

Psychiatric and Psychological Approaches to Reformation of Offenders – An Analysis

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Abstract: This paper presents an analysis on the psychiatric and psychological approaches to reformation of offenders.

Keywords: antisocial personality disorder, cognitive behavioural therapy, criminal behaviour, differential association, family therapy, group therapy, operant conditioning, psychopathology, psychoanalytical theory, social learning theory.

1. Introduction

The reformation of offenders has been a core focus of criminology and social work for centuries. As society's understanding of crime and its causes has evolved, so too have the methods used to reform offenders. One of the most significant paradigms in this field involves the application of psychiatric and psychological techniques, which aim not just to punish but to rehabilitate. These methods seek to address the underlying mental health issues, personality disorders, and psychological factors that may contribute to criminal behaviour.

This essay explores the role of psychiatric and psychological approaches in the rehabilitation of offenders. It will discuss the theoretical foundations of these methods, highlight various therapeutic approaches, and examine the efficacy and challenges of their implementation in correctional settings.

2. Psychopathology and Criminal Behaviour

The first step in understanding the role of psychiatric and psychological methods in offender reformation is to consider the relationship between mental health and criminal behaviour. Psychological theories of crime suggest that many offenders exhibit certain personality traits, cognitive patterns, or mental health conditions that predispose them to criminal acts. Some of the most prominent psychological models include the psychoanalytic theory, cognitive-behavioural theories, and social learning theory.

A. Psychoanalytical Theory and Criminality

Psychoanalytical theory, founded by Sigmund Freud, suggests that unresolved unconscious conflicts and repressed emotions may manifest in criminal behaviour. According to this view, reformation must involve uncovering these hidden conflicts and resolving them through therapeutic intervention.

Psychoanalytical theory, developed by Sigmund Freud in the

early 20th century, has significantly influenced the understanding of human behaviour, including criminality. Freud's ideas about the unconscious mind, defense mechanisms, and childhood experiences provide a lens through which criminal behaviour can be examined. Although psychoanalysis is not commonly used in contemporary criminological research, it remains an important foundation for understanding the psychological underpinnings of criminal conduct. This essay explores how psychoanalytical theory relates to criminality, focusing on key concepts such as the structure of the psyche, repression, and the role of early childhood experiences in shaping behaviour.

1) *The Structure of the Psyche: Id, Ego, and Superego*

Central to Freud's psychoanalytic theory is the structure of the psyche, which consists of three components: the id, the ego, and the superego. According to Freud, the id represents the primal, instinctual drives, operating on the pleasure principle and seeking immediate gratification. The ego, which develops later, operates on the reality principle and works to balance the demands of the id with the constraints of the external world. The superego, formed from internalized societal norms and values, acts as a moral conscience, guiding behaviour in accordance with social standards.

Criminal behaviour, from a psychoanalytic perspective, may arise from an imbalance or conflict between these components of the psyche. For example, the id's desire for immediate gratification may lead to impulsive, antisocial actions, while the ego might struggle to control these impulses in the face of societal norms. In some cases, the superego may be underdeveloped or weak, leading to an inability to internalize moral standards and a greater propensity for criminal conduct. Freud himself suggested that individuals with weak or poorly developed superegos were more likely to commit crimes, as they lacked the moral framework to guide their behaviour [1].

2) *Repression and the Unconscious Mind*

Another crucial concept in psychoanalytic theory is repression, the unconscious blocking of distressing thoughts and memories. Freud believed that many maladaptive behaviours, including criminality, could stem from repressed emotions or unresolved conflicts from childhood. These unconscious conflicts, when not adequately addressed, may manifest in destructive or socially unacceptable ways, including criminal acts.

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For example, an individual who experienced severe trauma or neglect during childhood might repress these painful memories. Without appropriate therapeutic intervention, the repressed emotions could resurface as anger or resentment, potentially leading to violent or criminal behaviour. Repression serves as a defense mechanism that, while protecting the individual from psychological pain, can result in harmful behaviours if not resolved [2].

3) *Early Childhood Experiences and Criminal Behaviour*

Freud emphasized the importance of early childhood experiences in shaping the adult personality and behaviour. According to psychoanalytic theory, unresolved conflicts or unmet needs during critical developmental stages could lead to personality disorders or maladaptive behaviour later in life. Criminal behaviour, particularly among those with antisocial tendencies, might be rooted in early experiences of neglect, abuse, or inadequate parenting. Freud's theory of psychosexual stages of development posits that individuals who experience fixations or unresolved conflicts during stages such as the oral or anal phases may develop personality traits associated with criminality, such as impulsivity, aggression, or excessive need for control [3].

In particular, children who grow up in dysfunctional or abusive households may fail to develop a strong superego, as they are not exposed to healthy moral guidance. The lack of a stable, nurturing environment can lead to difficulties in social integration and a higher likelihood of engaging in criminal activity in adulthood. This has been corroborated by more recent research in criminology, which has shown that early exposure to violence or neglect increases the risk of future criminal behaviour [4].

4) *Criticisms and Contemporary Relevance*

While psychoanalytic theory provides valuable insights into the psychological factors that may contribute to criminality, it has been criticized for its lack of empirical evidence and over-reliance on subjective interpretation. Critics argue that Freud's theories are overly deterministic and fail to account for the broader social, economic, and cultural factors that influence criminal behaviour. Furthermore, psychoanalysis has been largely replaced by more evidence-based psychological models, such as cognitive-behavioural therapy, in contemporary criminal justice settings.

However, psychoanalytic concepts still offer a useful framework for understanding the deeper psychological motives behind criminal behaviour. For instance, the focus on unconscious drives and the impact of early experiences on personality development continues to influence therapeutic approaches in criminal justice, particularly in the treatment of offenders with deep-seated emotional and psychological issues.

B. *Cognitive Behavioural Theory and Criminality*

Cognitive-behavioural theory (CBT) posits that criminal behaviour stems from maladaptive thinking patterns, such as poor decision-making, lack of empathy, or distorted perceptions of social norms. CBT focuses on altering these thought patterns to help individuals recognize and change their criminal tendencies.

Cognitive Behavioural Theory (CBT) is a widely recognized psychological approach that focuses on identifying and changing maladaptive thought patterns and behaviours. According to CBT, criminal behaviour often results from distorted thinking processes, such as justifying antisocial actions or misinterpreting social cues. By addressing these cognitive distortions, CBT seeks to reduce criminal tendencies and promote healthier ways of thinking and behaving.

A key concept in CBT is that individuals are not driven solely by external circumstances but by their perceptions and interpretations of those circumstances. Criminal behaviour often stems from cognitive distortions such as minimization, where offenders downplay the consequences of their actions, or rationalization, where they justify harmful behaviours as acceptable [5]. For instance, an individual who engages in theft may rationalize their actions by believing they "deserve" the stolen goods or that the victim can afford the loss. CBT helps offenders recognize and challenge these cognitive errors, replacing them with more rational and pro social thoughts.

Research has shown that CBT can be particularly effective in reducing recidivism among offenders. A meta-analysis by Andrews and Bonta (2010) [6] found that CBT-based interventions were among the most successful in promoting rehabilitation, especially for offenders with antisocial thinking patterns. The therapy focuses not only on changing thoughts but also on teaching practical skills such as problem-solving, anger management, and impulse control, which are critical in preventing reoffending.

However, while CBT has proven effective, it is not a one-size-fits-all solution. The success of CBT in reducing criminal behaviour depends on factors such as the severity of the offender's cognitive distortions and the individual's willingness to engage in therapy [7]. Nevertheless, CBT remains a cornerstone in offender rehabilitation, offering a practical method for addressing the root psychological causes of criminality.

C. *Social Learning Theory and Criminality*

Social Learning Theory (SLT), developed by Albert Bandura, posits that criminal behaviour is learned through interactions with others in a social environment. Unlike theories that focus solely on individual traits or biological factors, SLT emphasizes the role of social context in shaping behaviour. According to Bandura [8], individuals learn new behaviours, including criminal actions, by observing others and imitating their actions, particularly if those behaviours are reinforced or rewarded.

Central to SLT is the idea that people are influenced by models—those they observe and interact with regularly. Criminal behaviour is often learned through exposure to individuals or groups who model deviant actions and provide positive reinforcement for them. For example, a person who grows up in an environment where criminal behaviour is normalized may learn that stealing, violence, or drug use are acceptable ways to gain respect or material rewards [9] (Akers, 1998). The process of reinforcement, where behaviour is rewarded or punished, plays a crucial role. If criminal behaviour

is reinforced by peers or family members (e.g., gaining approval or material rewards), it becomes more likely that the individual will continue engaging in such behaviour.

SLT also incorporates the concept of differential association, which suggests that individuals are more likely to commit crimes if they associate with peers who promote criminal values and behaviours [10]. This theory helps explain why certain groups, such as gang members or people living in high-crime neighbourhoods, are at a higher risk for criminal involvement.

Research has supported the relevance of SLT in understanding criminality. Studies show that individuals who are exposed to criminal role models or have delinquent peers are more likely to engage in criminal activities [11]. Thus, Social Learning Theory provides valuable insight into how criminal behaviour is acquired and reinforced within social contexts.

3. Psychiatric Disorders and Criminality

A significant body of research highlights the connection between mental health disorders and criminal behaviour. Disorders such as antisocial personality disorder (ASPD), borderline personality disorder, substance abuse, and mood disorders like depression and anxiety can contribute to criminal conduct. In many cases, offenders may engage in criminal activities as a way to cope with untreated mental health issues.

The relationship between psychiatric disorders and criminal behaviour has been a subject of debate and research for decades. Mental illness has long been associated with various aspects of deviance, but the connection between psychiatric conditions and criminality is complex and multifaceted. Understanding how psychiatric disorders can contribute to criminal behaviour is crucial for designing more effective interventions and policies that not only address criminality but also provide necessary mental health care for offenders.

4. Theories and Frameworks: Understanding the Link

A. Antisocial Personality Disorder and Criminality

Antisocial Personality Disorder (ASPD) is a mental health condition characterized by persistent patterns of disregard for the rights of others, impulsivity, deceitfulness, and a lack of empathy. It is strongly linked to criminality, as individuals with ASPD often engage in criminal or unethical behaviour without remorse. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), key traits of ASPD include chronic violation of laws, aggressive behaviour, impulsivity, and manipulative tendencies [12]. These traits often manifest in ways that predispose individuals to criminal activities such as theft, fraud, or violent crime.

Research shows that individuals with ASPD are at a significantly higher risk for engaging in criminal conduct. Studies have demonstrated that between 50-80% of incarcerated individuals meet the diagnostic criteria for ASPD [13]. This high prevalence suggests that the impulsive, rule-breaking tendencies of individuals with ASPD may directly contribute to their involvement in crime. The condition often co-occurs with other disorders, such as substance use disorder,

which further elevates the likelihood of criminal behaviour [14]. One core feature of ASPD is a lack of empathy or remorse, which can make individuals more prone to violent crimes, as they do not experience guilt or moral conflict over harming others. Furthermore, individuals with ASPD often exhibit manipulative behaviours, using others for personal gain without regard for their well-being [15] (Hare, 2003). This can manifest in criminal behaviours such as fraud, exploitation, and violence.

While ASPD is associated with criminality, not all individuals with the disorder engage in criminal activity. Treatment, such as cognitive-behavioural therapy, can help address some of the antisocial behaviours, though individuals with ASPD may be less likely to seek help due to their manipulative tendencies.

One of the key questions in criminology is whether individuals with psychiatric disorders are more likely to engage in criminal behaviour. Several theories have been proposed to explain this relationship. Psychopathological theories suggest that certain mental health disorders predispose individuals to engage in criminal behaviour. For instance, antisocial personality disorder (ASPD), a condition marked by a disregard for the rights of others, impulsivity, and deceitfulness, has been closely associated with criminality. Individuals with ASPD are often more likely to engage in violent crimes, property crimes, and general antisocial behaviour.

Similarly, schizophrenia, particularly when untreated, has been linked to violent criminal behaviour in some individuals. While the majority of people with schizophrenia do not commit crimes, the disorder's symptoms—such as delusions, hallucinations, and paranoia—can contribute to violent outbursts in certain cases (Fazel *et al.*, 2009). For example, an individual experiencing delusions may engage in violent acts in an attempt to defend themselves from perceived threats, leading to criminal behaviour. However, it is important to note that mental illness alone is not a sufficient cause for criminality, as social, environmental, and individual factors also play crucial roles.

B. Mental Illness and Crime: A Complex Relationship

Despite the association between psychiatric disorders and crime, research shows that most individuals with mental health conditions are not more likely to commit crimes than the general population. In fact, individuals with psychiatric disorders are more often victims of crime rather than perpetrators. The likelihood of offending is influenced by a combination of factors, including the type and severity of the mental illness, socio-economic circumstances, substance abuse, and environmental stressors. For example, substance use disorders are common among individuals with psychiatric disorders, and drug and alcohol abuse can increase the risk of criminal behaviour [16].

Moreover, impulse control disorders, such as intermittent explosive disorder (IED) or kleptomania, can contribute to criminal behaviour. Individuals with these conditions may act impulsively without premeditation, often committing crimes without clear intent or planning [17]. These disorders complicate the legal and moral dimensions of criminality, as it

raises the question of whether individuals with such disorders should be held fully accountable for their actions.

5. Treatment and Rehabilitation: Addressing the Root Causes

Given the complex relationship between psychiatric disorders and criminality, effective treatment and rehabilitation are essential. Psychiatric care for offenders can reduce symptoms of mental illness and, in many cases, decrease the likelihood of reoffending. Therapeutic interventions such as cognitive-behavioural therapy (CBT), medication, and psychiatric counselling can help individuals with mental health disorders develop healthier coping mechanisms and reduce impulsive, criminal behaviour [18]. Moreover, programs aimed at addressing substance abuse are critical, as addressing dual diagnoses (mental illness and substance use) has been shown to reduce recidivism rates [19]. Psychiatric disorders can contribute to criminal behaviour, but they do not serve as direct causes. Rather, the link between mental illness and crime is shaped by a range of factors, including the nature of the psychiatric condition, substance abuse, and social circumstances. Recognizing the role of mental health in criminality is crucial for the development of rehabilitation programs that not only address criminal behaviour but also provide the necessary psychiatric treatment to offenders. By integrating mental health care into the criminal justice system, we can work toward reducing recidivism and improving the overall well-being of individuals with psychiatric disorders.

A. Psychiatric Methods for Offender Reformation

1) Psychotherapy and Counselling

Psychotherapy, including individual and group therapy, plays a central role in the psychiatric rehabilitation of offenders. A variety of therapeutic techniques are used to address the root causes of criminal behaviour.

1. *Cognitive-behavioural therapy (CBT)* is one of the most widely used therapeutic modalities in offender rehabilitation. The aim of CBT is to change patterns of thinking that contribute to criminal behaviour. Offenders are taught to recognize distorted thinking and replace it with healthier, more realistic cognitive patterns.
2. *Dialectical behaviour therapy (DBT)* is particularly effective for individuals with borderline personality disorder or those engaging in self-destructive behaviours. DBT combines elements of CBT with mindfulness practices, aiming to increase emotional regulation and reduce impulsive actions.
3. *Motivational interviewing* is a therapeutic technique that helps offenders identify the discrepancies between their current behaviour and their future goals, thus increasing their motivation to change.
4. *Group therapy* and *family therapy* can also be important components of the treatment plan. Group therapy allows offenders to interact with peers who may share similar experiences, fostering empathy and social learning. Family therapy aims to address

dysfunctional dynamics that may contribute to criminal behaviour, particularly in younger offenders.

2) Psychiatric Medication

For offenders suffering from severe psychiatric conditions such as schizophrenia, bipolar disorder, or severe depression, medication is often a necessary component of treatment. Antipsychotic medications, mood stabilizers, and antidepressants can help manage symptoms, allowing offenders to participate more fully in psychotherapy and other rehabilitation programs.

In some cases, psychotropic medications are prescribed alongside other therapeutic interventions to help offenders achieve stability and reduce symptoms that may interfere with their rehabilitation process.

B. Psychological Methods for Offender Reformation

1) Behavioural Modification and Therapy

Psychologists use various techniques grounded in behaviourism to modify criminal behaviour. These techniques are often used in conjunction with psychiatric methods to create comprehensive reformation programs.

2) Operant Conditioning and Behaviour Modification

Operant conditioning, a concept developed by B.F. Skinner, is a fundamental theory in behavioural psychology that explains how behaviours are influenced by consequences. It is based on the premise that behaviour is shaped by reinforcement or punishment, which can either increase or decrease the likelihood of a behaviour occurring again. In the context of behaviour modification, operant conditioning techniques are widely used to change undesirable behaviours or encourage desirable ones by manipulating the consequences that follow specific actions.

The core principle of operant conditioning involves reinforcement and punishment. Positive reinforcement strengthens a behaviour by presenting a desirable outcome, such as giving a reward for completing a task [20]. For example, in a classroom setting, a teacher might give praise or a token for good behaviour, thereby increasing the likelihood that the student will repeat the behaviour. Conversely, negative reinforcement involves removing an undesirable stimulus after a desired behaviour occurs, such as stopping an annoying sound when a person completes a task. Both positive and negative reinforcement increase the frequency of a behaviour.

On the other hand, punishment decreases the likelihood of a behaviour being repeated. Positive punishment involves adding an unpleasant consequence (e.g., giving extra chores for misbehaviour), while negative punishment entails removing a positive stimulus (e.g., taking away a privilege like screen time). While punishment can be effective in reducing unwanted behaviours, it may not be as sustainable or constructive as reinforcement [21].

In behaviour modification, operant conditioning is applied in various settings, from schools to therapy, to help individuals modify maladaptive behaviours. Techniques such as token economies in institutional settings or behavioural therapy for children with autism spectrum disorder are examples of how operant conditioning can be used to encourage prosocial

behaviours and reduce problematic actions [22].

Overall, operant conditioning remains a powerful tool in behaviour modification, as it provides a structured method to influence behaviour through reinforcement and punishment.

3) *Aversion Therapy and Behaviour Modification*

Aversion therapy is a form of behavioural treatment that aims to reduce or eliminate undesirable behaviours by associating them with unpleasant stimuli. Rooted in classical conditioning principles, aversion therapy works by pairing a target behaviour with an aversive consequence to create a negative association that discourages the behaviour. It is particularly used in the treatment of behaviours like substance abuse, smoking, and sexual offenses, where individuals seek to eliminate a maladaptive habit or impulse.

In the classical model of aversion therapy, the principle of negative reinforcement or punishment is central. For example, when treating alcoholism, a patient may be given a drug such as disulfiram, which induces nausea when alcohol is consumed. Over time, the individual associates the act of drinking with the unpleasant sensation of nausea, leading to a reduction in alcohol consumption [23]. Similarly, individuals trying to quit smoking may use aversive techniques like electric shocks or bad-tasting substances applied when they smoke, creating a conditioned response of discomfort linked to smoking.

While aversion therapy can be effective in some cases, it is not without controversy. Critics argue that it can lead to temporary behaviour changes that do not address the underlying causes of the behaviour (e.g., psychological factors or cravings in addiction) and may cause negative emotional side effects, such as increased anxiety or resentment [24] (Sargent *et al.*, 2002). Additionally, aversion therapy may fail to prevent relapse once the aversive stimuli are removed.

Despite these concerns, aversion therapy remains a useful tool in behaviour modification, particularly in cases where other methods, like cognitive-behavioural therapy, have not been successful. When combined with other therapeutic approaches, it can help reinforce long-term behavioural change.

6. Restorative Justice

Restorative justice is an approach that focuses on repairing the harm caused by criminal behaviour rather than solely punishing the offender. This method emphasizes the offender's responsibility to the community and seeks to foster empathy and remorse through face-to-face meetings between the offender and their victims.

Psychologists play a significant role in restorative justice programs by guiding offenders through the process of reflecting on their actions, understanding the impact on victims, and taking steps toward making amends. Restorative justice can be an especially effective method for reducing recidivism, as it promotes emotional growth and empathy.

7. Effectiveness of Psychiatric and Psychological Methods in Offender Reformation

A. *Evidence of Success*

Research suggests that psychiatric and psychological

methods can be highly effective in reducing recidivism and promoting long-term rehabilitation. Studies have shown that CBT, in particular, leads to significant reductions in reoffending rates, especially when offenders are engaged in the therapeutic process and when treatment is tailored to their individual needs.

- 1) A meta-analysis by Andrews and Bonta (2010) found that structured psychological programs, particularly those using CBT techniques, reduced recidivism rates by approximately 25%.
- 2) The National Institute of Justice (2014) also reported that mental health treatment for offenders, including medication and therapy, can lead to improved social functioning and reduced violent tendencies.

8. Challenges and Limitations

While the evidence supports the effectiveness of psychiatric and psychological methods, there are several challenges to their widespread implementation.

- 1) *Resource limitations*: Many correctional facilities are understaffed and underfunded, making it difficult to provide offenders with the individual attention they need.
- 2) *Stigma and resistance*: Offenders may be resistant to psychological treatment due to stigma surrounding mental health or a belief that therapy is ineffective. Overcoming these barriers requires skilled therapists and a supportive environment that fosters trust.
- 3) *Diverse offender profiles*: Offenders come from various backgrounds and suffer from different types of psychological conditions. Tailoring interventions to individual needs can be resource-intensive and requires highly specialized knowledge.

9. Conclusion

Psychiatric and psychological methods have become integral components of the modern criminal justice system's approach to offender reformation. Through a combination of psychotherapy, behavioural interventions, medication, and restorative justice, these methods aim to address the psychological and psychiatric factors contributing to criminal behaviour. While the effectiveness of these approaches is well-supported by research, challenges such as resource limitations, resistance from offenders, and the need for individualized treatment persist.

Nonetheless, the future of offender rehabilitation looks promising, particularly as the understanding of mental health and crime continues to evolve. By continuing to refine these methods and improving access to care, it is possible to reduce recidivism, promote positive behavioural change, and ultimately help offenders reintegrate into society as law-abiding citizens.

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