

MRT[®]

Moral Reconciliation Therapy[®]

**California Jail Programs Association Quarterly Conference
October 17, 2019**

**EFFECTIVE COGNITIVE-BEHAVIORAL
TREATMENT:
AN OVERVIEW OF MORAL RECONATION
THERAPY (MRT[®]) & NEW APPROACHES TO
OPIOID INTERVENTION**

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Vice President

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IDENTIFYING THE PROBLEM

Co-occurring disorders impact individuals residing throughout all of our communities.

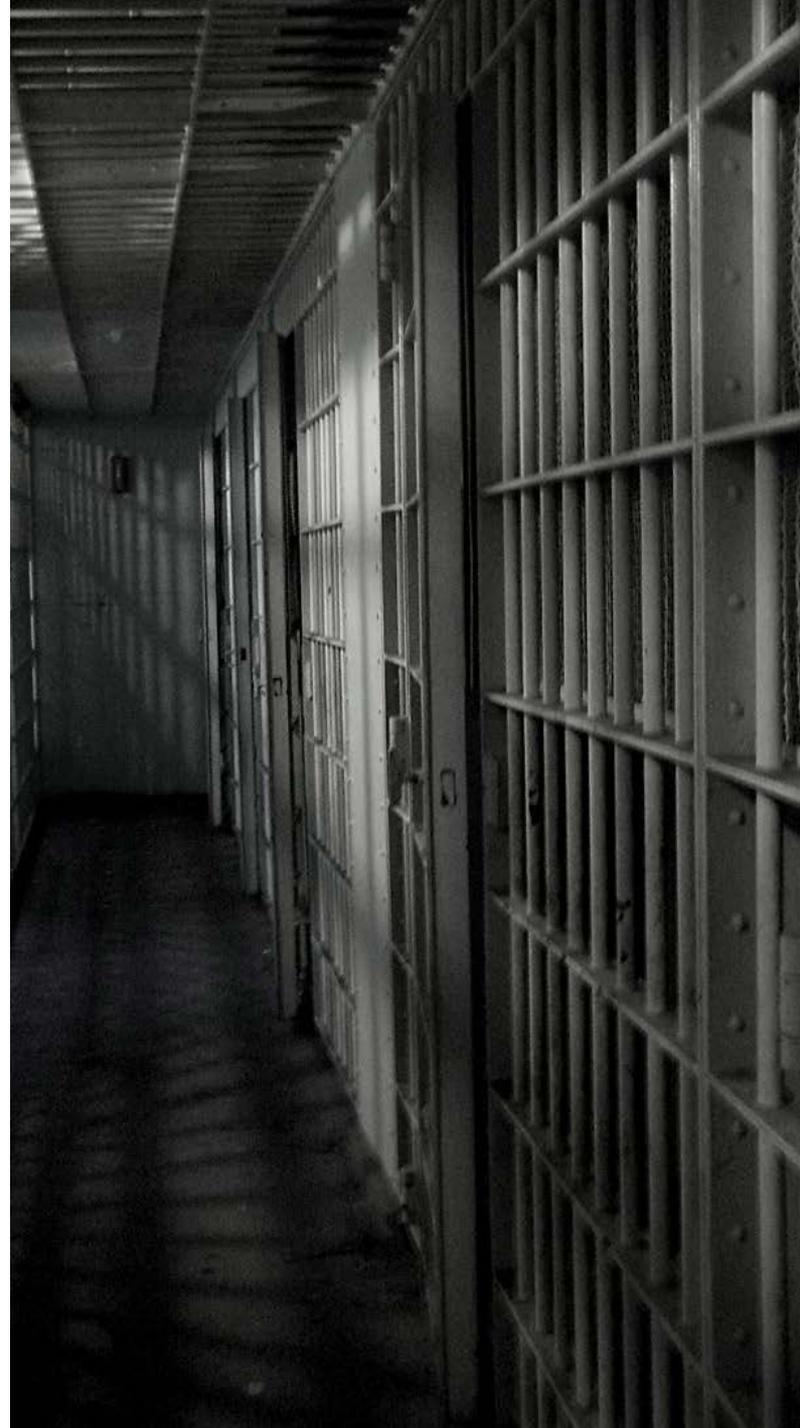
However, there is a profound over-representation of co-occurring disordered persons in the criminal justice system.

"A significant and growing number of persons in the justice system have co-occurring mental and substance use disorders. For example, ***over 70 percent of offenders have substance use disorders, and as many as 15 percent have major mental disorders*** — rates that greatly exceed those found in the general population."

IDENTIFYING THE PROBLEM

As of July 2019, the US rate of incarceration was 655 per 100,000 people (the highest in the world).

Source: Institute for Criminal Policy Research



US RECIDIVISM STATISTICS

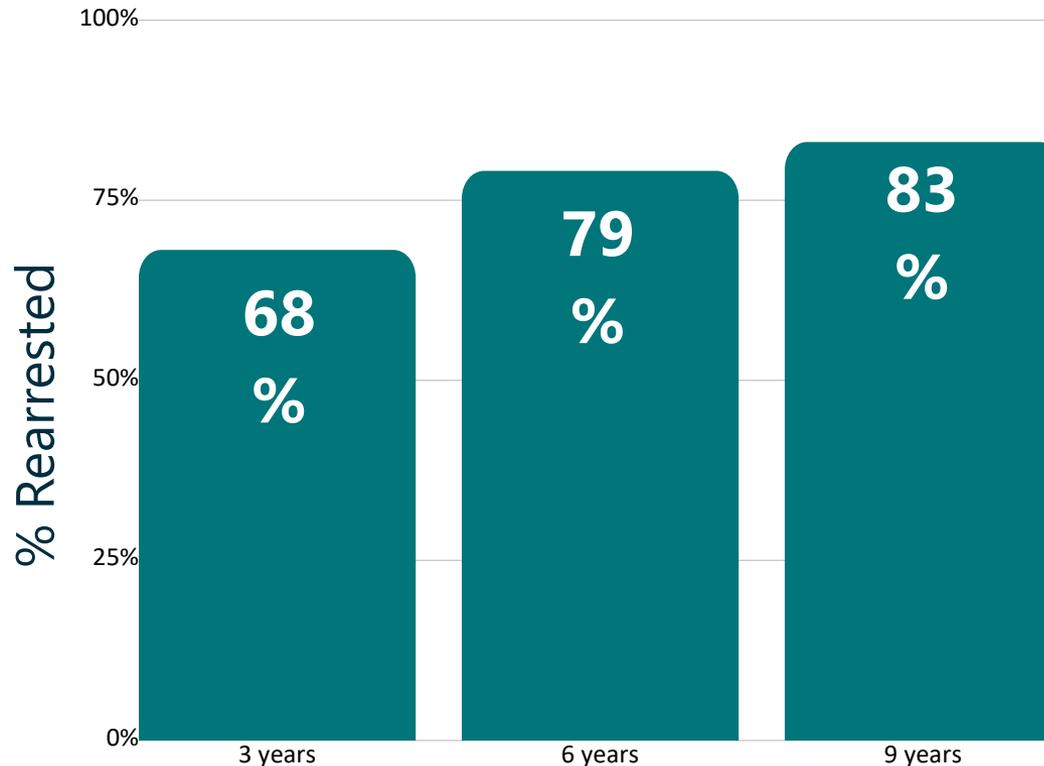
In a 9-year recidivism study, 401,288 state prisoners released in 2005 had 1,994,000 arrests during the 9-year period, an average of 5 arrests per released prisoner. Sixty percent of these arrests occurred during years 4 through 9.

Source: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>



US RECIDIVISM STATISTICS

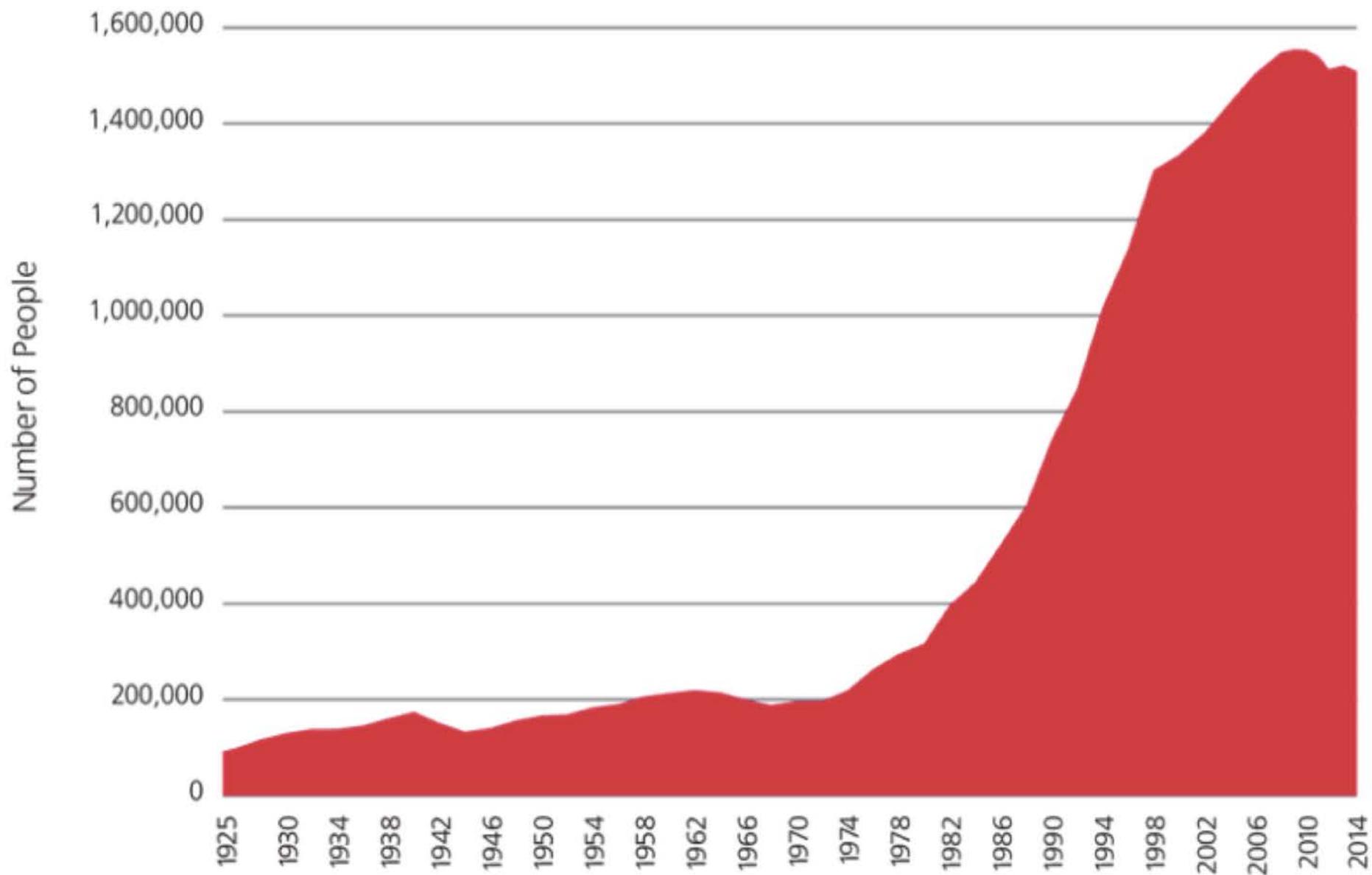
An estimated 68% of released prisoners were arrested within 3 years, 79% within 6 years, and 83% within 9 years.



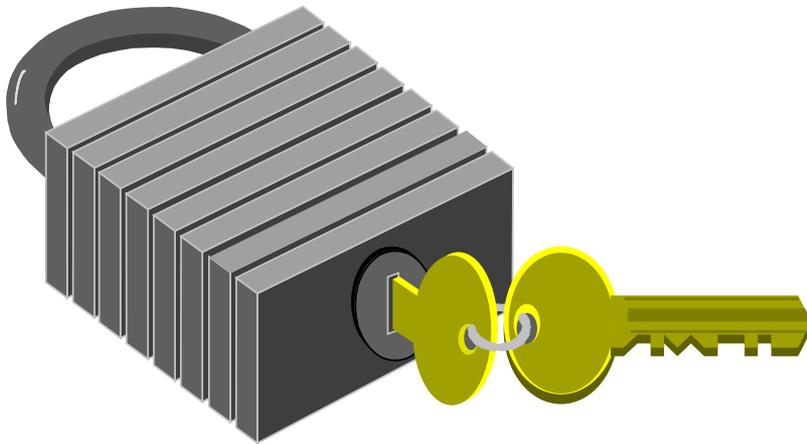
Source: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>



U.S. State and Federal Prison Population, 1925-2014



External Controls & Behavior



- Supervision
- Residential Programming
- Incarceration
- Admin Segregation
- Death

Internal Controls & Behavior

- Cognitive
- Choices
- Consequences
- Empowerment
- Intergenerational
- Long-term



- “The empirical evidence regarding intermediate sanctions is decisive, without a rehabilitative component, reductions in recidivism are elusive”

Unraveling “What Works” For Offenders in Substance Abuse Treatment Services
Faye S. Taxman, Ph.D., National Drug Court Institute Review.

Characteristics of Successful Treatment Programs

- Assist the offender to change his/her behavior
- Are longer in duration
- Have multiple levels of care
- Utilize the leverage of the Criminal Justice System

Elements of Successful Program Development

- Develop clearly defined treatment goals
- Develop a comprehensive assessment tool that can be used across criminal justice agencies
- Match the offender to the appropriate treatment program and provide the necessary ancillary services
- Develop a treatment readiness component that focuses on motivational issues

Successful Program Elements continued...

- Ensure the program establishes a continuum of care to engage the offender for longer periods of time
- Develop a behavioral contract specifying expectations of all parties
- Provide reliable drug testing to monitor use
- Develop a comprehensive system of sanctions and incentives to address compliance

- “The challenge ... is to focus on effective treatment strategies and demand that treatment agencies provide services that are effective with criminal justice populations, rather than those that merely link to existing modalities.”

Unraveling “What Works” For Offenders in Substance Abuse Treatment Services

Faye S. Taxman, Ph.D.

EFFECTIVE TREATMENT APPROACHES

Many approaches have been tried in behavioral health interventions and attempts have been made to treat symptoms of these issues.

To date, cognitive behavioral models have had superior results. SAMHSA lists Cognitive Behavioral Therapy as an evidence-based and promising practice.

IDENTIFYING BEST PRACTICES: EBP CRITERIA

- **Documented, structured curriculum, supported by instructional resource tools**
- **Formal, certified training for treatment providers**
- **Quality Assurance methods to ensure fidelity program delivery**
- **Ongoing data collection and evaluation of modality implementation**
- **Practice should be based on results of assessments**

COGNITIVE BEHAVIORAL TREATMENT

- **Cognitive behavioral approaches are structured and directive**
- **Cognitive behavioral approaches consistently appear to be the most effective treatment therapy for substance abusers**
- **Programs that include the cognitive component are more than twice as effective as programs that do not**

PRINCIPLES OF COGNITIVE BEHAVIORAL TREATMENT

- **CBT aims to help clients understand their current ways of thinking and behaving, and to equip them with the tools to change their maladaptive cognitive and behavioral patterns.**
- **CBT is present-focused and problem-oriented, looking for ways to improve a client's current state of mind.**

Moral Reconciliation Therapy

- MRT[®] seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important.
- Research of MRT[®] has shown that as clients pass steps, moral reasoning increases in adult and juvenile clients.

Kohlberg's Six Stages of Moral Reasoning

Level 3 (Post-conventional Morality)

STAGE 6: UNIVERSAL-ETHICAL PRINCIPLES

STAGE 5: SOCIAL CONTRACT

Level 2 (Conventional Morality)

STAGE 4: THE RULES ARE THE RULES, THE LAW IS THE LAW

STAGE 3: INTERPERSONAL CONCORDANCE (APPROVAL SEEKING)

Level 1 (Preconventional Morality)

STAGE 2: INSTRUMENTAL RELATIVIST (BACKSCRATCHING)

STAGE 1: PUNISHMENT AND OBEDIENCE (PAIN VS. PLEASURE)

Conation

- A term derived from the philosopher Rene DeCartes to describe the point where body, mind and spirit are aligned in decision making. Reconation refers to altering the process of how decisions are made.

MRT[®] Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning

Unique Program Attributes

1. Open Ended and Self-Paced
2. Usable across Systems
3. Culturally neutral and encompasses a range of learning styles
4. Utilizes an Inside-Out Process
5. Standardized curriculum provides facilitator structure and accountability
6. Program emphasizes feedback and client reflection
7. Enhances personal problem solving and self-direction
8. Help clients identify their unique strengths

Program Goals for MRT

- Decrease high program dropout rates
- Improve program completion rates
- Improve outcomes with minority populations
- Provide integration of programming across the continuum of treatment levels
- Reduction of relapse/recidivism

MRT™ Client Group Process

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- **• MRT™ typically has groups of 5-15 client participants with one facilitator or co-facilitators where desired.**
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- **• Groups are designed to last approximately one and one half to two hours.**
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- **• Depending on client and site characteristics, groups are usually held at least once or twice weekly.**
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- **• Institutional settings typically have two or more meetings per week with community-based sites having one meeting per week.**
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- **• Clients in MRT® typically prepare step exercises and tasks prior to group attendance and process their exercises in group or exercises are given to the facilitator for review and approval.**

MRT™ Client Group Process

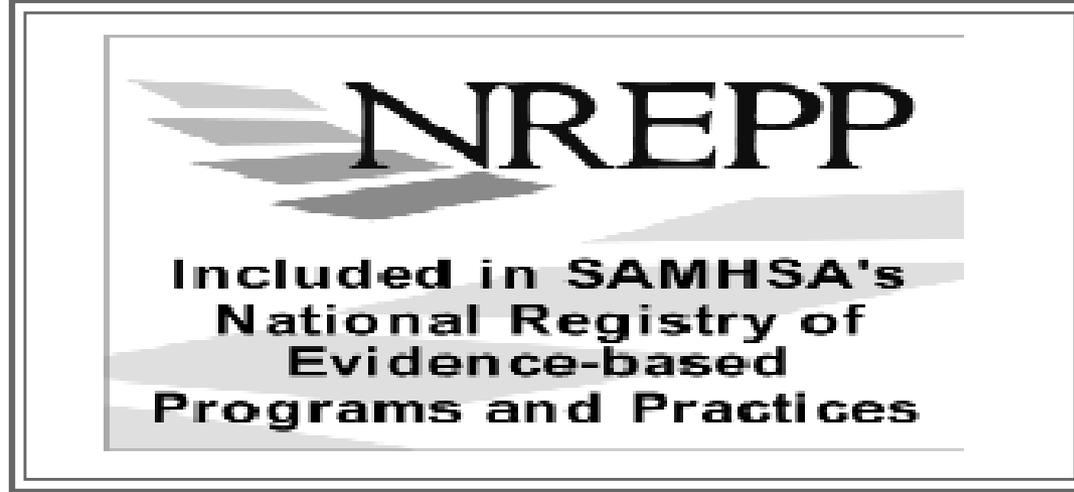
- • MRT® is designed to be completed by the average client in 20-30 sessions.
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- • Completion is defined when the client successfully passes MRT®'s 12th Step.
-
- • MRT® is specifically designed for clients with open-ended groups where participants can enter at any time and work at their own pace.
-
- • MRT® can be used at any point in an client's treatment, but it is most often used as a re-entry tool.
-
- • Participants enter ongoing groups at any time, begin the treatment process, and process exercises and tasks sequentially as part of the ongoing group process. This procedure facilitates the change process, enhances the group process, and allows for continuation of ongoing groups.

Why MRT Works

- The delivery of MRT is both highly structured and directive, which gets clients engaged and keeps them on track.
- Achievements of each step in the program are clearly understood and client progress can be documented at every stage of the program.
- Clients quickly establish ownership of their participation in the program because the program emphasizes feedback and client reflection. Each step in the program involves completing specific assignments and reporting on how they completed the step.

Why MRT Works

- The program is culturally neutral and gender sensitive.
- Standardized curriculum and facilitator training ensures consistent program delivery and quality assurance.
- Finally, MRT is extremely cost-effective compared to other programs.

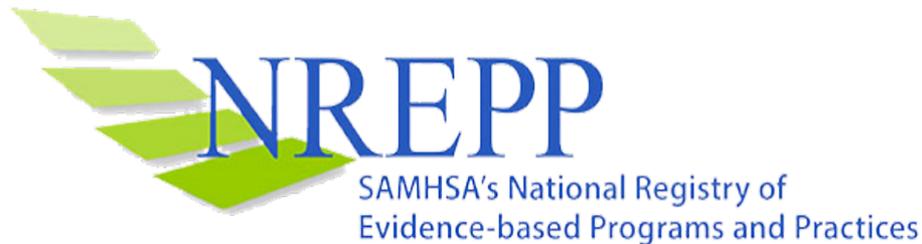


Moral Reconciliation Therapy (MRT®) was selected for inclusion on the National Registry of Evidence-based Programs and Practices (NREPP) sponsored by the Substance Abuse and Mental Health Services Administration in 2008.

NREPP is an on-line registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The registry was created to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.

NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.

Due to the documented evidence of its success, MRT has earned a legacy ranking (2017) by SAMHSA on the National Registry of Evidence-Based Programs & Practices (NREPP)



Bonneville County, Idaho Mental Health Court

- **Began in 2002**
- **Designated as only 1 of 5
National Learning Sites**
- **1st graduate was a drug court
drop out**
- **98% decrease in
hospitalizations**
- **85% decrease in jail days in 3
years**
- **6 year outcome shows 75%
arrest free**

A Meta-Analysis of Moral Reconciliation Therapy

by Myles Ferguson and J. Stephen Wormith

This study reports on a meta-analysis of moral reconciliation therapy (MRT). Recipients of MRT included adult and juvenile offenders who were in custody or in the community, typically on parole or probation. The study considered criminal offending subsequent to treatment as the outcome variable. The overall effect size measured by the correlation across 33 studies and 30,259 offenders was significant ($r = .16$). The effect size was smaller for studies published by the owners of MRT than by other independent studies.

**International Journal of Offender Therapy and Comparative Criminology,
2012, XX(X) 1–31.**

A Meta-Analysis of Moral Reconciliation Therapy

by Myles Ferguson and J. Stephen Wormith

It was statistically significant with potential for substantial social significance The current meta-analysis is consistent with studies which show that MRT is effective in reducing recidivism. In our view, it warrants serious consideration by any correctional agency that has designs to influence the antisocial and criminal attitudes, behavior, and lifestyle of its clientele. We also encourage more detailed, descriptive, and analytic research on this meritorious mode of offender treatment.

Virginia Adult Drug Treatment Courts Cost Benefit Analysis

The multilevel analysis of the determinates of in-program recidivism (i.e., offenses committed while the participant was under the jurisdiction of their drug court) indicates that participants who participate in drug court programs that utilize Moral Reconciliation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.

Excerpted from *Virginia Adult Drug Treatment Courts Cost Benefit Analysis: October 2012* by Fred L. Cheesman, Ph.D., Tara L. Kunkel, MSW, et. al., National Center for State Courts, Williamsburg, VA.

Virginia Adult Drug Treatment Courts Cost Benefit Analysis

Overall Conclusions

- The 12 drug courts investigated have a robust and sustained impact on the recidivism of participants over and above that of the “business-as-usual” alternatives. Further, the lower recidivism rate of drug court participants relative to “business-as-usual” processing leads to lower outcome and victimization costs, along with lower placement costs, result in average savings of almost \$20,000 per drug court participant, relative to the cost of “business-as-usual” processing. Consequently, the 12 drug courts are cost-effective.

Excerpted from Virginia Adult Drug Treatment Courts Cost Benefit Analysis: October 2012 by Fred L. Cheesman, Ph.D., Tara L. Kunkel, MSW, et. al., National Center for State Courts, Williamsburg, VA.

Virginia Adult Drug Treatment Courts Cost Benefit Analysis

Results from these analyses also suggest that drug court programs that incorporate MRT are more effective at reducing the incidence and frequency of post-exit recidivism than drug court programs that do not.

Factors that Predict In-Program Recidivism

Factor	Interpretation
Having pre-program felony convictions ^{***}	Pre-program felonies increase the odds of in-program reoffending. Odds of in-program reoffending for a participant with at least one pre-program felony conviction are 271% percent higher than the odds for an otherwise similar offender with no prior felonies.
Age ^{***}	Every year of age decreases the odds of in-program reoffending. Every year of age decreases the odds of in-program reoffending by 6%.
Using MRT in the program [†]	The odds of in-program reoffending for participants of drug courts that employ MRT are significantly less the odds for similar participants from drug courts that do not employ MRT. The odds of committing in-program offenses for participants of drug courts that employ MRT are 65% less than the odds for similar participants from drug courts that do not employ MRT.
Dismissing the placement charges if a defendant graduates from drug court [†]	The odds of in-program reoffending for participants from drug courts that drop charges for graduates are significantly higher than the odds for similar participants from drug courts that do not drop charges for graduates. The odds of in-program reoffending for participants from drug courts that drop charges for graduates are 146% higher than the odds for similar participants from drug courts that do not drop charges for graduates.

<.001^{***} <.01^{**} <.05[†]

Effects of Moral Reconciliation Therapy in 12 Kentucky State Adult Institutions 2010-2014

Preliminary Results

For 1488 participants in the MRT program, 874 disciplinary write ups have been recorded prior to enrollment into the program. For those that have completed at least 3 Steps of MRT or more, **the write up reduction was 76%** (216 write ups total post completion of program or prior to release from MRT) within the four year window of the study.

Recidivism Reduction: Changing Release Outcome

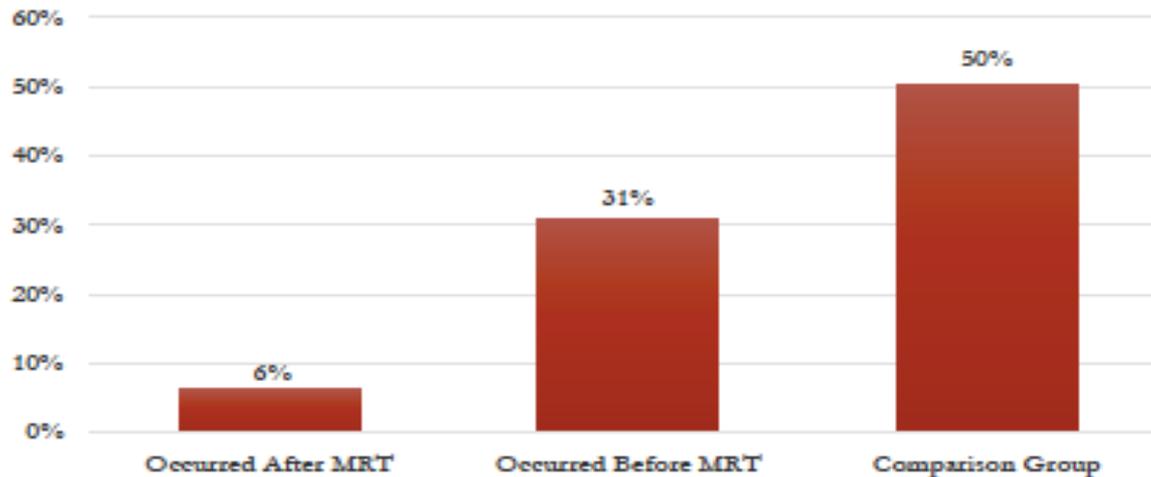
528 individuals (36%) have been released with either MRT completion (213 individuals) or MRT post-Step 3 completion (315 individuals). **Out of the 528 released individuals, 32 (6%) returned into the system on either a new commitment or by violating parole.** Moreover, the following distribution has been determined: 19 individuals returned within six months of completion by violating parole or mandatory release supervision (MRS), 11 individuals returned within 1 year of release (of which 9 returned due to violation of parole or MRS); and 2 returned on new commitments. Within two years or more, 2 individuals returned into the system (one violating parole and one with a new commitment)..

Evaluation of the Moral Reconciliation Therapy (MRT) at the Nebraska Department of Correctional Services

Does MRT Participation Reduce Institutional Misconducts and Recidivism?

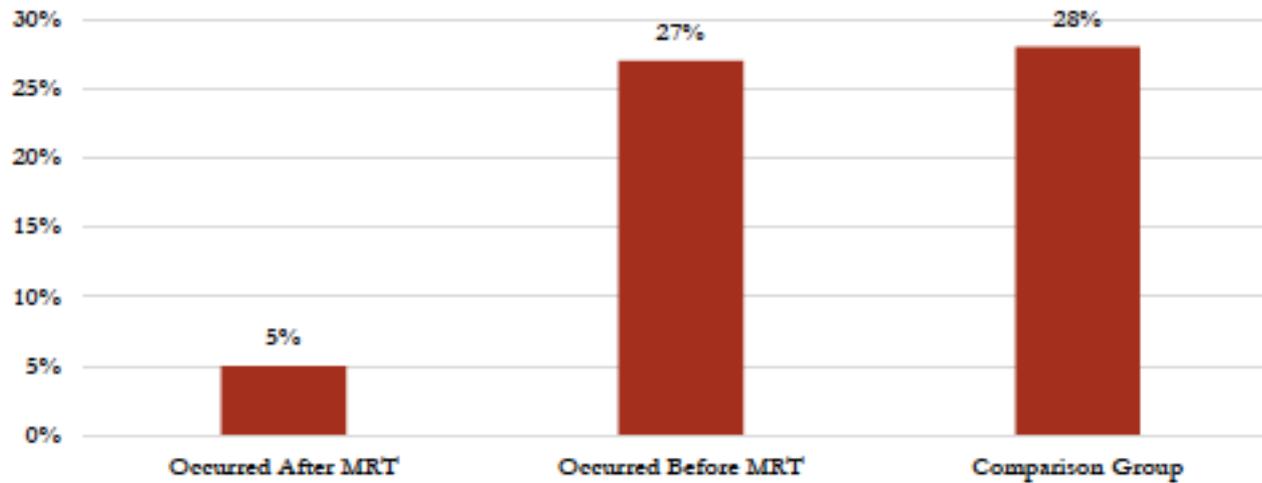
It is very important to determine the temporal order between MRT program participation and misconducts or parole violation, primarily because many inmates begin the MRT program *after* they misbehave. The results of this evaluation show that MRT program participation is related to lower Class 1 and Class 2 misconducts, as well as parole revocations – and this is relative to both the comparison group *and* the MRT participants who engaged in misbehavior *prior* to entering the program. We found that rates of misconduct and parole violations after inmates entered into the MRT program were less than 10%, with rates 2-3 times higher among the comparison group and MRT group who engaged in misbehavior prior to entering into the program. Additionally, completing 2/3 steps of the program appears to exert the most drastic reduction in all outcomes among the MRT group.

Parole Revocations Before and After MRT

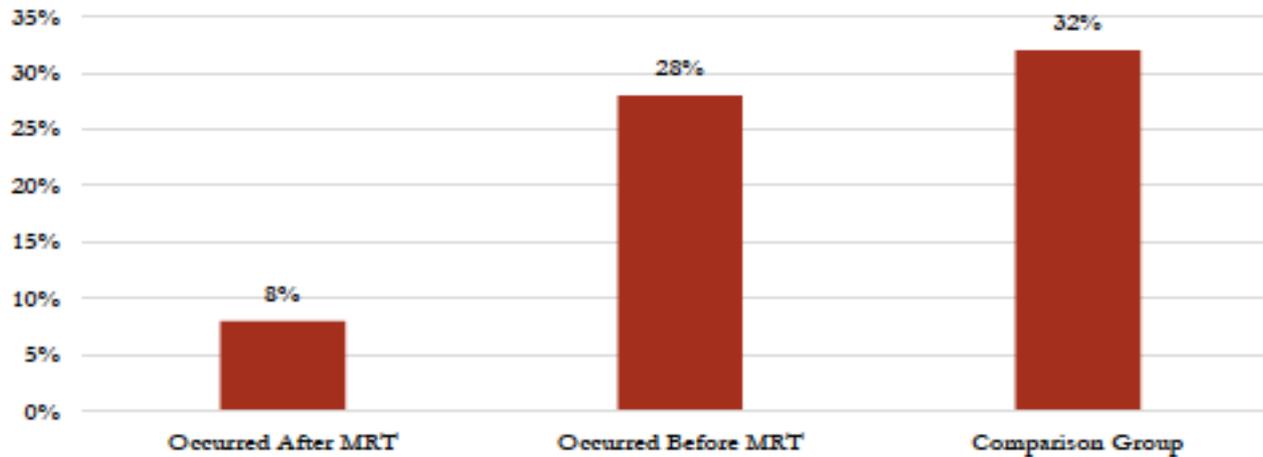


Evaluation of the Moral Reconciliation Therapy (MRT) at the Nebraska Department of Correctional Services, Cognitive Behavioral Treatment Review (2019), 27,1&2, 1-3.

Class 1 Misconducts Before and After MRT



Class 2 Misconducts Before and After MRT



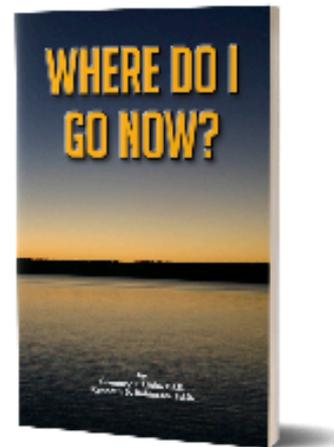
Evaluation of the Moral Reconciliation Therapy (MRT) at the Nebraska Department of Correctional Services, Cognitive Behavioral Treatment Review (2019), 27,1&2, 1-3.

2 New Workbooks for Substance Abuse



For Use In: Opioid & MAT Programs

- Designed for use during stabilization and first 90 days of treatment
- Highlights importance of engaging in MAT with counseling
- Teaches the basics of how to engage in self-evaluation, including Life Purpose
- Shows participants what is needed to make lasting changes in their lives
- Helps participants determine their Life Path - where they're going if they don't address their issues vs how their lives will be different if they do
- Ultimate goal: make a commitment to change & completing treatment



For Use In: Drug & Alcohol Pre-Treatment

- Designed for use during initial stabilization period
- Allows participants to determine how much purpose their lives currently have
- Teaches the basics of how to engage in self-evaluation
- Shows participants what is needed to make lasting changes in their lives
- Helps participants determine their Life Path - where they're going if they don't address their issues vs how their lives will be different if they do
- Ultimate goal is to assist the client in deciding whether or not to engage in a treatment program

PROGRAM IMPLEMENTATION

WHAT DO I DO NOW? AND WHERE DO I GO NOW?

These programs were designed for easy implementation in practically any setting. The simplicity of the programs aid in:

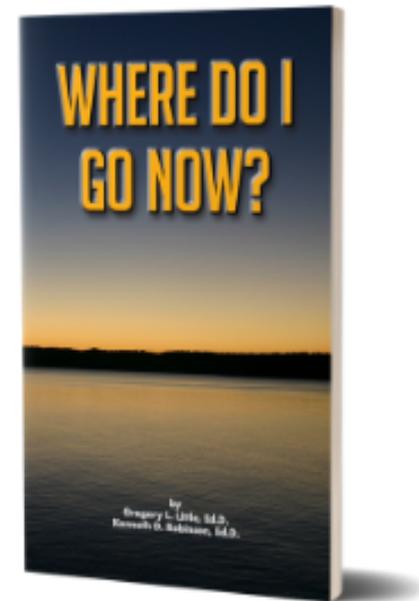
- **removing barriers to client care**
- **speeding up program implementation**
- **keeping the focus on the fundamentals**
- **assessing where each client has the most engagement**

INTRODUCING THE NEWEST MRT WORKBOOK FOR DRUG & ALCOHOL PRE-TREATMENT PROGRAMS:

WHERE DO I GO NOW?

Where Do I Go Now? is a 3-month, 12-chapter program workbook for clients participating in alcohol and drug pre-treatment programs in settings such as drug & specialty courts, substance abuse treatment, community corrections, or probation. The program is open-ended, meaning that clients can begin participation at any time. The 36-page workbook is designed for easy implementation and adapts to any treatment venue. The 12-sessions require a weekly interaction with program staff. The workbook focuses on two major goals: Assisting clients to successfully complete the initial 3-months of participation and to encourage continued engagement in more formal treatment.

****Please note: Purchase of this workbook does NOT require training or certification. If you are interested in a clinical program overview, introduction and training for your staff, please email us at ccimrt@ccimrt.com**



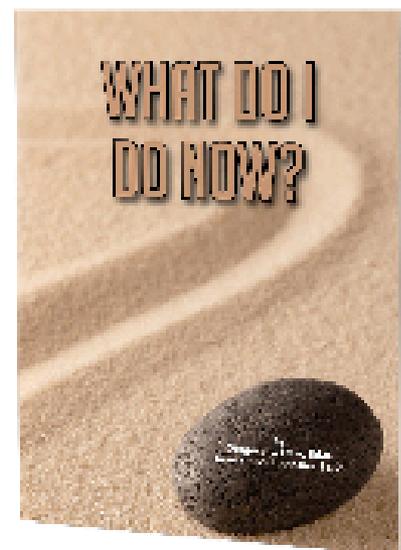
TO PURCHASE THESE WORKBOOKS FOR YOUR AGENCY, PLEASE CALL (901) 360-1564 OR PLACE AN ORDER ONLINE AT: [HTTPS://WWW.CCIMRT.COM/PRODUCT/WHERE-DO-I-GO-NOW-WORKBOOK/](https://www.ccimrt.com/product/where-do-i-go-now-workbook/)

INTRODUCING THE NEWEST MRT WORKBOOK FOR OPIATE PROGRAMS:

WHAT DO I DO NOW?

What Do I Do Now? is a 12-week, specialized workbook targeting opiate-focused drug courts, medically-assisted treatment patients, & offenders in treatment for opiate-related issues. The program is open-ended, meaning clients can begin participation at any time. The 36-page workbook is designed for easy implementation and adapts to any treatment venue. The 12 sessions require a weekly interaction with program staff. The program focuses on 2 major goals: Assisting participants to complete the first 3 months of treatment and to foster ongoing engagement in treatment after the initial three-month period.

*****Please note: Purchase of this workbook does NOT require training or certification. If you are interested in a clinical program overview, introduction and training for your staff, please email us at ccimrt@ccimrt.com***



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Upcoming MRT Trainings

San Jose, CA October 28-31, 2019

San Diego, CA Nov. 18-21, 2019

San Diego, CA Mar. 10-13, 2020

Red Bluff, CA (TBA)

Los Angeles, CA (TBA)

1-Day Basic MRT Review

San Diego, CA Nov. 22, 2019

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