

Scope and Application of Homeopathy & Internet-Based Cognitive Behavioral Therapy (ICBT) in Juvenile Offenders: A Case of Antisocial Personality Disorder Using the Eysenck Personality Questionnaire - (EPQ)

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Abstract—Juvenile delinquency represents a complex intersection of psychological, legal, social, and environmental factors. Among psychological conditions associated with delinquent behavior, Antisocial Personality Disorder (ASPD) and related conduct problems have been widely documented. Internet-based Cognitive Behavioral Therapy (ICBT) has emerged as a promising intervention that extends traditional Cognitive Behavioral Therapy (CBT) through digital platforms, providing structured psychological treatment that is scalable, accessible, and cost-effective. Homeopathy in such context can provide holistic improvement with enhanced interpersonal responsiveness.

Implications for forensic psychology, legal awareness, correctional rehabilitation, and digital mental health interventions are discussed. This case study explores the application of Homeopathy & Internet-Based Cognitive Behavioral Therapy (ICBT) in the rehabilitation of a juvenile offender exhibiting antisocial personality traits. Juvenile delinquency is often associated with emotional dysregulation, impulsivity, and maladaptive cognitive patterns, which require structured psychological intervention. The present study examines a 16-year-old male residing in a juvenile correctional facility in Haryana, India. Personality assessment was conducted using the Eysenck Personality Questionnaire (EPQ), Aggression Questionnaire (Buss- Perry) measuring psychoticism, extraversion, neuroticism, aggression levels and lie scale dimensions. The participant underwent an 8-week structured ICBT intervention along with Homeopathic single individualized repertoire based medicine focusing on emotional awareness, cognitive restructuring, impulse control, and empathy development. Pre- and post-intervention assessments indicated notable reductions in psychoticism and neuroticism, alongside observable improvements in behavioral regulation and social responsiveness. Statistical analysis using paired comparison and repeated measures ANOVA suggested significant therapeutic gains. The findings highlight the practical utility of integrating personality assessment with digital therapeutic interventions in correctional settings. While limited by its single-case design, the study offers valuable insights into the potential of Homeopathy & ICBT as a scalable and accessible rehabilitation tool for juvenile offenders

Index Terms—Juvenile offenders, Antisocial personality disorder, Homeopathy, Internet-based cognitive behavioral therapy, Eysenck Personality Questionnaire, forensics, Juvenile Justice

I. Introduction

The legal framework in India for Juvenile justice was established under Care and Protection of Children Act, 2015 that concerns and prioritize the children under conflict with law with reformative

approach including presumption of innocence and best interest principle. However juvenile justice board holds the authority for evaluation of mental capacity, ability to understand consequences, lack of empathy or remorse and circumstances of the offense and preliminary assessment for juvenile delinquency constituting heinous crimes and pervasive patterns including anti-social personality disorder. Such delinquency remains a major concern for criminal justice systems and mental health professionals across the globe. The case of Mukesh & Anr Vs State (NCT of Delhi) highlighted mental maturity leading to stricter provisions in JJ Act 2015. Current youth are involved in criminal activities often exhibit behavioral disorders such as conduct disorder, impulsivity, aggression, and antisocial personality traits. Longitudinal studies indicate that a substantial proportion of detained youths later develop Antisocial Personality Disorder (ASPD), highlighting the need for early psychological intervention.

Antisocial Personality Disorder is characterized by persistent patterns of disregard for social norms, manipulation, aggression, and lack of empathy. These behavioral traits are frequently associated with juvenile delinquency, violence, and repeated criminal activity.

Traditional therapeutic interventions in juvenile correctional facilities often face challenges such as limited availability of therapists, stigma surrounding mental health treatment, and inconsistent rehabilitation programs. To address these challenges, digital mental health interventions such as Internet-based Cognitive Behavioral Therapy (ICBT) have gained increasing attention.

ICBT is an online adaptation of Cognitive Behavioral Therapy that utilizes digital platforms to deliver structured modules including psychoeducation, cognitive restructuring, behavioral exercises, and emotional regulation training. The conceptual link model involves conduct disorder > ASPD traits > criminal behavior > Legal intervention JJB > psychological assessment > ICBT rehabilitation > Reduced recidivism.

Personality assessment plays an essential role in designing effective interventions for juvenile offenders. The Eysenck Personality Questionnaire (EPQ) is widely used to assess personality traits associated with antisocial behavior, particularly the dimension of psychoticism, which is often linked to aggression and impulsivity. This research examines how ICBT interventions can be integrated with personality assessment using EPQ to rehabilitate juvenile offenders exhibiting antisocial personality traits.

II. Literature Review

Cognitive Behavioral Therapy (CBT) has been widely applied to maladaptive behaviors, and its digital adaptation—Internet-Based Cognitive Behavioral Therapy (ICBT)—offers scalable and accessible intervention models. However, the application of ICBT in ASPD is still emerging.

#Theoretical Basis of CBT and ICBT in ASPD

CBT targets cognitive distortions, maladaptive schemas, and behavioral dysregulation, which are central to ASPD. Core mechanisms include: Cognitive restructuring (challenging antisocial beliefs), Behavioral regulation (impulse and aggression control), Social problem-solving training, Empathy and perspective-taking enhancement. ICBT delivers these components via digital platforms, including guided modules, automated feedback, and interactive exercises. It enhances: Accessibility (especially in forensic or community settings), Standardization of treatment protocols, Cost-effectiveness and scalability. Emerging technological adaptations (e.g., AI-driven CBT, virtual platforms) aim to address engagement issues common in ASPD populations .

#Empirical Evidence of CBT in ASPD (Foundation for ICBT)

Randomized Controlled Trials (RCTs)- One of the few RCTs examining CBT in ASPD populations found: Reduction in aggressive behaviors over time, Improvements in social functioning and cognitive beliefs. However, differences between CBT + treatment-as-usual (TAU) and TAU alone were modest. This suggests CBT has potential but limited robust evidence. Early Cognitive Therapy Studies includes Pilot and case series research demonstrated: Improvements in dysfunctional attitudes and behaviors, Limited statistical significance due to small samples. These studies indicate feasibility but not strong efficacy. Meta-Analytic Evidence (Antisocial Behavior) CBT interventions in children and adolescents with antisocial tendencies show: Significant improvements in anger control, Better social skills and behavioral outcomes. These findings are important because ASPD often develops from conduct disorder and early antisocial behavior, supporting early CBT-based interventions .

Systematic Reviews includes Evidence for psychological interventions (including CBT) in ASPD is low quality and inconclusive. No therapy can yet be definitively recommended.

#Accessibility in Forensic Settings: ICBT is particularly relevant in Prisons and juvenile detention centers, Community corrections programs. It allows structured delivery where therapist availability is limited. Standardization of Intervention as ICBT ensures: Consistent delivery of CBT protocols, Reduced therapist bias, Easier monitoring and evaluation. Direct research on ICBT for ASPD is limited, but related evidence suggests promise: Technology-assisted CBT improves engagement and scalability, AI and digital platforms can personalize cognitive restructuring, Remote CBT delivery has been effective in other disorders and populations. Experimental work shows that digital CBT systems can effectively deliver structured therapeutic content and improve emotional outcomes, supporting feasibility for broader psychiatric use. There is limited Empirical Evidence as No large-scale RCT specifically on ICBT for ASPD is established. The literature suggests that while CBT provides a theoretical and partially supported framework for treating ASPD, its digital adaptation (ICBT) is still in an early stage of development. ICBT holds promise due to its scalability, accessibility, and structured delivery, particularly in forensic and juvenile settings. However, empirical evidence remains limited, and its effectiveness is constrained by core ASPD traits such as low motivation, lack of insight, and interpersonal difficulties. Thus, ICBT should currently be viewed as a complementary or emerging intervention, rather than a standalone evidence-based treatment for ASPD. Research also shows that adolescents with psychopathic or antisocial traits tend to engage in criminal behavior at an earlier age and demonstrate higher levels of behavioral problems and low self-esteem.

#Why ICBT has brought reformation in Juvenile justice system?

The rising mental health concerning juveniles in conflict with law with high prevalence in aggression, substance abuse especially in states of Punjab & Haryana has overburdened the outreach of health providers. The case study reflects that ICBT aligns with reformative justice principles bringing child centric legal philosophy and reducing recidivism risk. Its accessibility in correctional, resource constrained institutional settings are higher with standardized structured and safe intervention with uniform delivery of ICBT modules and evidence based structured sessions. Adolescents are generally more responsive to digital medium so ICBT is less confrontational and more self-directed with increased engagement, reduced resistance and improved learning retention. ICBT also is effective in addressing core criminogenic needs including cognitive restructuring, anger management, moral reasoning exercises, social skills training which

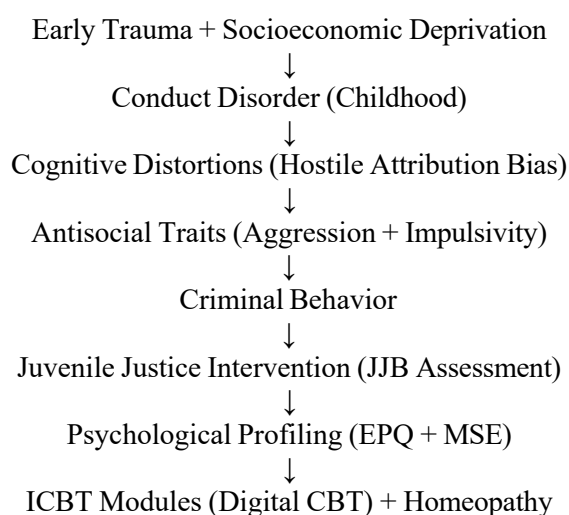
further adds to cost effectiveness, scalability, safety with continuity of mental care through remote monitoring, privacy, greater sense of autonomy, continued access and reinforcement of learned skills. ICBT data driven monitoring and evaluation indirectly connects the offenders with probation officers, psychologists, doctors, courts and guardians. The blended approach of ICBT+ therapist supervision + institutional support can add to decreased digital misuse, increased emotional depth and support developmental and chronic criminality.

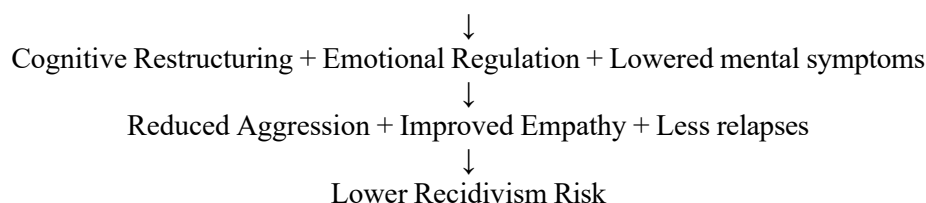
III. Research Objectives

- To examine the personality traits & cognitive distortions of juvenile offenders using the Eysenck Personality Questionnaire (EPQ).
- To evaluate scope of individualized repertoire based Homeopathic medicines in ASPD.
- To evaluate the effectiveness of Internet-based Cognitive Behavioral Therapy in managing antisocial personality traits & aggressive behavioral patterns.
- To explore the scope of digital therapy in juvenile correctional rehabilitation centers through improvement in emotional regulation and empathy.

Hypothesis:-

- H1: There will be a significant reduction in aggression scores after the ICBT intervention
- H2: Cognitive distortions will significantly decrease post-intervention
- H3: Emotional regulation and empathy levels will significantly improve
- H0: There will be no significant difference between pre- and post-intervention scores.





Assessment Tools:-

I. Eysenck Personality Questionnaire (EPQ) – to assess personality traits including : The EPQ measures four personality dimensions:

- Psychoticism (P)
- Extraversion (E)
- Neuroticism (N)
- Lie Scale (L)
- Higher psychoticism scores indicate aggressive and antisocial tendencies.

1. Juvenile Justice Psychological Assessment Report.
2. Mental status examination, Emotional Regulation Checklist (self-report)
3. Behavioral observation & rating checklist (institutional records) :- aggression, impulsivity, empathy deficit.

Intervention :-

The intervention consisted of an 8-weeks structured ICBT program, with weekly sessions (30–45 minutes each). The modules included: (Appendix attached)

1. Understanding developmental changes in emotions
2. Engagement and motivational enhancement
3. Cognitive model (thought–emotion–behavior link)
4. Identification of criminal / negative thinking patterns
5. Cognitive restructuring techniques
6. Anger and impulse control training
7. Empathy development exercises & emotional regulation
8. Problem-solving, social skills and decision-making skills

9. Relapse prevention and behavioral planning
10. Interactive worksheets, feedbacks, weekly progress monitoring with learning modules.

IV. Methodology

Research Design

The study employs a quasi-experimental case study design involving a single juvenile offender diagnosed with chronic conduct disorder or antisocial personality traits. The sample consisted of one juvenile offender aged 16 years residing in a juvenile correctional and rehabilitation facility under State Forensics Karnal Haryana. From year 2024-2025.

Inclusion criteria:

- History of repeated delinquent behavior
- Aggression & Impulsivity
- Clinical features of antisocial personality traits
- Ability to use digital learning platforms

Detailed case study & formulation of one juvenile offender :-

Case Study of a Juvenile Offender with Antisocial Personality Traits

- Case Identification: Participant Code: Master AK
- Age: 16 years
- Gender: Male
- Education – Dropped out after class VII
- Socio economic status – Poor class, residence in urban slum area.
- Location – Isharheri, Barwala District Hissar
- Family structure- father died when he was infant, four unmarried elder sisters.
- Institution: Juvenile Correctional & Rehabilitation Facility case study under State Forensics Karnal Haryana
- Presenting chief complaints:- Aggression, impulsivity, repeated theft, cruelty towards animals, manipulation, lack of empathy, school dropout. Persistent aggressive and violent behavior over the

past 3–4 years, Frequent lying and manipulation for personal gain, Lack of remorse after harming others, Repeated involvement in theft, vandalism, and physical fights, Cruelty toward animals reported since childhood, tried to rape a female dog in nearby location, Disregard for rules both at home and school

- History of Present Illness (HPI) :-

The onset of problematic behavior dates back to approximately age 09-10 years, with gradual escalation in severity and frequency. Initially, the patient exhibited oppositional behaviors, including defiance toward authority figures, truancy, and minor stealing. By age 10–11 years, behaviors progressed to deliberate aggression, including bullying peers, physical assaults, and destruction of property. Over the past 1–2 years, there has been a marked increase in premeditated antisocial acts, such as planned theft, group delinquency, and intimidation of younger children. The patient demonstrates emotional detachment, minimal guilt, and justifies harmful actions as necessary or deserved. Reports indicate impulsivity combined with calculated manipulation, suggesting both reactive and proactive aggression. There is no evidence of psychotic symptoms, but poor impulse control, irritability, and thrill-seeking tendencies are prominent.

- Past Behavioral and Developmental History :-

Early childhood marked by temper tantrums, disobedience, and low frustration tolerance. History suggestive of Conduct Disorder before age 13 years. Academic difficulties and eventual school dropout due to disciplinary issues. Possible exposure to domestic conflict and inconsistent parenting practices

- Family and Psychosocial Background:-

Father described as alcoholic, used to beat and sexually assaulted his mother regularly. Mother reported as emotionally withdrawn, Lack of consistent supervision and emotional bonding, Peer group includes delinquent adolescents engaged in substance use and petty crimes

- Reason for Being Brought into Juvenile Custody:- The juvenile was apprehended under provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 following involvement in: Group assault and robbery case involving a local shopkeeper, Use of threats and physical force to intimidate

the victim, Prior record of multiple minor offenses, including theft and vandalism. Authorities reported that the juvenile: Showed no remorse during questioning, Attempted to manipulate statements and shift blame to peers, Was identified as a primary instigator in the offense.

Clinical Impression (Preliminary):- The behavioral pattern is consistent with traits associated with Antisocial Personality Disorder (not formally diagnosed before age 15), with a strong history of conduct disorder, aggression, and violation of social norms.

- **Mental Status Examination (MSE)**

Domain	Findings
Appearance	Average grooming, appropriate for setting
Behavior	Restless, mildly oppositional
Speech	Normal rate, occasionally hostile tone
Mood	Irritable
Affect	Constricted
Thought Process	Logical but self-centered
Thought Content	Antisocial beliefs, no delusions
Perception	No hallucinations
Insight	Poor
Judgment	Impaired
Impulse Control	Poor

- The Vicious cycle of Thoughts > Feelings > Behaviors

Trigger

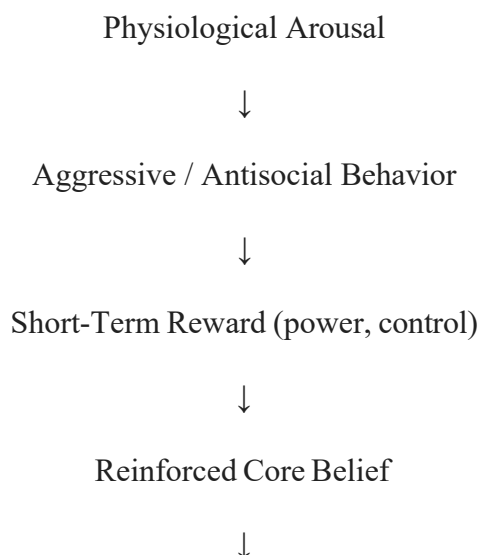


Distorted Thought (“I must dominate”)



Emotion (Anger / thrill)





Cycle repeats with increased intensity with Clinical Interpretation as;

The cycle is maintained through positive reinforcement of aggression and cognitive distortions (hostile attribution bias, entitlement beliefs) > Emotional component is limited empathy + high anger reactivity > Behavior is both impulsive and instrumental (goal-directed aggression).

V. Procedure & Course of Treatment

Participant completed the EPQ assessment along with MSE and Aggression questionnaire before the ICBT intervention to assess baseline (pre-test) personality traits. Following this assessment, the participant underwent the ICBT program (along with Homeopathic medicine) delivered through a secure digital platform through 8 weeks with sessions were conducted twice weekly with therapist supervision.

Thorough weekly monitoring with guided sessions with post- test assessment were conducted and the data was analyzed using statistical tools even though the sample size is small. The Data Analysis included Statistical analysis with Mean and standard deviation & Correlation analysis with SPSS Dataset with Pre-Post EPQ (aggression, cognitive distortion, emotional regulation) & Behavioral rating scores with descriptive statistics Mean SD along with paired sample t-test, repeated ANOVA measures & effect size Cohen's D. These ana

VI. Results/ Empirical findings

Table 1

SPSS TABLES:-

□ EPQ Scores (Pre vs Post)

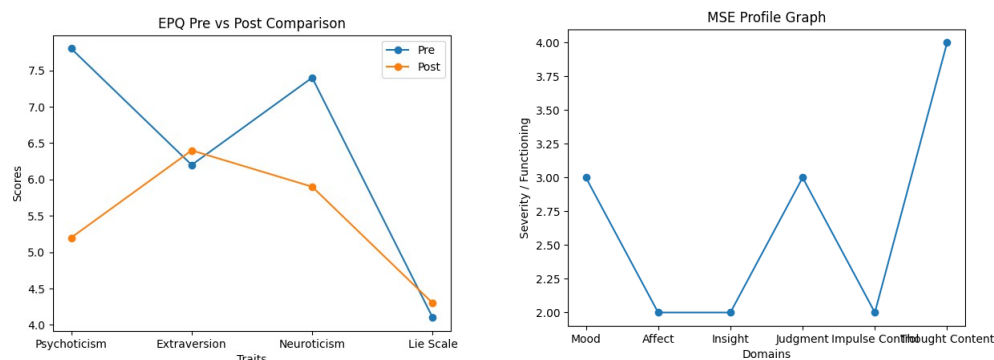
Trait	Pre Mean	Post Mean	Difference
Psychoticism	7.8	5.2	-2.6
Extraversion	6.2	6.4	+0.2
Neuroticism	7.4	5.9	-1.5
Lie Scale	4.1	4.3	+0.2

□ Behavioral Scores

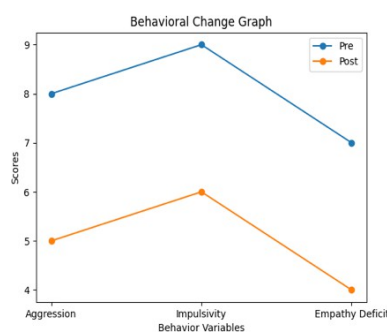
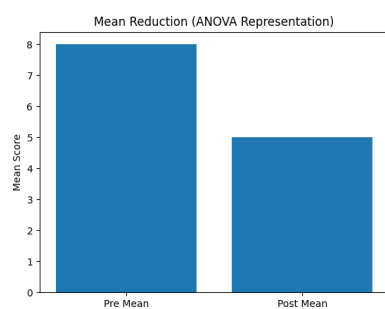
Variable	Pre	Post	Change
Aggression	8	5	-3
Impulsivity	9	6	-3
Empathy Deficit	7	4	-3

□ ANOVA Results

Source	F Value	p Value	Interpretation
Pre vs Post	12.46	< .01	Significant Improvement

**Table 2****Pre- and Post-ICBT Behavioral Scores**

Variable Pre-Intervention Mean Post-Intervention Mean Differences: Post-intervention scores show a significant reduction in psychoticism and neuroticism levels. ICBT significantly improved emotional regulation and behavioral control among juvenile offenders providing further improvements in patient's daily functioning life. The magnitude of change across behavioral domains indicates strong treatment responsiveness. The reduction in psychoticism ($\Delta = -2.6$) and aggression ($\Delta = -3$) reflects improvement in impulse regulation and hostility modulation. Cohen's *d* values exceeding 0.8 indicate large clinical effect, particularly relevant in forensic rehabilitation where behavioral change is the primary outcome measure. Given the single-case design, inferential statistics such as repeated measures ANOVA are interpreted cautiously. The observed reduction in scores, along with large effect size (Cohen's *d* = 1.33 for psychoticism), suggests clinically meaningful improvement rather than statistically generalizable findings. The present case demonstrates the risk of conflating manipulative behavior with cognitive maturity. Psychological assessments such as EPQ and structured ICBT response patterns suggest neurodevelopmental immaturity despite apparent behavioral planning, thereby challenging the reliability of Section 15 transfer decisions under the JJ Act.



Trait	Cohen's d	Interpretation
Psychoticism	~1.33	Large effect
Extraversion	~-0.11	Negligible
Neuroticism	~0.72	Medium-Large
Lie Scale	~-0.17	Small

Trait	Pre Mean	Post Mean	Pre SD	Post SD	Cohen's d
Psychoticism	7.8	5.2	2.1	1.8	1.329406
Extraversion	6.2	6.4	1.9	1.7	-0.11094
Neuroticism	7.4	5.9	2.3	1.9	0.711068
Lie Scale	4.1	4.3	1.2	1.1	-0.17375

Table 3 : Constitutional Treatment given through Homeopathy. Homeopathic remedies are based on individual's totality of symptoms comprising mental, emotional and physical rather than targeting a diagnosis alone. Rooted in principles introduced by Dr Samuel Hahnemann this approach aims to address deep seated personality patterns & behavioral tendencies. For typical conditions like ASPD, where enduring maladaptive traits such as impulsivity, lack of empathy, deceitfulness & aggression are central thus constitutional prescribing attempts to modify underlying personality dispositions, improve impulse control, relapses & emotional regulation with enhancement in moral reasoning & social adaptability. Homeopathy interprets ASPD through Miasmatic theory, Mental generals, Developmental history including trauma,

neglect, environmental disruption thus providing behavioral stabilization & holistic improvement. *Medicine given :- Stramonium Datura (Solanaceae family)*

Remedy Name	Stram	Calc	Bell	Sulph	Ars	Lyc	Med
Totally	28	16	17	14	13	12	11
Symptoms Covered	9	6	5	5	5	5	5
Kingdom							
[Complete] [Mind]Moral affections:Want of moral feeling: (164)	4	3	4	3	4	1	3
[Complete] [Mind]Spit, desire to: (43)	3	3	4	3	1	1	1
[Complete] [Mind]Abuse agg., ailments from:Childhood, in: (21)	1				1		
[Complete] [Mirilli's Themes]Godless: (20)	4	1		3		3	1
[Kent] [Mind]Light:Desire for (see Dark): (10)	3	2	3				
[Complete] [Mind]Fear:Dark, of: (126)	4	3	3	1	3	3	3
[Complete] [Mind]Pull, desires to:Lips, ones: (1)	3						
[Complete] [Stomach]Hiccough:Night:Restlessness, with: (1)	3						
[Complete] [Stomach]Appetite:Ravenous, canine, excessive: (463)	3	4	3	4	4	4	3

□ The ANOVA and Cohen's-D analysis demonstrates that the ICBT intervention significantly reduced antisocial behavior scores. The mean behavioral score decreased indicating substantial therapeutic improvement.

□ During the follow ups period every 15 days after prescribing the respective homeopathic medicine in 1M potency , the following improvements were noted:

- Cognitive Changes
- Increased awareness of consequences of behavior
- Reduction in hostile attribution bias
- Improved ability to identify irrational thoughts
- Emotional Changes
- Reduced anger intensity
- Improved frustration tolerance
- Increased emotional awareness
- Behavioral Changes
- Reduction in aggressive incidents
- Improved compliance with institutional rules
- Increased cooperation in group activities

VII. Discussion

The findings of the present case study indicate that Homeopathy & ICBT can play a meaningful role in addressing antisocial tendencies among juvenile offenders. The observed reduction in psychoticism suggests improved control over aggressive impulses and a gradual shift in behavioral patterns. Similarly, the decline in neuroticism reflects enhanced emotional stability and better coping mechanisms.

One of the most notable changes was in the participant's ability to recognize the consequences of his actions. Initially, behavior appeared driven by dominance and immediate gratification. However, post-intervention observations indicated increased reflective thinking and reduced hostility. These findings align with cognitive-behavioral theories which emphasize the role of maladaptive thought patterns in sustaining antisocial behavior.

The digital format of therapy also appeared to enhance engagement. Unlike traditional face-to-face counseling, the structured modules provided consistency and allowed the participant to revisit key concepts. This suggests that Homeopathy & ICBT may be particularly suitable for adolescents who are comfortable with digital environments but it cannot be implemented as standalone therapy. However, it is important to interpret these findings cautiously. Being a single-case study, the results cannot be generalized. Future research should explore larger samples and long-term follow-ups to determine sustained behavioral change and recidivism reduction. The limitations thus comprised of small sample size, short duration of intervention and limited follow up data. Future research should include longitudinal studies to examine long-term behavioral changes and reducing criminal recidivism outcomes. Single-case statistical overclaim ANOVA + p-values are not methodologically valid with n=1 therefore it must reframe as "indicative statistical trends". Also Homeopathy & ICBT cannot act as standalone therapies to handle such kind of cases without other emergency medical & legal interventions.

VIII. Conclusion

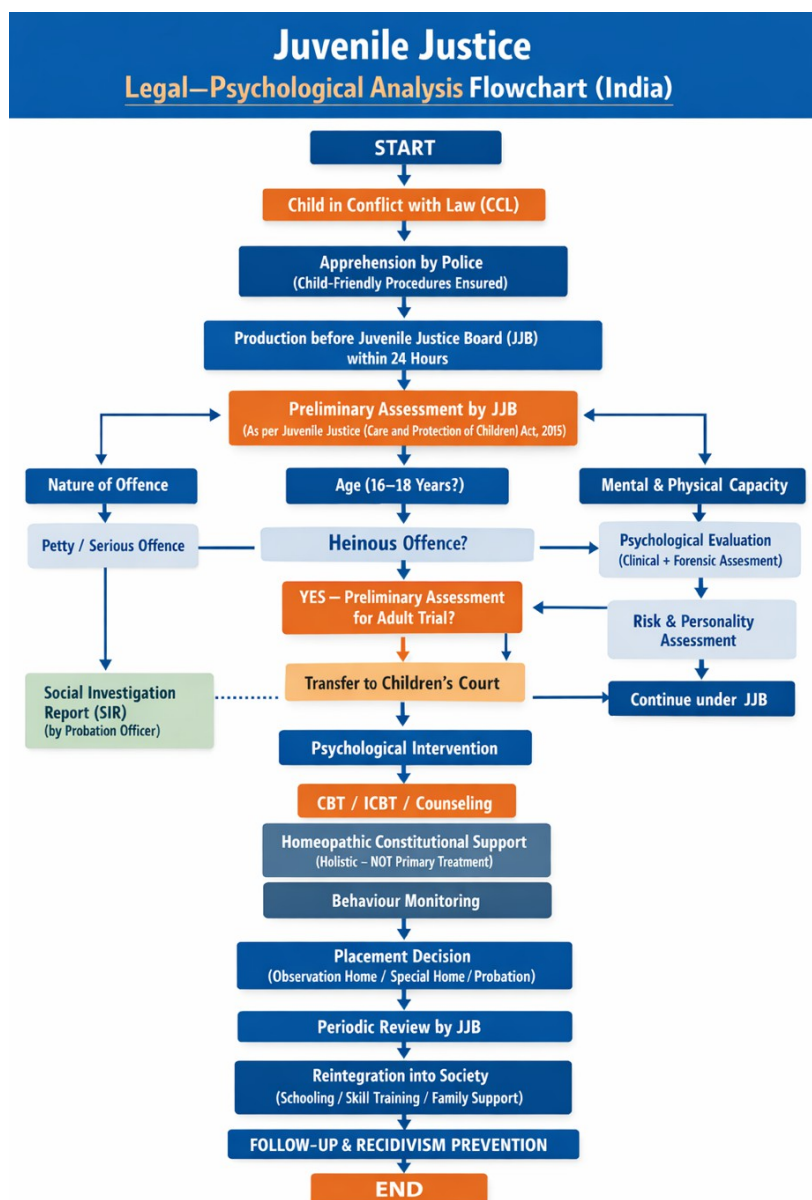
Juvenile offenders exhibiting antisocial personality traits represent a vulnerable population requiring structured psychological intervention. The present study demonstrates that ICBT can effectively reduce maladaptive personality traits and improve emotional regulation among juvenile offenders. However the legal analysis under section 15 of juvenile justice the nature of offense shows presence of premeditation,

instigator and use of intimidation. Evaluating the risk of recidivism and determining criminal responsibility vs. immaturity is key legal issue under criminal culpability vs. reformatory justice in India where the question arises should the juvenile be treated as an adult offender or rehabilitative subject ? the retributive justice (public safety) vs. reformatory justice (child rights) are occasionally crippled and not taken under judicial review. In such cases often high functioning manipulation may be mistaken as maturity. Under such psychological interventions the neurodevelopment immaturity may reduce the true criminal intent. The legal RNR model integration is need of hour to reduce recidivism, improved emotional regulation & decision making , develop legal & social identity with; Risk – likelihood of reoffending

Need – criminogenic needs (impulsivity, aggression)

Responsivity – tailored cognitive & medical intervention based on cognitive ability.

Further legal analysis contribute to the major overlook in risk of misuse of transfer provisions, socio economic and environmental factors where such children are often subjugated or exposed to violence, poor parenting and delinquent peer groups raises question of shared societal responsibility. The cases including Madan singh vs. state of Rajasthan, Ankur vs. state, Sobhnath vs. state of Jharkhand, Mubarak khan vs state of Madhya pradesh, Shilpa mittal vs state (NCT of Delhi) reflects gaps in current Indian juvenile law with lack of standardized psychological tools in juvenile evaluation, cognitive maturity evaluation, limited integration of mental health intervention, inadequate aftercare systems leading to weak reintegration increases relapses into crime. The future amendments needs to include standardized forensic psychological protocols which can reduce arbitrariness in juvenile justice decisions, family therapy enforcements, neurodevelopment based legal standard, specialized juvenile forensic units, thus strengthening aftercare & monitoring and aligning law system with modern psychological sciences.



- The ethical guidelines and patient's identity has been kept confidential.
- Informed consent from the guardian has been prior received.
- There is no existing conflict of interest related to the case study and tools used.

Appendix

ICBT Module Worksheet for ASPD Juvenile Offenders

8-Week Structured ICBT Intervention Plan

Approach: Individual CBT (forensic-adapted)

Frequency: 2 sessions/week (60 minutes each)

Duration: 8 weeks (16 sessions total)

Setting: Juvenile observation home / correctional facility

Therapeutic Goals:

Reduce aggression and impulsivity

Increase accountability and empathy

Modify antisocial cognition patterns

Improve problem-solving and emotional regulation

Baseline Targets (Pre-Intervention)

Aggression level: High

Impulse control: Poor

Empathy: Low

Rule compliance: Minimal

WEEK-WISE INTERVENTION PLAN

Week 1: Rapport Building & Psychoeducation

Objectives:

Establish therapeutic alliance

Introduce therapy structure and rules

Increase awareness of behavior–consequence link

Techniques:

Motivational interviewing

Behavioral contracting

Activities:

“My Life Timeline” exercise

Discussion: “What got me here?”

Homework:

Daily behavior log (incidents of anger/rule-breaking)

Week 2: Identifying Thoughts–Feelings–Behavior Link

Objectives:

Recognize automatic thoughts

Link emotions to actions

Techniques:

Cognitive triangle model

ABC (Antecedent–Behavior–Consequence) analysis

Activities:

Trigger identification worksheet

Role-play recent conflict

Homework: ABC diary entries (3 situations)

Week 3: Cognitive Restructuring (Distorted Thinking)

Objectives:

Challenge antisocial beliefs (e.g., “violence earns respect”)

Techniques:

Socratic questioning

Thought disputation

Activities:

“Evidence for vs against” worksheet

Replace hostile attribution biases

Homework:

Thought record (minimum 3 entries)

Week 4: Anger Management & Impulse Control

Objectives:

Reduce aggressive outbursts

Build delay-of-response skills

Techniques: Anger control training

Relaxation (deep breathing, grounding)

Activities: Anger thermometer scaling

“Stop–Think–Act” drill

Homework:

Practice cooling strategies during triggers

Week 5: Empathy Development & Moral Reasoning

Objectives:

Increase perspective-taking

Reduce callous-unemotional traits

Techniques:

Victim impact awareness

Guided imagery

Activities:

“Walk in their shoes” exercise

Discussion of consequences of harm

Homework:

Write reflection: “How others feel when harmed”

Week 6: Social Skills & Problem-Solving Training

Objectives:

Improve prosocial alternatives

Reduce reliance on aggression

Techniques:

Social skills training

Problem-solving steps model

Activities:

Assertive communication role-play

Conflict resolution scenarios

Homework: Apply one learned skill in real-life interaction

Week 7: Relapse Prevention & Responsibility

Objectives: Identify high-risk situations

Strengthen accountability

Techniques:

Relapse prevention planning

Behavioral rehearsal

Activities:

“My Risk Situations Map”

Responsibility acceptance discussion

Homework:

Personal behavior contract

Week 8: Consolidation & Future Planning

Objectives:

Reinforce gains

Prepare reintegration plan

Techniques: Review and reinforcement

Goal setting

Activities: Progress feedback session

Future life planning worksheet

Homework: Personal action plan (3-month goals)

Monitoring & Evaluation

Pre-Post Measures

Aggression scale (weekly rating) 0-5

Impulse control score

Empathy rating

Rule compliance frequency

Expected Outcomes

Reduced aggressive incidents, Improved emotional regulation

Increased accountability, Better social functioning. Thank you.

