

BY DR. KENNETH ROBINSON

**O**ne of the most controversial topics in criminal justice during the past three decades has been the question of whether offender rehabilitation efforts have been effective at reducing recidivism and anti-social behavior. Few would argue that offender rehabilitation should be a goal of "corrections." The question is whether rehabilitation efforts actually produce beneficial changes in

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# Breaking Out of the Prison Cycle



**Can criminals be rehabilitated? One Memphis firm that specializes in correctional counseling says "Yes"—and has the data to prove it.**

offenders who participate in programming.

There is little doubt that many offender rehabilitation programs have failed to meet the objective of reducing recidivism. A study of prison rehabilitation published by Robert Martinson in *Public Interest* in 1974 became known as the "nothing works" report; many policy and decision-makers have been influenced by Martinson's work. In addition, many involved in offender rehabilitation have continued to try to significantly reduce recidivism with methods that have repeatedly failed while ignoring the methods that actually work.

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viewed correctional drug treatments have concluded that purely psycho-educational treatments are insufficient and, at times, counterproductive in producing desired treatment outcomes. However, it is clear that some treatment interventions do significantly reduce recidivism. Some effective interventions are very costly, while others are less cumbersome to implement, elicit greater participation by offenders, are more system-

## Changing how inmates think

Moral Reconciliation Therapy addresses beliefs and reasoning. It is a systematic, step-by-step treatment for treatment-resistant clients. The system is designed to alter how offenders think and how they make judgments about what is right and wrong.

The Moral Reconciliation Therapy system approaches the problem of treating inmate populations as a problem of low levels of moral reasoning.

In this case, "moral" does not refer to a religious concept, but rather the theoretical concept-ualization of psychologist Lawrence Kohlberg. In this sense, moral reasoning represents how a person makes decisions about what he should or should not do in a given situation.

Kohlberg found that decisions and behavior are motivated from levels of consideration which may be expressed as follows:

**Stage 1:** Purely pleasure and pain

**Stage 2:** An understanding of reciprocity or giving something to get something

**Stage 3:** Making decisions based upon someone's approval

**Stage 4:** Respect for the law or rules

**Stage 5:** Considerations of what is best for society

**Stage 6:** Concern for justice and equality; concerns for ethical principles and conscience

It should not be surprising to learn that most inmates make the majority of their decisions and judgments about their behavior from Stages 1, 2, and 3.

The MRT system assumes that much of substance abuse and socio-pathic behavior is mediated or caused by inadequate reasoning—that is, that substance abusers make their judgments about behavior based upon hedonism (pleasure/pain). The system uses a series of structured exercises and tasks to foster development of higher levels of reasoning as well as to address other important treat-

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ment areas, such as:

- Confronting personal beliefs, attitudes, and behaviors
- Assessing relationships
- Facilitating identity development
- Enhancing self-concept and self-esteem
- Decreasing hedonism and development of tolerance of delay of gratification

As with all cognitive behavioral interventions, MRT steps begin with relatively simple tasks and exercises that progressively increase in complexity and difficulty.

The first two steps in MRT require

that the client demonstrate honesty and trust. The third step requires acceptance of rules, procedures, treatment requirements, and other people. The fourth step involves building a genuine and exhaustive self-awareness. The first four steps of MRT literally pick apart the individual's beliefs, attitudes, and behavior to raise the individual's awareness.

The next eight steps require individuals to address relationships, learn how to help others without expectation of gain, develop goals and action plans, and once again perform an actual assessment of self. Steps 13 through 16 involve a deep confrontation of the self where one's goals are refined and expanded to include the welfare of others.

### Failure and success

Drug use has now been clearly related to as many as 80 percent of offenders. In addition, educational and economic conditions have long been believed to be responsible to some degree for criminal behavior. Thus, much offender programming has focused on three objectives.

The first objective has been to treat offenders' drug use through traditional methods of drug and alcohol education combined with some type of support group participation, usually Alcoholics Anonymous or one of its derivatives. A second approach has been to provide basic educational opportunities like GED or college-level courses for appropriate offenders. The third approach is to provide job skills training and job placement

for participants.

The thinking behind these approaches has been that offenders need education and knowledge about drug use, opportunity for furthering their basic education, useful jobs skills, and actual jobs. Then, following this line of reasoning, they will reduce drug use and criminal behaviors, conform to the rules of society, and become productive through employment opportunities not available to them prior to "rehabilitation."

Programs using this philosophy have argued their effectiveness by presenting anecdotal case studies—a few participants give testimony to the opportunity they were provided and show how their participation in that program changed their lives. Most of these programs carefully select and screen the participants. Their outcome studies, if they conduct such studies, often ignore program dropouts.

Furthermore, when comparisons are made on participants' subsequent recidivism, most programs choose inappropriate control groups. Most choose to use national recidivism figures or figures from general offenders in their facility or locale.

Many programs hesitate to chart their success or failure. The reasons for this should be fairly obvious, yet it is time for accountability in criminal

## **Correctional Services: A growing market for business**

The growth of the U.S. criminal justice system has helped create a surge in opportunities for individuals and companies that provide services to jails, prisons, courts, and other criminal justice outlets. One such company is Correctional Counseling, Inc. (CCI), of Memphis.

Founded in 1987 by Dr. Ken Robinson, Correctional Counseling, Inc., has 20 full-time employees and has served more than 20,000 clients. The company does individual and group counseling and provides staff training for institutions.

Moral Reconciliation Therapy (MRT), a concept co-developed by Dr. Robinson, is now in use in institutions in Indiana, Florida, California, Washington, Delaware, Connecticut, Ohio, Montana, Puerto Rico, and Windsor, Ontario, as well as in Tennessee. The state of Oklahoma has contracted with CCI to introduce MRT throughout the Oklahoma prison system. (Oklahoma's recidivism rate is between 50 and 70 percent.)

In addition to providing programs for prisons, CCI develops, implements, and manages alternative sentencing programs for communities. CCI operates these programs on an offender-fee collection basis, which means that the offender secures employment and uses his own earnings to pay for his supervision and counseling.

justice programs. We have programs that work and those that do not work. It is time for decision-makers to commit themselves to sorting out the two and shifting resources accordingly.

The simple fact is that basic drug education, support group participation, additional schooling, job skills training, and job opportunities do not reduce subsequent recidivism in par-

ticipants to a significant degree. No education-based interventions, regardless of their depth or range, have worked to reduce recidivism in drug offenders. However, when combined with effective therapeutic processes that systematically alter how inmates think and make decisions, substantial beneficial changes are seen in recidivism reduction and other behaviors.

### **MRT at work**

In 1985, MRT was implemented in a prison-based drug therapeutic community (TC) at the Shelby County Correction Center (SCCC) in Memphis, Tennessee. The Drug Offender Rehabilitation (DOR) program, instituted at SCCC in February 1972, was then a 24-bed therapeutic community that had been patterned after federal programs. Today, the DOR program at SCCC is the oldest remaining TC behind prison bars in the United States.

Shelby County, the largest urban center in Tennessee, has over 7,000 arrests each year for DWI and an additional 3,000 arrests directly related to drugs. With mandatory sentences for DWI and tougher enforcement and sentencing of drug offenders, Shelby County facilities have become overcrowded. Reducing recidivism is an obvious goal. In addition, MRT was implemented because of dissatisfaction with dropout

rates and lack of minority group participation in other rehabilitation programs.

Upon implementation of MRT, program completion rates increased from 30 percent (for the prior two years) to 50 percent (the two years following MRT implementation), while recidivism rates from the program declined. Because of MRT's beneficial effects on drug offenders, a 40-bed specialized unit for treating multiple DWI offenders was established in 1988 at the same time that the drug treatment community was expanded to 40 beds. By 1992, the treatment community had increased to 240 beds.

**Results with DWI offenders**

The 1988 prison-based DWI program, called the Alcohol Treatment Unit (ATU), was designed to house multiple DWI offenders for an average of 60 days. During its first year of operation, the ATU treated 115 drunk-driving offenders (with an average of 4.4 DWI arrests). A control group of

65 male DWI-sentenced inmates was used for comparisons. Members of the control group applied to the ATU during 1988 but did not enter due to limited bed space at the time of their application.

During the ATU's first year, 24 participants were permitted to enter an extended aftercare program operated by Correctional Counseling, Inc. (CCI), under contract with Shelby County government. This was an experiment to assess the effects of extending MRT beyond the prison term.

Data have been collected yearly on offenders treated in the ATU program, with Figure 1 (below) showing results of participants 18 months, 30 months, and 42 months after release. After 42 months, the recidivism rate for the control group was 39.7 percent. For those in the ATU program, the recidivism rate was 31.3 percent.

Results from CCI's extended aftercare have been even more impressive, with the recidivism rate being

25.0 percent after 42 months, as opposed to 39.7 percent for the control group. In 1989, the ATU received the Achievement Award from the National Association of Counties for the impressive results attained in reducing recidivism rates.

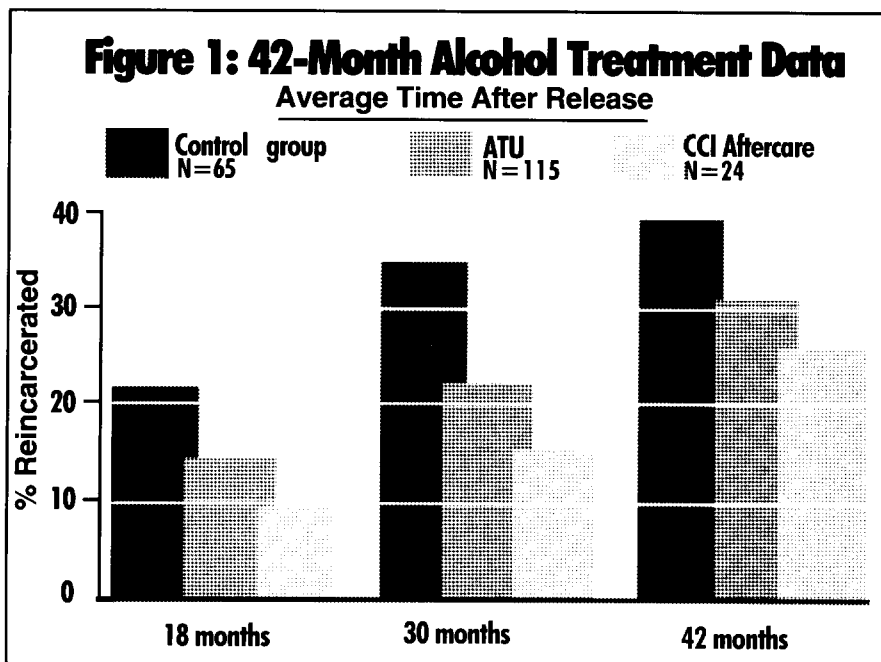
In addition to lower reincarceration rates, data have shown that DWI offenders treated with MRT showed fewer arrests after release and, of those who did receive additional prison sentences, less time was served, indicating lessened severity of subsequent crime.

**MRT with drug offenders**

From 1987 through 1993, CCI treated more than 2,000 felons who admitted problems with substance abuse. Separate comparison control groups were formed each year.

Figure 2 on the opposite page shows the recidivism rate (actual reincarceration rate) of controls and MRT-treated offenders for the five years of the study. At the five-year data collection point, 37.1 percent of treated offenders had been reincarcerated as compared with 54.9 percent of controls. A chi-squared analysis showed this difference to be statistically significant ( $X^2=4.78$ ;  $p<.05$ ).

To further confirm that MRT was continuing to demonstrate differences for initial groups, a major study was conducted in December 1993 in which rearrest and reincarceration data were collected on 1,052 offenders. The average length of time of release for this group was three-and-one-half years. Differences were found between each group and its respective control for each year of



release, as illustrated in Figure 3. The overall study indicated a statistically significant reduction by year in reincarceration rates for MRT-treated offenders.

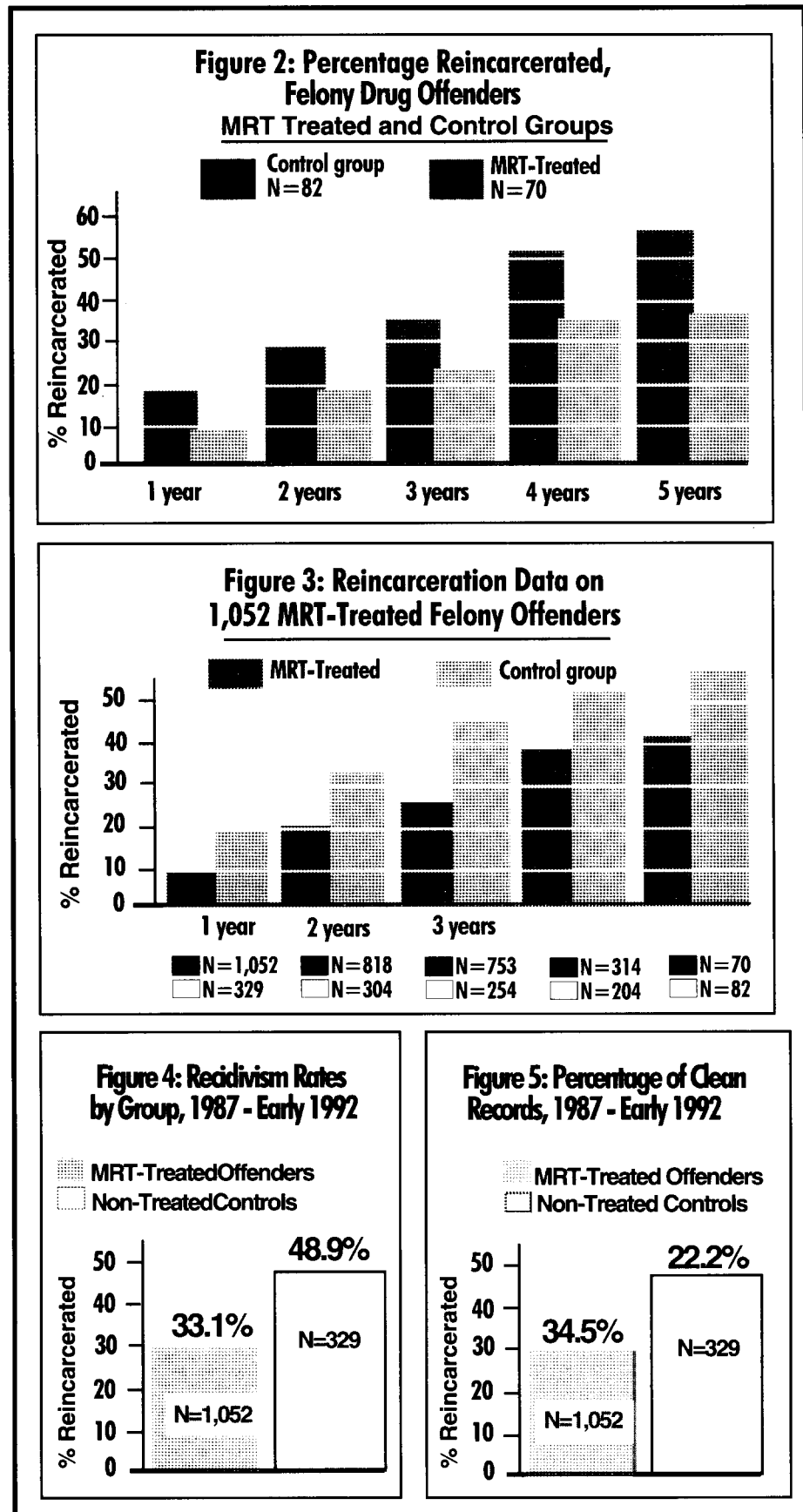
Figure 4 illustrates the overall recidivism rates by group for the five-year period. As indicated in Figure 5, the percentage of clean records during the five-year period was 34.5 percent for MRT-treated offenders as opposed to a lower percentage of clean records (22.2 percent) for those in the control group.

Research indicates that, over time, the differences between treated groups' and control groups' reincarceration rates widen, leading to statistical significance at the four- and five-year periods. Treating offenders with MRT results in a recidivism rate that is nearly one-third lower than the recidivism shown by untreated controls after five years of release.

### Treatment Plus MRT Yields Results

This research sends a clear message: Some prison-based treatment works. Intense therapeutic environments seem to significantly increase chances of success after release. It is our conclusion that moral reasoning is one of the "missing links" in criminal justice rehabilitation efforts. As mentioned earlier, after adding MRT into the therapeutic model, program completion and drop-out rates were substantially improved.

Individuals' moral reasoning



can be measured through objective tests, which CCI has done with several thousand inmates and others. Results have consistently shown that completing MRT steps actually raises participants' moral reasoning levels. In addition, correlational studies have been conducted that show level of moral reasoning significantly relates to subsequent rearrests and reincarceration. Thus, rehabilitative interventions that raise moral reasoning levels in participants will decrease the probability of subsequent crime.

Other personality variables that have been measured include "life purpose"

and "sensation seeking." Results have shown that adult MRT participants exhibit highly-significant increases in life purpose; research indicates that low scores on life purpose predict more serious rearrests in recidivists. (Life purpose refers to the degree to which a person believes that life holds "meaning and purpose" for them.)

For decades, sensation seeking has been one of the hallmarks of the anti-social personality. Preliminary studies on this variable show that sensation seeking is a predictor of recidivism. Those high in sensation seeking tend to recidivate more than those low

in sensation seeking. MRT appears to lower sensation-seeking behavior.

For years we have attempted to educate inmates, train them in job skills, provide job placement, and provide counseling in the hopes that their involvement in the criminal justice system would lessen. But, education and job training do not alter how a person thinks and makes decisions about what he should do. This is the area in which Moral Reconciliation Therapy can be effective and the reason why MRT is likely to have great impact on criminal justice treatment in the future. ■

## One Rehabilitation Effort At Risk

**T**he Violent Crime Control and Law Enforcement Act of 1993—often referred to as the "Clinton Crime Bill"—offers something for everyone: tougher penalties, bigger prisons, and more prevention programs. However, one loser if the House version of the bill prevails will be a program currently in operation involving State Technical Institute at Memphis (State Tech) and the Federal Correctional Institution (FCI) at Memphis.

Since 1992, State Tech has been working with the all-male FCI to provide educational training for prisoners. FCI inmates take the same college curriculum as other State Tech students to earn a two-year degree. Dr. Ralph Chumbley, associate director of State Tech's Office of Job Training, oversees the program.

Threatening the program is the House bill's provision that federal Pell education grants no longer be available to prisoners working toward college degrees. Of the 57 prisoners enrolled in the State Tech program in spring 1994, 55 received Pell grants valued at \$35,109 to pay for tuition and books. Nationally, some 27,000 prisoners are using about \$40 million in Pell grants.

"I understand there's a get-tough mood in the country," Chumbley said, "but this is not the place to show it. You dump money down the hole when all you do is warehouse people."

Without education and job training, chances are good that inmates emerging from prison will soon return to a life of crime, according to Chumbley. "The usual procedure," he said, "is to give inmates a few hours in a pre-release seminar, give them \$100, assign them a parole officer, then put them out on the street. They have no support system. After an inmate's exit money is gone, he is going to ask, where can I get money? If he can't do anything but deal drugs or steal, it's back to a life of crime."

Since 1992, 25 prisoners have earned two-year degrees through the State Tech program. Loss of Pell grant funding will kill the kind of program now in operation linking State Tech and FCI, Chumbley said. More than 95 percent of the men who have enrolled in the State Tech program have used Pell grant funds.

"One thing I know," Chumbley said, "is that if you take money away on the front end, you're going to pay it on the back end. Taking away the Pell money is penny wise and pound foolish."