

# COGNITIVE BEHAVIORAL TREATMENT REVIEW

& Moral Reconciliation Therapy (MRT®) News  
Correctional Counseling, Inc.

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## Table of Contents

<i>Outcome Study on the Tennessee Prison For Women TC Program</i> .....	1
<i>MRT Research Briefs</i> .....	8
<i>Research Reviews</i> .....	10
<i>Upcoming Training Dates for MRT, Domestic Violence &amp; Adv. MRT</i> .....	13
<i>Treating Youthful Offenders with MRT: A recidivism and pre-posttest analysis</i> .....	14
<i>Prison Drug Treatment Review</i> .....	17

## Cognitive Behavioral Treatment Review

### & Moral Reconciliation Therapy (MRT®) News

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## Outcome Study on the Tennessee Prison For Women Therapeutic Community Program Utilizing Moral Reconciliation Therapy®

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**Summary**—Prior reports on the therapeutic community at the Tennessee Prison for Women have found beneficial changes in 828 female offenders. This study reports outcomes for the most recent 84 program discharges and rearrest data on prior participants who had been released to the “free world” after an average of 26 months. 77.4% of clients completed the program spending an average of 263 days in the program. A variety of tests were utilized as pre- to posttest measures to assess changes over the course of program participation. Four of these showed statistically significant changes—all were in desired directions. Scores on life purpose dramatically increased over the course of the program. Scores on the locus of control dramatically decreased from pre- to posttest showing that clients became more internally controlled after program participation. Scores on the Support from Friends scale significantly increased from pre- to posttest. The highest level of moral reasoning significantly increased from pre- to posttest. Other analyses revealed that there were no pretreatment differences between program completers and dropouts. However, a series of statistical analyses shows that the completion of Moral Reconciliation Therapy steps and a cognitive-behavioral relapse prevention program, as opposed to time spent in the program, are the critical factors responsible for desired client changes. Finally, the recidivism rate for 55 participants who had been released an average of 26 months was 27.3% (this includes new arrests, technical violations, etc.). This rate compares favorably to a national 24-month rearrest rate of 49.9% for female offenders.

In January 1998, Correctional Counseling, Inc. (CCI) of Memphis, Tennessee implemented a drug treatment program for female offenders housed at the Tennessee Prison for Women (TPW), a state of Tennessee prison located in Nashville. The program was developed as a drug therapeutic community and is operated under contract from the Tennessee Department of Corrections (TDOC) with the initial five years of funding through RSAT. When the program began, it was housed in a 141-bed Annex of the TPW. In October 2001, the program moved into its own dormitory in the main TPW complex. The program houses 64 female offenders with each participant in the program for at least six months with a one-year maximum. Since its beginning, the program has essentially operated at full capacity.

Several previous outcome evaluations of the TPW Program have been reported. Those evaluations covered the period from January 1998 until June 30, 2003 and included findings from a total of 828 female offenders who had entered the program

—continued on next page—

and were released either because of program completion or other reasons. This report outlines program outcome results for the period of 6/30/03 to 7/1/04, the latter date representing the expiration of RSAT funding for the program. Note that on July 1, 2004, TDOC continued the program with state funding. The current report includes basic information on client completion rates, the program sobriety rate, testing results, and preliminary recidivism of program participants.

#### *Client Participation*

Between 7/1/03 and 6/30/04 a total of 84 female offenders were discharged from the program. As of 7/1/04, another 64 clients were actively participating in the program. Of the 84 program discharges, 65 or 77.4 percent completed all program requirements and another three were discharged due to early parole prior to program completion. An unexpected institutional transfer was also imposed on one client. Thus, the program had 69 *stayers*—defined as completers and others who were not dropouts. The successful completion (or stayer) rate was 82 percent. This rate compares favorably to the 72 percent and 73 percent completion rates found in two prior reports. The average age of participants was 33.5 years and two-thirds of clients were age 25.5 to 41.5 years.

#### *Days in Program*

The program was designed to be completed by participants within one-year. The average number of days clients spent in the program was calculated. This average includes clients who did not complete the program. During this report period, clients averaged 263.4 days in the program. In the prior reports, clients averaged 255.9 and 246.6 days in the program. Two-thirds of all participants were in the program between 162 to 364 days.

#### *Program Sobriety Rate*

During the period covered in this report, a total of 326 drug usage urine screens were obtained from program participants. Each of these urine screens tested for seven different primary drugs of abuse. None of those was positive for any drug use. Thus, the current sobriety rate for the program is 100 percent. The sobriety rates in the previous reports were 99.98 and 100 percent.

#### **Tests Employed**

CCI utilizes a battery of five pre- and posttests to assess client changes over the course of programming. The five research tests employed in the CCI therapeutic community are all research tests and are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability. A list of the tests with a brief description of each 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 she has control over her life (Pugh, 1994).

2. The *Life Purpose Questionnaire* (LPQ) is designed to assess the degree to which an individual perceives purpose or meaning in her life (Habeas & 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 she has support from three different areas: *friends, family, and significant others* (Zimet, et. al., 1988).

5. 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).

#### **Pre- to Posttest Results**

A total of 65 clients completed all pre- and posttests and all 84 discharged clients completed all of the pretests as well as some posttests. A series of repeated measures *t*-tests were conducted on all pre- and posttest scores on clients who were discharged during this report period. Results showed a total of four significant results. All of the changes from pre- to posttest were highly desirable.

*LPQ.* Scores on the LPQ dramatically increased from pre- to posttest ( $t_{66} = 6.79$ ;  $p = .000$ ) showing that clients had significantly more perceived purpose in life after program participation. This result has also been found in all previous reports from the program.

*LOC.* Scores on the LOC dramatically decreased from pre- to posttest ( $t_{66} = 5.84$ ;  $p = .000$ ) showing that clients became more internally controlled after program participation. As with the previous test variable, prior reports all showed a similar finding.

*Social Support.* Scores on the Support from Friends scale significantly increased from pre- to posttest ( $t_{65} = 3.15$ ;  $p = .002$ ), a finding also mirrored in prior reports. This finding is not surprising since the essence of a therapeutic community is the development of positive, supportive relationships in the closed prison program.

*Moral Reasoning.* Finally, the DIT scale 6 score (the highest level of moral reasoning) significantly increased from pre- to

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posttest ( $t_{64} = 2.46; p = .016$ ). This result showed that the highest level of moral reasoning significantly increased in participants from the pre- to posttest. In addition, the Support from a Significant Other scale approached significance ( $t_{57} = 1.83; p = .073$ ) showing that an increase in support from a significant other occurred over the course of program participation.

### Dropouts versus Stayers Pretest Results

A series of ANOVAs and Pearson correlations evaluated possible pretreatment differences between program dropouts and stayers. Most dropouts were terminated from program participation for disruptive behavior while a much smaller proportion left voluntarily. One client left for mental health reasons. The series of ANOVAs and correlations were performed to determine if pretest scores were predictive of program completion or dropout status.

*Pretest Comparisons.* Twelve ANOVAs were run on pretest scores of all test variables as well as on client age and race to evaluate possible pretreatment differences among stayers, completers, and dropouts. None of these approached statistical significance. A series of Pearson correlations was also completed to assess if client characteristics (i.e., race and age) or pretest scores were possibly related to client completion/dropout. None of these approached statistical significance. Thus, from the available data, the characteristics of program completers, stayers, and dropouts at the time of program entry appear to be similar and neither client characteristics nor any pretest variables measured are related to program completion status.

### Evaluations To Determine Causes of Client Change

Prior reports have hinted at the possible factors responsible for the various beneficial test result changes observed in program participants. In brief, results have typically shown that the actual time clients spend in the program isn't the most critical factor. The actual level of client participation in the specific treatment elements of the program appears to be most important. The TPW program employs two primary cognitive-behavioral approaches with each having objective steps: MRT (12 steps) and a specific Relapse Prevention model called Staying Quit (RPSQ), with 8 steps (Little & Robinson, 1988; Little, 1997). The objective nature of these treatment steps allows for analysis to indicate the relative importance of completion of various steps to outcomes. A series of Pearson correlations evaluated the relationship between clients' test scores, both pre- and posttests, with client age at entry, days spent in the program, the number of MRT steps completed, and the number of relapse prevention steps completed. A more detailed analysis was planned if the number of significant findings warranted it. The significant findings are as follows.

*Days in program.* Of the 24 correlations performed to evaluate the relationships between days in program and other variables, two reached statistical significance. Days in program

significantly correlated with Life Purpose posttest scores ( $r_{67} = .240; p = .05$ ) indicating that as time in program increased, life purpose scores increased. Days in program also significantly correlated with Locus of Control posttest scores ( $r_{67} = -.279; p = .022$ ) indicating that as time in program increased, locus of control scores decreased. (Note that a decrease in locus of control scores is a desired outcome.)

*Age.* Of the 24 correlations performed to evaluate the relationships between client age at program entry and other variables, only one reached statistical significance. Age was significantly correlated with DIT scale 2 posttest scores ( $r_{64} = -.284; p = .023$ ) indicating that as client age increased, the moral reasoning of "back scratching or reciprocity" tended to decrease. This result is in line with moral reasoning research findings on student populations and offenders.

*Moral Reconciliation Therapy steps completed.* Of the 24 correlations performed to evaluate the relationships between MRT steps completed and other variables, four reached statistical significance. MRT step completion significantly correlated with Life Purpose posttest scores ( $r_{67} = .286; p = .019$ ) indicating that, as MRT step completion increased, life purpose scores increased. MRT step completion also significantly correlated with Locus of Control posttest scores ( $r_{67} = -.394; p = .001$ ) indicating that, as MRT step completion increased, locus of control scores decreased. MRT step completion significantly correlated with DIT scale 3 posttest scores ( $r_{65} = -.267; p = .031$ ) indicating that, as MRT step completion increased, DIT scale 3 scores decreased, meaning that decisions based on pleasing others were less important. Finally, MRT step completion significantly correlated with DIT scale 4 posttest scores ( $r_{65} = .272; p = .028$ ) indicating that, as MRT step completion increased, DIT scale 4 scores increased, meaning that decisions based on following rules and laws were more important.

The lack of significant correlations between MRT steps eventually completed and pretest scores is an insightful and important finding. Since the number of steps completed does not relate to client characteristics at program entry (measured by pretest scores and other variables), it appears that pretreatment characteristics are apparently not an important factor in producing beneficial changes in program participants. On the other hand, since the last MRT step completed does significantly relate to four beneficial pre- to posttest changes, it is likely that the completion of MRT steps is the factor producing the observed changes in clients.

*Relapse Prevention steps completed.* Of the 24 correlations performed to evaluate the relationships between RPSQ steps completed and other variables, three reached statistical significance. RPSQ step completion significantly correlated with Life Purpose posttest scores ( $r_{67} = .281; p = .021$ ) indicating that as RPSQ step completion increased, life purpose scores increased. RPSQ step completion also significantly correlated with Locus of Control posttest scores ( $r_{67} = -.388; p = .001$ ) indicating that, as RPSQ step completion increased, locus of

control scores decreased. RPSQ step completion significantly correlated with DIT scale 4 posttest scores ( $r_{65} = .246$ ;  $p = .048$ ) indicating that as RPSQ step completion increased, DIT scale 4 scores increased, meaning that decisions based on following rules and laws were more important. There were no significant correlations between RPSQ steps and pretest scores. Thus, it is likely that the RPSQ component is also responsible for some beneficial client change.

### Preliminary Recidivism Data

Post-release recidivism data was collected on program completers in late July 2004. However, since the time of release from the TDOC of participants varied widely, this analysis reports on the first 55 program completers. The large majority of these program participants were released on parole between the time period of November 2001 through November 2002. Thus, the recidivism data reported here covers a release time (that is, time in the "free world") for a period between 32 months to 20 months. The average time of release on these 55 participants was 25.98 months.

During their average of 26 months of release, 72.7 percent of program participants remained arrest-free, had not absconded from parole, and were free of technical parole violations. On the other hand, 27.3 percent of program participants recidivated. Four, or 7.3 percent, received a new charge (arrest for a new offense). Two participants, or 3.6 percent, absconded from parole supervision. Nine participants, or 16.4 percent, were violated from parole for technical reasons. Appropriate recidivism comparison groups have not been available. However, a 2002 report by the Bureau of Justice Statistics (June 2002, NCJ 193427) reported on two-year recidivism rates of female offenders in 15 states including Tennessee. That study reported that within 24 months of release, 49.9 percent of released female offenders had been rearrested. The TPW two-year recidivism rate of 27.3 percent appears highly favorable in comparison to the national study.

One additional study bears mentioning. A 2001 study by the TDOC (Wilson, *et al.*, 2001) reported that within two years of release, 38 percent of Tennessee felons had returned to a TDOC facility with a new sentence—a much more severe measure of recidivism as compared to rearrest. In sum, the present report appears to show that recidivism is strongly reduced by the TC programming provided at the TPW.

### Summary & Discussion

The results summarized in this report are all highly favorable. The program has a high completion rate (77 percent) and continues to have a 100 percent sobriety rate. In addition, all of the testing results are highly positive and in desired directions. Scores on the LPQ dramatically increased over the course of program participation showing that clients have significantly more perceived purpose in life after program participation. In addition, participants show a more internal locus of control as a result of program participation meaning that they

have more of a sense of personal control over their lives. Clients also see dramatic increases in their perceived support from friends and a significant other over the course of program participation. Finally, participants in the TPW TC show significantly more moral reasoning from the highest level as a consequence of program participation. These beneficial changes should be observed in an objective lowering of subsequent recidivism.

The present report evaluated the available objective variables in the program to determine what programmatic features may be most responsible from the observed changes in client outcomes. Time spent in the program was found to be significantly related to both life purpose and locus of control, but the obtained correlations (.24 & .279) were not the strongest factors associated with these variables. However, it should be noted that time in program strongly correlates with both the number of MRT and relapse prevention steps completed. The relapse prevention program was significantly related to desirable changes in life purpose, locus of control, and increased reasoning from the rules and law stage. These correlations (.281; .388; .246) were generally stronger than those obtained in the evaluation on time spent in the program.

As in all of our previous reports and studies, the most important factor that appears directly related to beneficial client change in the TPW program is the number of MRT steps completed. Client's MRT steps significantly correlated with life purpose, locus of control, DIT scale 3, and DIT scale 4 (.286; .394; .267; .272). In sum, the correlations indicate that relapse prevention may contribute 6 to 15 percent of the factors associated with three beneficial client changes, while MRT contributes 7 to 16 percent to four of the observed beneficial changes in participants. (Note: squaring correlations gives the percent of variance attributed to a particular factor.) However, these are the simplest of statistical estimates and further research may be able to clarify which programmatic elements promote various aspects of client change.

The recidivism results of the TPW program strongly suggest that the beneficial changes observed in participants over the course of the program are being continued after clients are released into the free world. That is, changes in objective test results that come as a result of program participation appear to be mirrored in subsequent behavior, which, hopefully, is more prosocial and more conducive to law-abiding behavior. This, of course, is the primary goal of the program. While lower rearrest rates appear to be present in these program participants, more appropriate comparisons should be made in the future.

While the cognitive behavioral programming employed in the TPW contributes to the observed success of the program, it should be noted that similar CCI-based programs have lower completion rates. These other programs typically have similar clients, use the same programmatic features, and employ the same TC model. Our observations and evaluations seem to point to the program staff at the TPW as being the critical factor in producing the high completion rate as well as impacting other desired outcomes. In brief, no program can be effective unless the staff implementing it is appropriate and consistent with the



procedures, guidelines, goals, and objectives of the institution and program itself. The staff of the program is to be commended. In sum, the program is truly exemplary in meeting all of its stated goals and objectives and is having a measurable beneficial impact on participants.

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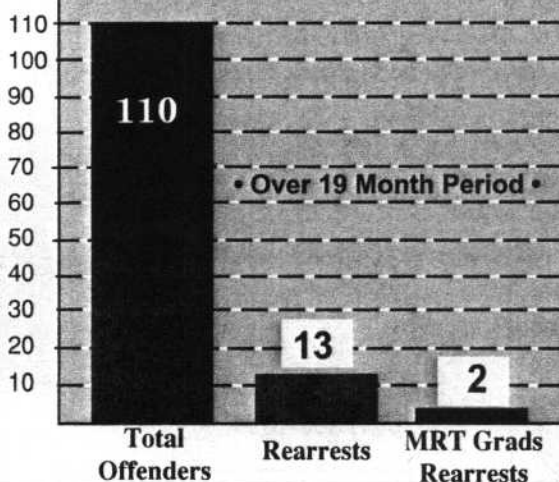
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