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## **Recidivism Outcome Research On Moral Reconciliation Therapy® In Prison-Based Therapeutic Communities: A Comprehensive Review**

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Moral Reconciliation Therapy (MRT®) was initially employed within an established prison-based Therapeutic Community (TC) in 1986 at the Shelby County Correction Center (SCCC) in Memphis, Tennessee. The TC began in 1972 as a self-contained drug treatment Therapeutic Community separated from the main prison complex. The program was patterned after the early Federal Prison TC at Danbury, Connecticut and employed a former Danbury resident as a consultant. The program initially housed 24 male misdemeanor and felony offenders with sentences of approximately one-year.

The first (pre-MRT) outcome report on the program (Wood & Sweet, 1974) indicated that after two years of program existence, 67 percent of released program graduates had not been reincarcerated, but rearrests were not evaluated or reported. In addition, the rate of program completion was low.

A more comprehensive report was issued two years later (Sweet, Little, Wood, & Harrison, 1977). Only 43 percent of the 254 offenders who entered the program completed treatment. Recidivism data showed that by the third year after release, 53.5 percent of program graduates had not been reincarcerated. The regimented behavior-modification approach of the TC was then termed “Reconciliation Therapy” (Wood & Sweet, 1974).

### **MRT Implementation Background**

In 1985, the TC drug program at the SCCC became the focal point of the present authors, and because of program problems (high dropout rate and high recidivism), the new approach, called “Moral Reconciliation Therapy,” was added to the treatment regimen in early 1986. The program was designed to incorporate cognitive elements into the behavioral program—especially moral reasoning components. The major intention was to impact three outcomes: increase the completion rate; increase minority participation; and lower recidivism. In fact, in the four years prior to MRT implementation, the rate of graduation was only 30 percent and only 25 percent of participants were minorities.

While earlier research had delineated some of the reasons for TC dropouts (Little, 1981; Little & Robinson, 1987; Robinson & Little, 1982), another factor was found to be low morale among staff (Welch & Little, 1983). Counselors were spending much less than half of their time in “counseling” functions. Internal research also showed that counselors substantially spent

more time with specific participants within the program—generally with clients of similar ethnic backgrounds and interests. When an analysis was made of how clients actually completed the program, the greatest factor was found to be twofold: staff judgments made on each participant (done in client staffing) and time participants spent in the behavioral TC program. Another intriguing finding was that the vast majority of program graduates who were deemed by staff to have a high probability of success after release—actually became recidivists. Oddly, it appeared that the higher a program participant was rated by program staff, the greater the odds of quick recidivism. Because the institution administered MMPI and intelligence tests to all inmates, we were able to determine that the participants who garnered the most support by staff were generally high in psychopathic deviation and intelligence. We surmised that the staff was subtly manipulated and conned by these inmates. MRT was designed in ways to specifically address all of these factors.

### How MRT Was Implemented

The TC's behavioral structure, program elements, and overall activities were essentially unchanged with the addition of MRT. MRT simply became a new group that was held twice a week with several other times during the week allotted for homework. But MRT was immediately integrated into the TC program's entire framework. First, MRT was made the prime method of determining program completion. Clients entering the program were given MRT program materials and told that when they completed Step 12 they would graduate the program. This gave us an objective means to assess progress and make nonjudgmental reports to parole, probation, and judicial authorities. It also gave clients a way to easily assess their own progress.

Secondly, MRT alleviated many of the subjective judgments from the counseling staff. Staff judgment was no longer the primary determinant of client completion. MRT was established with clearly delineated tasks and objectives, which clients had to complete at each of the program's steps. More specifically, a step was either completed correctly or it wasn't. Program counselors (and on some steps, clients) determined if the work was completed successfully. The program also instituted two levels of appeal on all steps for participants—to ensure that clients were treated fairly. Over 5 years, only two appeals were made. This is partly because routine evaluations of clients' step materials were made by the Program Director and Assistant Director. This objective process simply evaluated whether or not what a counselor approved or rejected on each client's work followed the guidelines. This method became a major tool for evaluating counselor behavior and was effective in managing counselor activities and ensuring fundamental fairness. In addition, it greatly reduced many of the unconscious biases that were sometimes observed in counselor-client relationships prior to MRT. Because of MRT requirements, counselors had to spend time with all clients. In each MRT group, each group

member becomes a focus of attention. In addition, the requirements of several MRT steps forced all program clients to interact with all other clients in the program, breaking down previously observed ethnic barriers. The results were almost immediately apparent.

During the 4-year period preceding MRT implementation, the TC program's completion rate for all participants ( $N = 424$ ) was 30 percent. The program completion rate ( $N = 180$ ) during the first 2-years after MRT's use in the program was 50 percent. During this time period the completion rate for minority participants doubled from the prior rate (Freeman, Little, Robinson, & Swan, 1990; Little & Robinson, 1988). These results were largely responsible for the SCCC expanding the TC program to 40 beds and adding a 40-bed TC devoted to DWI offenders.

Since the initial implementation of MRT in the SCCC program, the cognitive-behavioral approach has been utilized in hundreds of programs. Previous reports have summarized results from parole and probation, community corrections, and prison implementations. However, none of our reports have summarized results of implementations of MRT in prison-based TCs. The present report summarizes recidivism outcome results from 29 studies. However, it should be noted that the majority of MRT based recidivism research has evaluated all program participants (graduates and dropouts) and also includes all arrests for misdemeanors as well as felonies.

### Outcome Results From The SCCC TCs

*SCCC Drug Program TC.* A series of 14 recidivism outcome studies were published from the drug TC original implementation site—the SCCC. These results covered a full 10 years after program participants were treated and released into the free world.

These studies reported on the rearrests, reincarcerations, and days of additional sentence in 1,052 MRT-treated male offenders—regardless of whether or not participants completed the program. The initial 70 felony offenders treated with MRT while participating in the prison's TC have been studied separately over their 10 years of release because a specialized experimental control group was formed. This series of reports most closely approximates an experiment with randomly assigned treatment and control groups. Results from these studies include reincarcerations for all offenses *including* misdemeanors and felonies.

MRT-treated offenders showed a statistically significant lower reincarceration rate at each year of data collection. In general, MRT-treated offenders showed a relative reincarceration rate 25%-35% lower than nontreated controls at each data collection point from 2-10 years post-release.

In the initial year of release, MRT-treated offenders from the SCCC TC showed a relative reincarceration rate 75% lower than controls. Other data collected on these groups have shown that treated offenders have a significantly

higher rate of “clean records” (no rearrests for any offense), lower mean numbers of rearrests, and fewer days of additional sentence in those who are reconvicted of a new offense. Thus, even with MRT-treated offenders who do eventually recidivate, it is likely that their severity of new offenses is lessened.

In a recent report (Little, 2006), 32 published reports on prison-based MRT implementations with adult felony offenders have confirmed the initial observations of the SCCC implementation. The one-year recidivism rate of 3,373 MRT-treated felons was 11 percent compared to a 37 percent recidivism rate in 12,665 controls.

*SCCC DWI Program TC.* Because of the success of MRT in the drug offender TC, the SCCC began a specialized, 40-bed TC for multiple-DWI/DUI offenders in 1989. MRT served as the keystone of the program. A series of 15 studies were published on DWI offender recidivism following MRT treatment in the program. Little & Robinson (1989a; 1989b; 1989c) initially reported a 0% rearrest rate in the first 18 released offenders after an average of 6 months of release. When the initial 115 MRT participants had been released for 6 months, a 20% rearrest rate (for any offense) was found in the treated group compared to a 27.6% rearrest rate in 65 appropriate controls. Alcohol-related charges (including public intoxication) were found in 8.7% of treated clients and 10.8% of controls. Several subsequent reports presented various aspects of this recidivism data and tracked these 115 MRT-treated DWI offenders and nontreated controls for a 10-year period after release. Little, Robinson, & Burnette (1990) reported a 13.9% reincarceration rate for treated offenders after 18 months of release as compared to 21.5% in controls. During this time period, 61% of treated subjects showed no arrests as compared to 54% in controls. The treated group showed a 4.2% rearrest rate for new DWI offenses as compared to 15.4% in controls.

After 30 months of release (Little, Robinson, & Burnette, 1991a) the MRT-treated group showed a 22.6% reincarceration rate, a 45.2% rearrest rate, and an 18.3% rearrest rate for DWI. By comparison, controls showed a 36.9% reincarceration rate, 61.5% rearrest rate, and 16.9% rearrest rate for DWI.

Additional studies tracked the recidivism of these groups at 42 months (Little, Robinson, & Burnette, 1992; Correctional Counseling, Inc., 1993c) and for 5 years (Little, Robinson, Burnette, & Swan, 1995). Reincarceration rates for the MRT-treated DWI offenders were consistently lower than controls in all categories *except* DWI offenses. At all subsequent data collection points, the treated and control group’s *DWI rearrest rates* were essentially equal while overall rearrests and reincarcerations were lower in the MRT-treated group as compared to controls. Thus, MRT treatment lowered rearrests and reincarcerations for all offenses except DWI.

Ten-year recidivism outcome data on the initial 115 MRT-treated DWI offenders (Little, Robinson, Burnette, & Swan 1999b) showed that the treated group had a significantly lower reincarceration rate (44.35% to 61.54%), a

significantly higher percentage of “clean records” — no rearrests for any offense (25.2% to 13.8%), a lower rearrest rate for non-DWI offenses (66.1% to 73.1%), but virtually identical DWI rearrest rates (37.4% to 36.9%).

### MRT Outcomes In Other Male TC’s

The Charles E. “Bill” Johnson Correctional Center in Oklahoma has utilized MRT within a specialized drug TC since 1999. By 2003, 926 male felony offenders had participated in the program with an 82 percent completion rate (Pourett, 2004). Recidivism (reincarceration for a new offense) rates were established for 638 participants who had been released for periods of one-to-four years. The one-to-four year rates, respectively, were 6, 11.6, 11.7, and 11.4 percent. The overall three-year recidivism rate (11.6 percent) was compared to the overall 26 percent three-year reincarceration rate established by the Oklahoma Department of Corrections.

Tennessee’s Northwest Correctional Center Complex has had an MRT-based prison TC since 2000. A 2005 report (Burnette, Prachniak, Swan, Robinson, Lester, & Little) indicated that the program completion rate was an overall 80 percent during the program’s operation. Recidivism (reincarceration) on 135 program graduates was collected over an average time period of 21.5 months of release. Only 6 percent were reincarcerated for a new offense, but an additional 20.6 percent were reincarcerated for technical parole violations. The total recidivism rate was 27.5 percent. By comparison, the Tennessee DOC 24-month reincarceration rate is 33.7 percent.

### MRT Outcomes In Female TC’s

MRT has been used in several female prison-based TCs. The Tennessee Prison For Women (TPW) has had 912 participants in their TC, with 759 participants paroled between 1998 and 2005 (Burnette, Prachniak, Leonard, Robinson, Swan, & Little, 2005). Yearly program completion rates have varied between 72 and 82 percent. After an average of 33 months of release, 34.9 percent of 579 released participants had been rearrested. An additional 180 participants had been released for an average of 21 months and showed a 15.5 percent rearrest rate. By contrast, all female felons in Tennessee show a 49.9 percent rearrest rate after 24 months of release.

Since 1999, MRT has also been utilized in the felony female TC at the Mark Luttrell Correctional Center (TN). The first outcome evaluation (Burnette, Brown, Jackson, Thomas-Ottino, Robinson, & Little, 2003) reported that 174 female felons had participated in the program with a 50 percent completion rate. A host of pre- and posttest results indicated that the program was beneficially impacting program participants. A recidivism report on the program (Burnette, 2005) covered 59 program participants released between 2000-2005, with an average of 26.5 months of release. Results showed that 20.3 percent had been rearrested during their release as compared to the 49.9 percent overall female offender recidivism rate for Tennessee.

## MRT Outcomes In Juvenile Offender TCs

MRT is utilized in numerous juvenile programs including boot camps, alternative programs, and probation. However, only three major reports have been published on the use of MRT within specialized TC's for juveniles. Numerous pre- and posttests were utilized to assess changes in participants and the first reports focused on the many beneficial changes observed in participants (Burnette, Swan, Robinson, Woods-Robinson, & Little, 2003; Burnette, et. al., 2004). The program showed a consistent 70 percent completion rate. One study (Burnette, et. al, 2004 a) investigated participant recidivism. Results showed that, after an average of 6 months of release, program completers showed a 13.3 percent recidivism rate. After an average of two-years of release, program completers showed a 30.4 percent recidivism rate. By contrast, juvenile recidivism after 24 months averages 44 percent.

### Conclusion

The use of MRT in therapeutic community programs has been successfully demonstrated since 1986. At least 29 published reports have appeared documenting lower recidivism, improved completion rates, and beneficial changes in personality variables as a result of MRT. Traditional TCs employ AA 12-step programs, behavior management, and a variety of groups. However, the addition of a cognitive component, such as MRT, appears to lead to enhanced outcomes in all relevant and important measures.

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