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Szifris, Kirstine , Roberts, Anton , Maruna, Shadd and Fox, Christopher  (2025) Exploring the theoretical foundations of cognitive behavioural therapy in the criminal justice system. The Howard Journal of Crime and Justice. ISSN 2059-1098

DOI: <https://doi.org/10.1111/hojo.12597>

Publisher: Wiley

Version: Published Version

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ORIGINAL ARTICLE

Exploring the theoretical foundations of cognitive behavioural therapy in the criminal justice system

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Funding information

This project was funded by the Nuffield Foundation Grant number: JUS/FR-000022632

Abstract

As the most common framework for rehabilitation internationally, cognitive behavioural therapy (CBT) has been the subject of an enormous amount of evaluation research assessing its effectiveness. Drawing on the philosophical methodology of ‘provocation’ in a series of dialogue-based workshops with CBT experts, this article assesses whether CBT is a theoretically coherent approach for rehabilitation in criminal justice. With a focus on underlying theory, we outline four key ‘adaptations’ of CBT that we argue represent a systematic shift away from the original ideas of CBT. We conclude that, while drift and adaptation can be expected in any large-scale intervention, theoretical drift has occurred without sufficient interrogation of the consequences. More specifically, in the case of CBT as practised in criminal justice systems (CJSs) today, the basic premise of how CBT works is called into question, threatening its potential value.

KEYWORDS

Cognitive behavioural therapy (CBT), rehabilitation, provocation, Socratic dialogue

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1 | INTRODUCTION

Emerging out of the work of Albert Ellis, Aaron Beck and others, cognitive behavioural therapy (CBT) is supported by a sizable body of empirical evidence. This evidence points to CBT's efficacy for treating a range of issues involving mental health and psychological distress (Padesky & Beck, 2003; Reinecke, Ryan & DuBois, 1998). In the 1990s and early 2000s, CBT's reach extended to criminal justice settings, quickly becoming the dominant paradigm in correctional interventions in the UK and beyond (Thomas-Peter, 2006). CBT approaches have become so well established in some countries that they have become synonymous with the shorthand label 'what works' (Kendall, 2004). However, although this expansion into criminal justice has been accompanied by many empirical evaluation studies there is little detailed theoretical analysis of the coherence of using CBT as an approach for rehabilitation in criminal justice settings. This article seeks to address this gap in the literature.

A genuine commitment to evidence-based practice, of course, requires ongoing scrutiny of best practices (see Prins & Reich, 2021). Recently, empirical challenges to CBT's status as the undisputed paragon of evidence-based interventions have emerged. Despite a long history of impressive evaluation results for CBT programmes in criminal justice (e.g., Feucht & Holt, 2016; Lipsey, Landenberger & Wilson, 2007), a recent meta-analysis of psychological interventions in custodial settings found 'no strong evidence of reduced reoffending after participation in CBT-based programmes in prison' (Beaudry et al., 2021, p.768). Likewise, outside of criminal justice settings, recent reviews have also questioned the effectiveness of CBT more broadly. A meta-analysis by Johnsen & Friberg (2015) indicated that CBT's effect as a treatment for depression has fallen substantially over time, from early trials conducted in the late 1970s to contemporary trials (but see Johnsen & Thimm (2018) for contradictory results, and Friberg & Johnsen (2017) for a summary of critiques to the original review and the authors' responses).

In response to questions raised in the empirical evidence base, the current study is a theoretical analysis of the logic of applying CBT in rehabilitative practice in the first place. Rather than asking whether CBT 'works', this analysis asks how CBT is *supposed* to work as a rehabilitative intervention, reflecting on both explicit and implicit assumptions of the underlying model. In doing this, we also uncovered a clear issue of definition – that CBT has become more of an 'umbrella' term for a range of loosely-connected interventions. Our focus here is explicitly on the programmes that call themselves CBT and are applied in the criminal justice system (CJS).

To do this, we developed an original social scientific methodology based on the two concepts borrowed from arts-based practice and philosophy: 'provocation' (see Pangrazio, 2016) and 'Socratic dialogue' (MacInnis & Portelli, 2002). In brief, we convened a set of experts from the fields of philosophy, criminology and forensic psychology to engage in structured, in-depth dialogues organised around a set of pre-circulated provocations. The provocations were developed around common criticisms of CBT (themselves developed from a scan of the wider literature) and provided the basis for a theoretical conversation using the technique of Socratic dialogue (see Szifris (2021) for an in-depth discussion of the use of Socratic dialogue in criminal justice settings). This provided the platform for the experts convened to interrogate these criticisms and discuss with other experts their own concerns and reservations. The use of Socratic dialogue techniques maintained the focus on collaborative exploration of an idea as opposed to adversarial debate (Szifris, 2021). These conversations improved our understanding of the perceived weaknesses of the use of CBT in the CJS as a form of rehabilitation.

The provocation method allowed us to focus on the tensions, implications and philosophy of CBT in the CJS as reflected by our experts. To understand these tensions, we have arranged our analysis around four adaptations:

- Adaptation 1: From a philosophy of the 'good life' to a set of skills.
- Adaptation 2: From the internal to the external.
- Adaptation 3: From individualised practice to large-scale, group delivery.
- Adaptation 4: From mental health to the CJS.

These adaptations have occurred between the theory of CBT being set out by pioneers such as Ellis and Beck in the middle of the 20th century, and the roll-out of contemporary practice in the CJS. Each of these adaptations threatens the theoretical integrity of CBT practice and raises questions about the model of change underpinning CBT as practised in the CJS.

The first two adaptations consider the use of CBT in a wider range of settings and draw more explicitly on the concerns of the philosophers we engaged in the process. The second two adaptations could arguably be considered natural extensions or changes to an intervention that occurs when an evidence base grows. Across all four adaptations, however, we seek to develop an insight into the tensions that occur between theory and practice, concept and application, and to draw out the complex concerns that a range of experts have about CBT as it is currently practised in justice.

This article argues that a greater focus on mechanisms and underlying theory of CBT in criminal justice is required. More specifically, we argue that by understanding these four adaptations, we gain a better understanding of how CBT 'drift' has occurred, the potential consequences, and provide a framework for future researchers to interrogate the underlying mechanisms of CBT. Fundamentally, the experts we consulted argued that the conclusions that have been drawn from these premises may be unsound and conclude that, as a result of these adaptations, CBT in its current form lacks well-developed 'middle-level theory' (Hough, 2010) necessary to justify its dominance in correctional treatment in the UK and beyond. We therefore provide a clear framework for future research and theoretical development of CBT in justice practice and call for a future focus on 'how' CBT works or should work, rather than just whether it works in rehabilitation interventions.

2 | BACKGROUND: CBT IN THE CRIMINAL JUSTICE SYSTEM

CBT refers to a family of interventions that take a cognitive approach to behavioural issues. Here, we provide a brief overview of the use of CBT in the CJS offering a summary of the vast literature to date to anchor the reader in the discussion.

Emerging out of rational emotive behavioural therapy developed by Ellis (1962) and cognitive therapy developed by Beck et al. (1979), CBT is premised on the idea that cognitions, emotions and behaviours are interactively linked (Padesky & Beck, 2003; Varga, 2014). Dozois, Dobson & Rnic (2001, p.4) outline three fundamental propositions of CBT:

1. Cognitive activity affects behaviour.
2. Cognitive activity may be monitored and altered.
3. Desired behaviour change may be affected through cognitive change.

In the CJS context, an intervention is deemed to be ‘cognitive behavioural’ if it is explicitly:

directed towards changing offenders’ distorted or dysfunctional cognitions ... or teaching new cognitive skills in areas where offenders show deficits with the expectation that such cognitive changes will result in more adaptive and/or less antisocial behavioral responses. (Lipsey & Landerberger, 2007, p.14)

Originating in North American CJSs in the 1980s, prototypical CBT programmes such as the Reasoning and Rehabilitation programme, moral reconnection therapy (MRT), and aggression replacement training (ART) were imported for use in the UK’s prison and probation services in the early 1990s (Lipsey, Landenberger & Wilson, 2007; McGuire & Clark, 2004). These and other CBT interventions have assumed a central role in criminal justice interventions (Brooker & Gojkovic, 2009). The evidence base involves a substantial number of systematic reviews and meta-analyses indicating CBT’s overall effectiveness in reducing criminal recidivism (e.g., Armelius & Andreassen, 2007; Feucht & Holt, 2016; Henwood, Shihning & Browne, 2015; Lipsey, Landenberger & Wilson, 2007; Usher & Stewart, 2012).

The use of cognitive behavioural programmes in the CJS is often rooted in the risk-needs-responsivity (RNR) model of rehabilitation developed in the early 1990s by Andrews & Bonta (2023). Within this model, Andrews & Bonta (2023) highlight eight central risk factors including ‘procriminal attitudes’ relating to the thoughts, values and sentiments supportive of criminal conduct. A person’s ‘criminogenic needs’ are those risk factors that are dynamic (i.e., changeable) and specifically correlate with likelihood of recidivism (but see Prins & Reich, 2018, 2021). The emphasis on thinking and attitudes within the RNR model of criminal conduct helped cognitive behavioural approaches rise to the fore in rehabilitation work. Hayward (2009) writes:

[R]ather than attempting to change the whole personality or circumstances of an offender, cognitive behavioural programmes focus on specific unacceptable behaviours and seek to modify these by correcting distortions in the way offenders think about their crimes. (p.142)

Cognitive behavioural treatment is therefore directed towards changing individuals’ distorted or dysfunctional cognitions (Lipsey & Landenberger, 2007). Across the UK, CBT-based interventions are still considered the ‘gold standard’ of rehabilitation (David, Cristea & Hofmann, 2018), and almost all the programmes accredited by the Correctional Standards and Accreditation Panel (CSAAP) centre elements of CBT in their methodology (Ministry of Justice, 2021, 2023).

3 | METHODOLOGY

To attempt to elicit a deeper understanding of the logic, values and assumptions underlying the use of CBT in the CJS, this research utilises a variety of methodological tools rooted in the social sciences, but with techniques borrowed primarily from the discipline of philosophy. In particular, we draw explicitly on Socratic dialogue to draw out reasoned conclusions from underlying premises.

CBT has long been subjected to philosophical analysis, which is appropriate given that CBT emerged out of one or more distinct philosophical traditions. However, our own approach is less desk-based than the traditional philosophical interrogation and instead draws on methods that

would be more familiar to social scientists such as focus group interviews and inductive, qualitative analysis. We have combined these tools with a philosophical approach by which we mean understanding philosophy as ‘... an interactive dialogue of discovery and exploration’ (Szifris, 2021, p.5). We have not engaged in a full philosophical exploration of argument and counter-argument, but instead used philosophical techniques to ‘draw out’ the opinions of the experts engaged in the process.

To do this we held four sessions in the style of a traditional focus group but with the ‘interviewer’ acting as co-enquirer and provocateur. We used these sessions to engage our participants in Socratic dialogue with our written provocations acting as stimuli to the discussion. The use of Socratic dialogue reflected its use in education as a means of cultivating communities of inquiry, where the word ‘inquiry’ reflects the exploratory nature of the dialogue (Lien, 2007). More unusually, we used provocation, which is often used in the arts as a means to *provoke* audiences – or in the case of this project, the workshop participants – into deeper reflection (Puchner, 2010). The methodology drew explicitly on the work of Pangrazio (2016) who outlines the role of the researcher as provocateur. Namely, that by *provoking* (as opposed to merely facilitating) expert discussions, researchers position themselves as an active agent in the conversation, aiming to elicit responses in order to encourage more clarity of thought around the issues that emerge. Pangrazio (2016) outlines three principles for provocation, which we applied to our exploration of CBT, as follows:

- *Critical distance* involves decontextualising a familiar topic, allowing experts to speak confidentially and critically interrogate taken-for-granted practices.
- *Materialising thinking* emphasises the means to develop a critical tool that allows the provocateur to explore participants’ thinking. This took the form of a written ‘provocation’ circulated to participants prior to the provocation workshops (see below for details).
- *Reflection and transformation* refers to encouraging critical self-reflection and asking participants to ‘... consider how their interpretations, identities and practices’ (p.9) are shaped by personal histories and professional discourses.

Although concepts like ‘provocation’ and ‘Socratic dialogues’ are more common in philosophical enquiry than social science (see Acim, 2018; Lien, 2007), these methods have been employed in social scientific research as well (see, e.g., MacInnis & Portelli, 2002; Szifris, 2021).

Developing the provocation for this research involved a review of the academic literature on CBT across several disciplines and a series of discussions with input from select experts (some of whom went on to participate in the provocation workshops). We identified experts on the subject via our project advisory board and by contacting the authors of key readings identified in the literature review. Following the guidance of Bogner, Littig & Menz (2009), expert interviews focused on both theoretical issues and concerns about delivery in the particular context of the CJS. Interviewees were approached if they were theorists who had written about the philosophies of CBT, social scientists who had written theoretically about CBT in the CJS, people with standing in the field of correctional interventions including practitioners with considerable experience of delivering CBT in justice settings, and ‘experts by experience’ (people with lived experience of CBT in the CJS). Some people qualified as meeting more than one of these criteria. Experts consulted either as part of the pre-participation interviews or as part of the provocation workshops are described in Table 1. We do not indicate which of these people had lived experience to avoid inadvertently identifying individuals.

TABLE 1 Experts consulted.

	Area of expertise/professional background
1	Psychotherapist and author
2	Forensic psychologist and academic researcher
3	Forensic psychologist and author
4	Philosopher of the mind
5	Academic with expertise in mental health and the CJS
6	Practising forensic psychologist
7	Philosopher of dialogue and conversation
8	Professor of forensic clinical psychology
9	Philosopher of emotions
10	Forensic psychologist and lecturer
11	Philosopher of psychiatry and medicine
12	Clinical psychologist and historian of CBT
13	Professor of psychology
14	Philosopher and historian
15	Philosopher of emotion and senior lecturer
16	Professor of criminology and prison sociology
17	Senior researcher & research commissioner working in government
18	Senior researcher & research commissioner working in government

Based on the literature review and analysis of interviews, we drafted a provocation consisting of four areas of potential critique:

- Provocation 1 – Theoretical underpinnings.
- Provocation 2 – Psychological mechanisms.
- Provocation 3 – Evidence and evaluation.
- Provocation 4 – Application/politics.

The first two provocations both relate to the underlying model of CBT and stemmed primarily from philosophical critiques of the ‘robustness’ of the claims made for CBT. The third relates to concerns around use of evidence to increase the reach and prevalence of CBT. While this was not a central focus of our research, we felt it was important to discuss CBT in these terms, specifically in relation to CBT’s use of evidence as compared with other forms of therapy. The fourth provocation considered problems around the implementation of CBT in the CJS, recognising that policy choices around the use of CBT have a political dimension.

Four separate workshops were facilitated involving a total of 15 attendees (between three and seven invited experts per workshop). The mix of participants at each workshop was carefully designed to ensure fruitful, open discussion at a high level.

Due to Covid restrictions in place at the time of the research, workshops were held online and each was recorded and later transcribed. The first author facilitated all the workshops acting as a ‘provocateur’ and employing the method of Socratic dialogue (Splitter, 2011, Szifris, 2021) to introduce stimuli based around the provocation and provide opportunity for participants to engage in fluid but structured conversation. Additional team members took an observational role

at the workshops and were on hand to offer input and direction when required, and finally a research assistant took notes of the conversation as a backup for the recording. After workshops were completed, the team engaged in reflective conversation with additional notes being taken as appropriate.

Analysis of the workshop material drew heavily on Layder's (1998) adaptive theory, which provides a method for theory-building that accounts for existing literature as well as grounding itself in data. Prior to the workshops, we began with a 'primitive conceptual framework' (Layder, 1998, p.117) which we referred to as a 'typology of critiques' and this was used to structure the provocations. The data generated from the workshops were then qualitatively analysed in three stages. The first stage used a pre-coding strategy using the typology of critiques as a coding framework. A series of subcodes and categories emerged from this stage of the work allowing the discussions to be organised around our initial reading of the literature. The final stage involved bringing these sections together and engaging in further reflection and redevelopment using theoretical memos and theory generation techniques (Layder, 1998). This involved some follow-up conversations with specific individuals, reviewing the findings with the advisory board, and returning to the literature to develop a broader framework for analysing CBT in the CJS.

As with any group that includes philosophers, psychologists, social scientists and people with lived experience, the conversations included considerable disagreement and debate. As with any inductive analysis, we have sought to identify the most prominent themes that were common across the discussions in our review below. However, it should be noted that these do not represent a consensus among the experts, simply the most prominent themes.

The research was approved by Manchester Metropolitan University Research Ethics and Governance Committee. A balance between giving credit to expert opinions and the importance of confidentiality to encourage free discussion has been carefully considered and, in agreement with our expert participants, quotes have been anonymised to allow participants to speak freely.

4 | FINDINGS: ADAPTATION AND THEORETICAL DRIFT

These findings are a consequence of the four critiques of CBT (listed above), presented to the project's experts for discussion, and from which these adaptations have been derived. The fundamental critique emerging from our discussions with experts is that the practice of CBT inside the CJS has strayed from a meaningful theory of practice. CBT has undergone so many iterations, led to such a wide range of bespoke and general interventions, that it has become an 'umbrella term' for a range of interventions applied to everything from dieting to phobias to sex offending (Thomas, Pilecki & McKay, 2015).

Although all of these are rooted in the same general premise that thinking is causally related to behaviours, the term CBT has become such a buzzword that it now describes a wide array of loosely-related interventions that have strayed considerably from the origins of the concept. Participants described CBT as practised as being: '... somewhere between therapy and training and education' (Workshop 2, criminologist/psychologist). Their view – as practitioners, researchers, philosophers and people with lived experience – was that CBT lacked pedagogical rigour. As one participant noted, what happens inside prisons and probation offices under the label of CBT 'will often end up doing things that bear no resemblance to CBT but advertise it as CBT' (Workshop 4, clinical psychologist). In other words, CBT, as delivered in the CJS, may lack a meaningful theory of practice resulting in the practice of CBT in prisons and probation being manifestly distinct from its original conception. This was a core concern for the research participants who suggested

that the shallow application of CBT meant that those receiving it as a ‘treatment’ for ‘offending behaviours’ were not receiving the depth of intervention they needed. The participants did not suggest that CBT interventions lack value, but rather that CBT may not be appropriate for addressing the issue it is meant to address in the justice process.

4.1 | Adaptation 1: From a philosophy of the ‘good life’ to a set of skills

Ellis quotes Epictetus and everyone quotes Ellis quoting Epictetus, but few go back to the original texts. (clinical psychologist, pre-workshop interview).

Both in its original conception and in more recent (so called ‘third wave’) versions, CBT draws upon well-developed ‘philosophies for life’ such as Stoicism or Buddhism. However, our research revealed a clear discomfort from a range of philosophers around how CBT has used these philosophical ideas and the way in which CBT practitioners lean on the philosophical underpinnings to lend credibility to the intervention.

In reality, rather than being a philosophically-based intervention, CBT has extracted a set of everyday practices from these broader philosophies and packaged them into a set of teachable skills (summarised in Robertson (2020) and Díaz & Murguía (2015)). Our research participants suggested that by adapting large, rigorously debated, widely-discussed, philosophies for life such as Stoicism, into packages of skills, the depth and rigour of the early inspirations for CBT have been largely forgotten, limited to an occasional nod towards philosophical traditions that no longer impact actual CBT practice.

Importantly, these broad philosophies for life like Stoicism and Buddhism offer deep perspectives on questions of how to live, how to be happy, and what it means to be human (see, e.g., Baltzly, 1996). The focus of CBT practice, however, is on observable behaviours, and offers little perspective on character, virtue or moral frameworks. Unlike the philosophies it draws upon, CBT does not provide a clear understanding of the ‘ideal towards which it aims’ (Robertson, 2020, p.124) and therefore does not provide the framework a person needs to genuinely build their own philosophy for how to live. This lack of understanding of the underlying philosophies, according to some of our participants, is a key reason for the shallow application of CBT in correctional settings.

Further, the expert participants felt that this decoupling from CBT’s underlying philosophical concepts meant that CBT has lost an essential component: the relational aspect of the philosophical discussions of how to live. One expert argued, this ‘turns the purpose of CBT on its head’ thus:

Most philosophers’ understanding of the ‘good life’ is something to do with the ‘other’, ‘community’, ‘generosity’ and so on. Whereas in the CBT mindset, you’re doing these things to enhance your *own* wellbeing so in that way it is utterly egoistic and against those values. (Workshop 1, psychotherapist)

In this first adaptation – from a philosophy of the good life to a set of skills to learn – our participants suggest that CBT addresses the wrong aspects of human behaviour. In doing so, it fails to properly articulate and address the values and character traits that CBT seeks to develop.

Fundamentally, workshop participants expressed concern that CBT made implicit assumptions around human behaviour: namely, instrumental rationality being the 'right' way of interpreting human behaviour (Hochstetler & Bouffard, 2010):

The whole [CBT] project is premised in the belief that human beings are these cognitive rational decision-making beings ... that we're cognitive decision-making machines. (Workshop1, psychotherapist)

CBT-based approaches in the CJS, for instance, often frame individuals as being motivated by 'reward-cost contingencies' (Andrews, Bonta & Wormith, 2011, p.738), which differs substantially from the philosophical origins of the practices. Expert participants worried that the lack of engagement with the underlying philosophies of CBT meant that these assumptions are taken for granted or accepted without scrutiny, hence weakening the application of the approach.

Finally, participants feared that the failure to engage with these deeper philosophical discussions of virtue and character may lead to an overemphasis on skills in CBT practice. Workshop participants suggested that CBT focuses on teaching cognitive competences and the ability to think in certain ways and does not focus enough on people's motivational systems and identities. Fundamentally, adapting a complex philosophy for life, such as Stoicism, to a short programme designed to teach a specific set of skills, divorced from their philosophical origins, is inherently reductive.

4.2 | Adaptation 2: From the internal to the external

CBT rests on the assumption that talking about internal cognition can lead to changes in the external behaviours (Dozois, Dobson & Rnic, 2001). CBT involves dialogue between a CBT-trained practitioner and one or more participants. The participant in CBT introspects or reflects on their thoughts, beliefs, and actions and then articulates them to the practitioner who then re-interprets them for the participant (Leder, 2017). It is this reinterpretation that helps the participant behave differently should they find themselves in a similar situation.

According to workshop participants, this practice is predicated on the assumption that it is possible for a person to 'catch a thought'. In other words, when someone is asked: 'what were you thinking at the time?', they are able to articulate an accurate retrospective insight into their actual cognitions from past situations. Several experts questioned whether human beings have the ability to introspect well enough to recall and verbally specify mental processes that occurred in an instant long before a therapy session (see Leder, 2017). We may not even have the ability to 'catch' our thoughts moments after they occur, some argued, let alone months or years later. Further, experts were concerned that by starting with a maladaptive behaviour, CBT makes assumptions about the underlying thinking. They characterised this as 'reverse engineering' and worried that it confused the relationship between behaviour and thinking. Participants questioned the way practitioners interpret a CBT participant's verbalisation of thoughts. One expert provided an example around a service user's response involving post hoc rationalisations:

People confabulate all the time because they like to feel they understand what's happening with them. So if you [ask], 'What's the cause of your distress?' they're going to come up with something because they want to try and understand it. That might

be useful in some ways ... but it doesn't follow that the story is true. (Workshop 4, philosopher of the mind)

Workshop participants expressed concerns that what people say in CBT is necessarily translated as factual. This does not mean that responses are disingenuous, but instead that the remembered thoughts reported in therapeutic interactions are just as likely to be post hoc rationalisations emerging through personal reflection and after-the-fact introspection.

Beyond the interpretation of verbalisations, workshop participants also questioned whether a change in thinking necessarily relates to a change in behaviour. They illustrated this with the possibility of service users articulating a change in view but not a change in behaviour and were concerned that CBT practice might sometimes focus too much on given explanations and verbalisations and pay insufficient attention to implicit attitudes:

[There's] the explicit description you give of yourself, but it doesn't mean that it's changed the implicit attitudes that shape your day-to-day interactions with the world. How does CBT see the relation between those two things? Does it think that changing the explicit thing is going to just magically seep down and change everything else? (Workshop 4, philosopher of the mind)

Raising questions around causal assumptions in CBT, some experts questioned the basic premise that faulty thinking leads to problematic behaviours (see, for instance, Longmore & Worrell, 2007) and argued that this was of particular concern when considering criminalised behaviours. The assumption, for example, that an individual has engaged in particular behaviour as a direct result of 'faulty' thinking seemed oversimplistic to some experts, especially given concerns about the veracity of self-reported verbalisations and the lack of observability of these mental processes.

Several of the philosophers in our workshops were concerned that there is a presumption that a statement by a CBT participant is 'propositional', that is, a statement that is either true or false – a 'correct' thought or an 'error'. A philosopher in one workshop argued that this 'is a conceptual confusion' between practical and epistemic reasoning in which CBT is 'deeply mired' (Workshop 2, philosopher of CBT 1). The assumption is that a participant's response to the statement: 'what were you thinking at the time', indicates a worldview and a 'wrong' response implies that the person is 'making bad inferences' (Workshop 3, philosopher of CBT 2). The participants are assumed to be drawing inaccurate conclusions from false propositions, which is an epistemic matter:

Actually, what I think is going on is that you're reasoning poorly in a practical sense. So, your reasoning is shot, you do a bunch of self-sabotaging stuff. That's not the same as you being incorrect. ... [The] epistemic and the practical are two distinct things. So, I think [CBT practitioners are] mischaracterising the problem. (Workshop 3, philosopher of CBT 2)

Finally, expert participants questioned whether people can really transfer these basic thinking skills learnt in response to one past situation to future situations. In one workshop, a forensic psychologist pointed out that one of the fundamental findings in the psychology of learning is that the closer the situation in which a skill is learned to the one where it will be performed, the more likely it is that the skill will transfer to that other situation:

There is very little similarity quite honestly between sitting with seven other blokes and a couple of facilitators in a classroom and any situation that you might reasonably encounter out on the street. It seems to me that therefore you wouldn't expect them to transfer that easily. (Workshop 1, forensic psychologist)

4.3 | Adaptation 3: From individualised practice to large-scale, group delivery

This adaptation moves beyond the concerns about underlying mechanisms of CBT into questions of how it has been delivered across the CJS. CBT has been adapted from a one-on-one, individualised service described by Ellis (1962) and Beck et al. (1979) to large-scale delivery in standardised group programmes. This mode of delivery is particularly prevalent in the CJS. The mass roll-out of CBT in the CJS involved an adaptation of scale, requiring the use of manuals (or 'manualisation') to ensure fidelity to the delivery model. Some experts argued that this resulted in delivery of programmes which are 'not CBT' but at most 'CBT informed' with a 'massive drift' between CBT in psychotherapy and CBT in the CJS (Workshop 1, psychotherapist).

There was wide agreement and discussion from the experts in our project about how quickly and widely CBT was rolled out across the CJS in England and Wales via what one respondent described as 'large scale industrialised managerial CBT programmes' (Workshop 4, forensic psychologist). Several of our participants had been involved in the CJS in England and Wales during this time and reported that the sheer scale and speed of the roll-out undermined the programme:

It was rocketed up within a matter of a few years to large numbers of prisoners and people on probation being channelled into these programmes. You would have expected what used to be called a demonstration experiment or something [to be] done quite thoroughly first. But that wasn't done. The net result 25 years later, is that we've got programmes being delivered by people who are minimally trained ... it's not doing the best service you could do for people in the CJS and probably not to the staff as well. (Workshop 2, criminologist and psychologist)

For those experts present at this time of transition, this resulted in a 'one size fits all' approach in which CBT was applied to many different types of issues in the prison. There was a lack of recognition that people go to prison 'for all sorts of reasons and from all sorts of backgrounds' (Workshop 4, forensic psychologist 4). Our experts were concerned that people were sent to CBT programmes regardless of whether the evidence suggested it was warranted:

They decided to send everybody on an anger management programme even if their offence was entirely instrumental, nothing really to do with anger. (Workshop 4, forensic psychologist)

Participants felt that the training for staff running large-scale programmes was too rigid and overly focused on delivery rather than understanding the intervention being delivered. One forensic psychologist described a culture of training that was self-perpetuating:

A facilitator comes into the department, is given a manual, prepares an exercise, has to deliver that exercise in front of five or six colleagues who will then give them feed-

back and quite closely shape and mould how they're doing it. That's before they even go on training. When they go on training it's even more intense and you have to do three facilitations throughout the week. You'll get marked on all sorts of things. In a weird way they enshrine this thing, so it's always a very rigid format, you deliver, then you reflect on how you think you did, then your colleagues tell you how they think you did, then the trainers tell you how they think you did and then you have a right to reply to the feedback. (Workshop 1, forensic psychologist)

4.4 | Adaptation 4: From mental health to the CJS

Perhaps the most obvious adaptation of CBT for our purposes is the adaptation from mental health to the CJS. This adaptation differs, however, from the other adaptations because it is primarily an adaptation of the context within which the therapy is used rather than of the therapy itself. Nevertheless, our participants argued that this shift meant that CBT had 'collapsed very, very complex cases' into one underlying model of 'what causes offending behaviour' (Workshop 2, criminologist). One participant described this oversimplification as the 'ideology' of CBT that can be an appealing way of trying to explain something as complex as crime to those naïve to its complexities.

Experts argued that CBT was imported from a clinical context (the treatment of anxiety, depression, etc.) into the very different context of correctional rehabilitation for which it is ill-suited. This concern went beyond merely a change of environment. Workshop participants were troubled that, in moving from mental health to criminality, CBT had drifted in its fundamental treatment aims. Traditionally, CBT is recommended for people who are experiencing distressing thoughts and/or distressing emotions, which are all internal to the individual. In the CJS, practitioners are attempting to address learned habitual patterns of behaviours that society regards as problematic, but individuals themselves may see as perfectly adaptive and pragmatic. Experts were concerned that blaming something as complex as crime on 'maladaptive thoughts' was a problematic oversimplification. Maladaptive thoughts in a criminal context take on a different meaning when we begin to consider the context in which people within the CJS have lived:

[A]daptive or maladaptive to what? I think the problem is that the staff who deliver programmes have a particular view of the world and how it works and what it's like, based on their backgrounds. That's not often the same as the world that the guys have come from and actually their thoughts and behaviours are extremely well adapted. (Workshop 1, forensic psychologist)

As a result, CBT conflates maladaptive thoughts with issues of 'denial' and 'challenging behaviour' (Workshop 2, forensic psychologist). Put more simply, certain ways of thinking and behaving that are addressed by CBT in a CJS context ought, in fact, to be recognised as adaptive given the circumstances.

A second concern was that in the CJS, CBT can be mandated as part of an individual's rehabilitation. Their progression and either release from custody or successful completion of a community sentence can depend upon completion of a CBT programme. In health settings, patients typically choose to engage in their therapeutic journey. Experts raised concerns of authentic engagement and power relationships between the CBT practitioner and participant when the voluntary nature of engagement is removed.

Coercion raises several difficulties. First, when CBT is delivered as part of a custodial or community sentence, the focus can shift to compliance and ‘people can comply without changing’ (Workshop 1, criminologist and psychologist). Further, the practitioner will be targeting a specific issue in the life of the service user whom they wish to address, but the participant may not have self-identified the same issue, undermining the collaborative element of CBT practice:

In prison you’re dealing with people who are often quite happy with the thing that the programme is targeted at so you do end up having a lot of ... conversations about what is right and wrong. (Workshop 1, forensic psychologist)

The need to challenge participant’s values, together with the coercive dimensions of treatment might influence complex power dynamic between practitioners and service users in prisons, in particular:

The prisoners are still at the highest level of security category and they can’t go anywhere until they’ve got off what they call ‘Cat A’ and so programmes are bound up with a whole system of power and self-governance which means, I think, it operates very differently to how it would in a mental health setting. (Workshop 4, criminologist)

There was clear agreement across all of the workshops around the dangers of the prison power dynamic and that CBT underplayed the role of the social environment. As one participant put it:

The paradigm for me of second wave CBT is that it locates the problem *within the person*. Let’s change parts of you and then that will be better ... we need to think about the context ... and function and people’s place within the world, not that the problem is just located within them. Crime is a societal problem, isn’t it? It doesn’t sit with the individual necessarily. (Workshop 2, forensic psychologist)

Experts thought that this was particularly problematic considering the central role of the social environment in sociological understandings of the aetiology of crime (e.g., Sampson & Groves, 1989). This can become particularly problematic when CBT is applied on a large scale to people in the CJS. Experts argued that often the reactions or cognitions being characterised as ‘maladaptive’ or ‘cognitive errors’ may, in fact, be highly adaptive or realistic appraisals of social situations that are unfamiliar to CBT trainers.

Several experts had concerns around a particular lack of sensitivity to the realities of race and racism and their role in the structure of society and social interactions, especially around crime and justice matters. One participant argued that the materials and content of the programmes were simply ‘not relevant’ to the lives of ‘young Black men in the CJS’ (Workshop 3, criminologist). This was contrasted however with the relative flexibility of CBT in the therapeutic setting, which may be more sensitive to issues of racism. Another workshop participant suggested there was a deeper issue related to the way in which CBT frames its perspective of a human being:

There’s a lot to be said about the picture of a human being and what makes a human being. Certain epistemic values, that are separate to CBT, could be very alienating to certain people, say some Black people, who very well know what this focus on

rationality has meant historically ... Black people have been judged and understood and so on. (Workshop 3, philosopher of CBT)

The experts felt that this large-scale delivery violated the individualising of treatment that was central to the CBT approach, resulting in CBT participants having their experiences 'invalidated' because their world view was framed as being a result of 'distorted thinking' when really 'they're based on very real experiences that haven't been factored into the process' (Workshop 4, philosopher/mental health).

5 | DISCUSSION

In the CJS, CBT is often attached to the idea of 'what works' and most of the research on CBT in the CJS asks the empirical question of whether or not the treatment is effective in reducing recidivism rates across groups of participants (compared with control groups of non-participants). In this study we have focused not on 'what works' but 'how' CBT is supposed to work to reduce reoffending. Existing research on this question is much less developed. Using Socratic dialogue and philosophical provocation as a methodology, we have engaged with experts from a variety of disciplines and have uncovered a range of concerns around the use of CBT to address the thinking styles of people convicted of offences. As a result of these discussions we have been able to organise the challenges of using CBT in the CJS around four 'adaptations' on the journey from theory to practice with each presenting a potential problem for implementation.

The first two adaptations – from philosophy for life to a set of skills and from the internal to the external – require more consideration from those who wish to continue applying CBT in the CJS. Our participants argued that the lack of understanding of the underlying philosophies of CBT within the CJS practitioner community is a key reason for the shallow application of CBT in correctional settings. The corollary here being that this is why we continue to see relatively small effects for CBT despite many getting some worth out of the skills CBT teaches.

The question for the CJS is whether this matters. What is it we are trying to do with CBT when we apply it to addressing criminal behaviours? Are we expecting those who partake in group CBT sessions while in the CJS to engage in deep thinking about who they are and who they wish to be? Or is it sufficient to provide some basic skills learning and leave the rest to the individual?

This, however, leads us on to the second adaptation and the connections between the internal and external. It is beyond the scope of this article to comment on exactly how thinking and behaviour are related. However, these discussions have highlighted the importance of people who design and deliver CBT in the CJS considering this in more detail.

At the most basic level, CBT is premised on the assumptions referenced above by Dozois, Dobson & Rnic (2001). In the context of CJS and rehabilitation, this might be reframed as follows:

- A key risk factor (and dynamic criminogenic need) in the psychology of criminal conduct relates to thinking and attitudes.
- CBT is a mode of therapy that helps people change their thinking and attitudes.
- Therefore cognitive behavioural approaches can reduce the risk of reoffending.

Our dialogues with subject experts raised a number of challenges to each of these propositions. For example, the type of thinking and attitudes addressed by CBT in a therapeutic setting are rather distinct from those addressed in a criminal justice setting. In particular, CBT outside of

criminal justice is used to address phobias, anxiety and depressive thoughts (Padesky & Beck, 2003), while within the CJS it addresses a wide range of complex, voluntary behaviours including sexual offending (Schaffer et al., 2010).

It is assumed in CBT that the way we think about a situation has an impact on the way we behave – correct the faulty thinking and we correct the faulty behaviour. However, it neglects to consider the possibility that it is not the thinking that is faulty. There is a deeper concern that philosophers have about this premise as well – namely that we have access to our thinking at a particular moment, after the fact. Can anybody be really certain what they were thinking at the moment just before they engaged in a violent act? If we do, is it really possible to interpret accurately what a person's post hoc verbalisations of the thinking mean?

Again though, we must consider how much this matters. If CBT simply 'works' in reducing reoffending sufficiently enough to warrant its continuation, do these issues need to be considered? The dialogues suggest that this does matter though. The potential flaws in the underlying assumptions of CBT we highlight mean our understanding of the mechanisms at work are partial and consolidation of our understanding of these mechanisms would provide the insights needed to develop more effective interventions and models of rehabilitation.

The philosophical critiques identified in this project suggest that the basic principles of CBT ought to be explored more fully (Diaz & Murguia, 2015). CBT draws upon a few, core principles of Stoicism, existentialism and Buddhism but does not take account of the broader writings that offer a full 'philosophy for life'. Instead, it implies a much narrower view of human beings, based around their skills and deficits. Our analysis indicates that there have been key moments of adaptation since the inception of CBT that have not been satisfactorily explored and reconciled with CBT as currently practised in the CJS. We refer to these as 'adaptations' in the sense that they represent adaptations from the theoretical origins of the concept of CBT to the actual practice of CBT in CJSs. These adaptations, or 'drift' from the original conception of CBT as it was originally envisaged as a therapeutic intervention, carry a range of risks. The first two adaptations – from life philosophy to a set of skills and from the internal to the external – relate to concerns around CBT practice more broadly. These issues, however, become compounded when we consider the use of CBT in the CJS and the risk of these changes ignoring the wider structural inequalities. The second two adaptations are more explicitly related to the issues of CBT in the CJS, but they still relate back to those broader questions of how we understand what it means to be human.

At each moment of adaptation a range of questions arise. Most urgently, in moving from mental health to criminal justice, does the model retain a clear theory of change (ToC)? Do the staff delivering CBT have the depth of understanding of the underlying philosophy and psychology of the processes they are invoking? These factors have clear importance – a clear ToC aids in programme replication, particularly pertinent in a treatment paradigm such as CBT with so many prison-based iterations. Relatedly, poor staff understanding/training could be undermining the reliability and effectiveness of CBT itself, potentially lacking the skills they need to work with criminogenic populations, which are both complex and heterogenous. Our assertion is that these moments of adaptation require more careful investigation. Treatment drift is not a phenomenon unique to CBT in the CJS and the inappropriate use of any therapeutic intervention can reduce the overall credibility of the intervention, while also potentially reducing positive outcomes and risking harm. However, this project offers a 'first look' at these issues specifically within the context of criminal justice interventions.

There are important limitations to our exploratory research, however. First, the dialogical methodology is constrained by the sampling of participants and the skill of the facilitators. We may not have included a comprehensive enough range of expertise in our discussions. Second,

we have had to disentangle problems with CBT *in and of itself* from problems inherent to the criminal legal system. As one of our experts explained:

It seems to me that there are two really quite separate issues. One is about cognitive behavioural therapy and any critiques you might have of that and the other is about therapy in the criminal justice system and the role of therapy ... [A]ny kind of therapy that's used is probably going to be distorted, simplified, caricatured, exploited for institutional and political reasons ... [E]very kind of therapy tries to be individualised, particularised to look at context, to be sensitive, to use all the techniques a good therapist would use with a client. The criminal justice system is going to work against all of that. That's not critique in itself of CBT. (Workshop 4, philosopher of the mind)

6 | CONCLUSIONS AND NEXT STEPS

Our findings offer a clear roadmap for further research to assist with understanding how CBT can be used to greatest effect and where its limitations lie so that the rehabilitative model can be enhanced and developed. The aim here is not to reject CBT. Rather, our analysis is meant to clarify what CBT seeks to do and identify what obstacles may hinder these goals in justice sector applications. We have sought to do this by highlighting general concerns of experts in different fields, bringing together perspectives often siloed. Ultimately, such theoretical investigations are invaluable for improving practice and contributing to the understanding of 'what works' and, we conclude, that the challenges presented here are sufficiently concerning to question the rather unquestioned dominance of CBT in rehabilitative interventions.

The four adaptations we describe provide a clear roadmap for researching the underlying theories of CBT and have led us to the following recommendations for future research and practice development:

- Develop a strong definition of CBT with clear parameters of what a 'CBT-based' programme encompasses. This will help researchers to measure effectiveness and improve practice with a clear understanding of what is meant by CBT that transcends simple use of the label.
- More research is needed on the contribution CBT can make to the broader questions of personal development and human flourishing so that CBT can be understood as being part of a broader programme of rehabilitation and individual growth.
- Both theoretical and empirical research is needed to investigate more fully why CBT is appropriate in addressing 'criminogenic' cognition.
- More robust research is required to evaluate the effectiveness of 'scaling-up' or 'rolling out' CBT for large-scale delivery.

Overall, our research lends support to Hollin's (2002) assertion that CBT may have been 'overtaken' by outcome studies. Outcome research ('what works') is essential for evidence-based practice, but it needs to be supplemented by complementary research on mid-level theory and the process of change. We conclude that the underlying theory of why and how CBT should 'work' as a rehabilitative tool requires as robust investigation as does the question of whether or not the interventions 'work' to reduce recidivism. Further roll-out of CBT work in justice settings should be dependent upon progress in both regards.

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How to cite this article: Szifris, K., Roberts, A., Maruna, S. & Fox, C. (2025) Exploring the theoretical foundations of cognitive behavioural therapy in the criminal justice system. *The Howard Journal of Crime and Justice*, 1–18. <https://doi.org/10.1111/hojo.12597>