

Comparison of Post-Treatment Recidivism Rates Between The NIC's *Thinking for a Change* Program and MRT®

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The *Thinking for a Change* program was developed by the National Institute of Corrections (NIC) as a cognitive behavioral program resource and designed to be employed within probation, parole, and prison settings. The program has been widely utilized since 1997, but until recently virtually no outcome data has been published on it. Its wide implementation, prior to any assessments on its effectiveness, is attributable to its low cost. The program consists of 22 group sessions with each group lasting two hours and programs can copy needed materials.

In 2002, Lori Golden, Ph.D., of the University of Texas Southwestern Medical Center at Dallas, published the first outcome evaluation of *Thinking for a Change*. The dissertation, titled "Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change," focused on the program implementation with probationers in Dallas County.

In contrast, Moral Reconciliation Therapy (MRT®) was first employed in 1986 in a prison-based Therapeutic Community. After a few years of outcome research and refinements, the program was applied to repeat alcohol offenders and then to probationers and other criminal justice populations. MRT is conducted in groups; however, since each participant works at his or her own pace, the number of sessions is not fixed. In general, clients take between 12 to 30 sessions to complete it. Currently, 85 published outcome reports exist on the effects of MRT (Little, 2003). These studies include results from nearly 17,000 treated individuals and 74,000 controls.

Golden's (2002) *Thinking for a Change* Study

Golden obtained the demographics and outcomes of 142 male and female probationers who were required to participate in the *Thinking for a Change* program in Dallas County. Of the 142 participants, 100 were male. Clients averaged 27 years of age with 71% described as African-American. A matched comparison group was formed from probationers who met all the criteria for participating in the program, but who were not referred to it.

Recidivism. A sample of 120 program participants was used to assess the effects of the program on recidivism. No explanation was made as to why only 86% of participants were used in the recidivism study or how they were chosen. Rearrest data was collected at three months or one-year after program completion. Program completers showed a 13.2% rearrest rate for new crimes; dropouts showed an 18.2% rearrest rate. The matched comparison group showed a 20% rearrest rate. Statistical analyses showed no significant differences between any of the groups. The recidivism rate of all participants in the *Thinking for a Change* group was 15.1% while the comparison group recidivism rate was 20%. This difference was also nonsignificant.

Comparing MRT-Treated Probationers and Parolee's Recidivism to *Thinking for a Change*

At least 10 outcome studies have been published on the effects of MRT on probationers and parolees, however, in many of those reports participants were assigned to MRT *because* of technical violations or specialized substance abuse treatment needs. To date, three studies have been performed on MRT-treated probationers and parolees that included matched comparison groups similar to the procedure utilized in Golden's report as well as employing a similar time frame for collecting recidivism. However, the vast majority of MRT outcome research has compared all those treated by MRT (whether clients completed or dropped out) to nontreated controls.

In a university-based study, Burnett (1997) matched two groups of 30 parolees in Washington state parole field offices and assigned one group to MRT and the other to standard supervision. After 7 months he found a 10% rearrest rate in the MRT group and a 20% rearrest rate in the controls.

Boston (2001) evaluated a voluntary counseling program in Portland, Oregon designed to assist probationers to obtain and retain employment. The study looked at rearrests, reindictments, and reincarcerations in 68 clients who attended the program and 68 who had applied voluntarily but did not attend. Six months after entry, 3% of the treated group had rearrests compared to 12% of controls.

In the most recent study, Anderson (2002) compared the one-year rearrest rates of 1,503 high-risk parolees assigned to MRT to 871 parolees in a matched control group in Illinois. Results showed that the MRT-treated group showed significantly fewer rearrests (10% in the MRT group; 33% in the comparisons).

Combining the participants and data in these studies produces an MRT-treated group of 1601 and a matched comparison group of 969. All MRT-treated participants (including dropouts and program completers) showed a 9.7% rearrest rate. The comparison group showed a 31% rearrest rate.

Since rearrest rates in the MRT studies were collected over longer time periods than that employed in the Golden study and the MRT studies included

parolees, the most appropriate way to compare outcomes from the two treatment methods is to calculate a relative difference between treated and nontreated groups. For example, the relative difference between a 5% recidivism rate and a 10% recidivism rate is 50%. (That is, 5 is half, or 50%, of 10.) In relative terms, the MRT group showed 69% fewer rearrests than comparisons. By contrast, all *Thinking for a Change* participants showed a 15.1% rearrest rate as compared to 20% for the comparison group. In relative terms, the *Thinking for a Change* participants showed 24.5% fewer rearrests than comparisons. In summary, the lowered relative rearrest rate in MRT participants (69%) is dramatically better than the *Thinking for a Change* rate (24.5%).

References

- Anderson, J. (2002) Overview of the Illinois DOC high-risk parolee re-entry program and 3-year recidivism outcomes of program participants. *Cognitive-Behavioral Treatment Review*, 11 (1/2), 4-5.
- Boston, C. M. (2001) Changing offenders behavior: evaluating Moral Reconciliation Therapy in the Better People Program. *Cognitive-Behavioral Treatment Review*, 10, 1/2, 12-13.
- Burnett, W. L. (1997) Treating post-incarcerated offenders with Moral Reconciliation Therapy: a one-year recidivism study. *Cognitive Behavioral Treatment Review*, 6 (3/4), 2.
- Golden, L. (2002) Evaluation of the efficacy of a cognitive behavioral program for offenders on probation: *Thinking for a Change*. Dissertation: University of Texas Southwestern Medical Center at Dallas.