

Moral Reconciliation Therapy

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MORAL RECONATION THERAPY: FINAL REPORT

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Abstract

The purpose of this report is to determine if the implementation of Moral Reconciliation Therapy (MRT) by the Human Services and Justice Coordinating Committee (HSJCC) for Haliburton-Kawartha-Pine Ridge Region will result in a significant reduction of criminal recidivism. Research consisted of a literature review of recent research analyzing the effectiveness of MRT in reducing criminal recidivism and an email correspondence with the developers of the MRT program, Correctional Counseling Inc., or CCI. Results show that a properly implemented MRT program has a significant positive impact on criminal recidivism resulting in a decrease of between 30% and 70%. Such a decrease will result in a cost reduction of between 10 million and 24 million dollars at the Central East Correctional Centre in the Haliburton-Kawartha-Pine Ridge region alone. Additionally, societal benefits including a reduction in emotional and physical fear in a community, reduced crime rates, improved housing prices, lower taxes and insurance rates, increased local investment will be observed. It is clear that MRT will have a significant positive impact on criminal recidivism which in turn will result in both economic and societal benefits to the community and as such it is recommended that the HSJCC implement an MRT program.

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Table of Contents

Abstract	2
Acknowledgements	3
Key Words	5
Introduction	6
Methodology	8
Literature Review	11
Results	15
Discussion and Conclusion	18
References	21

Key Words

Addiction(s): A condition of being habitually dependent on a thing, activity or substance

Best Practice: A procedure that is accepted as a standard for widespread use

Cognitive therapy: A type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression

Concurrent disorders: Conditions in which a person experiences both mental illness and a substance abuse disorder

Forensic Psychology: The interaction of the practice or study of psychology and the law.

HKPR: Haliburton-Kawartha-Pine Ridge region/district

Human Services and Justice Coordinating Committee (HSJCC): Committees established to coordinate resources and services for people with unique needs who have come into contact with the law

Incarceration: The state of being imprisoned or confined in a prison

Institution: A society or organization founded for a religious, educational, social, or similar purpose. i.e. penitentiaries

Mental health issues: An individual's unstable condition regarding their psychological and emotional well-being

Moral Recondition Therapy (MRT): A systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing their moral reasoning

Offence: A breach of a law or rule; an illegal act

Probation: The release of an offender from detention, subject to a period of good behaviour under supervision

Recidivism: The tendency of a convicted criminal to reoffend

Reoffend: To commit another offence

Young offenders: Someone between the ages of 12 and 17 who commits an offence under federal law

Introduction

Rates of criminal recidivism have been reported to be as high as 50% in North America (1). Previously convicted prisoners represent a higher risk to commit another crime as opposed to other offenders which result in huge costs and a significant impact to societal criminality and violence (1). All convicted criminals have the potential to reoffend regardless of the crime they committed and as such reducing criminal recidivism is incredibly important from both societal and cost perspectives.

Cognitive behavioural treatment is a preferred method to decrease criminal recidivism. A study has shown that when implemented correctly using best practices, a cognitive behavioural program can reduce recidivism by 25-50% (2). Cognitive behavioural therapy focuses on cognitive function and behaviour in an attempt to develop skills for living in harmony and creating a positive social impact. (3).

Moral Reconciliation Therapy or MRT, is a type of cognitive behavioural therapy used in the criminal justice system (3). MRT is based on the theory that thoughts, beliefs, and attitudes are the primary determinants of behaviors. MRT is designed to facilitate a change in the decision-making process and enhance appropriate behavior through higher moral development (3). MRT has been used in many locations across the world to help decrease criminal recidivism, however most literature on the therapy originates from the United States where it was originally founded (4).

MRT was originally developed by Kenneth Robinson, Gregory Little and their colleagues at Correctional Counseling Inc. (CCI) between 1979 and 1983 in an attempt to use behavioural methods to curb impulsive behaviour (4). The goal was to rehabilitate habitual offenders instead of continually incarcerating them (4). Reconciliation comes from the words conative and conation which refers to the process of making deliberate, conscious moral decisions (4).

MRT is taught through workbooks, lectures, and discussion. (5) It is a cognitive-behavioral group process that is based on the theory that thoughts, beliefs, and attitudes are the primary determinants of behaviors. MRT is designed to facilitate a change in the client's process of conscious decision-making and enhance appropriate behavior through development of higher moral reasoning (5). MRT training, workbooks and materials are exclusively available through CCI as they are the sole provider of the MRT program worldwide.

MRT is important to the Forensic Science field of study as it makes use of Forensic Psychology in its application to its clients. Key goals of Forensic Psychology include lessening

criminal populations which will in turn refocus resources needed to detain/track/try individuals, identify offenders efficiently and implement proper and effective treatment programs. All these goals align with the goals of MRT. By decreasing criminal recidivism, crime rates can be substantially lowered which is a benefit to society on a social and economic scale.

The Human Services and Justice Coordinating Committee or HSJCC has initiated this project to ultimately understand if and subsequently how they can use MRT to decrease criminal recidivism. The region that the HSJCC covers includes Peterborough city and county, Kawartha Lakes, Haliburton and Northumberland Counties. The HSJCC functions to identify and influence system wide pressures and/or changes that will support the decriminalization, deinstitutionalization, and de-stigmatization of various people. This target population includes people who experience mental health, addiction and related conditions who come into contact with the Justice System.

To better understand if and how HSJCC can make use of MRT a number of key questions identified by HSJCC need to be answered:

1. How is MRT being currently used by implementing organizations?
2. Are they strictly adhering to the MRT curriculum provided by CCI?
3. Can the curriculum be altered to fit specific needs?
4. Is MRT meant to be implemented in a correctional facility environment or can it be used in other settings such as community-based institutions or court mandated programs?
5. Is there a wider application for MRT other than in the Justice System?
6. How effective is MRT in reducing criminal recidivism?
7. Does reliable unbiased research exist to help determine if MRT is a viable method?

Methodology

To address the research questions associated with this project, three areas of study were investigated in order to collect data and information. This involved an extensive academic research involving a literature review, an email interview with a CCI representative, as well as a coordination of interviews. All of these methods were used in order to gather current and relevant information on the effectiveness of MRT.

Ethics Approval

An ethics proposal for this research was submitted on January 6th, 2020 to the Trent University's Department of FRSC through the Trent University Research Ethics Board for consideration. This application to the board was not found to need amendments or clarifications on various aspects of the project's information collection strategy so no resubmission of the application or edits were needed. Several attachments were submitted alongside the proposal included a letter of support from the HKPR HSJCC, and information and consent form to be given to and signed by survey participants, a list of interview and survey questions, the signed project agreement and an email script for participant recruitment. Confidentiality is key for anyone participating in the survey. In order to obtain an unbiased response from the participants, their confidentiality must be ensured. To guarantee honest answers there must be no fear of reprisals on the part of the participants. For example, if a participant is critical of an employer over how they supported an MRT implementation they need to be able to say so without fear of repercussions from their supervisor(s). The ethics board inquired about how confidentiality will be maintained throughout this project. Maintaining anonymity is relatively straightforward by means of ensuring the participants names are withheld from the final research. The proposal was approved by the Trent Research Ethics Board through the Forensic Science Department on January 21st, 2020.

Literature Review

A literature review was completed in order to compile background information on MRT implementation, effectiveness, and best practices that have been variously studied by multiple researchers. Societal and economic benefits of implementing a MRT program were also analyzed. Contributions to the literature review included peer reviewed documents of 12 primary

sources involving original research, and secondary sources such as the websites and Canadian government sourced financial reports. Scholarly pieces of literature from peer reviewed and unbiased sources were used to ensure impartial findings and recommendations. Using a wide range of authors helped ensure unbiased results were returned. The literature review was conducted from September 2019 through March 2020.

Internet Searches

Google Scholar was used as the main search engine throughout the information collection process of the literature review.

Examples of search phrases include:

- “Moral Reconciliation Therapy”
- “Origins of Moral Reconciliation Therapy”
- “Correctional Counselling Inc.”
- “Effectiveness of Moral Reconciliation Therapy”
- “Criminal recidivism”
- “Cognitive behavioural treatments to curb criminal recidivism”
- “Correctional facility cost Canada”
- “Recidivism rates Canada”
- “Societal impacts of crime”
- “Cost of crime”
- “Moral Reconciliation Therapy studies”
- “Types of criminal recidivism”

Interview

As Correctional Counseling Inc. is the developer and sole provider of materials and training for MRT an email correspondence was initiated with a CCI representative in order to better understand the program’s effectiveness and methodology from their perspective. It is important to note that CCI, a private for profit organization, is the only vendor for MRT and that there could potentially be biases with their responses to the interview questions. However, they are also the experts in terms of how MRT should be implemented in order to achieve maximum

effectiveness. Therefore, dismissing their information would be a mistake. Still, we do need to be cognizant of the potential for biases within their information. The use of multiple literature sources, interviews and surveys are a part of this research partly to offset any bias found within the CCI information. Correspondence occurred with the CCI representative from the end of January 2020 through the first week of February 2020 with interview answers returned on February 6, 2020.

Survey

A list of 83+ individuals from various Ontario organizations including mental health facilities and youth services was obtained from the host organization. The goal was to inquire if any of these companies implement or have implemented an MRT program. If they did, then they qualified to participate in the created survey. An alternative contact list was created through an internet search of American organizations that use MRT and 3 companies were contacted to inquire about potentially participating in the survey. Survey creation websites were reviewed in order to help determine survey questions and format. The survey was created on a google document and then inputted into Qualtrics. The created survey consisted of over 20 questions and was approved by both the host supervisor as well as the TCRC project coordinator. The purpose of the survey was to have front line workers who had implemented or participated in an actual MRT program or environment give their views and opinions regarding the effectiveness of the MRT program used in their organization or facility. The survey was created and approved by the Trent Ethics Board in January 2020. The survey was inputted into a program called Qualtrics which could be made available to survey participants through a secure link that was sent over email. The survey was made available from January 31 2020 through March 26 2020. Once the survey had been closed, Qualtrics was able to analyze the answers from the survey participants into charts or percentages to determine the most frequent answer. However, due to the limited number of respondents which resulted in only 2 fully completed surveys, analyzing and interpreting data was not viable.

Literature Review

A literature review was executed to compile background information on the history of MRT as a cognitive behavioural approach, the impact of MRT on recidivism rates in the United States and Canada, methods of MRT implementation including impact of deviation from the prescribed method, settings of implementation and overall MRT effectiveness in a variety of studies. Contributions to the literature review included peer reviewed documents of 12 primary journals involving original research, and secondary sources such as the websites and government sourced financial reports.

The first and most important question that predates the necessity or lack thereof for all subsequent literature review is, does MRT reduce criminal recidivism? Based on the literature reviewed to date it is clear that it does. All documents reviewed that discuss recidivism results showed a significant decrease (1,2,4,6-12). The actual amount reduced varies between specific programs and is predicated on adherence to following the MRT program guidelines which for the purposes of this research can be labelled 'best practice'.

A meta-analysis of the impact of MRT on criminal recidivism done in 2013 reviewed 33 studies and over 30,000 offenders. In that analysis it was clear that MRT does reduce criminal recidivism and that of all cognitive approaches to reducing recidivism, MRT is the most widely evaluated of all programs. (4,6) The extent to which recidivism was reduced varies from program to program.

Research on treatments for recidivism risk among justice-involved veterans showed a reduction of recidivism of 15% for those involved in an MRT program (6).

The ACT, Auglaize County Transition, program used MRT as their primary method of treatment for clients in their reentry program. Results showed that recidivism rates were at only 29% compared to 73.3% of those who did not participate in their MRT reentry program (7). The Delaware County Transition program (DCT) in central Ohio used a similar program to ACT and saw similar results with program participants showing a recidivism rate of 32.5% compared to 70.15% for non-program participants (8). Similarly, both of these programs saw a reduction in probation violations (7,8).

A study sample of 38 youth sexual offenders who participated in an MRT program resulted in recidivism rates of 33% compared to much higher rates for non-participants (10).

Drug Courts in the United States using MRT as their cognitive rehabilitation approach showed the ability to reduce recidivism by as much as 67% (12).

It is clear then, that an MRT based approach to cognitive behavioural improvement with reference to criminal recidivism has a significant impact on recidivism rates. This is very important when considering the benefits to society both in terms of reduced criminal activities and the potential cost-benefit related to lower crime rates.

An important aspect of MRT is that it can be used to treat different types of offenders and offences. It has shown positive results ranging from 'typical' adults to veterans to mentally ill and young offenders (5-10). Literature reviewed also showed that MRT is effective with multiple offence types such as drug and sex related crimes (10,12).

High risk offenders can be prioritized for participation. Drug addiction, mental health issues, and financial constraints are some items that would be considered as impacting the probability of repeat offending and as such help determine who should participate in the program. (12) Program administrators need to be aware of at-risk participants and their likelihood to relapse. Drug users for example cannot be expected to benefit from the program if they are still using or relapsing (12).

Another important consideration for determining who should participate in an MRT program is level of education. It is recommended that participants have at least a high school equivalent level of education (7). The MRT method is structured around group work and independent workbook exercises (10,11). Participants need to be able to read and communicate adequately in order to complete the program. Self-pacing and a commitment on behalf of the participants is a must. Focus and the time to commit to that focus are essential in producing a positive result (11).

The program must be completed in its entirety in order to be successful. Using only part of the program or making changes to the established procedures will impact results. (6-8,10,11). If a change to the program is being considered it is highly recommended it is done in conjunction with CCI experts.

As previously stated the program is intensive and requires a large commitment on behalf of the participant. The time intensiveness of the program can be a hindrance to completion so commitment from participants and group leaders/program administrators is imperative (11).

The CCI MRT program consists of a 16 step curriculum:

Steps 1 and 2: Client must demonstrate honesty and trust.

Step 3: Client must accept rules, procedures, treatment requirements, and other people.

Step 4: Client builds genuine self-awareness.

Step 5: Client creates a written summary to deal with relationships that have been damaged because of antisocial behavior.

Step 6: Client begins to uncover the right things to do to address the causes of unhappiness.

Step 7: Client sets goals.

Step 8: Client refines goals into a plan of action.

Step 9: Client must continue to meet timetables he/she set up.

Step 10: Client conducts a moral assessment of all elements of his/her life.

Step 11: Client reassesses relationships and forms a plan to heal damage to them.

Step 12: Client sets new goals, for 1yr, 5yrs, 10yrs, with a focus on how accomplishment of the goals relate to happiness.

Step 13-16: (optional) Involves client's confrontation of the self with a focus on an awareness of self.

Including the setting of long term goals, the program takes place over an extended period of time and the commitment of all involved must be at a high level (11). Clients need to have a strong sense of accountability as a necessary component for success (12).

Separate from the curriculum but no less important is the support structure involved in implementing an MRT program.

Trained experts are essential to success. Persons who are capable of interpreting and assessing situations and behaviours and implementing corrective action as required in conjunction with clients, are critical to help keep patients on the path to success. Completion of train the trainer programs for direct supervisors is essential to create the necessary expertise (11). Commitment to MRT principles and purposes by trained personnel is critical (11).

Multiple levels of support add to the effectiveness of the program (12). Commitment is important at many different levels. From the court system to medical assessment, to community support and of course within the program itself, all levels need to discard any biases and work hand in hand to ensure a single message is promoted and enforced. Contradictory stances will complicate and endanger the potential for success (11).

One method that has been used to help facilitate the buy in of patients is the use of experienced peers to help conduct training (11).

MRT was created by CCI for use in an institutional setting but can also be used in court-mandated programs assuming they can meet the program criteria (4,5). Factors such as supervisor expertise, program length, and patient commitment are extremely important and cannot be compromised in order to achieve desired results (6,7). As long as programs outside of a prison setting can ensure these components are met there seems to be no reason they cannot make use of MRT. In fact, it is important that MRT is integrated into community services so as to ensure proper follow up and continued progress (7).

All literature reviewed to date and for this proposal had no conflict of interest bias since effort was made to find articles and statistics that were not associated with CCI results or findings. It is important to ensure no biases are present in order to get a true picture of the effectiveness of MRT. The 12 peer reviewed articles made no reference to a connection with CCI. The meta-analysis by Fegurson and Wormith for example, reviewed a total of 33 different studies in order to come up with their conclusions (4).

Results

It is very clear that a properly implemented MRT program will have a beneficial impact on criminal recidivism. All pieces of literature reviewed showed an improvement. The range of improvement differed from organization to organization for a number of reasons which will be discussed below but it is clear that improvement was obtained in all cases. Correctional Counseling Inc. stated an expected improvement of between 20 to 80 per cent in the reduction of criminal recidivism. The reviewed literature showed a higher bottom and a lower ceiling on average coming in at an improvement of between 30 to 70 per cent. Still, this is well in line with CCI's claims and gives credence to their numbers. The range in improvement is significant but to be expected when considering the reasons for the variances. Adherence to the program as developed and laid out by CCI is critical in achieving desired results. CCI has spent decades developing and improving their program and their expertise is unparalleled. They are also very clear in stating that results could be negatively impacted if the program is not followed as designed. This seems logical and is also backed up by the literature reviewed. However, many organizations have their own unique characteristics and it may prove difficult to have a 'cookie cutter' type approach in terms of implementing the program. CCI has stated that if changes need to be made to fit unique circumstances they should be done in coordination with CCI in order to minimize any negative impact. However, it is impossible to ensure that all organizations follow this instruction and as a result, failings may occur which can impact final rates of recidivism (7,11).

Attitudes of instructors and staff who are made responsible for implementing an MRT program and teaching its concepts and principles can also impact results. Years of learned experiences and developed biases may stand in the way of new ideas and procedures. Any prejudices must be overcome and eliminated to ensure an effective roll out of the program. However, this is not always successful and as a result can negatively impact results.

Committed patients are imperative to the success of an MRT program. The program itself is time intensive and self-determining. To a large extent patients work at their own pace. The program is long not only in initial implementation but in follow up and will take months at a minimum to complete. Ideally sustained results happen over years with accompanying follow up and support. If a patient is not committed to the program, success rates will fluctuate accordingly.

Although originally designed for use with the criminal population, MRT can be used in multiple applications. The literature shows that MRT has been used to help those involved in substance misuse, sexual related issues and those suffering with a mental illness (6,9-12). Some of these issues may go hand in hand with criminal convictions but not all will have reached that stage of severity and MRT may be used in a proactive way with patients prior to reaching the point of incarceration.

Large economic benefits are associated with the implementation of an MRT program from a reduction in prison population. The major correctional facility in the HSJCC area for the Haliburton-Kawartha-Pine Ridge region is the Provincial Central East Correctional Centre located in Lindsay, Ontario. The graph below shows the expected cost savings with the reduction of the centre's population that would result from decreased criminal recidivism using the 30-70% reduction expected from the successful use of an MRT program:

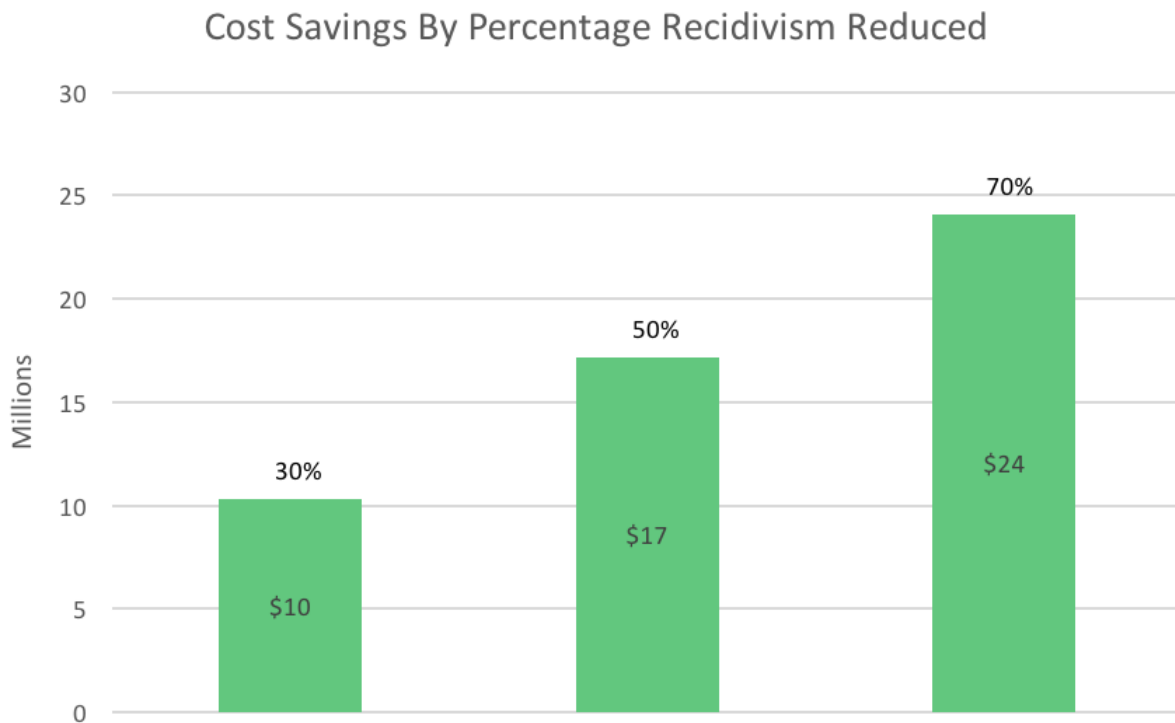


Figure 1: Amount saved in millions by CECC with the ideation of 30%, 50% and 70% reduction in recidivism if MRT is employed.

A brief explanation of the math:

1. The CECC has a maximum capacity of 1,184. It is usually at maximum capacity.
2. The Ontario provincial Cost (per 2018 budget review) per prisoner in general population is \$78,475 per year (13).
3. The rate of recidivism in Ontario in 2015/2016 was 37% (14).
4. Based on this rate of recidivism, 438 prisoners at the Central East Correctional Centre would reoffend.
5. The total cost would be the number of prisoners who will reoffend (438) multiplied by the cost of incarceration per criminal (\$78,475) which would equal \$34,372,050.

Even at the minimum expected recidivism reduction of 30% the savings would be in the millions of dollars from reduced incarceration costs alone. This does not take into account reduced policing, court, medical, counseling, etc., costs which would increase the economic benefit significantly. Due to confidentiality, exact CCI costs for program training and materials are not available but it would be a conservative estimate to say the cost for training and materials would be less than \$100,000.

Crime has a major impact on society. Negative social and economic impacts can cause significant issues for cities and neighbourhoods. A reduction in criminal recidivism would result in many improvements in locations and aspects of life long impacted by higher crime rates.

Crime can cause property values to decline in certain areas of a town and even increase the cost of housing in other areas not suffering crime. Losses to both victims and non-victims can also come in the form of increased security expenses to protect against crimes. Communities are affected through the loss of tourism and retail sales. High insurance and tax rates are a common cost of living in an area with higher crime rates (15).

Direct costs and inconvenience due to theft of or damage to property are impactful. As are the physical effects of injury through violent crime and the psychological effects such as anger, depression or fear. Feelings of anxiety and worries about revictimisation can lead to a loss of trust in the community (16).

Simply put the reduction in criminal recidivism resulting from the implementation of an MRT program would impact all these negative aspects in a positive way.

Discussion and Conclusion

The major overriding question posed by this project is “does the implementation of an MRT program result in reduced criminal recidivism?” From the results listed above it is clear that it does and to a large degree. The costs of crime in society are staggering and from a strictly monetary point of view, cost billions of dollars to countries. Attempts at reducing criminal recidivism seem only logical. There are a number of programs such as continuing education, employment training, and substance abuse treatments implemented all over the world in an attempt to reduce criminal recidivism (15). The will to reduce criminal recidivism exists and an MRT program seems a great choice. Even at the low end of a 30% reduction the economic impact on correctional facilities alone is very high for a relatively low cost investment. Looking strictly at the Central East Correctional Centre which at capacity holds 1,184 inmates, a reduction in recidivism of between 131 to 307 inmates (based on 30-70% improvement) and the resultant decrease of crimes is impactful. Apply similar numbers to other correctional facilities within Canada and extend it to other countries and the logic of implementing an MRT program becomes clear.

In every document reviewed an improvement in reducing criminal recidivism is clear. This variety of sources presents an unbiased result indicating an improvement. One particular source reviewed was a meta-analysis that incorporated 33 different studies including over 30,000 offenders in an attempt to return bias free findings (4). Therefore, we have a large sample size coming from a variety of studies and experts that indicate success is likely.

Another question posed by the HSIJCC was whether or not MRT can be used in a non-correctional setting. As previously mentioned MRT was originally designed to be used in a correctional facility. Over the years it has been used in other setting and with non-criminal patients experiencing life issues. In the United States for example an MRT program has been used to help at risk returning veterans (6). Treatment has been proven successful with youth and sexual offenders as well as the mentally ill (9,10). Again, as stated before MRT is a cognitive behavioural method. It is attempting to change the way offenders and at risk to offend members in society make decisions in order to result in a better moral choice. The setting in which this program takes place is not a major factor in determining success as long as conditions set down by CCI are met. Such conditions could easily be met at a community centre, church or doctor’s office, for example.

A number of key factors to help ensure success should be reiterated. Participants in a program should ideally have a minimum level of education or literacy. The ability to read, write, comprehend and participate in group discussions is necessary as the program is workbook and group work based (6,7). The program requires self-pacing at certain points as well as a lengthy commitment in time so patients must be capable of this (6,7,10,11). Follow up during the program and after completion by professionals similar to any ongoing behavioural adjustment treatments within communities will positively impact the results (7,8,9).

As part of this project an attempt to survey organizations who are currently using or have previously used MRT was made. The survey consisted of 26 questions consisting of queries such as: was MRT of benefit?; would you recommend using MRT?; did you make any changes to the program?; did CCI provide adequate support?; how many patients went through your program?; and what were your recidivism results? The survey was sent to 88 different institutions ranging from correctional facilities, to youth and family services, and mental health associations. The list of contacts was for the most part provided by HSJCC with a handful of others being sourced from the internet. The HSJCC provided contacts were based in Ontario while the internet sources were from the United States. 29 of the contacted organizations responded that they did not use MRT and therefore would not be able to complete the survey. Many of these stated that they did not know what MRT was and based on the background information provided in the survey request email, were interested in how MRT might be of help to them. Unfortunately, only 2 of the contacts actually completed the survey leaving a total 57 who did not respond to the survey request in any manner. The two organizations that completed the survey were the Canadian Mental Health Association (CMHA) Niagara and the Nebraska Department of Correctional Services. Due to the low number of survey respondents the survey results do not factor into the results of this study other than to highlight both organizations strongly agreed that they would recommend MRT to other organizations. Despite disappointing survey participation the data from the literature review still remains strong enough to highly recommend a MRT program.

Even though the literature review remains strong enough to stand on its own in recommending MRT, further pursuit of the survey aspect of this research is recommended. This researcher would recommend that going forward such an attempt should: a) spend more time and scrutiny in determining who should participate in the survey and ensuring that they do participate; and b) that the survey be created and distributed much earlier in the process so as to

allow for a sufficient number of respondents to participate and relevant analysis of results to be made.

Interviews by phone, email or other devices would also be recommended in order to answer follow up questions that may arise from survey results.

Finally, a question arises that needs further investigation and would be an important part of future research, “If the benefit of an MRT program is so pronounced (as this research indicates) why is not everyone using it?” An indication from the email responses to the survey request may be that organizations are not that aware of the program. Perhaps even if somewhat aware they do not truly understand the significant potential for improvement. Perhaps there is a belief that under their current organizations structure such a program could not be implemented. Or simply that despite the evidence some just do not believe it will work. There are a number of questions along this line of investigation that could be pertinent to future research.

Finally, based on the results of this research through current available peer reviewed literature, it is highly recommended that HSJCC move forward with the implementation of the Moral Reconciliation Therapy program in the Haliburton-Kawartha-Pine Ridge region. The cost of implementing such a program is minimal when compared to the economic and societal benefits that would result in the reduction of criminal recidivism and its subsequent impact on reducing crime.

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