

A Study of the Effectiveness of the MRT Program at Jefferson County Restitution Center 2

by
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Jefferson County Restitution Center #2 is an all-male facility for felony offenders. We have a bed capacity of sixty (60) men, and we currently have a staff consisting of thirteen (13) Residential Supervisor 1's, one (1) Residential Supervisor 2, a Secretary, a Bookkeeper, an Employment Specialist, two Probation Officers, a Life Skills Coordinator/MRT Facilitator, and the Director. The residents who are assigned to the Restitution Center stay for a mandated minimum of three (3) months to a lifetime maximum of twenty-four (24) months. In that time they are required to pay rent, pay restitution to the victims of their crimes, pay probation fees, and pay any other fines or fees required by their Probation Officers. They do this by working in the community at regular jobs and releasing their pay to the Center for disbursement. They are subject to intensive supervision and programming to help ensure their continued compliance and to reduce the recidivism rate.

In mid 1998, the Restitution Center became aware of a study done by Dr. Ed Latessa in which he discussed "What Works in Community Corrections". In the study he discovered that programs which addressed the criminogenic needs of offenders were more successful than those that didn't. It was also discovered that Cognitive Behavior Programs that focused on changing offender behaviors were related to a lower

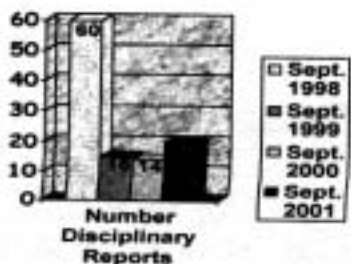
recidivism rate than those programs which had no cognitive programs in place and/or were education based. As a result of this literature, we began studying available cognitive behavior programs. We assessed "Moral Reconciliation Therapy" and elected to try MRT both for content as well as the fact that groups are open ended. In September 1998, we sent both of our Probation Officers and the Residential Supervisor 2 to training for Moral Reconciliation Therapy to assess its effectiveness and to research its compatibility with our current program. They returned with a positive review of the program, but with questions as to how it would be implemented into our current program. As a result of this feedback, we formed a process team to consider implementing MRT into our program. Initially, it was decided to form a pilot group to familiarize the new facilitators with MRT as well as evaluating its effectiveness on actual program participants. This pilot group formed up in February of 1999. As seen in the accompanying graphs, we noticed an immediate result even with a limited number of residents in a pilot program.

Encouraged by these results, we began a team to design our program with MRT as the core principle. After much trial, error and debate, on September 1, 1999 we implemented a new program designed around MRT. As part of the new program, our residents would

be required to remain unem-
ployed for the first 4 weeks of
their stay here to take advantage
of extensive Life Skills programming,
community service, and, most im-
portantly, MRT. They would
attend 2 MRT groups a week,
and after much debate and
study, they would be required
to complete a minimum of
the first 4 steps. The Probation
Officers would also consider
MRT when doing their assess-
ments if they saw a need for
continued participation in group.

We immediately saw a need for additional groups after the new program be-

Number Of Disciplinary Reports: September 1998-September 2001



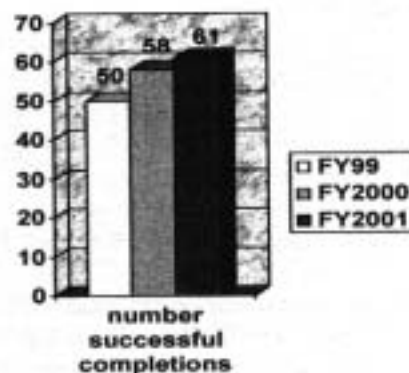
- September 1998: no cognitive program in place.
- September 1999: MRT program begins, mandatory for all new residents, with minimum Step 4 requirement.

gan, so we initiated a night group and a morning group to better meet the needs of our working residents who either wanted or were required to attend additional groups. Due to the amount of residents volunteering to continue, we have recently started a second night group.

One of the benefits of having MRT available was when a resident committed a rule infraction that related to any of the steps of MRT, he would likely be reassigned to one of the additional groups offered. The group would then confront the resident about his behavior, rather than allowing the resident to reflect on the punishment he received for the infraction and seeing himself as a victim. He would then either be instructed to continue through a certain step or even for the duration of his stay in the Center. This has served the purpose of meeting the needs of the problem residents with a positive, proactive continuation of the principles of MRT that directly related them to real life.

Resident Anthony Moore has been an active MRT participant since entering the program, and he has really been living the principles espoused by MRT. When asked what he has learned from MRT, he states:

Number of Successful Completions before and after MRT program

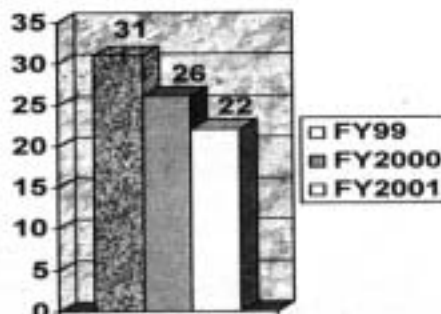


- These figures compare the number of successful completions in FY 1999 with the numbers achieved after MRT was implemented FY 2000.

"My MRT group has helped me recognize my mistakes and showed me what I need to do to change my ways to be a better man. It has also helped me maintain a positive attitude, and has given me the opportunity to put a new perspective in my future. I plan on completing my MRT group with hopes of changing my life for the better."

The implementation of MRT proved to be a successful change in our program. We continue to be surprised at the number of residents who elect to continue in the MRT program voluntarily, and exit interviews routinely cite MRT as the catalyst for change in successful resident completions. As reflected in the accompanying graphs, we have seen positive results almost immediately after implementation, and continue to see positive results to date.

Number of Unauthorized Absences FY 1999-FY 2001



- This graph represents the number of Unauthorized Absences beginning with FY 1999, continuing through FY 2000 when MRT was implemented and through FY 2001.