

**Changing Offenders' Behavior:
Evaluating *Moral Reconciliation Therapy (MRT®)* in the
*Better People Program***

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Annette Jolin, Ph.D., professor, Mark Hatfield School of Government, Division of Administration of Justice, Portland State University (Portland, Oregon), contributed significant technical assistance.

Better People is a Portland, Oregon-based, living-wage employment and cognitive behavioral counseling program for adult probationers, parolees, and other former offenders. The *Better People* mission is to *dramatically reduce recidivism in Multnomah County and other areas*.

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The Authors

Abstract

In 1998, *Better People*, a privately funded, not-for-profit organization, began offering services to former offenders (people who have criminal records) in Portland, Oregon. The *Better People* program has three primary components: cognitive behavioral therapy using Moral Reconciliation Therapy¹ (MRT)[®], assistance with gaining employment, and assistance with employment retention. This preliminary study assesses the impact on offender recidivism as a result of the cognitive behavioral therapy (MRT[®]) component. Findings indicate less recidivism for *Better People* Treatment Group participants than for a Comparison Group of non-participants.

¹ The term 'conation' was used in clinical psychology prior to the extensive use of the term 'ego.' Conation refers to how one consciously makes decisions. MRT[®] represents a redirecting of decision-making from lower to higher stages of moral reasoning. (Little, 1996)

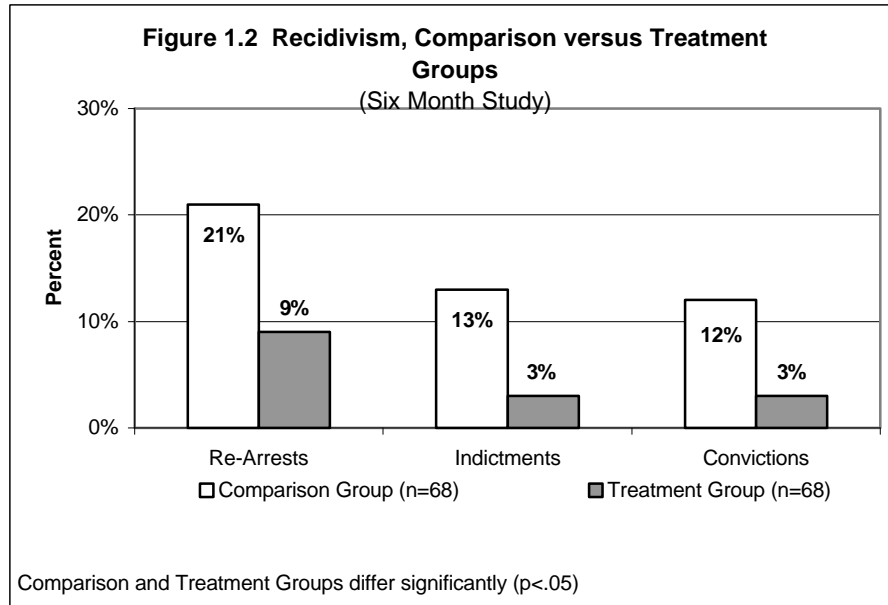
Executive Summary

In June of 1998, *Better People* began a new community-based former offender program serving clients from the Portland, Oregon metropolitan community. The program has three primary components: cognitive behavioral therapy using Moral Reconciliation Therapy (MRT®), assistance with gaining employment, and assistance with employment retention. The MRT® component's major objective is to increase the former offender's decision making from low moral reasoning to higher moral reasoning as he or she progresses through the program's *Steps*.

This evaluation to assess the MRT® component of the program's effectiveness in reducing recidivism was based on the behaviors of study participants contacting *Better People* between June and December of 1998. Study participants' criminal records were observed from June 1998 through November 1999. For outcome data we examined three levels of recidivism -- re-arrest, re-indictment, and re-conviction -- during a six-month follow-up period. Oregon Law Enforcement Data Systems (LEDS) computerized records were used to obtain pertinent criminal data.

We examined contacts with the criminal justice system for 68 former offenders who had participated in the MRT® component of the *Better People* Program -- the Treatment Group (TG). We compared that data to contacts with the criminal justice system for 68 former offenders who attended an Orientation but had not participated in the MRT® or any other *Better People* program components -- the Comparison Group (CG). There were no significant differences in age, ethnicity/race, and gender between the Treatment Group and the Comparison Group.

As Figure 1.2 indicates, there were significantly fewer re-arrests among former offenders who had participated in the MRT® program than among former offenders who had not participated in the program. Nine percent of Treatment Group participants were re-arrested compared to 21 percent of Comparison Group participants.



Re-indictments and re-convictions for MRT® (Treatment Group) participants were also significantly lower than for former offenders who had not received MRT® treatment (Comparison Group). Three percent of Treatment Group participants were re-indicted while 13 percent of Comparison Group participants were re-indicted. Finally, 3 percent of Treatment Group participants were re-convicted compared to 12 percent of Comparison Group participants.

Introduction

Throughout the past three decades, researchers have asked, and continue to study, whether offender rehabilitation efforts are effective at reducing recidivism and antisocial behavior. There is concern as to whether rehabilitation efforts produce beneficial changes in former offenders who participate in rehabilitation programs.

The generic goals of rehabilitation are to change one's thinking and behavior. The *Better People* program has three components that work to achieve this goal: cognitive behavioral therapy (MRT®)², assistance with gaining employment, and employment retention. This evaluation observes the impact of MRT® on *Better People* program participants assigned to this study project. Former offenders were assigned to either a Treatment Group or Comparison Group depending on whether they participated in the program or chose not to after attending an orientation.

This report details the findings from a preliminary evaluation study of the effects of MRT® on former offenders participating in the *Better People* program in the Portland, Oregon (Multnomah County) community. The purpose of this study was to gain insight into the impact of MRT® on re-arrests, re-indictments, and re-convictions of program participants.

Program History.

The *Better People* mission is to dramatically reduce recidivism in Multnomah County and other areas. *Better People* works with individuals who have prior criminal records. The program does not discriminate based on the type of prior conviction(s). All study participants had prior criminal records with varied types of convictions. Most potential clients seek *Better People* services on a voluntary basis. Approximately half of former offenders self-refer and half are referred by public/private service agencies.

Better People is a counseling program that assists former offenders in obtaining and retaining permanent employment. Former offenders seeking information about *Better People* are required

² Moral Reconciliation Therapy (MRT®) is a cognitive behavioral therapy system designed by Gregory Little, Ed. D. and Kenneth Robinson, Ed. D., Correctional Counseling, Memphis, Tennessee. The program is based on Lawrence Kohlberg's moral development theory. It also incorporates Erik Erikson's work on ego and identity development and behavioral conditioning as well as the works of Abraham Maslow, Carl Jung and Ron Smothermon. The program was developed in 1985 and is currently used throughout forty states and also in Canada and Puerto Rico.

to attend *Orientation* to become acquainted with the merits of the program as a means of determining their participation. Clients must be at least eighteen years old, a minimum of thirty days clean and/or sober, committed to attending MRT® group sessions, responsible for a one-time, non-refundable enrollment fee of \$25, and have a prior criminal record. In addition, clients must be willing to seek and accept employment, provided the offer is reasonable.

Once an individual meets program requirements, he or she is enrolled in the program and assigned to an MRT® group. Clients meet under the direction of *Better People* MRT® facilitators who are certified by Correctional Counseling Incorporated. Groups convene twice per week and attendance becomes an ongoing part of the client's individual file. Clients use a workbook containing exercises referred to as *Steps*.³

As with all cognitive behavioral interventions, MRT® Steps begin with relatively simple tasks that progressively increase in complexity and difficulty (see Appendices I & II). Lower Steps are concerned with issues of honesty, trust, acceptance, and awareness. Higher Steps move toward active processes of healing damaged relationships and long-term planning. In the process the client is essentially given the opportunity to reconstruct his or her identity and personality.

Clients are required to pass MRT® Steps sequentially. After attending one group session clients are eligible to be referred for *temporary* employment.⁴ Passing Step Three is a prerequisite to being referred for *permanent* employment.⁵ Clients also benefit from the third program component, a retention program, that monitors a client's work performance, in cooperation with the employer, as a means of assisting the client in remaining employed.

Other MRT® Evaluations.

MRT® is in use in over 40 states throughout the United States, and also in Canada and Puerto Rico. MRT® has been studied in a large-scale independent evaluation of participant inmates in the Oklahoma Department of Corrections (MacKenzie and Brame, 1995). Findings indicated *that individuals who participated in MRT® showed a moderate but statistically significant drop in misconduct and recidivism* (National Institute of Justice Journal, 1997).

³ Each client receives a copy of a workbook: *How to Escape Your Prison* (Little, 1996).

⁴ *Better People* works with temporary employment agencies who, aware that clients have prior criminal records, seek to refer them for short-term employment to their customers.

⁵ *Better People* only works with employers paying a minimum of eight dollars an hour and providing health benefits.

MRT® was also found to reduce recidivism in a Delaware Department of Corrections Life Skills Program (Finn, 1998) and in a five-year recidivism study on felony drug offenders (Little, Robinson, and Burnette, 1993). According to Little and Robinson (1997), MRT's® developers, over 40 published reports since 1986 have indicated that MRT® reduces recidivism anywhere from 25 percent to 50 percent.

Sandhu (1998) measured the impact of cognitive behavioral treatment, MRT®, as applied to 288 drug offenders at the B. J. Correctional Center , Alva, Oklahoma, from October 1, 1996 to March 31, 1998. Research outcomes indicated significant improvement in pre- and post-therapy results; incidents of positive urine analysis testing, prison misconduct, substance relapses, and rates of recidivism decreased.

Methodology

Study Objective.

The goal of this study was to determine if MRT® makes a difference in a study participant's contact with the criminal justice system. Each study participant was observed for six months following the day after his or her last contact with the *Better People* program.

Selection of Study Groups.

The study involved a Treatment Group and a Comparison Group. The research project included only former offenders seeking services from, or participating in, the *Better People* program between June 1998 and December 1998. Study participants were identified from a population of 186 former offenders who attended a *Better People* orientation during the identified period. Table 1.1 identifies the characteristics of this pool of potential study participants.

	Number	Percent
Race		
African American	80	43%
European American	54	29%
Other	9	5%
Unknown	43	23%
Gender		
Women	58	31%
Men	128	69%
Average Age	35 years	

Some former offenders attending Orientation did not pay the enrollment fee and therefore could not participate. Other former offenders attended Orientation, paid the \$25 enrollment fee, yet chose not to participate. The Comparison Group was chosen from these groups of former offenders.

Another group of former offenders attended Orientation, paid the \$25 enrollment fee, and attended at least one MRT® group session up through Step Five. These clients made up the Treatment Group.

The evaluation project began with a general population of 186 former offenders. During the period of study 91 clients comprised the potential Treatment Group population and 95 former offenders comprised the potential Comparison Group population. To ensure that each group had an equal number of members, researchers assigned every fourth person to the appropriate study group. Both the Comparison Group (receiving no treatment) and the Treatment Group (receiving treatment), had 68 members, for a total of 136 study participants.

Comparison Group study participants' criminal records were observed for a six-month period starting the next day after the date that they attended Orientation. Treatment Group study participants' criminal records were also observed for a period of six months starting the following day after the date that they ended their relationship with the *Better People* program.

Study Group Characteristics.

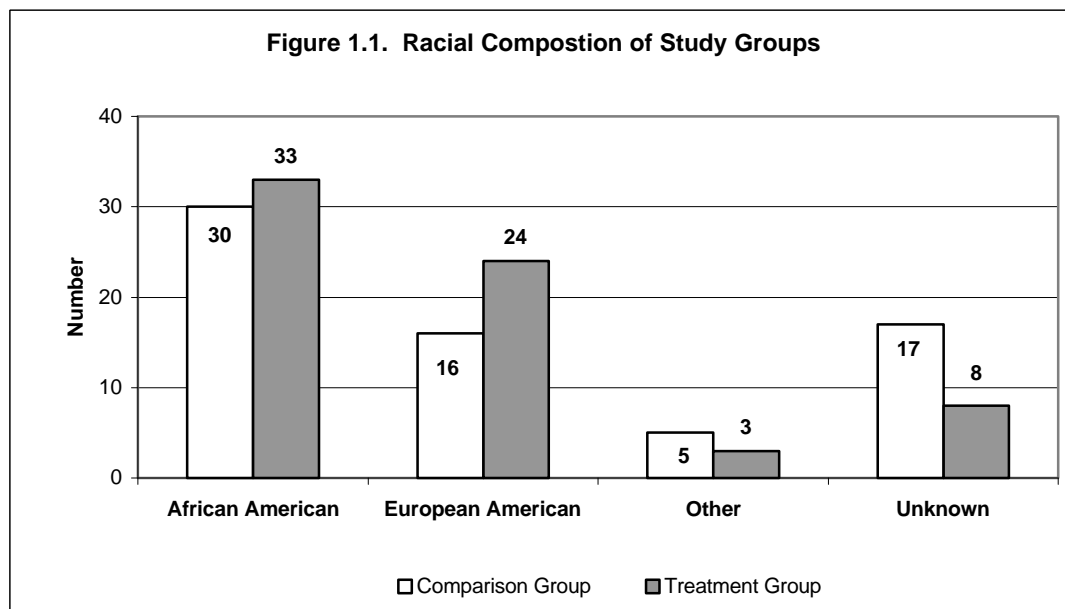
There were no significant differences between the demographic characteristics of study participants in the Treatment Group compared to study participants in the Comparison Group. Native Americans, Hispanics, Asian and those of mixed heritage did not seek the services of *Better People* in large numbers. The sample size reflects a low number of study participants representing these ethnic groups. Table 1.2 provides the characteristics of the Treatment Group and Comparison Group.

Table 1.2. Sample and Sub-Group Characteristics

	Comparison Group n=68		Treatment Group n=68		Total N=136	
	Number	Percent	Number	Percent	Number	Percent
Race						
African American	30	44%	33	49%	63	46%
European American	16	24%	24	35%	40	29%
Other*	5	7%	3	4%	8	6%
Unknown	17	25%	8	12%	25	18%
Gender						
Women	20	29%	26	38%	46	34%
Men	48	71%	42	62%	90	66%
Average Age						
	35 (s.d. 10.26)		34 (s.d. 8.66)		34 (s.d. 9.47)	

* This category included four Native Americans and one Asian American

Figure 1.1 provides the racial composition of the study groups.



Measurement.

The independent variable, whether a client received MRT® treatment, was captured in *Better People* computerized client attendance records. The Treatment Group’s MRT® participation ranged from attending at least one group session to completing Step Five of the Twelve Step process. These study participants were considered as having received some level of MRT®

treatment.⁶ The Comparison Group consisted of former offenders who did not *actively* enroll in the program after attending Orientation. They were considered as not having received treatment. The dependent variable, recidivism, was measured at three levels: re-arrest, re-indictment, and re-conviction.

Source of Data Collection.

Data were obtained from former offenders assigned to either the Treatment Group or Comparison Group who participated in or sought participation in the *Better People* program from June through December of 1998.

Multnomah County Department of Community Justice officials provided data from the Law Enforcement Data System (LEDS). LEDS maintains a systematic computerized accounting of complaints, arrests, indictments, and/or convictions of individuals having contact with the criminal justice system throughout the State of Oregon. When entering the system, an individual is assigned a State Identification number (SID). This number is used to identify all contacts with the criminal justice system in Oregon.

Observation Period.

The LEDS data were provided from June 1998 through November 1999. The observation period to review a study participant's contact with the criminal justice system was six months after his or her final contact with the *Better People* program.

Results

Former offenders who sought *and* received MRT® treatment (Treatment Group) had significantly fewer new arrests in the six months following their last contact with the program than did former offenders who had not received such treatment (Comparison Group). Significant differences were also observed regarding re-indictments and for the most stringent of recidivism measures: re-convictions. The comparisons are described in Table 1.3 and Figure 1.2.

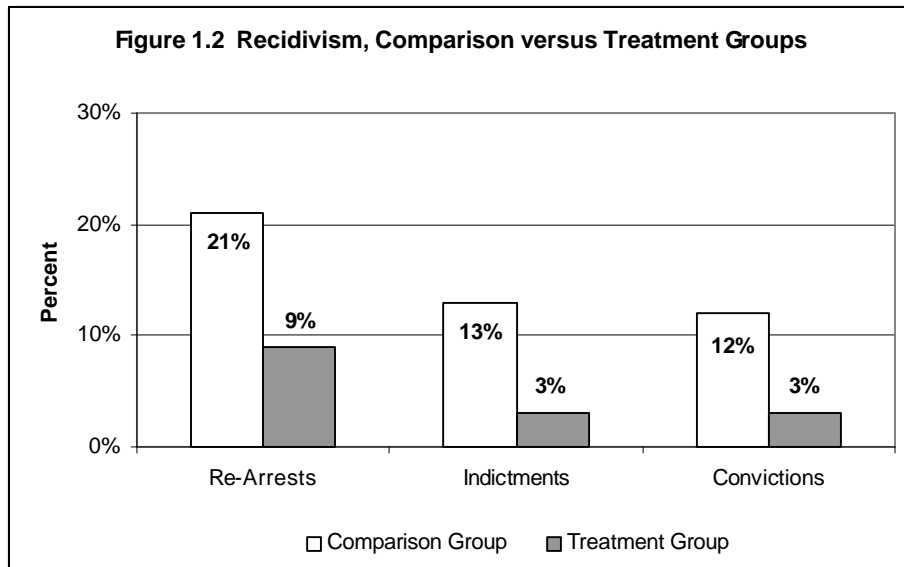
⁶ Many Treatment Group clients also received employment services. However, the impact of employment was not a variable measured in this study. Additional study is recommended to consider if employment services and employment have significant impact on decreasing rates of recidivism.

Table 1.3. Recidivism, Comparison versus Treatment Groups

	Comparison Group n=68		Treatment Group n=68		Total N=136	
	Number	Percent	Number	Percent	Number	Percent
Arrests						
Re-Arrested	14	21%	6	9% *	20	15%
Not Re-Arrested	54	79%	62	91%	116	85%
Indictments						
Indicted	9	13%	2	3% *	11	8%
Not Indicted	59	87%	66	97%	125	92%
Convictions						
Convicted	8	12%	2	3% *	10	7%
Not Convicted	60	88%	66	97%	126	93%

* Comparison and Treatment Groups differ significantly (p<.05)

Twenty-one percent of the Comparison Group was rearrested during the study period compared to 9 percent of the Treatment Group. Thirteen percent of the Comparison Group was re-indicted compared to 3 percent of the Treatment Group. Twelve percent of the Comparison Group was re-convicted compared to 3 percent of the Treatment Group.



Study Limitations.

Participants' allocation to the Treatment Group or the Comparison Group was based upon a self-selection process (participants could choose whether to participate in the *Better People* program). Those who, past the point of attending Orientation, returned for at least one MRT® group session became potential members of the Treatment Group. Those who did not take part in MRT® group sessions became potential members of the Comparison Group. This allows for the possibility that those who persisted past the point of attending an Orientation may have differed in ways that favored their crime-free adjustments to living in the community.

While not necessarily a limitation, there is a certain treatment dilution inherent in the study design when the effect is assessed after the mid-point rather than after the program's completion. On the other hand, an assessment half way through the treatment process may lessen the *creaming*⁷ effect that is common in treatment program evaluations of this kind.

In addition, Treatment Group participants received assistance in gaining employment. The impact of this service should be studied to determine if a correlation exist between employment and criminal justice contacts.

Discussion

This preliminary evaluation provides further evidence that the use of MRT® helps to reduce recidivism. The findings add credence to the *Better People* theory that cognitive behavioral therapy is effective and as such, it is reasonable to conclude that it complements other program components such as employment assistance.

Politicians, criminal justice practitioners, and the general public have seen criminal justice costs escalate over several decades. This is especially true in corrections (incarceration). Across the nation, legislative action, responding to public demand instead of valid research, has reduced the possibility of early release for *good behavior*. The result has been over-crowded prisons. Legislators, faced with this increased focus on incarceration and with shrinking budgets, also find it easy to restrict or eliminate rehabilitation programs.

⁷ *Creaming* refers to a self-selection or program selection process that implies that program evaluators cannot be sure whether a participant's success is due to his or her ability to remain with a program or, if the substance of the program and its effect on the participant is what leads to a reduction of recidivism (Jolin, 2001).

Reducing the rising costs of arrests, court trials, imprisonment and post sentencing supervision are major concerns. Determining *what works* in reducing these costs has been an ongoing question. Legislators, criminal justice administrators, and interested parties continue to seek practical solutions.

Recognizing the proven benefits of the use of MRT® when working with former offenders offers a reasonable, partial solution toward reducing such costs. Studies of the effectiveness of MRT® when used in working with offenders and former offenders continue to provide positive results.

This evaluation indicates that former offenders who did not receive treatment were significantly more likely to be involved with the criminal justice system than clients who received treatment. In addition, the use of MRT® has been shown to reduce recidivism anywhere from 25 to 50 percent (depending on the jurisdiction) throughout more than 40 states in the United States.

By itself, reducing recidivism is a laudable goal. More praiseworthy, however, is changing people's lives so that they become more responsible, respectable and caring; so that they build stronger character and are able to care for their families and for themselves. Such action increases public safety and improves the community. This evaluation indicates that policy makers should focus on and continue to study programs *that work* by keeping people out of jail instead of focusing on ways to keep people incarcerated.

Future research will focus on the effect of employment services and employment combined with the use of MRT®. In addition, this research will observe the impact of MRT® on graduates of the *Better People* program.

Better People proposes to do research in cooperation with county correctional and/or adult community programs. This effort will involve random assignment either to the *Better People* program, to no program/treatment or to some other community based treatment program. Outcomes will be observed to determine if the MRT® process coupled with employment services further reduces rates of recidivism.

Better People contends that combining MRT® with living wage employment and long term retention monitoring positively influences the thinking and behavior of former offenders, and helps to keep them from returning to the criminal justice system.

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Appendix I - Moral Reconciliation Therapy (MRT®) Steps

STEPS 1 & 2 require the client to demonstrate honesty and trust.

STEP 3 requires acceptance of rules, procedures, treatment requirements and other people.

STEP 4 represents building a genuine and exhaustive self-awareness.

STEP 5 creates a written summary and plan to deal with the many relationships in their lives that have been damaged because of their substance abuse (and other antisocial behavior).

STEP 6 begins to uncover the right things for clients to do with his/her life and addresses the causes of happiness and unhappiness.

STEP 7 sets goals.

STEP 8 involves refining one-year goals into a plan of action with a timetable.

STEP 9 requires that the individual continue to assist and meet the timetables that he or she sets him or herself.

STEP 10 represents a moral assessment and judgement of all the elements in one's life.

STEP 11 reassesses the relationships in one's life, as well as forming a plan of action to heal the damage that has occurred.

STEP 12 creates a new set of goals. These are set for one year, five years and ten years with the client's judgement of how accomplishing each goal relates to his or her happiness. (Most clients complete MRT with this step.)

STEP 13 through 16 represent confrontation of the self with ever-expanding awareness of self. Individual goals are progressively defines and expanded to include the welfare of others.

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Appendix II - MRT® FREEDOM LADDER

<p>Steps 13 – 16 Evaluate relationship between inner self and personality</p>	<p><i>GRACE</i> Few persons reach this state where they see others as an extension of themselves. Reaching grace means one must give oneself to a major cause. In this stage, a person's identity fuses with others as well as a social cause. Doing the right things, in the right ways, for the right reasons, are primary concerns. Values are placed on human life, justice, dignity, and freedom. Gandhi, King, and Mother Theresa are a few examples.</p>
<p>Step 12 - Choosing moral goals</p>	<p><i>NORMAL</i> People who experience this state have incorporated their identity into how they live their lives. Thus, they have their needs fulfilled without a great deal of effort. To those on this stage, work isn't work. However, their identity nearly always involves the welfare of others, whether it is the welfare of their employees or family. They often become involved in social causes and have genuine concern for others. They give great consideration to their own conduct and are not quick to judge others. They attempt to keep all their relationships on honest, trustworthy levels where they are accountable. It is clear that people in this stage have chosen the right identify (set of goals). Moral judgements are based about half-and-half on societal and ethical principles.</p>
<p>Step 11 – Keeping moral commitments</p>	<p><i>EMERGENCY</i> A sense of urgency in completing goals dominates this stage because individuals are totally committed to fulfilling personal goals. The goals of people in this stage are broader and include the welfare of others rather than goals being narrow and self-serving. They feel in control of their lives, but often feel that they have committed and are in risk of failure if they slow down. Most of their decisions are based on what is best for society and their organizations, but they show higher, idealized, ethical principles as well. In addition, they sometimes “slip” to lower levels of reasoning but attempt to rectify this as soon as they realize it.</p>
<p>Step 10 – Maintain Positive Change Step 9 - Commitment to change</p>	<p><i>DANGER</i> The major distinction between danger and nonexistence is that those in danger have committed to long term goals. They feel the risk of danger and have communicated their desires to others. They feel a definite direction in life and see relationships as necessary, important, and satisfying. They usually gain their identity from their long-term goals and recognize the requirements of situations quickly. Most of these people make their moral judgements from the societal contract level and “law and order.” Many of them “slip” to lower stages of reasoning but feel a sense of personal let down when this occurs.</p>
<p>Step 8 – Short term goals and consistency Step 7 – Long term goals and identity</p>	<p><i>NON-EXISTENCE</i> Those in nonexistence do not have a firm sense of identity and do not feel connected to the world. They often feel little purpose in their life, but do not feel responsible for what happens to them. While they feel somewhat alienated, they can have satisfying relationships. Oral judgements can be made from “law and order,” pleasing others, reciprocity, or pleasure/pain.</p>
<p>Step 6 – Helping others Step 5 – Healing damaged relationships</p>	<p><i>INJURY</i> People in this stage know when they have hurt others or themselves and feel responsible for it. Low self esteem, guilt and feelings of inadequacy often predominate. While they seem to “let down” others and themselves frequently, they recognize that they are the source of their problems. This is the first stage that positive relationships can occur. People in injury have trouble following through on their goals and personal commitments. Oral judgements are based on pleasing others, pleasure/pain and reciprocity.</p>
<p>Step 4 - Awareness</p>	<p><i>UNCERTAINTY</i> People in this stage may lie, cheat and steal, but they are uncertain if they should. They typically have no long term goals usually don't know if there is a direction that is right for them. They show rapidly changing beliefs and a basic uncertainty about other people. They say, “I don't know,” a lot and sometimes are uncertain whether they should or can change. This stage typically doesn't last long. Their moral judgements are based on pleasing others as well as pleasure/pain and reciprocity.</p>
<p>Step 3 - Acceptance</p>	<p><i>OPPOSITION</i> People in opposition are quite similar to those in disloyalty. However, those I opposition are somewhat more honest about it; they pretend less. Those in opposition tend to blame society, the rules, or the unfairness of others for their problems and state in life. They are in open opposition to established order. They tend to be rigid and unadaptable and are more confrontational, hostile, and openly manipulative. Constant conflict is often seen. Moral judgements come from pleasure/pain and reciprocity.</p>
<p>Step 2 – Trust Step 1 - Honesty</p>	<p><i>DISLOYALTY</i> The stage of disloyalty is the lowest moral and behavioral stage in which people can function. Lying, cheating, stealing, betraying, blaming others, victimizing, and pretense (pretending) are the behaviors characterizing it. Negative emotions, including anger, jealousy, resentment, hatred and depression dominate. Relationships are exploitative. People in disloyalty view the world as a place that cannot be trusted and believe that everyone else lies, cheats, and feels negative emotions. Moral judgements are made on the basis of their pleasure/pain and reciprocity.</p>



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