

## **An MRT<sup>®</sup>-Based Cognitive-Behavioral Treatment for First-Time DUI Offenders: Two and Three-Year Recidivism in a Cohort of Davidson County, Tennessee Offenders With a Comparison to the Prime For Life Program**

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Summary—203 DUI offenders were assessed for two and three-year post treatment recidivism after completing a cognitive-behavioral DUI school using the *Driving The Right Way* curriculum. The results were compared to two-year recidivism in a cohort of 1900 similar offenders treated in the Davidson County *Prime For Life Program*. Two-year DUI recidivism in the *Driving The Right Way* group was 4.93% as compared to 5.51% for the *Prime For Life* group. Statistical analysis showed that the results were not statistically different. In addition, two-year recidivism for any drug/alcohol rearrests in the *Driving The Right Way* group was 10.84% as compared to 9.36% in the *Prime For Life* group. Statistical analysis revealed that the results were not statistically different. Results show that the two programs lead to equivalent outcomes.

Driving under the influence of drugs or alcohol (DUI) is one of the most prevalent crimes in America. Approximately 800,000 arrests for DUI are made each year in the United States (FBI, 2008), and Tennessee records 13,000 DUI convictions annually (Kedia, 2008). While statistics vary widely by region, first-time DUI offenders typically comprise about one-quarter of annual arrests with prior DUI offenders comprising the remainder (Clements, 2002; Kedia, 2008).

Since the early 1960s various educational treatments for drunk drivers have been developed, implemented, and evaluated, but outcome results were largely disappointing until the late 1980s. For example, a review of 48 outcome studies (Foon, 1988) concluded, “There is as yet no definitive evidence in the literature that any treatment program for convicted drinking drivers is effective in reducing the subsequent recidivism of those participating.” In Foon’s evaluation, lack of control groups, inappropriate comparison groups, and poor quality evaluations were noted in the then-current research.

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In the late 1980s a host of new approaches were developed to meet the changing requirements of state laws mandating the consequences of DUI as well as regulations for DUI schools and treatment programs. Many of these newer programs were purely educational while others were cognitive-behavioral in nature. At that time, cognitive-behavioral approaches were developed from psychological theory and adapted to specific offender groups (Little, Robinson, Burnette, & Swan, 2010). One notable program is Moral Reconciliation Therapy (MRT®), which was first implemented in 1985 in a Tennessee prison (Little & Robinson, 1988).

MRT was initially utilized with felony drug offenders and was then adapted to a newly formed alcohol treatment program for inmates serving sentences for multiple DUI offenses. Nationwide DUI rearrests and reincarceration data of the MRT-treated offenders was tracked for a full ten years after the participants' release, with the MRT-treated offenders showing significantly lower recidivism in each study. One year after release, 115 MRT-treated offenders (averaging 4.4 prior DUI convictions) showed an 8.7% rearrest rate for DUI or other drug charges (Little & Robinson, 1989). After two years, the recidivism rate of the initial 115 treated offenders was 10.4% (Little, Robinson, & Burnette, 1990). At three years, the recidivism had increased to 18.3% (Little, Robinson, & Burnette, 1991; Little, Robinson, & Burnette, 1992). By years 5 to 6, 40% of the treated participants had been reincarcerated as compared to 52.3% of nontreated controls (Little, Robinson, Burnette, & Swan, 1995). At the 10-year data collection point, 44.35% of the MRT-treated group had been reincarcerated as compared to 61.5% of nontreated controls (Little, Robinson, Burnette, & Swan, 1999). These results received wide publicity (Little & Robinson, 1990; Little, Robinson, & Burnette, 1992; Robinson, 1994).

MRT is a workbook-based cognitive-behavioral program now widely employed in criminal justice in 48 states and several countries. The program is used in a host of drug courts, DUI courts, and other community corrections agencies and has received official designation as a Nationally Recognized Evidence-based Program and Practice (NREPP) by the Federal Substance Abuse and Mental Health Administration (SAMSHA). The program is typically conducted in weekly sessions where participants process homework in a group setting over an average of 30 to 35 group meetings (Little, Robinson, Burnette, & Swan, 2010). However, because the program takes longer than 12 hours, it has not been employed for first-time DUI offenders except in special cases and in specialized courts. This is because most states require first-time DUI offenders to only complete a

12-hour DUI or safety school, which typically includes basic alcohol and drug education, laws and regulations, and other issues.

### **MRT's Adaptation to First-Offender DUI Schools**

While numerous DUI school curricula are employed in the United States, many agencies conduct ongoing evaluations of their outcomes and continually search for more effective alternatives. In 2004, the authors of MRT were asked by the Cook County, Illinois Probation Department (Chicago) to create an MRT-based curriculum which could be incorporated into the state requirements for DUI programming. The subsequent workbook (which consists of 6 hours of group activity) is combined with 6 hours of basic education, laws, and other issues to form the basis of a 12-hour DUI school curriculum titled *Driving the Right Way* (Little & Robinson, 2005). The program was implemented in Illinois in early 2005 and was then adapted for use in Tennessee in the same year. The program is now in use in Georgia, Idaho, Louisiana, Nebraska, New Mexico, Ohio, and Washington State. The initial Tennessee utilization of *Driving the Right Way* (DTRW) took place in Davidson County, Tennessee (Nashville) in 2005, but it is now used in other Tennessee DUI schools. The Nashville program, provided by a state licensed DUI School (Behavioral Treatment Providers) is one of two different DUI school approaches provided in the county. The other approach, *Prime For Life* (PFL) is utilized by the Davidson County Sheriff's Department and the DUI Intervention Safety School operated in conjunction with the General Sessions Court.

### **Background for Recidivism Outcome Comparisons Between Programs**

*Prime For Life* is a 16-hour program that has been used by the Nashville government providers since 2000. Based on two reports from the local government implementation of *Prime For Life* with DUI offenders, the state's agency overseeing DUI school operations initiated efforts to mandate *Prime For Life* throughout the entire state, and they announced in January 2009 that *Prime For Life* would be required to be used by all DUI schools (TDMHDD, 2009). However, the mandate was temporarily postponed due to legislative inquiry and other issues. At that time public information was requested from the Davidson County Sheriff's Department regarding necessary details of their outcome study so that genuine recidivism comparisons could be made. These efforts were denied though

because the department had already determined that *Prime For Life* “has shown a great deal of success here and in other States so we feel it is the best option” (Mulloy, 2009). Questions and inquiries about data collection, group numbers, and definitions were not answered.

Two well-publicized recidivism evaluations on *Prime For Life* graduates were released by the DUI Intervention School and Sheriff’s Department (Hill, 2006; Kedia, 2008; Reynolds, 2004, 2005, 2006, 2007). According to these reports, after just over two years of program graduation, DUI rearrest rates have been steady in yearly cohorts: 7.7% (Kedia, 2008), 4.47% (Hill, 2006), 4.47% to 7.73% (Reynolds, 2004), and 4.47% (Mulloy, 2008). All of these reports compared the *Prime For Life* graduates to “a Meta Analysis in 1990” in which “researchers found the average two-year recidivism rate for control groups completing remedial intervention for DUI drivers to be 19 percent” (Reynolds, 2004). Based on the comparison, it has been consistently reported that the Davidson County *Prime For Life* program has the best results in the nation, and a move to mandate this program in the entire state has continued.

### **Limitation to the Davidson County Reports**

Few details regarding the Davidson County studies on *Prime For Life* (PFL) are made available; however, various details (numbers treated, categorization of offenders, general outcomes) have been obtained from several sources. The major limitation of the Davidson County PFL results are made apparent by a single sentence included in each of the 2004, 2005, and 2006 annual reports of the Davidson County General Sessions Court (Reynolds, 2004; 2005; 2006): “All graduates from the year 2002 were reviewed for re-arrests in Davidson County.” In brief, the recidivism outcomes reported by these programs include rearrests in only one of Tennessee’s 95 counties (1.05% of counties) and include no rearrests from other states. The 19% recidivism rate in “national studies” used as a comparison in these reports (Reynolds, 2004) comes from comprehensive statewide evaluations and national rearrest databases (Wells-Parker & Williams, 1990). That the reported Davidson County two-year recidivism rates were considered to be low by their program proponents (4.47% to 7.7%) is not surprising since only one of Tennessee’s counties was assessed. By way of contrast, Washington State’s nationally recognized Institute for Public Policy (2007) found that over three years, 22.6% to 29.7% of first-time DUI offenders were rearrested for DUI within their state. A statewide DUI recidivism evaluation in Vermont found that after 5 years, 21.2% had new DUI arrests.

## Overview of the Present Study

The present study presents a comprehensive description of a cohort of over 200 Davidson County DUI offenders who participated in the *Driving the Right Way* (DTRW) curriculum in 2005 to 2007. All of the offenders were arrested for DUI in Davidson County, attended the DTRW DUI School in Davidson County, and were reassessed for subsequent rearrests in Davidson County so that an accurate statistical comparison to the reported PFL results could be made. The program participants were assessed for new DUI arrests after a 25-month period after program completion, and these results were compared to the two-year results for the Davidson County PFL evaluations. An additional set of analyses investigated 36-month recidivism and other variables.

### Participants

The participants were 203 adult offenders assigned to the DTRW program by courts in Davidson County. The mean age of participants was 34.21 years with a range of 18 to 74 years ( $SD = 11.07$ ). Males comprised 70% of the participants. Just under one-third (32%) of the participants had prior criminal records with approximately 20% showing more than one prior DUI arrest. These participants would be considered to be high-risk multiple offenders, but were included in the study. At the time of recidivism data collection in 2010, the participants had averaged 36.18 months' time from each individual's program completion date. The post-program completion time range was 26 to 59 months ( $SD = 9.64$ ). Several *t*-tests showed that males and females in the treated sample were of statistically identical ages ( $t = 0.824; p = .411$ ) and had been released for identical time periods ( $t = 0.923; p = .357$ ).

The *Driving The Right Way* program was conducted over two consecutive days, with 6 hours in classes each day. Participants were assessed prior to program entry with standardized tests to determine the level of alcohol or other drug use problems. In addition, the initial program participants were given a set of research tests, which are described in the results.

### Data Collection

Consistent with the PFL data collection method, the arrest status for each of the 203 DTRW participants was collected from computerized

records maintained by the Davidson County General Sessions and Criminal Courts. Data was collected on all arrests for each participant starting on the date of program completion. Two sets of recidivism data were formed covering the time period of 25 months directly after program completion. DUI rearrests and all drug and alcohol rearrests were utilized for comparison to the Davidson County report. Data were analyzed by SPSS.

*Comparison Group.* It was initially hoped that comparisons to three participant categories of recidivism reported by Davidson County could be made (Reynolds, 2004). Their participants, numbering just under 1900 in that study, were broken into three categories in their reports: 1) Low-risk first-time offenders (who showed no prior records) had a reported two-year DUI recidivism of 4.47% and 7.78% for any type of alcohol/drug offense; 2) High-risk first-time offenders (who were assessed and deemed to have more serious problems and were also required to attend 12-Step meetings) had a reported two-year DUI recidivism of 7.73% and 12.73% for any type of drug/alcohol offense; and, 3) High-risk multiple offenders (who were assigned to additional treatment) had a two-year DUI recidivism of 9.04% and 12.88% for any type of drug/alcohol offense. However, due to the low cell frequencies found in DUI recidivists in the high-risk offenders in the *Driving The Right Way* program, a statistical comparison of all three groups was inappropriate and not possible. Thus, only the first two categories of the Davidson County PFL offenders were collapsed into a single group after the actual numbers in each subgroup were obtained. The highest-risk group of the Davidson County PFL sample (with the highest recidivism rates) was excluded from the analysis. However, all of the offenders in the DTRW program, including all of the prior offenders (32% of the group) were included. The overall combined two-year DUI recidivism of the Davidson County PFL group (all first-time DUI offenders) was found to be 5.51% while the recidivism for any drug/alcohol offense in this group was 9.36%.

## **Results on Two-Year DUI Recidivism**

Of the 203 graduates of the *Driving the Right Way* program, and after a period of just over two years (25 months on each participant), 10 individuals, or 4.93% were found to have a new DUI charge in Davidson County. A chi-squared analysis was performed between the *Driving The Right Way* recidivism (4.93%) and the PFL comparison group recidivism (5.51%). The resultant statistic was nonsignificant ( $X^2_1 = 0.128$ ;  $p = 0.72$ ), indicating that the two outcomes were statistically equivalent.

## Results on All Two-Year Drug/Alcohol Related Charges

Of the 203 graduates of the *Driving the Right Way* program, and after a period of just over two years (25 months on each participant), 22 individuals or 10.84% were found to have a new drug or alcohol-related charge in Davidson County. A chi-squared analysis was performed between the *Driving The Right Way* recidivism (10.84%) and the PFL comparison group recidivism (9.36%). The resultant statistic was nonsignificant ( $\chi^2_1 = 0.46$ ;  $p = 0.498$ ) indicating that the two outcomes were statistically equivalent.

### Additional Analyses

Rearrests on all 203 *Driving The Right Way* participants were also collected for the entire time period that had passed for each individual since program completion. As related in prior sections, the mean time following program completion was 36.18 months with a range of 25 to 59 months (SD = 9.64). Results showed that at an average of 36 months after release, 8.4% of the participants had additional DUI arrests. Prior offenders (high-risk multiple offenders) showed higher rearrest rates for both DUI ( $t = 1.94$ ;  $p = .05$ ) and all drug/alcohol rearrests ( $t = 4.31$ ;  $p = .000$ ). Males showed a 6.3% rearrest rate as compared to 13.1% for females. A chi-square analysis revealed that the observed difference between males and females was nonsignificant ( $\chi^2_1 = 2.55$ ;  $p = .11$ ). Total rearrests for any drug or alcohol charges were also collected at the 36-month period. Results showed that 11.33% of the participants had been rearrested.

Pearson correlations were conducted on the relationship between age and rearrest status for both DUI and all drug/alcohol arrests. Results showed that age was not significantly related to DUI rearrests; however, the correlation approached significance ( $r = .104$ ;  $F_{1,202} = 2.195$ ;  $p = .14$ ). Age was not related to other drug/alcohol rearrests ( $r = .04$ ;  $p = .58$ ).

Prior to admission to the *Driving The Right Way* program, a battery of objective tests was completed by the initial 79 participants both before and after treatment. These were the *Michigan Alcohol Screening Test* (MAST), the *Rosenberg Self-Esteem Inventory* (ROSE), and the *Drinking-Related Locus of Control Scale* (DRIE) (Little, 2000). The MAST is a widely used test designed to determine the level of alcohol problems in individuals. The average MAST score was 6.88 (SD = 7.97) indicating moderate alcoholism. The ROSE is a self-esteem test designed to measure the level of self-esteem in individuals. The mean score on the ROSE was 23.65, a score indicating moderately high self-esteem. Mean scores on the

DRIE was 2.05, indicating strong internal control, a desirable finding. There were no significant or notable changes from pre- to posttest results. Self-esteem as indicated by the ROSE slightly increased, but did not approach statistical significance ( $t_{78} = 1.3$ ;  $p = .193$ ). Pre- to posttest correlations showed that all the tests were statistically reliable with highly significant correlations found on each. Inter-test correlations were generally strong with virtually all correlations between the DRIE and the ROSE being statistically significant, which indicates inter-test validity.

## Discussion

The results of this study point out a host of intriguing questions and also provide answers to others. Clearly the two programs evaluated in this outcome study lead to identical results. *Prime For Life* does not lead to better results than the *Driving The Right Way* program, nor is the reverse true. The real question, an important one that remains unanswered, is whether these programs are actually superior to other interventions. Asserting that the present programs are better than others because of the use of comparison studies that evaluated recidivism in an entire state is inappropriate, inaccurate, and misleading. In essence, while the outcomes reported herein are “accurate,” they cannot be considered to be “true” comprehensive recidivism reports or really “honest” in a purely ethical sense. Davidson County may be interested in repeat DUI offenders within their own county since that would cost the county money; however, the assertion that the program is better than others is unproven. In fact, it is likely that within some of Tennessee’s rural counties, specific DUI schools that might conduct a similar recidivism study and evaluate rearrests only in their county would find results close to zero percent recidivism after only two years.

On the other hand, past research has shown that DUI offenders who do recidivate, more often than not, do reoffend near home. Thus, it is true that the present study does give a snapshot of the recidivism of the participants, although not a complete picture. Davidson County, however, is the center point of several urbanized surrounding counties. Thus, a future additional statewide DUI recidivism study is planned on the participants from this study.

A related issue was cited in a 2009 audit of the Tennessee Department of Correction (Wilson, 2009), was highly critical of the misleading and inappropriate manner in which the department defines, collects, and reports recidivism. The report notes that the ability to determine the effectiveness of their programs is undermined by their definition of



recidivism and its collection. The same can be stated for the present report. The public obtains information from governmental agencies and officials and decision-makers use the supplied information to make changes—sometimes drastic changes that affect many people. When such decisions are found to be made on inaccurate or misleading “facts,” public confidence in government is undermined. A 2010 textbook in criminal justice (Little, Robinson, Burnette, & Swan) directly addresses the current lack of ethics in criminal justice program reporting: “Until very recent times, correctional programs and drug treatment have actually had what often seems to be a near absence of ethics as it pertains to claimed results and program effects, and in many instances this persists to the present” (p. 103). In essence, programs tend to form studies and report their results in a way that makes their results seem favorable.

One additional recidivism issue is relevant to this discussion. Recidivism cannot be designated a final, definitive percentage. Recidivism within a given time period can be assigned such percentages; however, providers and agencies should be careful to always define recidivism with the time period studied. It is curious why Davidson County only collects two-year recidivism on their DUI offenders when data is now available for up to a 10-year study. Such a study would help further our understanding of the needs and long-term behavior of DUI offenders.

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