

Reduce Recidivism in DUI Offenders: Add a Cognitive-Behavioral Program Component

By Judge Marion F. Edwards,
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We have learned some hard lessons in the last 25 years. Conventional wisdom was that you deal with law breakers by punishing them. We watched while our legislatures imposed longer and longer sentences with mandatory minimums. We overfilled our prisons at a tremendous cost to the public with no reduction in crime or recidivism. The rhetoric only served to elect politicians that really did not understand the problems. We are in the middle of a long, slow process of correcting our mistakes.

When judges come in contact with DUI offenders, they are in a unique position to force positive change. As Judge Dennis Challeen so aptly explains to offenders that appear before him, "I am not the Wizard of Oz, I cannot give you that which you lack, only you can change the way you think. I only have the power to make you miserable."

Judges need to realize that most offenders standing before them have thought processes that are very different from those of a normal person. An evaluation based on accepted principles, properly administered, can provide the Judge with great insight. In crafting a sentence, a judge must utilize this, along with his or her personal experience and a sincere desire to effect change.

Studies clearly show that cognitive behavioral models are a critical factor in the reduction of recidivism of offenders. For those offenders in the criminal justice system because of a substance abuse problem, they have generally gotten there because of a lifelong history of making bad decisions. To effect long term, systemic change, this faulty decision making must be addressed. Cognitive intervention is only one piece of the puzzle that will help the offender to put his life back together. But this component can increase the effectiveness of your program by as much as 50 percent. Sadly, fewer than half of all treatment programs report having a cognitive component, and a number of these are "cognitive" in name only.

Long term substance abuse can impair cognitive function. The earlier in the cycle of abuse that the offender can be engaged in a cognitive behavioral model, the greater the likelihood of success.

The core concepts of a good cognitive behavioral model are:

1. SELF-DIAGNOSIS
2. SELF-ANALYSIS
3. SELF-MANAGEMENT

One of the goals is to help the offender take responsibility for his or her actions. This is achieved by utilizing new techniques provided in these cognitive models.

These programs attempt to raise the level of moral reasoning from doing what feels good, or what is demanded by one's peers, to what is right, legally or morally. They require the offender to establish both short term and long term goals.

Most offenders come into our courts with a very poor self-image. They have successfully manipulated their families, their friends, and the "system" for most of their lives. Manipulation is the one thing that they do well. It is difficult to make them face these realities and begin the process of change, without a cognitive intervention.

According to Dr Greg Little, cognitive behavioral intervention strategies should:

1. Be based on scientific learning principles,
2. Be focused on how the client thinks or acts,
3. Obviously and directly relate to the clients problems,
4. Utilize a systematic approach and be relatively short term,
5. Represent a blend of active exercises, homework, tasks and active skill development, and
6. Have outcome research conducted.

There are a number of cognitive behavioral models available, notably:

1. Reasoning and Rehabilitation (R&R),
2. Thinking for a Change, and
3. Moral Reconciliation Therapy (MRT®)

There are outcome evaluations available for all of the above. Each has its strong points. My personal preference is Moral Reconciliation Therapy (MRT). The reasons for this preference are as follows:

1. Its widespread use, currently in more than 40 states, in institutions, drug courts, DUI courts, wellness courts, schools, and community programs.
2. Ease of implementation.
3. Cost effectiveness.
4. Availability of long-term scientific outcome data, not only for program completion, but also for completion of each step.

5. Acceptance by our offender population.
6. Availability of technical assistance.

In conclusion, while the cognitive behavioral intervention is only one component of a successful program, it is a most important part. According to a June 2000 study by the National Institute of Corrections, punishment actually increases criminal behavior by 0.07 percent. Treatment decreases criminal behavior by 15 percent, while cognitive interventions decrease criminal behavior by 29 percent. Studies across the country have shown a marked reduction of the recidivism rate when a cognitive behavioral model is included with a treatment program. The Anchorage Wellness Court was established in 1999 as an alternative for misdemeanor defendants who were charged with alcohol-related offenses and/or other misdemeanants who admitted to alcoholism. It is one of the many success stories around the country for programs that have included cognitive components.