compared to a control group which has no intervention on the basis of recidivism. The authors conclude that the prior research on CBT for offenders clearly identifies positive effects of CBT on the recidivism of offenders. This applicability to criminality is a well-established and agreed upon concept in corrections.

Lipsey et al.'s review is consistent with the current body of research in finding CBT to significantly reduce recidivism, with individuals in the treatment group being more than one and a half times less likely to recidivate than the control group lacking intervention. Most notably however, are their findings regarding key moderator variables that were correlated with either an increase or decrease in recidivism when compared to the control group. Specifically, studies with the greatest effect of decreasing recidivism were those that had a high quality implementation "as represented by low proportions of treatment dropouts, close monitoring of the quality and fidelity of the treatment implementation, and adequate CBT training for the providers" (Lipsey et al., 2007)- characteristics more likely to appear in research programs than those in a criminal justice setting. The setting of treatment (in prisons versus in the community such as parole or probation offices) proved to be irrelevant to effect. Perhaps most interestingly, a between analysis of prototypical CBT programs demonstrated none to be significantly more or less effective (again, effective meaning decrease in recidivism rates) than others.

More importantly, this review leads future research in the right direction by concluding that it is no longer relevant to determine whether CBT has positive effects, but rather to "determine when and why it has the most positive effects". It's identification of CBT as being most successful when conducted under well educated and trained researchers and when utilizing treatment elements of interpersonal problems and anger control is enlightening. Conversely, its findings regarding treatment setting as irrelevant as well as treatment elements of victim impact and behavior modification as negatively correlated with the reduction of recidivism are also valuable. While these findings on moderator variables are most certainly useful, however, it is important to note that the study is limited in only focusing on moderately high risk offenders,

and general criminals as opposed to those with categorically specific offenses (drug and sex crimes, status violations, etc).

Though the vast majority of publications agree on the fact that CBT is a comparatively successful program in reducing recidivism, there is a substantial amount of confusion over whether some programs are preferable over others. In a review published by the National Criminal Justice Reference Service, authors Vennard, Sugg, and Hedderman concluded that CBT programs centering on the modification of offender thinking and behavior patterns enjoy more success than others which employ nondirective therapy and/or individual counseling. (Vennard, Sugg & Hedderman, 1997). Further, with both juvenile and adult offenders, social skills training yielded the most positive results. Again, CBT's distinctive ability to demand participation by the offender in determining new ways to solve problems was found to be very helpful as long as the intervention had a substantial duration and intensity and was consistent in the application of its goals and methods over time.

As Lipsey et al. suggested, studies and reviews such as these that help to identify specific aspects of CBT that correlate with the greatest success for the program is exactly what research should be doing. What we see here, as well as within in other current academic studies and reviews is the beginning of some very significant and constant trends in CBT analysis. Firstly, CBT's participatory structure is seemingly integral to its achievement in offender settings. When coupled with social skills training, this is particularly useful. Somewhat unsurprisingly but still important is the continuous finding that the modification of offender thought patterns and cognitions is key to CBT and should not be neglected. Perhaps most interestingly is the trend in research, as evidenced by this review, in beginning to identify the duration and frequency of CBT as an important factor. Unfortunately, specific recommendations are lacking, though it



would seem that frequency is favored over intensity. This area in particular is certainly worthy of additional research. Therefore, Vennard et al.'s review is useful in guiding research on CBT in the right direction by focusing on specific variables in CBT practice that correlate with success- most of which are evident across additional research as well.

CBT programs are clearly the most common and pervasive means of treatment, aside from substance abuse treatment, used for offender populations today. While recidivism remains high and improvements to reduce this trend must be made, research has shown CBT to be one of the most promising means for accomplishing this end. Since CBT's popularization, a great deal of research has been done and it is now widely accepted as an effective treatment program in reducing recidivism rates in offender populations when compared with others. Also, research has begun to identify specific elements of CBT that have correlated with success- namely its focus on the restructuring of cognitive distortions, improvement of social skill training, encouragement of active participation in group settings, informed and well trained treatment providers, and consistency in frequency and duration. However, the latter element is one which has yet to be specified and is thus deserving of additional research. Further, research has begun to suggest that the setting of treatment whether within the community or in a prison setting, is seemingly irrelevant in reducing recidivism.

Today, research has seemingly applied CBT to a wide array of specific populations such as CBT for substance abuse, sex offenders, women, juveniles, and a great deal of DSM-IV disorders. While this is obviously useful clinically, it has failed to help the correctional system identify a concrete picture of the aspects and program types of CBT that are most correlated with success. Even more, research studies tend to yield higher rates of success as opposed to common CBT programs in correctional studies, whose therapists and treatment providers are both

comparatively less-knowledgeable and least monitored. Consequently, CBT has enjoyed success in the offender population, though its cornerstones of success suggest a need for a means of determining which offenders are most likely to benefit from and thus most appropriately assigned to CBT. Accordingly, the remainder of this paper will utilize the aforementioned research findings to propose an assessment mechanism for professionals in the correctional system to utilize in assigning offenders to CBT groups.

## **Method**

### **Participants**

The aforementioned proposed assessment mechanism is hypothetical in nature and thus has not been implemented or tested in a designated setting. Nonetheless, it is designed for use by the United States Probation Office for DC (USPO), and will therefore be intended for offenders under Federal supervision in the District of Columbia. In regards to the offender population, specific demographic information is very difficult to assess, though it may be logically inferred that it is relatively consistent with offender demographics within federal probation system at large. Specifically, the total offender population under supervision by the US Probation Office is 2,013- which includes both active and inactive cases.

### **Materials**

The assessment mechanism is intended for handwritten evaluation in an interview setting between an offender and probation officer. No additional materials are necessary.

### **Procedure**

Consistent with similar correctional assessment tools, the proposed assessment mechanism is intended to be administered in an interview setting between a probation officer and

offender, with the majority of item answers acquired through self-report. During the time in which probation officers are expected to make recommendations for offender placement into groups such as CBT, this assessment mechanism may be utilized by the assigned probation officer to produce a reasonably informed recommendation as to whether or not an offender will be most likely to benefit from CBT groups.

The nature of the assessment is therefore very straightforward and the officer may answer many of the items (such as the static risk items) via knowledge obtained from the offender's case files. The remainder of items unable to be answered from case file information should be accomplished via the interview between the probation officer and the offender. It is important note here, that in evaluating offender self-report, some items necessitate that officers make use of personal impressions of the offender- such as impression of offender attitude.

During administration of the assessment mechanism, the officer endorses a letter choice corresponding to the offender's response (either a, b, or c) for each item. Following administration, the officer should utilize the Descriptions and Scoring sheet (attached) as a guide and reference in order to produce an informed and consistent score. This final score will provide a guide for likelihood of success for offenders in CBT, and is therefore recommended to assist a probation officer's decision as to whether an offender should be placed into CBT.

### **Research Design**

Again, as the nature of the assessment is hypothetical, no research intervention was conducted. Rather, the assessment mechanism itself was designed based on the need to capture a specific sub-section of offenders under supervision by USPO. The assessment includes 12 items, each with three possible answer choices: a, b or c. Each answer choice encapsulates a range of possible responses and thus, every offender should endorse one answer choice per item. Answer

choices range from those aimed at offenders with lowest risk/need (a's) to those aimed at highest need/risk (c's). The assessment is two-fold in design, as the first 6 items specifically relate to static risk characteristics and the remaining 6 for dynamic risk characteristics. Here, static risk is defined as historical, unchanging factors that are often correlated with likely hood of long-term risk potential; for example, age at first arrest, childhood history or maltreatment, past antisocial behavior, re-arrests/parole and probation revocations. Static risk factors should not change over time. (Bonta, J., 1999). Dynamic risk characteristics are defined as factors that may change over time, but with intervention will remain relatively stable (Bonta, J., 1999).

This design is meant to be consistent with other similar assessment mechanisms in the correctional setting and is largely modeled off of the "Client Risk and Need Assessment Survey" by the Department of Corrections, Division of Probation and Parole as it is included in the American Correctional Association's 4<sup>th</sup> edition of "Correctional Assessment, Casework & Counseling" (2006). Similarly, officers employing the proposed assessment should total scores and use the result indicate which range the offender's score lies. All a's are 3 points, b's are 6 points and c's are 9 points, which sets the possible range of scores to be from 36-80. In a standard distribution, this allows for a mean range of 47-69. For reasons mentioned in the Discussion portion of this paper, ideal offenders for CBT placement are those in the low-moderate range from 47-58, though this may be extended to include the entire mean from 47-69 depending on the amount of offenders and spots open for CBT placement. Consequently, officers should seek to place offenders in the low-moderate range of scores or in the moderate (mean) range.

## **Discussion**

Though overly relied on as a type of ‘catch all’ in correctional settings, CBT has generated a great deal of academic and empirical review. In studying this literature, we find that CBT’s focus on challenging faulty judgments, promoting self-accountability, and restructuring criminological thought patterns is its cornerstone of success in the correctional setting.

However, though it is easy for one to note the relevance of this applicability to corrections and assume that most offenders would benefit from this treatment, this assumption is blatantly false.

Based on CBT research as well as a basic understanding of the offender population, one may argue that a variety of specific offender characteristics will prove to be severe obstacles in an offender’s ability to make use of this CBT groups. Thus, placement into CBT should be aimed at a very specific population of offenders who are best able to take advantage of its means of treatment.

Current research indicates that CBT is most successful (using the correctional understanding of success, which is a decrease in recidivism and cost) when there is a low proportion of dropouts, and when treatment is directed at interpersonal problems, anger control and social skills in a participatory group setting. Additionally, the correctional system (and for purposes of this paper, the United States Probation Office for DC) would enjoy the greatest cost-efficiency and reduction of recidivism by excluding those who are unable or very unlikely to work within this framework. Those offenders who are relatively low-risk for recidivism and low-need for treatment have the ability to work within other means to combat criminal thinking, and are thus arguably not cost effective to recommend for treatment. Offenders who are high-risk are by defining risk as likelihood for recidivating, high need as well. However, these high risk and high need offenders are those who find themselves cycling in and out of the correctional system

and proving to be the most resistant to change as well. As a result of their resistance to change, they are also the most significant drain on resources and thus, these high-risk and high-need offenders are the least cost-effective for treatment. Resultantly, those who are of moderate risk and need are those who are most likely to experience considerable change from treatment and use this change in behavior to avoid offending in the future.

The attached assessment mechanism works to encapsulate this moderate risk/need group while excluding the other two (high risk/need, and low risk/need). As mentioned, it accomplishes this goal by measuring both static and dynamic risk scores. It is proposed that high scores above the range on this mechanism (over 69 points) will indicate a high risk/need offender, while low scores (below 47) will indicate a low risk/need offender. Both of these populations should not be recommended for treatment. As research suggests, an offender who falls within the moderate range will be the most likely to benefit and should therefore be recommended for CBT.

Static risk factors are: the total number of prior felony convictions and probation/parole revocations, age at first known conviction or adjudication, nature of offense, mental health diagnosis, interpersonal manipulation, and history of family abuse/neglect/trauma. The number of probation/parole revocations as well as the age at first known conviction or adjudication are known to be significantly correlated with an offender's likelihood of recidivating and commonly used as such in other correctional assessments such as the Client Risk and Need Assessment Survey for the Probation & Parole Division of the Department of Corrections. Nature of offense, mental health diagnosis and interpersonal manipulation are designed to relate to specific offender characteristics that present as serious conflicts with aspects of CBT treatment. While offenders with violent offenses should be a focus of treatment in the interest of reducing recidivism, offenses that are pedophilic and/or sexual in nature, as well as those which are particularly

grotesque are the behaviors of offenders who have serious impairments in psychological functioning. These impairments are both extremely resistant to change as well as best treated with other forms of therapy. Similarly, experts in the field of Psychopath such as Robert Hare have shown that psychopathic offenders are well-recognized as being extremely resistant to therapy (Hare, 1993). This resistance is due to their entrenched personality dysfunction which is almost entirely unlikely to benefit from CBT. The hallmark of these psychopathic individuals- the ability to manipulate others and inability to experience empathy or guilt for their actions, is best highlighted by the static risk factors of mental health diagnosis and interpersonal manipulation. Also, a high degree of family abuse/neglect/trauma is commonly listed as increasing ones likelihood of recidivism as well as the likelihood of relying on poor coping skills and techniques. It is therefore a relevant factor for identifying risk to recidivate as well as the need for CBT as it seeks to restructure thought patterns leading to poor coping skills.

Dynamic risk factors are impression of offender's attitude, environmental conditions, literacy, alcohol/substance abuse, and reasoning/intellectual ability. It is common for CBT programs (including MRT, which is currently the model of choice for the USPO) to employ the use of workbooks and/or journals in helping an offender identify and challenge their attitude and behaviors regarding certain situations. Therefore, offenders who are illiterate or experiencing intellectual deficiencies that inhibit them from functioning independently will have a great deal of difficulty making use of these techniques. These offenders are likewise identified by the dynamic risk factors of literacy and reasoning/intellectual ability. Similarly, offenders who are actively experiencing alcohol or substance abuse issues must seek to combat their addiction prior to their psychological issues. One would truly be hard-pressed to find a competent mental health professional who wouldn't argue that such individuals should be placed into treatment for

substance abuse prior to any additional programs. Additionally, impression of offender attitude is included to provide a reading as to whether the offender will eventually be able to accept and embrace CBT's participatory structure and continual challenging of previously held beliefs and attitudes. Finally, environmental conditions and figures of support have proven integral for an offender's likelihood to recidivate in the future as well as benefiting from CBT.

Though there are undeniably other factors that would provide a read on an offender likelihood of recidivating as well as benefiting from CBT, those listed in this assessment mechanism are most familiar to the mental health and correctional professionals. They have also been tested and relied upon to some extent in a variety of other correctional assessments. To maintain simplicity, there are only three answer choices per item. However, each answer choice encapsulates a range, and all offenders should therefore be able to identify with one of the answer choices. This design allows for uniform applicability for the entire offender population. For additional clarification, officers may turn to the Scoring and Definitions sheet. Moreover, one may reasonably infer that these particular items will provide for both reliability and validity in application- though this certainly in need of empirical testing.

Research of CBT suggests that it's applicability to criminological and deviant behaviors and cognitions led to its widespread adaptation by the correctional system. As the system seeks to reduce recidivism and be cost effective in doing so, the lack of knowledge by professionals in the system regarding appropriate placement of offenders into CBT presents a significant problem. As such, professionals in the correctional system would greatly benefit from a simple, easy to use, and accurate means of determining placement of offenders into CBT. Accordingly, an assessment mechanism is proposed for the United States Probation Office for DC for this very purpose. The assessment is simplistic and easy to use in its modeling off other correctional



assessments that are widely recognized as such. It is similarly short in nature, and consistent with the vast majority of other assessments which utilize measures of static and dynamic risk to determine likelihood for recidivism. However, it is unique by looking to well-established academic research findings to recognize which elements of CBT practice have proven most likely to elicit success in reducing offender recidivism and accordingly choosing to represent specific static and dynamic factors that relate to these elements. In doing so, offenders exhibiting risk factors that are most incompatible with successful elements of CBT, such as high degrees of interpersonal manipulation, illiteracy, or active substance abuse are excluded. Conversely, offenders exhibiting characteristics deemed to be most compatible with successful elements of CBT such as a willing-to-change attitude, ability of functioning independently, or having multiple figures of support, are included. Moreover, this type of screening is both consistent with tried and true correctional practices, and up-to-date research regarding CBT's applicability to certain criminal populations.

As the proposed assessment mechanism is hypothetical in nature, it must be tested empirically for any value judgment to be made of its reliability and validity. Logically, its simplistic nature allows for easy use by a probation officer, though indubitably neglects some variables which would provide for a increase in comprehensiveness. Thus, the assessment mechanism may benefit from expanding the range of static and dynamic risk factors in the future. Most importantly however, the assessment should be tested in the setting for which it was designed- specifically between probation officers and offenders under federal supervision. It should also be tested within a statistically representative population of offenders, many times, with consistency. If these steps are taken, empirical testing will be most valuable and findings regarding the reliability and validity of the mechanism will highlight additional steps to be taken.

Unfortunately, our correctional system continues to expand exponentially while the mentally ill are repeatedly cycled in and out- rarely benefiting from their experiences during incarceration. In a desperate attempt to keep up with this influx of mental health issues, a variety of treatment programs have been adopted and implemented to meet the system's needs. At present, the most prominent need is for the reduction of recidivism, as our judicial and penal system relies on rates of recidivism to as its most reliable measure of success. While CBT has demonstrated the potential to decrease recidivism in correctional settings, it is unlikely to do so unless the offenders in CBT programs are most responsive to the specificities of CBT itself. Therefore, consistent with both the needs of the USPO and relevant research findings, the proposed assessment mechanism is likely to provide a more accurate means of assessing which offenders should be placed into CBT treatment and which should not; as opposed to the traditional means of making recommendations based on personal opinion. The assessment is again hypothetical in nature and should be tested for reliability and validity. Nonetheless, in the American correctional system which has recently learned that it must work with the mental health system if it is to ever succeed in its endeavors, assessments such as this one may prove as a small, yet imperative step in this quest for success.

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**Hypothetical Assessment Mechanism for Placement of Offenders into Cognitive Behavioral Therapy**

For use by the United States Probation Office of DC

**STATIC RISK**

1. Total number of prior felony convictions and probation/parole revocations
  - a. None (3)
  - b. 1-4 (6)
  - c. 5+ (9)
2. Age at first known conviction or adjudication
  - a. 24+ (3)
  - b. 20-23 (6)
  - c. 19- (9)
3. Nature of offense
  - a. Other (3)
  - b. Violent (6)
  - c. Pedophilia, particularly grotesque offenses, sexual in nature (9)
4. Mental Health Diagnosis
  - a. None/ Unknown (3)
  - b. Some history or diagnosis may be significantly improved with treatment (6)
  - c. Diagnosis of a personality disorder or persistent diagnosis unlikely to change with treatment (9)
6. History of family abuse/neglect/trauma
  - a. Low/Unknown (3)
  - b. Medium (6)
  - c. High (9)

**DYNAMIC RISK**

1. Impression of offender's attitude
  - a. Motivated to change (3)
  - b. Dependent/unwilling to accept responsibility (6)
  - c. Rationalizes behavior, negative, not motivated to change (9)
2. Environmental Conditions
  - a. Multiple figures of support (3)
  - b. Few figures of support (6)
  - c. No figures of support (9)

3. Literacy

- a. Functionally literate (3)
- b. Some difficulty, but potential for increased understanding (6)
- c. Illiterate, resistant/unlikely to improve (9)

4. Alcohol/Substance Abuse

- a. None (3)
- b. Occasional or prior abuse issue(s) (6)
- c. Frequent, current abuse often amounting to a serious disruption in functioning (9)

5. Interpersonal manipulation

- a. Very little, or none (3)
- b. Misuse of others, manipulation and control did not contribute significantly to offense pattern. (6)
- c. Consistent pattern of using, controlling, or manipulating others for personal gain with little regard for their welfare. (9)

6. Reasoning/Intellectual ability

- a. Able to function independently (3)
- b. Some need for assistance, potential for adequate adjustment (6)
- c. Deficiencies suggest limited ability to function independently (9)

**Assessment Mechanism for the Placement of Offenders into Cognitive Behavioral Therapy**  
Intended for Use by the United States Probation Office for DC

**Descriptions and Scoring Sheet**

The attached assessment mechanism is designed to assess an offenders particular static and dynamic risk factors in order to determine who should be placed into Cognitive Behavioral Therapy Groups. In order to understand this distinction, probation officers making this recommendation should utilize the following definitions of terms found in the assessment mechanism:

**Static risk:** historical, unchanging factors that are often correlated with likely hood of long-term risk potential; for example, age at first arrest, childhood history or maltreatment, past antisocial behavior, re-arrests/parole and probation revocations. Static risk factors should not change over time. (Bonta, J., 1999)

**Dynamic risk:** factors that may change over time, but with intervention will remain relatively stable such as family background, history of substance abuse, and education. (Bonta, J., 1999).

**Scoring**

Officers employing the proposed assessment should total scores and use the result indicate which range the offender's score lies. All a's are 3 points, b's are 6 points and c's are 9 points, which sets the possible range of scores to be from 36-80. In a standard distribution, this allows for a mean range of 47-69. For reasons mentioned in the corresponding research review, ideal offenders for CBT placement are those in the low-moderate range from 47-58, though this may be extended to include the entire mean from 47-69 depending on the amount of offenders and spots open for CBT placement. Consequently, officers should seek to place offenders in the low-moderate range of scores or in the moderate (mean) range. This will exclude those exhibiting a total score less than 47 or more than 69. The former group in this distinction would likely benefit from less intensive or other modes of treatment, whereas the latter is of a particular concern due to their high resistance to treatment or altering behavior.

**Other Considerations**

1. In determining mental health diagnosis, probation officers should look to diagnosis made by a medical professional in the mental health field. In the absence of a diagnosis, officers may also hold a significant pattern of admissions whether involuntary or voluntary to mental institutions as a reason to believe that a diagnosis, though not present at the time, is appropriate.
2. "Figures of support" as associated with the "Environmental Conditions" of dynamic risk should be individuals with a close relationship to the offender, and this relationship is positive and likely to continue to be as such at the time of the evaluation. Examples of such may be family members, romantic partners, or friends.