

# Treating Youthful Offenders with Moral Reconciliation Therapy®: A Recidivism and Pre- Posttest Analysis

By Katherine D. Burnette, E. Stephen Swan, Kenneth D. Robinson, Marilyn Woods-Robinson, Kenneth D. Robinson,  
*Correctional Counseling, Inc.,*  
& Gregory L. Little  
*Advanced Training Associates*

*Summary*—Twenty-three juvenile offenders participating in MRT within a residential therapeutic community were assessed in a pre- and posttest design on a host of personality variables. In addition, the six-month recidivism of 15 participants was reported as well as the two-year recidivism rate of 79 prior MRT program participants. Results showed that participants showed significantly lower antisocial characteristics, significantly less problem areas, and significantly lower levels of the lowest stage of moral reasoning as a consequence of program participation. All of these changes were desirable. The six-month recidivism rate was 13.3% for program participants, which was (in relative terms) 39% to 60% lower than the recidivism rate for comparable juveniles. The two-year recidivism rate for program participants was 30.38% as compared to 44.4% for comparable populations.

The effects of MRT on juvenile offenders have been reported in 20 published studies and descriptive articles (Little, 2004). Results have been consistently favorable with juvenile offenders participating in MRT in boot camps, in juvenile drug courts, within at-risk educational programs, and in residential programs. In general, rearrest rates following MRT participation have been significantly lower than comparison groups or have approached significance. Other results have consistently shown desirable changes in pre- to posttest scores on objective tests.

One MRT-based residential program for juvenile offenders has operated continuously since September 1999. The Woodland Hills Youth Development Center (WHYDC) located in Nashville, Tennessee was organized and developed as a drug therapeutic community and is operated by Correctional Counseling, Inc. under contract from the Tennessee Department of Children's Services and was initially funded through RSAT. It was designed to house 12 juveniles with each participant in the program for at least six months. The program maintains the classical TC structure and also employs cognitive-behavioral programming (MRT) to optimize effectiveness. RSAT funding for this project ceased on June 30, 2004 and the State of Tennessee assumed funding for the program at that time.

Two previous outcome evaluations on this program have been published (Burnette, *et. al.*, 2003; 2004). Those evaluations showed the average age of participants was 16.33 years. African-Americans comprised 50 percent of participants while 28 percent were White. This report summarizes outcome results for fiscal year 2003-2004. It includes basic information on client completion rates, the program sobriety rate, testing results and recidivism following program participation.

## Client Participation

During the period between 7/1/03 and 6/10/04 a total of 35 juvenile offenders participated in the program. As of 6/10/04, a total of 12 clients were actively participating in the program. Thus, over the time period of interest, a total of 23 juveniles were discharged from the program.

*Discharge Status.* Of the 23 juvenile participants who were discharged from the program, four participants (17.4%) were terminated because of behavioral problems. One participant (4.3%)

voluntarily dropped out from the program. Thus, the rate of program "stayers" during this time period was 78.3 percent. In addition, three stayers were transferred from the unit for reasons beyond the staff or client's control (administrative transfer).

*MRT Step Completion.* Sixteen (69.6%) of the 23 discharged participants completed at least seven MRT steps. Fifteen (65.2%) completed all 12 MRT steps. MRT training recommends that all 12 of the program's objective steps should ideally be completed, however, previous results have indicated that the completion of at least seven steps leads to long-term beneficial changes in participants.

*Program Sobriety Rate.* Participants are tested for possible drug usage every four months utilizing urinalysis. No test results showed drug usage. In addition, those participants who were discharged back to their community during this time period were on a 30-day trial home visit and subject to drug usage screens. No discharged program participants were reported as having positive drug screens.

## Test Results

With juvenile populations CCI utilizes a battery of six pre- and posttests to assess client changes over the course of programming. The six research tests employed in the CCI therapeutic community are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability. A list of the tests is below. More information can be found in prior reports.

1. The *Prison Locus of Control* (PLOC) is intended to measure the degree to which an individual believes he has control over his life (Pugh, 1994).

2. The *Life Purpose Questionnaire* (LPQ) is designed to assess the degree to which an individual perceives purpose or meaning in his life (Hablas & Hutzell, 1982).

3. The *Short Sensation-Seeking Scale* (SSS) is a 10-item questionnaire designed to assess risk-taking behaviors (Zuckerman, 1984).

4. The *Multidimensional Scale of Perceived Social Support* (PSS) is designed to assess the degree to which an individual believes he has support from three different areas: friends, family, and significant others (Zimet, *et. al.*, 1988).

5. The *Problem Oriented Screening Instrument for Teenagers* (POSIT) is a screening tool used to identify problem areas and was developed by NIDA. It is highly recommended by NIDA as a pre- and posttest tool for juveniles in treatment.

6. The *Defining Issues Test* (DIT) is an objective measure of an individual's moral reasoning as defined by Kohlberg's stages of moral reasoning (Rest, 1986).

*Client Completion of Tests.* All 18 clients who completed the program during this reporting period completed all pre- and posttests. A series of repeated measures *t*-tests were conducted on all pre- to posttest scores on clients who were discharged during this report period.

### Pre- to Posttest Results

A total of 12 *t*-tests for repeated measures were performed on pre- and posttest scores. Results showed three statistically significant *t*-tests and four other tests approaching significance. Scores on the sensation seeking scale decreased significantly from the pre- to posttest ( $t_{16} = 5.29$ ;  $p = .000$ ) showing that program participation is associated with a lowering of antisocial characteristics. This desirable finding has been found in a previous report from the program (Burnette, *et. al.*, 2004).

Scores on the POSIT significantly decreased from the pre- to posttest ( $t_{16} = 3.97$ ;  $p = .001$ ) showing that clients reported less problems after program participation. Both previous reports on the program also found this beneficial change over the course of treatment (Burnette, *et. al.*, 2003; 2004).

Scores on Scale 2 of the DIT (measuring the lowest level of moral reasoning) significantly decreased from pre- to posttest ( $t_{16} = 2.22$ ;  $p = .04$ ). All of these results were in expected and desirable directions.

Test results approaching significance included the following. Locus of Control scores changed toward a more internal control from pre- to posttest ( $t_{16} = 1.59$ ;  $p = .129$ ); Pre- to posttest scores on Scale 5 of the DIT (measuring a form of social conscience) increased ( $t_{16} = 1.87$ ;  $p = .078$ ); Pre- to posttest scores on the P% scale of the DIT (measuring all social reasoning) increased ( $t_{16} = 1.89$ ;  $p = .075$ ). All of these changes were in desirable directions and have been previously found in earlier studies.

### Recidivism

Program staff routinely monitored participants' recidivism after program discharge. Recidivism is defined as a disposition in the juvenile system after the date of release; a disposition can result from a new charge or technical violation.

*Six-month recidivism.* Of 15 program completers who were subsequently discharged to their home, a total of two (13.3%) were recidivists. These participants had been released into the community an average of 199.38 days—just over six months.

While comparative juvenile recidivism data in Tennessee is not readily available, recidivism data from other juvenile jurisdictions has been published. For example, the State of Connecticut cites their 6-month juvenile recidivism rate in 1999 as 21.8% (<http://www.juvenilejustice.com/conn.html>). Washington State (Lieb, Fish, & Crosby, 1994) cited its 6-month juvenile recidivism rate to be 33%. Thus, the WHYDC MRT program recidivism rate is 39% lower than the comparable

Connecticut recidivism rate and 60% lower than the recidivism rate of comparable juveniles in Washington State.

Twenty-four month recidivism. Since the program inception in late 1999, 79 participants completed the program. Of those, a total of 24, or 30.38%, were recidivists. Since the average age of all participants was just over 16 years, the resultant recidivism rate for all completers (30.38%) can be considered an estimate of a two-year recidivism rate. This is because juvenile recidivism is not counted after age 18.

The published two-year juvenile recidivism rates for other states are as follows: Washington 43%; Massachusetts 43%; Wisconsin 34%; Utah 48%; and California 54% (Lieb, Fish, & Crosby, 1994). As can be seen, the WHYDC program displays a two-year recidivism rate less than all other comparable states. The range of the lower WHYDC recidivism rate varies between an 11 percent to 44 percent difference. The average two-year recidivism rate of the five comparison states is 44.4 percent. The WHYDC two-year rate of 30.38 percent is 30 percent lower than the average 44.4 percent rate of all the other states.

### Discussion

MRT has consistently shown its effectiveness with adult offender populations in producing beneficial and significant changes in numerous personality variables as measured with objective pre- and posttests as well as in demonstrating consistent and significant reductions in recidivism following treatment. MRT implementations in juvenile populations have also shown consistent beneficial changes as a consequence of MRT participation. Published outcome results from MRT treated juveniles have demonstrated desirable personality changes as well as lowered reinvolvement with the juvenile justice system. The present study shows how a fully functioning residential program for juvenile offenders can produce beneficial changes in participants from year-to-year.

### References

- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., & Little, G. L. (2003) Effects of MRT on male juvenile offenders participating in a therapeutic community program. *Cognitive-Behavioral Treatment Review*, 12, 2, 2-5.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., & Little, G. L. (2004) Male juvenile offenders participating in MRT within a therapeutic community program continue to show positive results. *Cognitive-Behavioral Treatment Review*, 13, 1, 3-5.
- Hablas, R., & Hutzell, R. R. (1982) The Life Purpose Questionnaire. In: S. A. Wayrytko (Ed.) *Analecta Frankliana*.
- Lieb, R., Fish, L., & Crosby, T. (1994) A summary of state trends in juvenile justice. Olympia, WA: Washington State Institute for Public Policy.
- Little, G. L. (2002) Comprehensive review of MRT outcome research. Originally published in *Addictive Behaviors Treatment Review* (1999), revised: [www.moral-reconciliation-therapy.com](http://www.moral-reconciliation-therapy.com).
- Little, G. L. (2004) Treating juvenile offenders and at-risk youth with MRT: Comprehensive review of outcome literature. *Cognitive-Behavioral Treatment Review*, 13, 2, 1-4.
- Little, G. L., & Robinson, K. D. (1988) Moral Reconciliation Therapy: A step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.
- Pugh, D. N. (1994) Revision and further assessment of the prison locus of control scale. *Psychological Reports*, 74, 979-986.
- Rest, J. R. (1986) Manual for the Defining Issues Test. Minneapolis, MN: Univ. of Minnesota Center for Ethical Studies.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1998) The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.
- Zuckerman, M. (1984) Experience and desire: A new formula for sensation seeking scales. *Journal of Behavioral Assessment*, 2, 101-114.