Violence Reduction Center

Cognitive Behavioral Interventions:
Scaling Success to Save Lives

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Authors

Thomas Abt is the Center for the Study and Practice of Violence Reduction's (VRC) Founding Director. He is also an associate research professor in the Department of Criminology and Criminal Justice at the University of Maryland.

Mark Mills is a doctoral candidate in the University of Maryland's Department of Criminology and Criminal Justice.

Grace Magori is the VRC's Program Manager and a graduate of the University of Maryland's Department of Criminology and Criminal Justice.

VRC

With an emphasis on community violence perpetrated with firearms, the VRC gathers the most rigorous research, synthesizes it, and then makes it available in accessible, easy-to-understand formats. It also provides practical instruction to federal, state, and especially local leaders on how to choose, apply, and align the right combination of anti-violence strategies for their jurisdiction. Finally, the VRC convenes a diverse array of stakeholders to discuss subjects of strategic interest to the violence reduction field. Each year, the VRC holds symposia to advance knowledge and practice in specific policy areas using a multi-disciplinary approach that engages academics, policymakers, and practitioners, as well as individuals and groups with relevant lived experiences.

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Center for the Study and Practice of Violence Reduction
University of Maryland, 2220 LeFrak Hall, College Park, MD 20742

VRCinfo@umd.edu

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Executive Summary

Cognitive behavioral interventions (CBIs) have emerged as a key evidence-informed strategy for saving lives and stopping violence. Despite a strong scientific track record, the capacity to scale these strategies remains limited. During Fall 2024, the Center for the Study and Practice of Violence Reduction brought together leading academics, on-the-ground practitioners, key government officials, and interested funders to discuss why.

To implement CBI strategies effectively, six practices were identified as essential. First, successful CBIs employ practical tools and strategies that are proven to work. Second, they utilize street outreach workers with a high degree of cultural responsivity. Third, these organizations employ "relentless engagement" to connect high risk individuals to treatment and services. Fourth, they offer extensive training to their employees, both so they may utilize CBI tools and teach them to others. Fifth, they are flexible, adapting models to real world conditions. Sixth and finally, successful CBIs support and invest in their workers - their most valuable asset.

Implementation best practices like these can be challenging for a number of reasons. First, those who are most in need are often the most resistant to these services, making it imperative that outreach workers leverage their credibility to find creative ways to connect with prospective participants. Second, negative peer influences can hinder participants from drawing on CBI tools in critical situations. Third, substance use and mental health issues pose significant challenges to program participants. Fourth, all elements of proper implementation are not yet fully understood. While a solid base of evidence supports CBI strategies, they still require further development and study.

Trauma, if left unaddressed, can also impede the effective implementation of CBIs. Trauma-informed care can provide a basic framework for support while healing-centered engagement can further promote healing, a sense of belonging and self-determination, and empowerment to achieve post-traumatic growth. CBIs should focus not only on treating the trauma of program participants, but also that of program staff.

To successfully scale CBIs, a number of strategies were recommended. CBIs must be cost-effective, although even the most expensive approaches more than justify themselves in terms of social return on investment. CBIs must also secure consistent funding, increasing their capacity to access governmental and nongovernmental resources. Increased professionalization is necessary for sustainable and scalable CBI interventions. Finally, while a strong base of evidence supports CBI strategies, further research and study is necessary, especially with regard to implementation.

In conclusion, CBIs continue to demonstrate effectiveness in reducing community violence, particularly when attention is paid to best practices. Continued investment is necessary to advance the field while growing it at the same time.

Introduction

In 2024, the U.S. Surgeon General declared firearm violence a public health crisis in America (Office of the Surgeon General, 2024). Firearm-related injuries have been the leading cause of death for young people aged 1–19 since 2020, surpassing motor vehicle crashes, cancer, drug overdoses, and poisoning (Centers for Disease Control and Prevention [CDC], 2024a). In 2022, more than 48,000 people died from firearm-related injuries, including suicides, homicides, and unintentional deaths (CDC, 2024a).

Each year, homicides account for almost half of firearm deaths in the U.S. (CDC, 2024a) Community violence accounts for the large majority of these deaths (Crifasi et al., 2018). According to the Centers for Disease Control and Prevention, "Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home" (CDC, 2022b, para. 1). This violence is particularly devastating for the nation's most marginalized communities - America's neighborhoods need solutions, now.

In a limited number of jurisdictions, cognitive behavioral interventions (CBIs) have emerged as a key evidence-informed strategy for stopping violence and saving lives. These interventions use cognitive behavioral therapy-inspired methods to change the way recipients "think about their thinking" (Beck, 2021) in an effort to change the behaviors that lead to violent conflicts. Despite a strong evidence base, capacity to implement these strategies remains limited, and only a small number of providers are effectively engaging with those most likely to be involved in community violence as either victims or perpetrators.

On October 22, 2024, with the strong support of the Everytown Community Safety Fund, the Center for the Study and Practice of Violence Reduction (the VRC) brought together on-the-ground practitioners, leading academics, government officials, and interested funders to discuss the power and promise of these life-saving strategies at the Symposium on Cognitive Behavioral Interventions for Violence Prevention (the Symposium).

In total, 22 speakers presented to an audience of more than 50 during the invitation-only convening. Community violence intervention organizations including Becoming a Man, CASES, Chicago CRED, Compass Youth Collaborative, Peace for DC, Roca, Inc., the ROAR Center, and Youth Advocate Programs were represented. Academic institutions including George Mason University and the Universities of Chicago, Illinois, Maryland, and Michigan also contributed. Nonprofit organizations including the Beck Institute for Cognitive Behavior Therapy, Council on Criminal Justice, and Health Alliance For Violence Intervention participated. Officials from the Baltimore Office of Neighborhood Safety and Engagement, Maryland Governor's Office of Crime Prevention and Policy, and United States Bureau of Justice Assistance attended, and funding organizations including Everytown for Gun Safety and Stand Together also participated. A list of participants can be found in Appendix A.

At the Symposium, participants surveyed the evidence, discussed implementation, explored the intersection of CBIs and trauma-informed practice, and brainstormed ideas for building capacity. This white paper documents those discussions. It offers an overview of CBIs, reviews

the research, covers implementation opportunities and challenges, and concludes with recommendations for scaling CBIs so they may save more lives.

Overview

Originating in the field of psychology in the second half of the 20th century, Cognitive Behavior Therapy (CBT) addresses the ways that dysfunctional thinking, negative emotions, and learned patterns of maladaptive behavior contribute to common psychological problems such as depression, anxiety, and anger (Beck, 2021; American Psychological Association [APA], 2017). A core principle of CBT is that psychological problems are partially caused by (1) faulty or unhelpful ways of thinking and (2) learned patterns of unhelpful behavior (APA, 2017).

"CBT is not one thing. It's a whole family, a therapeutic orientation."

— David Wilson, GMU

With CBT, the treatment focus is to change dysfunctional thinking and maladaptive behavior by teaching people to (1) recognize distortions in their own thinking, (2) better understand the motivations and behavior of others, (3) develop problem-solving skills to cope with difficult situations, and (4) learn to develop a greater sense of confidence in one's own abilities (APA, 2017). CBT also teaches people to adopt more effective behavioral responses to stressful situations, e.g., by facing their fears, calming their mind and body, and thinking before acting (APA, 2017).

Originally developed in clinical settings to treat common psychological problems such as anxiety and depression, CBT has been successfully applied in a variety of contexts, including in criminal justice settings (Mitchell et al., 2014). Examples include Reasoning and Rehabilitation (Ross & Fabiano, 1985), Moral Reconation Therapy (Little & Robinson, 1986), Aggression Replacement Therapy (Goldstein & Glick, 1987), Thinking for a Change (Bush et al., 1997), and Becoming a Man (Heller et al., 2017).

While the classical CBT paradigm emphasizes interrelationships between (1) cognitive processes, (2) emotional responses, and (3) behavioral patterns (Beck, 2021), criminal justice CBIs generally focus less on emotions and more on the unhelpful cognitive and behavioral patterns that can lead to criminal and/or violent behavior (Lipsey et al., 2007; Mitchell et al., 2014). Such interventions are often group-based and highly structured with clear curricula, concrete exercises, coaching, and homework. They commonly focus on addressing distortions and flaws in thinking patterns, including justifications for criminal behavior, and on teaching social skills, self-differentiation, conflict resolution, anger management, and other skills

"An important aspect is that most people can make at least short term changes in their behavior, but in order to get people to change in the long term, they actually have to change their thinking."

— Judith Beck, Beck Institute

designed to assist participants in making better decisions (Lipsey & Landenberger, 2006; Mitchell et al., 2014).

CBIs that address community violence specifically tend to focus on decision making in heat-of-the-moment, volatile situations, and encourage participants to be reflective rather than reflexive, to think before acting (Heller et al., 2017). This is because such violence often occurs when people react impulsively to real or perceived provocations, disputes, arguments or fights. In these situations, people often act on automatic, unreasoned impulses–what economist Daniel Kahneman refers to as "system 1" thinking (Kahneman, 2011). CBIs attempt to address these automatic responses by encouraging people to change thinking and behavior, training them to engage in meta-cognitive practices (i.e., thinking about thinking). They are urged to consider the validity and helpfulness of their thoughts in intense moments and how those thoughts may lead to negative emotions and behavior.

CBT vs. CBIs

It is helpful to further distinguish CBT and CBIs. CBT is a psychotherapeutic approach that is typically delivered over a series of sessions by trained therapists and follows a manualized protocol. In contrast, CBIs refer to discrete techniques or strategies derived from CBT that are often applied in a modular fashion. CBIs may be used in contexts where a full course of therapy is not feasible and can be tailored to target a specific cognitive bias or maladaptive behavior without necessarily embedding them in a broader therapeutic framework.

The Science of CBI

Research has consistently shown that CBT is effective inside and outside criminal justice settings. Outside of criminal justice, CBT has been shown to be effective in addressing a wide variety of psychological problems, including depression (Lepping et al., 2023), anxiety (Coull & Morris, 2011), psychosis (Hazell, 2016), eating disorders (Atwood & Friedman, 2020), and substance use disorders (Boness et al., 2023). At the Symposium, Professors David Wilson and Sara Heller gave an overview of the scientific evidence concerning CBIs aimed at reducing offending.

In criminal justice settings, systematic reviews provide convincing support for the effectiveness of CBIs in reducing recidivism for both adult and juvenile offenders (Landenberger & Lipsey, 2005; Wilson et al., 2005). Professor Wilson presented preliminary findings from an ongoing systematic meta-review (i.e., a review of systematic reviews) examining the effectiveness of a variety of community violence interventions including CBIs (Wilson et al., 2023). Of the 170 systematic reviews included in the meta-review, seven concerned CBIs. These reviews were mostly positive, with all but one of the reviews showing positive results.

In one of those reviews, Pearson and colleagues (2002) conducted a meta-analysis of 69 cognitive-behavioral and behavioral interventions, finding that CBT interventions were more beneficial than behavioral interventions alone, especially interventions that focused on social skills development and cognitive reasoning (e.g., Reasoning and Rehabilitation programs). Similarly, Tong and Farrington (2008) reviewed 19 Reasoning and Rehabilitation programs and found that groups receiving the intervention experienced a 14% decrease in recidivism compared to groups not receiving the intervention. Usher and Stewart (2014) examined whether the effectiveness of CBIs is moderated by participant ethnicity, finding significant reductions in recidivism irrespective of ethnicity. Garrido and Morales (2007) found that CBT participation significantly reduced recidivism rates for juveniles.

The largest systematic review in the meta-review was conducted by Landenberger and Lipsey (2005), which included 19 RCTs and confirmed the effectiveness of CBIs in reducing recidivism in adult and juvenile offenders. Additionally, that study found certain elements were associated with effectiveness, including more sessions and better implementation, cognitive restructuring, anger management, and individual attention and coaching. The only CBT systematic review that did not favor treatment was unique and possibly distinguishable from other reviews in that it included exclusively prison-based studies (Beaudry et al., 2021).

Based on this evidence, Wilson concluded that there was strong evidence demonstrating that CBT can reduce criminal behavior. That said, he cautioned that there was some variability, i.e., within each meta-analysis there were studies of interventions that were deemed effective and others that were not. Finally, Wilson noted two limitations in the CBI evidence base: (1) many reviews focused on general crime, not violence specifically and (2) the most comprehensive review–Lipsey and Landenberger (2005)–is twenty years old.

Encouragingly, several recent studies offer additional evidence of the benefits of CBIs specifically in the community violence context. At the Symposium, Professor Heller highlighted findings from recent randomized controlled trials of CBIs. Heller and colleagues (2017) examined the Becoming a Man program in Chicago and found that the program resulted in significant reductions in violent crime arrests among juvenile boys (a 45% reduction in violent crime arrests in boys grades 7-10, and a 33% reduction in violent crime arrests in boys grades 9-10). Abdul-Razzak and Hallberg (2024) assessed the impact of another Chicago-based CBI–Choose 2 Change (C2C)–finding that participation in the six-month program resulted in a 23% decrease in the probability of arrest for a violent crime.

Other recent RCTs have demonstrated similar results in various contexts and places. For instance, in a pair of RCTs involving high school-aged students, Davis and Heller (2019) found that participation in a summer jobs program combined with CBT treatment resulted in a 42% and 33% reduction in violent crime arrests, respectively. Another Chicago-based program–the Rapid Employment and Development Initiative (READI)– provided participants with an 18-month job along with CBT and led to a 65% reduction in shooting and homicide arrests (Bhatt et al., 2024). Finally, Blattman and colleagues (2017) conducted an RCT among men at risk of criminal involvement in Liberia and found that receiving cognitive behavioral therapy significantly reduced antisocial behavior, and another recent RCT in El Salvador found that a CBT-informed after-school program significantly reduced participants' violent behavior (Dinarte-Diaz & Egana delSol, 2024).

In the aggregate, existing evidence suggests that CBIs can make a significant difference in reducing crime and violence across multiple settings (Heller, 2014; Bhatt et al., 2024; Blattman et al., 2023). Although Professor Heller noted that there is some evidence of outcome fadeout after 1-2 years, she pointed out that this is not necessarily evidence of failure since many participants may be at the peak of the age-crime curve (Hirschi & Gottfredson, 1983) when reducing violence for one to two years can make a significant difference. Finally, it appears that CBIs are cost effective, with two studies finding large social returns on investment. The BAM program had a benefit-cost ratio between 5:1 and 30:1 (Heller et al., 2017), while the READI program had a benefit-cost ratio between 4:1 and 18:1 (Bhatt et al., 2024).

The Practice of CBI

Not surprisingly, CBIs work best when properly implemented. At the Symposium, Antoine Gatlin, Jason Gordon, and Anthony Watson led a discussion concerning implementation best practices. Here are six that many participants deemed essential.

First, effective CBIs employ practical tools and strategies that are proven to work. In effective CBI programs, participants learn to use critically important tools, such as the seven core CBT skills that animate Roca's Rewire CBT program: (1) Be Present, (2) Label Your Feelings, (3) Move It, (4) Act on Your Values, (5) Stick With It, (6) Flex Your Thinking, and (7) Solve It (Roca, Inc. 2024).[1]

[1]Be Present teaches participants to be present and focus on what is currently happening, both externally and internally – a hard thing to do for participants who are dealing with past trauma. Label Your Feelings builds the capacity to identify and understand the intensity of emotions. This allows participants to have more appropriate reactions in different situations. Move It is about intentionally doing something, even when you don't feel like doing anything at all. This is a behavior activation skill because sometimes we need to do something different to help us think and feel different. Act on Values is about intentionally doing something based on what is important to us, and not reacting just based on emotions. Stick With It is about finding ways to approach things we want to avoid. This is critical for participants learning how to do things differently, even when they are new or uncomfortable. The skill Flex Your Thinking teaches participants to examine their thoughts by asking if their thoughts are true or helpful and learn to reframe thoughts to get unstuck. Finally, the Solve It skill teaches participants to identify a problem and work through the steps to find a solution and put a plan together to act on solutions. All of these skills are designed to support participants to find ways to get off autopilot, slow down, use a skill, and give themselves the possibility of another choice.

"The key is getting our young people to think about their thinking. We're doing deep breathing meditation, we're doing role plays - having people assess a situation and figure out which pathway to go forward, and we're also modeling - leading with our adults and our vulnerability."

— A.J. Watson, Becoming a Man

"The relationship is very important. Because that's the magic of our program: they like us. They like our style. They like our swagger, they like how we talk, and because of that they enroll themselves."

— Jason Gordon, ACES

In addition to learning tools and skills, participants also develop strategies for honing and practicing them. Many programs find that participants benefit from role playing, which allows participants to practice new skills in responding to potential conflicts or provocations. In role play, CBI staff might simulate a situation in which the participant is provoked or disrespected by a rival, thereby allowing the participants to put key skills into practice. Modeling, where staff demonstrate how to employ new CBI skills, is another important strategy. Modeling can be especially important when it provides an opportunity for staff to show participants how the CBI has helped them personally.

Second, effective CBIs utilize street outreach workers with a high degree of cultural responsivity. Symposium presenters emphasized that CBIs are most successful when these workers have a deep knowledge of the communities they serve. When this happens, they are better able to engage authentically with participants and in turn are viewed as more credible. Authentic engagement allows staff to gain participant confidence, and once trust is gained, a collaborative relationship can be developed around offering and receiving CBI services.

Third, effective CBIs employ "relentless engagement" to connect high risk individuals to treatment and services. Because those at the highest risk of involvement in community violence are often the most difficult to engage, persistence is required to secure and maintain buy-in. The juveniles and young adults who could most benefit from CBT are not likely to seek it out. As a result, outreach workers and other staff need to be proactive in identifying high risk individuals, locating them, gaining their trust, and convincing them of the

benefits of working with their program. Building trust with participants is essential, but trust must also be built with those close to them, including family members. A trusted family member or friend can often play a central role in persuading an at-risk youth to accept the help that CBIs offer.

> "So when we started our program, people would say it's 'evidence based,' but in terms of being applicable to our population, it did not work. So we scrapped that model and then began to engage these young men with staff who looked like the population they were working with."
>
> — Joseph Richardson, University of Maryland

Fourth, effective CBIs offer extensive training to their employees, both so they may teach the tools to others and to utilize them for themselves. Presenters emphasized the importance of providing ongoing training to CBI staff, not just when initially hired. Effective CBIs provide consistent training that is tailored to the needs of their workforce.

Fifth, effective CBIs are flexible, adapting themselves to real world conditions. At the Symposium, several participants noted that CBIs with highly structured curricula—which can be effective in other settings—may be ill-suited for community violence prevention. Participants stressed the need to meet participants "where they're at" both literally and figuratively. CBI staff should be able to deliver services at different locations, at different times, and in a variety of formal and informal settings.

Finally, effective CBIs support and invest in their workers - their most valuable asset. One crucial aspect of supporting program staff is recognizing that they benefit from the very CBI skills and strategies they teach. Like the people they serve, many staff members have suffered significant challenges (including trauma from community violence) that CBIs can help them navigate. Effective programs recognize the necessity of having staff apply the same skills they are teaching. These providers are "wounded healers" who must first be helped in order to help others. As discussed further in the next section, the effects of trauma can be extremely debilitating, and CBI skills can help staff address their own trauma so they can help others.

> "What does relentless engagement really look like? You have to get after it! Get out there, never give up. Go to their houses, meet their families, be a salesman."
>
> — David Williams, Youth Advocate Programs

> "We do a lot of initial training and we never stop. I've got staff who have come to the training about five times, and every time they walked away with something new."
>
> — Sophia Morel, CASES

While effective cognitive behavior interventions feature these best practices, the implementation of best practices can be challenging. Professor Joseph Richardson, Jackie Santiago Nazario, Joanne Sainvilier, and David Williams led a group discussion concerning obstacles to effective CBI implementation.

First, as noted previously, people who most need the program are often the most resistant to it. It is imperative that outreach workers leverage their credibility and are persistent in finding creative ways to connect with prospective participants.

Second, negative peer influences can hinder participants from drawing on newly-developed skills in critical situations. Effective CBI programming equips clients with strategies for identifying, challenging, and reframing negative social inputs. In this way, they foster internal resilience and self-regulation, allowing participants to counteract and even leverage adverse peer dynamics for personal growth. Self-differentiation—the ability to distinguish one's own values, goals, and beliefs from those of one's peers—is the key to overcoming such influences.

> "Our CBT can be taught by non-clinicians, front line workers, those who are closest to the problem. The CBT we developed was with the help of the young people. They told us what they wanted."
>
> — James "J.T." Timpson, Roca, Inc.

Third, unaddressed mental health and substance use issues pose a challenge to program participants. Unaddressed mental health issues–in particular, PTSD or Complex PTSD stemming from trauma or complex trauma–can hinder the effective implementation of CBIs that specifically focus on violence reduction. Substance use can impair thinking, judgment, and positive decision-making. While newly-learned skills may help address these challenges, they may not be sufficient. Other services, including other forms of CBI or CBT, may be needed as well.

Fourth and finally, several participants noted that some elements of proper implementation are not yet clear. While a solid base of evidence supports CBI strategies, these elements still need further development and study.

"The team is the most precious asset we have. It's important to know your team well and what they need to deliver CBI effectively."

— Jackie Santiago Nazario, Compass Youth Collaborative

Spotlight: CBI and trauma

At the Symposium, Professor Kathryn Bocanegra, Abigail Hurst, and Larry Johnson led a group discussion concerning the importance of addressing trauma in the CBI context.

Many CBI participants have been traumatized from previous exposure to violence. Such exposure —whether directly experienced or experienced by a close family member or friend—can lead to serious emotional distress and psychological problems (American Psychiatric Association, 2022). It can also lead to future violence - the associations between offending and past trauma are well-established (Fritzon et al., 2021).

If left unaddressed, the lingering effects of trauma in participants can impede the effective implementation of CBIs. Symposium presenters addressed various ways of addressing trauma, the most prominent of which is trauma-informed care. Trauma-informed care (TIC) provides a basic framework of support designed to identify and respond to the effects of trauma in an individual's life (Center for Substance Abuse Treatment, 2014). CBI programs that incorporate TIC principles create an environment that emphasizes safety, healing, trustworthiness, transparency, peer support, collaboration, and empowerment (Center for Substance Abuse Treatment, 2014). TIC ensures that CBIs are safe and supportive in order to minimize re-traumatization.

In addition to TIC, CBIs should utilize healing-centered engagement, which is a more holistic approach than traditional TIC. Healing-centered engagement goes beyond TIC to focus on (1) a holistic approach to healing, encompassing physical, emotional, and spiritual well-being, (2)

"Trauma, especially from violence, not only disrupts one's sense of safety, but their sense of control over their life, and so recovery must focus on accomplishing safety and empowering individuals."

— Kathryn Bocanegra, University of Illinois Chicago

> "We are healing trauma, giving youth a voice, and giving them hope. Cognitive behavioral interventions are an essential element in addressing trauma and helping to reduce beginning violence."
>
> — Antoine Gatlin, Peace for DC

the strengths of the individual participants, (3) acknowledging culture and fostering a sense of belonging, and (4) promoting self-determination and personal empowerment in the healing process (Ginwright, 2018).

An additional goal of trauma-informed care and healing-centered engagement is to help participants achieve "post-traumatic growth." Post-traumatic growth occurs when a person not only succeeds in dealing with trauma, but also achieves a positive outcome, a positive change, or personal growth of some kind (Henson et al., 2021). While achieving post-traumatic growth is not easy, and does not happen quickly, it can happen with patience and the right approach.

Symposium presenters were clear that CBIs should focus not only on treating the program participants, but also program staff, many of whom suffer from their own forms of trauma. Like the participants they serve, many have had to navigate the trauma caused by exposure to community violence. Staff who have successfully applied CBI principles to address their own trauma have a wealth of personal experience and knowledge to share with participants. Once they are healed, they can then help heal the program participants by showing them, from personal experience, how to successfully deal with and overcome trauma.

> "We see the ripples of trauma and pain that occur, but we also know that there are ripples of healing that start at the individual level. CBI can be that, beginning with the individual that fans out to families and friends and ultimately influences an entire community. That healing can shape our society."
>
> — Abigail Hurst, Everytown for Gun Safety

Scaling CBI

Implementing effective CBI programs presents both opportunities and challenges. Though high-quality CBIs have been proven to work, establishing effectiveness remains difficult due to the factors explored above. In addition, the costs of implementing an effective CBI program can be high, posing a significant barrier to smaller, community-based organizations. Further, inaccessible funding sources and a lack of professionalization in the field continue to impede CBI success. At the Symposium, Jennifer Clammer, Dr. Kyle Fischer, and Kim Smith explored the current state of the field and how shifting organizational programming and funding will improve fidelity and scalability of CBI work.

Cost-Effective Implementation

High-quality CBT services for those at the highest risk for violence can be expensive. Researchers at the University of Chicago Crime Lab showed that READI Chicago, an initiative targeting the city's most at-risk individuals, cost an estimated $52,000 per participant (Bhatt et al., 2024). That said, when measured against the potential social cost of a shooting, however, READI Chicago actually saved between $182,000 and $916,000 per participant, showing that the costs could be justified.

High-quality does not always mean expensive, however. A study analyzing the long-term outcomes of the Sustainable Transformation for Youth in Liberia (STYL) program, which provided CBT to men ages 18-35 who were at risk of or already engaging in violence, showed promise for a cost-effective implementation of CBT for violence reduction (Blattman et al., 2023). Despite limited resources and an inexpensive intervention, the STYL program was able to significantly reduce crime and violence by 57%, even 10 years after the program concluded (Blattman et al., 2023).

Accessing Funding

In theory, there are many sources and large amounts of funding available for CBI interventions to reduce violence. In practice, many of those sources are hard to access, particularly for smaller organizations.

In 2022, President Biden signed the Bipartisan Safer Communities Act, which invested a total of $1.4 billion in funding for new and existing violence-prevention and intervention programs, nearly $100 million of which has been allocated toward community violence interventions (U.S. Department of Justice, 2024). President Biden's American Rescue Plan helped thousands of jurisdictions invest over $15 billion in public safety and violence prevention (The White House, 2024). With the change in administrations, however, federal funding for such interventions may be curtailed.

An emerging avenue for funding is Medicaid. Medicaid is a partnership between the states and the federal government, and at least half of the costs of each patient covered are paid for with federal dollars (Fischer et al., 2021). Each state has its own Medicaid State Plan, which can be

used to reimburse violence intervention programs. Funding has been difficult to access due to the high level of coordination needed – violence intervention programs are likely unfamiliar with medical billing and Medicaid agencies know little about violence intervention. In addition, several participants and panelists noted that applying for these grants and funding sources is time- and resource-consuming, which is especially relevant to community-based organizations with limited capacity.

Nevertheless, access to Medicaid funding could be game-changing for CBI. Medicaid funding is already the "de facto health insurer" for populations most affected by gun violence (Fischer et al., 2021). Re-applying for such funding is not necessary, which allows for a consistent stream of funding even during political changes.

CBI providers should aim to have multiple sources of funding, federal or otherwise.

Another federal program is the Victims of Crime Act (VOCA), which supports victims and survivors of crime and violence by dispensing federal dollars through state administering agencies.

Even when federal funding is available, smaller front-line community-based organizations often lack the capacity to apply for and receive such grants. Instead, such organizations typically look to local funders, government or philanthropic, for support. These grants are often smaller in size, making long-term planning and capacity building difficult.

Professionalization

Increased professionalization of the CVI field is necessary for sustainable and scalable CBI interventions. As observed by Giffords Center for Violence Prevention, a lack of uniform training and professional standards hamper the field of violence intervention more generally (Giffords, 2021). A robust management infrastructure is required in order to deliver high quality programming, and the violence intervention field has not yet seen the benefits from advances in management science and leadership training that transformed other sectors.

Panelists acknowledged that investments must be made in order to effectively implement the evidence-based programming, Medicaid billing expertise, and staff wellness protocols that a successful program requires. Panelists also recommended investing in leadership, finance, and budgeting.

Research

As noted above, while a solid base of evidence supports CBI strategies, further development and study is necessary, especially with regard to implementation. A better understanding of which CBI components drive effectiveness, under what conditions, and with which populations, is needed.

Conclusion

CBIs continue to demonstrate effectiveness in reducing community violence, particularly when attention is paid to best practices such as cultural responsivity, relentless engagement, robust training, programmatic flexibility, and staff wellness. While the field has benefited from increases in funding in recent years, that may not continue. Moving forward, scaling CBIs will require extensive capacity building for many organizations to access adequate sources of grant funds. Continued investment will be necessary for the future success of CBIs.

"The work is working. Let's hold on to that. Let's continue to invest in the progress we've already made. But I also want to be very clear eyed—we're still in an urgent moment."

— Michael-Sean Spence, Everytown

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Appendix A

Symposium Speakers

Thomas Abt, Founding Director, Center for the Study and Practice of Violence Reduction, University of Maryland, College Park

Judith Beck, President, Beck Institute for Cognitive Behavior Therapy; University of Pennsylvania

Kathryn Bocanegra, Assistant Professor, University of Illinois Chicago

Jennifer Clammer, Executive Vice President, Roca Impact Institute

Kyle Fischer, Policy Director, HAVI

Antoine Gatlin, Rewire CBT Facilitator, Peace for DC

Jason Gordon, Director of ACES, CASES

Sara Heller, Assistant Professor, University of Michigan

Abigail Hurst, Director of Trauma-Informed Programs, Everytown for Gun Safety

Greg Jackson, Deputy Director, White House Office of Gun Violence Prevention

Larry "Love" Johnson, Director, Hospital and Crisis Response, Compass Youth Collaborative

Sophia Morel, Senior Director, CASES

Darryll Pines, President, University of Maryland

Joseph Richardson, Professor, University of Maryland, College Park

Susan Rivera, Dean, College of Behavioral and Social Sciences, University of Maryland, College Park

Jackie Santiago Nazario, CEO, Compass Youth Collaborative

Joanne Sainvilier, Violence Intervention Specialist, Chicago CRED

Kim Smith, Director of National Programs and External Engagement, University of Chicago Crime Lab

Michael-Sean Spence, Managing Director, Everytown Community Safety Fund

James "J.T." Timpson, Manager Director, Community Violence Initiatives; Roca Impact Institute

A.J. Watson, National Director, Becoming a Man

David Williams, Chief Program Officer, Youth Advocate Programs, Inc.

David Wilson, Professor, George Mason University

Symposium Attendees

Elizabeth Aparicio, Associate Professor, University of Maryland, College Park

Rabiatu Barrie, Assistant Professor, University of Maryland, College Park

Melissa Bitting, Violence Intervention and Prevention Program Coordinator, Maryland Governor's Office of Crime Prevention and Policy

Hannah Bolotin, Policy and Strategic Partnerships Specialist, Council on Criminal Justice

Che Bullock, Violence Intervention Specialist, C. Bullock and Associates LLC

Anisha Chablani Medley, Managing Director & Co-Developer, Roca Impact Institute

Chandra Dawson, Chief of Staff, Peace for DC

Elaine Doherty, Research Professor, University of Maryland

Michael Dravis, Program Manager, PROGRESS; University of Maryland, College Park

Daniel Fredes García, Doctoral Candidate, University of Maryland, College Park

DeAndra Gordon, Employment Manager, Roca Impact Institute

Cherrell Green, Associate Director of Engagement and Assessment, Everytown for Gun Safety

Martin Hammond, Director of Criminal Justice Programs, Maryland Governor's Office of Crime Prevention and Policy

Jeffrey Hill, Community Outreach Specialist, Baltimore Office of Neighborhood Safety and Engagement

Julia Irving, Deputy Director, Government and Community Relations; Baltimore Office of Neighborhood Safety and Engagement

Reeve Jacobus, Program Specialist, Bureau of Justice Assistance

Teivon Johnson, Case Manager, DC Office of Neighborhood Safety and Engagement

Monifa Jeffrey-Riggins, Director of Supportive Services, ROAR

Woodie Kessle, Professor of the Practice, University of Maryland, College Park

Shakitha Leavy, Program Manager, Baltimore Office of Neighborhood Safety and Engagement

Tania Mitchell, Associate Provost for Community Engagement, University of Maryland, College Park

LeVar Mullen, Assistant Director of Youth Work, Roca Impact Institute

Vikrant Reddy, Senior Fellow, Stand Together

Rachel Reese, Director of Criminal Justice Reform, Stand Together

Anthony Scroggins, Youth Worker, Roca Impact Institute

Sarah Silberman, Doctoral Candidate, University of Maryland, College Park

Sheldon Smith-Gray, Youth Worker, Roca Impact Institute

Leonard Spain, Conflict Resolution Specialist, HVIP Shock Trauma; UM Medical Center

Brandon Sterling, Director, Save Lives Now! Initiative; East-West Gateway Council of Governments

Antoin Torain, Life Skills Instructor, Roca Impact Institute

Donald Tyler, Director of Clinical Services, Chicago CRED

Lydia Watts, Executive Director, ROAR

Delia Williams, Program Analyst, Baltimore Office of Neighborhood Safety and Engagement