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Twenty-Year Recidivism Results for MRT-Treated Offenders: A Preliminary Analysis

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In recent years, it has become accepted within the criminal justice field that any given program's effectiveness is best measured by the recidivism of its participants. Recidivism, variously defined as rearrests, reconvictions, or reincarceration, has become the most meaningful test of all criminal justice interventions (MacKenzie, 2006). The modern concept of evidence-based practices rests upon proving the effectiveness of an approach by showing significantly lower recidivism in treated versus nontreated offenders (Little et al., 2010).

The vast majority of post-treatment recidivism studies are conducted after relatively brief periods, typically ranging from six months to three years after treatment. Long-term recidivism studies in the criminal justice system are rare. However, if a program is truly effective at reducing recidivism, the differences between the treated and nontreated groups should persist over time. This may be one reason why there are so few long-term studies in existence. For example, since the early 2000s, Motivational Interviewing (MI) has been recommended as a strategy for treating substance-abusing offenders (Little et al., 2010). The brief MI technique is performed in two to four sessions as a prelude to additional treatment. Enthusiasm for MI as an effective program approach has been based on a series of outcome studies showing beneficial effects measured only three to six months after treatment. A few studies measuring outcomes at slightly longer intervals show that some beneficial effects still remain. However, after five years, research shows that all beneficial effects of MI have completely dissipated (Adamson & Sellman, 2008).

Recidivism measures whether or not a given individual returns to performing an undesirable behavior after a treatment is applied. Within the criminal justice field, recidivism is typically measured by a

follow-up of released offenders' criminal records after a given time period. The longest period typically employed by criminal justice (as reported by the Bureau of Justice Statistics) is three years (Little et al., 2010). The variables that are measured can include rearrests for felonies and/or misdemeanors, new convictions, and reincarceration. Few studies measure recidivism beyond five years, and still fewer report all arrests in understandable terms. For example, Blumstein and Nakamura (2009) recently conducted a

is a 20-year follow-up on the recidivism rates of the same 1,052 MRT-treated offenders and the almost randomly formed control group of 329 controls reported in prior reports.

Study Participants and Procedures

Although many treatment studies eliminate treatment dropouts from their analyses, we argue that a treatment approach's effectiveness should include all participants who

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large 20-year recidivism study of New York offenders. Rather than presenting the actual overall reincarceration and rearrest rates, they created a risk-hazard analysis and argued that after eight years, offenders show the same basic risk for offending as the general population. However, a 20-year recidivism study (Levine, 2009) showed a 66% recidivism rate (for serious offenses only) in a sample of 413 released prisoners. With few exceptions, comprehensive studies of offender recidivism after 10 years of release are rare.

In the American criminal justice field, the most recommended programmatic approach is cognitive behavioral programming, which is considered state-of-the-art in virtually all areas of corrections (Little et al., 2010). The most widely employed and researched cognitive behavioral approach within corrections is Moral Reconciliation Therapy (MRT®; Little et al., 1999), which is listed in the National Registry of Evidence-Based Programs and Practices (NREPP). More than 120 studies—with timeframes from six months to 10 years—have been published on MRT. A 10-year post-release recidivism study of more than 1,000 offenders treated with MRT during their incarceration showed that reincarceration rates for MRT-treated offenders were 50% compared to 65% for nontreated controls (Little et al., 1999). The present report

enter the program. Evaluations that compare “completers” to “dropouts” stack the odds of generating statistical significance in favor of the program by creating a biased selection process that includes only those most likely to succeed in the “treatment group.” All of our prior published research on MRT has included everyone who participated in the program, regardless of completion status.

MRT was initiated within a drug treatment therapeutic community (TC) at the Shelby County Correction Center in Memphis, Tennessee, in 1985. The institution houses misdemeanor and felony offenders serving up to six-year sentences and incarcerates approximately 3,000 offenders. A three-year recidivism report (Little et al., 1991) included 70 male offenders who participated in MRT and were subsequently released in 1987–1988. A control group of 82 offenders who had applied to the program but did not enter due to limited program space was formed as a comparison group. Subsequent controls were placed in that group in the same manner. However, because access to the program was greatly expanded and because the majority of those who applied to the program subsequently entered it, fewer nonparticipants (nontreated

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controls) were available. The eventual size of the control group was 329.

A five-year study (Little et al., 1993; 1994) reported on the same treatment and control group but added additional MRT-treated participants and control group numbers from the institution's employment of MRT within the general population, which included both males and females. This increased the MRT-treated group to 1,052 and the control group to 329. Both studies showed that MRT-treated offenders had significantly lower rearrest rates, higher "clean" rates (no rearrests after release), and lower reincarceration rates. Additional reports showed similar results

access to surrounding counties and states. The JSSI system also provided case outcomes (dispositions) in both criminal courts and general session courts, both of which were separately accessed. These data identified subsequent reincarceration at the local level (all jails and county facilities) or state level (all Tennessee prisons) as well as some access to federal and interstate sentences. Three types of individual identifications were employed. These were name, birth date, and a unique ID number (RNI) assigned to each person by the criminal justice system to track individuals despite possible name changes or aliases. This provided a comprehensive record of criminal arrests, convictions, and sentences for each offender.

MRT-treated offenders had significantly lower rearrest rates, higher "clean" rates, and lower reincarceration rates at five years post-release.

at six years (Little et al., 1995) seven years (Little et al., 1996), and 10 years (Little et al., 1999). After 10 years, MRT-treated offenders showed a 46% reincarceration rate as compared to 65% for controls. The present study reports on the same 1,052 MRT-treated and 329 control group participants after an average of 21 years of release.

The prior published reports have detailed the characteristics of both groups. In January 2010, the average age of both groups was 44.5 years. African Americans composed 54% of both the treated and control groups. Approximately 8% of both groups were female. The average original sentence for both groups was 2.9 years. The earliest release date of any treated or control group individual was in 1987, and the most recent release date was in 1991. Data were collected in early 2010, meaning that the range of time individuals in the study had been released was between 23 years and 19 years. The average time of release for all treated and control group participants was approximately 21 years.

Data Collection

In January 2010, the criminal records of all the 1,052 MRT-treated participants and the 329 controls were gathered from three separate databases. One database included only reincarcerations into the Shelby County Correction Center, the main site of incarceration for residents in the area. The other databases came from Shelby County's Justice System Service Inquiry (JSSI) computer system. JSSI provided a comprehensive listing of all arrests in Shelby County, as well as some

Two types of data were collected for each individual and subsequently collapsed into simple yes/no categories. The categories were (1) rearrested after release, and (2) reincarcerated on a new conviction after release. This led to two analyses. The first was the percentage of each group that was reincarcerated on a new conviction. The second was the percentage of each group that had rearrests as compared to clean records.

Data Limitations

This preliminary analysis does not divide outcomes for male or female offenders and does not attempt to calculate length of sentence or a numerical analysis of total arrest numbers per individual. In addition, it does not represent all arrests on a national basis, which is generally accepted in criminal justice as unnecessary to yield actual recidivism. It should be noted that some federal and interstate arrests and convictions are included when they were available, but it is not known how extensive the accessed databases are that gathered such information. The only arrests not counted in the study were minor traffic offenses that carry no possible jail time (such as stop sign/red light infractions or speeding). However, DUI and traffic offenses that potentially carry jail or prison time were included.

One additional limitation is notable. An unknown but small number of both groups were deceased in 2010. Because the bulk of individuals who were verified as deceased were identified from information included in the criminal records, it was decided to

retain all individuals in both groups. The vast majority of those who were deceased—in both groups—were both rearrested and reincarcerated. Thus, rather than omit these recidivists from the study, all of the original 1,052 and 329 controls were included.

Study Results

Results from the analysis of the post-release criminal records of the 1,052 MRT-treated subjects and 329 nontreated controls revealed the following:

- A total of 640 (or 60.8%) of the MRT-treated group had been reincarcerated for a new sentence at least once over their 21 years of release.
- A total of 269 controls (or 81.8%) had been reincarcerated for a new sentence at least once over their last 21 years of release.
- Chi-squared analysis showed that the MRT-treated group had a statistically significant lower reincarceration rate than did controls ($\chi^2 = 48.78$; $p > 0.0001$). A total of 854 (or 81.2%) of the MRT-treated group showed at least one rearrest over their 21 years of release.
- Conversely, 19% of the MRT-treated group showed clean records (no rearrests whatsoever).
- A total of 308 controls (or 93.6%) showed at least one rearrest over their 21 years of release.
- Conversely, only 6.4% of controls showed clean records.
- Chi-squared analysis showed that the MRT group had significantly fewer rearrests and a significantly greater rate of clean records than controls had ($\chi^2 = 29.05$; $p > 0.001$).

Long-Term Effectiveness

This report is the first 20-year recidivism comparison of any known treatment approach in criminal justice. It is our belief that any treatment that truly works should be proven in time frames of more than six months or even a few years. If a given approach actually decreases recidivism, it will do so no matter how long the time frame extends. MRT has now demonstrated that its effectiveness has been shown to be significantly better at one year, as well as at more than 20 years after treatment. In essence, without treatment, offenders will show eventual rearrest rates approaching 94%. With MRT treatment, the rearrest rate will be 81%. Nontreated offenders will show a reincarceration rate of 82% compared to 61% for MRT-treated offenders.

MRT has previously been shown to provide the greatest cost benefit of any

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cognitive behavioral approach (Aos et al., 1999). However, the current data allow a much simpler and more accurate analysis that can be easily grasped. For every 100 MRT-treated offenders, 21 of them (who would have returned to prison without MRT) will not do so. Of every 100 MRT-treated offenders, 19 of them will not be rearrested for any offense. Without MRT, fewer than seven will not be rearrested. If the basic materials cost for 100 offenders is approximately \$2,500, the question is this. Is the expenditure of \$2,500 worth the benefit of keeping 21 additional offenders out of prison and 12 offenders arrest-free?

Despite its limitations, the present study clearly shows that offender participation in MRT leads to significantly lower rearrest rates, lower reincarceration rates, and a higher rate of clean records. It is also clear that the cost benefits of MRT are not only substantial but also meaningful in several ways. The costs

to society in processing arrests, paying for incarceration, and paying associated crime expenditures are greatly lessened by MRT.

References

- Adamson, S.J., & Sellman, J.D. (2008). Five-year outcomes of alcohol-dependent persons treated with motivational enhancement. *Journal of Studies of Alcohol and Drugs, 69*(4), 589–593.
- Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (1999). *The Comprehensive Costs and Benefits of Programs to Reduce Crime*. Olympia, WA: Washington State Institute for Public Policy.
- Blumstein, A., & Nakamura, K. (2009). Redemption in the presence of widespread criminal background checks. *Criminology, 47*(2), 327–359.
- Levine, S.Z. (2009). Examining the incidence of and time to recidivism within the risk contingency framework: A 20-year follow-up study. *Law and Human Behavior, 33*(2), 167–174.
- Little, G.L., Robinson, K.D., & Burnette, K.D. (1991). Treating drug offenders with moral reconnection therapy: A three-year recidivism report. *Psychological Reports, 69*, 1151–1154.
- Little, G.L., Robinson, K.D., & Burnette, K.D. (1993). Cognitive-behavioral treatment of felony drug offenders: A five-year recidivism report. *Psychological Reports, 73*(3 pt 2), 1089–1090.
- Little, G.L., Robinson, K.D., & Burnette, K.D. (1994). 5-year recidivism outcome data on MRT. *Cognitive-Behavioral Treatment Review, 3*(2), 1–3.
- Little, G.L., Robinson, K.D., Burnette, K.D., & Swan, E.S. (1995). Six-year MRT recidivism data on felons and DUI offenders: Treated offenders show significantly lower reincarceration. *Cognitive-Behavioral Treatment Review, 4*(1), 1, 4–5.
- Little, G.L., Robinson, K.D., Burnette, K.D., & Swan, E.S. (1996). Review of outcome data with MRT: Seven-year recidivism results. *Cognitive-Behavioral Treatment Review, 5*(1), 1–7.
- Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1999). Successful ten-year outcome data on MRT-treated felony offenders: Treated offenders show significantly lower reincarceration in each year. *Cognitive-Behavioral Treatment Review, 8*(1), 1–3.
- Little, G.L., Robinson, K.D., Burnette, K.D., & Swan, E.S. (2010). *Antisocial Personality Disorder and Criminal Justice: Evidence-Based Practices for Offenders & Substance Abusers*. Memphis, TN: Eagle Wing Books.
- MacKenzie, D.L. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press. ■