

# Meta-Analysis of Moral Reconciliation Therapy® Recidivism Results From Probation and Parole Implementations

By Gregory L. Little, Ed.D., NCP, LPC  
*Advanced Training Associates*

*Summary*—A meta-analysis of nine published outcome studies detailing the effects of Moral Reconciliation Therapy on recidivism in parolees and probationers is presented. The studies included in the meta-analysis had a total of 2,460 MRT-treated individuals and 7,679 individuals in control groups. Only one of the studies included in this report had any affiliation with the developers of MRT. A statistically significant reduction in recidivism, defined as rearrests or reincarcerations, was found ( $p = .00006$ ) with a transformed effect size of .2238. The results are consistent with a prior meta-analysis on MRT recidivism outcomes with incarcerated felons.

Meta-analysis has rapidly become the standard to assess the effectiveness of various forms of treatment (Smith, Glass, & Miller, 1980). Meta-analysis is a method of mathematically combining outcome results from different studies to assess the overall effectiveness of a treatment approach upon dependent variables. The statistical approach is especially useful when various research studies use different dependent variables and different time frames. For example, in criminal justice outcome research, the term *recidivism* is typically used to describe offender rearrests, reconvictions, or actual reincarcerations. Complicating this variable are the timeframes utilized in collecting data. In brief, the longer the timeframe employed, the higher any form of recidivism tends to be. Research in criminal justice treatment outcomes often evaluates recidivism at specific time periods such as six months, one-year, two-years, etc. Meta-analysis is a way to combine results from these differing types of data collected over differing time periods.

The most widely employed treatment approaches in criminal justice today are variations of cognitive-behavioral therapy. Moral Reconciliation Therapy (MRT®) is a cognitive-behavioral treatment approach that has been utilized since 1985 and is probably the most widely researched treatment for offenders (Little, 2001). The program has been implemented in a host of statewide correctional systems and in numerous other venues such as schools, job training programs, halfway houses, etc. The program is conducted in groups that employ workbooks, have homework assignments, and have requirements for performing specific behavior.

In a previous report (Little, 2001) 65 previously published outcome studies on the use of MRT with felony offenders were organized according to the type of offenders, place of treatment, and recidivism outcome. The studies included 13,498 MRT-treated individuals and 72,384 non-treated controls. Seven studies were identified that reported

one-year rearrest and reincarceration rates for adult offenders who were treated during incarceration and then released. These seven studies included 21,225 subjects. A meta-analysis showed a significant effect size of .2315. Since the expected recidivism was approximately 48%, the result showed that MRT treatment cut the expected recidivism rate by nearly one-half. The present study is a meta-analysis of results on MRT-treated probationers and parolees.

### **Sample of Studies**

In addition to the 65 previously identified studies on MRT (Little, 2000), an exhaustive search was made in journals, government publications, and program reports for probationers and parolees participating in MRT. An additional 51 studies were uncovered between 2001 to the present. The 116 studies were evaluated for those that employed MRT on probation and parole participants and those that also reported on a specified form of recidivism after a set time period. Some studies (i.e., drug court reports) indicated that MRT was utilized as a treatment in their program after a previous time period of operation without MRT. However, if the report did not distinguish outcome results for the nonMRT-treated and MRT-treated participants, the study was eliminated from this analysis. In addition, only reports that used a matched, random, or appropriate control group for comparison were utilized. A total of nine studies met these criteria, and only one of these had any affiliation with any of the developers of MRT. That particular study was performed by staff from the University of Maryland under a NIJ grant. The remaining studies came from master's theses, official government and program reports, and independent university evaluations. The studies include 2,460 MRT-treated individuals and 7,679 individuals in control groups.

### **Summary of the Studies of Interest**

De Long (2003) reported on the Anchorage, Alaska Wellness Court's 2001-2002 implementation of MRT. The program was designed for misdemeanor defendants charged with alcohol-related offenses as well as for other defendants who have demonstrable alcohol problems. A total of 79 individuals participated in MRT during the two years of operation. One- and two-year rearrest rates were collected on MRT-treated participants ( $n = 79$ ) and compared to a random group of misdemeanants ( $n = 30$ ) who did not participate. Results showed that the MRT-treated group showed a .26 rearrest rate as compared to a rate of .63 in the controls.

Shields (2003) reported on the six-month rearrest rate of MRT-treated participants in a voluntary, community-based program in Portland, Oregon. The program was designed to provide community-based adult offenders (on parole or probation) with MRT, followed by job training and job placement. A group of MRT-treated participants ( $n = 68$ ) was compared to a randomly chosen control group ( $n = 68$ ) of nonMRT-treated community-based offenders in the same program. The six-month rearrest rate for the MRT-treated group was .09 compared to .21 for the controls.

Anderson (2002) reported on the one, two, and three-year reincarceration rates of parolees in Illinois' High-Risk Parolee Re-entry Program, which utilized MRT in its treatment component. Between April 1998 until April 2001, a total of 1503 adult parolees were assigned into the program. A matched comparison group was formed from 871

parolees who were released into the same locations during the same time period. The combined one, two, and three-year reincarceration rate (averaging 24-months of release) for the MRT-treated group was .257 as compared to .433 for the controls.

The Las Cruces, New Mexico Juvenile Drug Court began using MRT in 1999 after using other treatments during its first years (1997 until 1999). Wallace (2001) reported on the 7-month recidivism of a group of MRT-treated participants ( $n = 40$ ) to a prior group of participants ( $n = 39$ ) who had not been treated with MRT. The MRT-treated participants showed a recidivism (referral back to the District Attorney) rate of .175 as compared to a .44 recidivism rate in nonMRT-treated participants.

Burnette (1997) studied the one-year rearrest rate of a group of adult offenders who were treated with MRT during probation/parole ( $n = 30$ ) and compared them to a matched control group ( $n = 30$ ) of probationers/parolees who were supervised at the same field offices. After one year, the rearrest rate of the MRT-treated offenders was .10 as compared to a rate of .20 in the controls.

Guerin (2001) evaluated the effects of MRT on a group of youthful offenders assigned to the Albuquerque, NM Juvenile Court. A total of 34 juveniles assigned to the court for DWI or drug offenses were compared to 33 matched juveniles who were assigned to a different court. Recidivism events (new referrals to juvenile court) were collected on participants and controls for a time period of one-year. The MRT-treated group showed a .353 recidivism rate as compared to .60 for the controls.

Huddleston (1996) reported on an independent study conducted by the Oklahoma State Bureau of Investigation on the recidivism of 110 graduates who participated in the Payne County (Oklahoma) Drug Court's MRT-based program. After a time period of 18 months, 4% had been rearrested. This figure compares to the overall national drug court graduates' rearrest average (Lieupo, 2003) of 16.5% over a similar timeframe ( $n = 4,020$ ).

Fuller (2003) performed an evaluation on the 16<sup>th</sup> Judicial District of Tennessee's drug court implementation. A total of 36 program graduates were treated with MRT and subsequently released. The rearrest rate of .08 in these graduates was found to be lower than the national drug courts' rearrest rate of .165.

MacKenzie, Brame, Waggoner, & Robinson (1995) reported on recidivism outcomes in a system-wide implementation of MRT in the Oklahoma Department of Corrections Parole and Probation Division. A month-by-month recidivism risk analysis was performed on MRT-treated probationers ( $n = 560$ ) and compared to probationers assigned to any other non-MRT program during probation ( $n = 2,588$ ). After 30 months, the cumulative recidivism risk for the MRT-treated group was .083 as compared to .153 for the nonMRT-treated group.

### **Statistical Analysis and Results**

A "quality" rating of the studies was ruled out because all but three of the studies were performed in a similar manner. One of the reports (MacKenzie, et. al., 1995) was essentially a population study since it included all Oklahoma probationers and parolees assigned to any program. In that study, assignment into MRT was done with probationers/parolees who were deemed to be at the highest risk of recidivism, thus, the remainder of the population would not truly be an appropriate comparison group.

However, the results clearly indicated that MRT reduced the recidivism rate to a lower level than the lower risk offenders who were not assigned to it. Two other studies (Huddleston, 1996; Fuller, 2003) evaluated specific drug court graduates and a comparison was made to the national average of drug court graduates, essentially comparing each court to the similar population. Thus, weighting these studies for quality would be difficult.

A meta-analysis on the difference between proportions was conducted on data from the nine included studies. The sample contained a total of 10,139 subjects in both treated and comparison groups. The META program (Kenny, 1999) was utilized with arcsin transformation. Results showed a significant effect size of .2257 ( $t_8 = 7.778$ ;  $p = .00006$ ) with a transformed effect size of .2238.

### **Discussion**

Results from the present study are similar to those obtained in a prior meta-analysis on the utilization of MRT on incarcerated adult felons. That report found that MRT treatment's effect size was .2315. In the present study, the effect size of MRT treatment on probationers was .2257. However, in the prior study, the effect size indicated that MRT treatment cut expected recidivism by nearly one-half. The recidivism of the nontreated probationers included in this study is much less than that of felons released from prison. In brief, the treatment of probationers and parolees with MRT appears to cut expected recidivism by nearly two-thirds over a time period of 6 months to over two years.

MRT outcome research has been extremely consistent in findings. While the program was initially designed for incarcerated populations, it rapidly spread to probation and parole, juvenile programs, drug treatment, and educational settings. Virtually all of the outcome research on MRT has consistently shown a host of beneficial effects. Perhaps the most important of these, from a governmental cost-benefit perspective, is the reduction of recidivism. Outcome research on MRT has been conducted on offenders a full 10 years after treatment and release. In general, by the tenth year, the MRT-treated groups show actual rearrest and reincarceration rates about 20-35% lower than that observed in nontreated offenders. This study, consistent with the prior meta-analysis, shows that short-term recidivism is cut by at least 50% in MRT-treated offenders.

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