

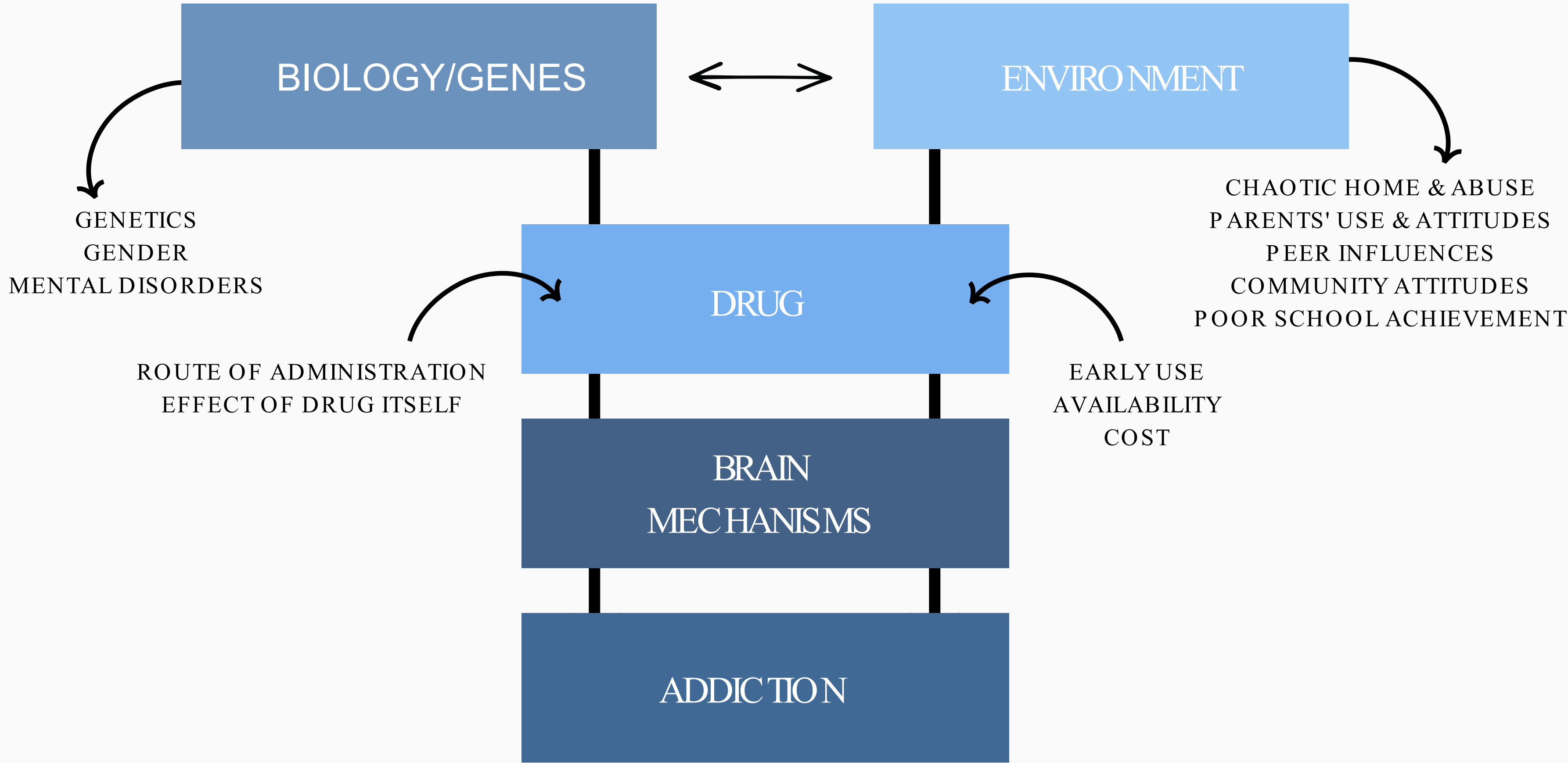
# Moral Reconciliation Therapy - MRT® Overview

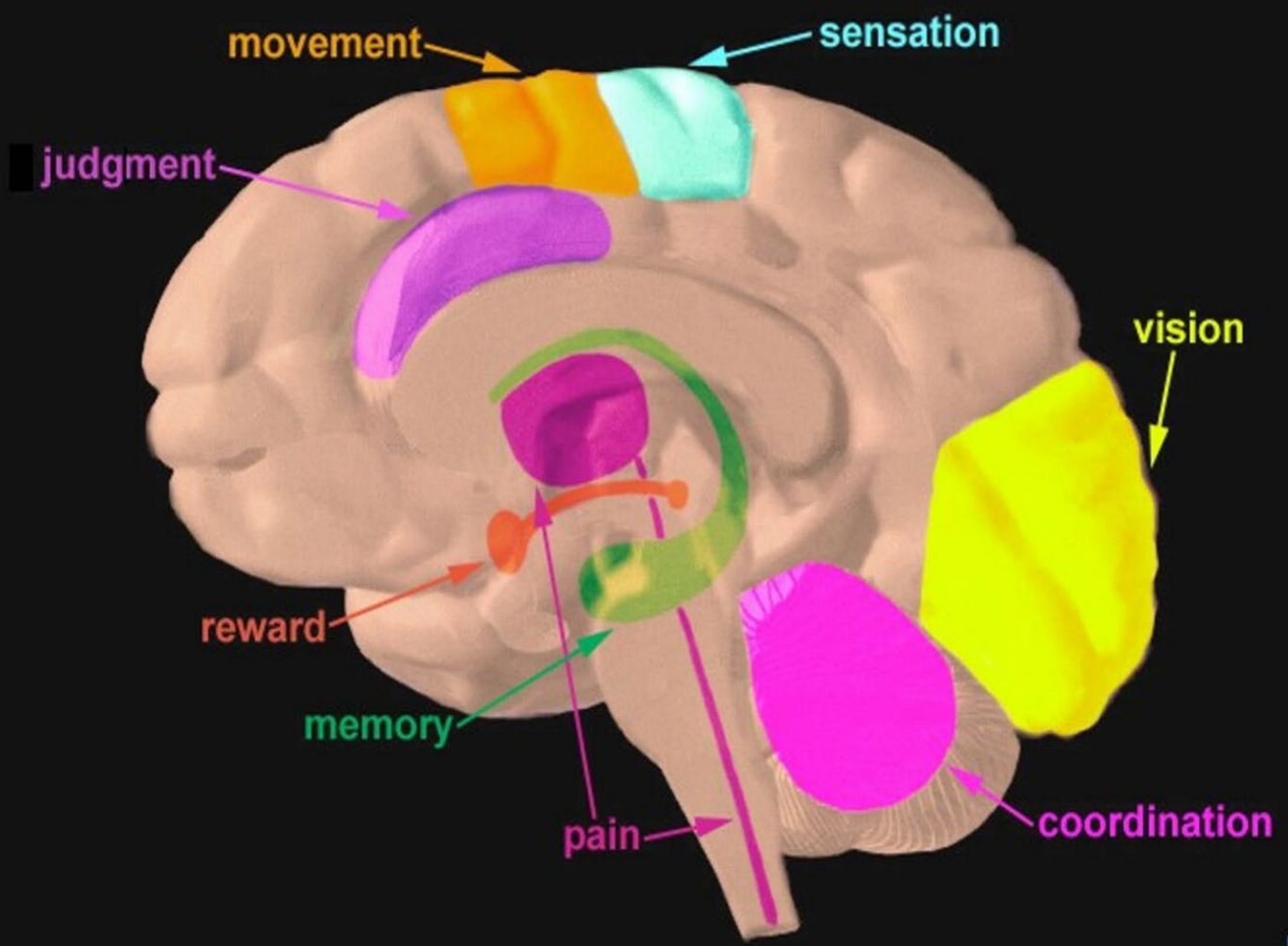
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# Disclaimer

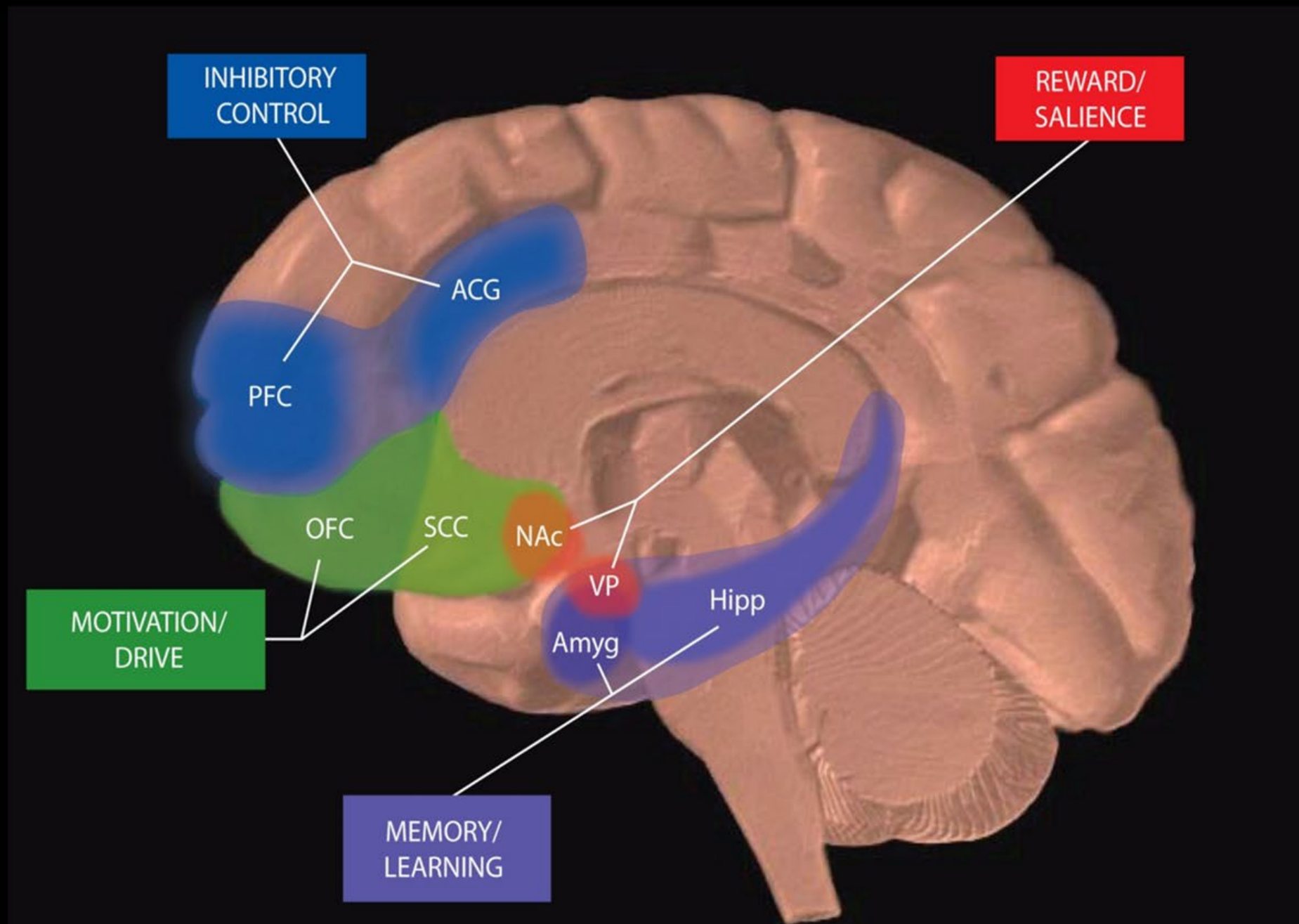
- This project was supported by Grant No. 2019-DC-BX-K012 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office.

Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.





# Circuits Involved In Drug Abuse and Addiction



**All of these must be considered  
in developing strategies to  
effectively treat addiction**

# NATURAL REWARDS

FOOD

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WATER

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SEX

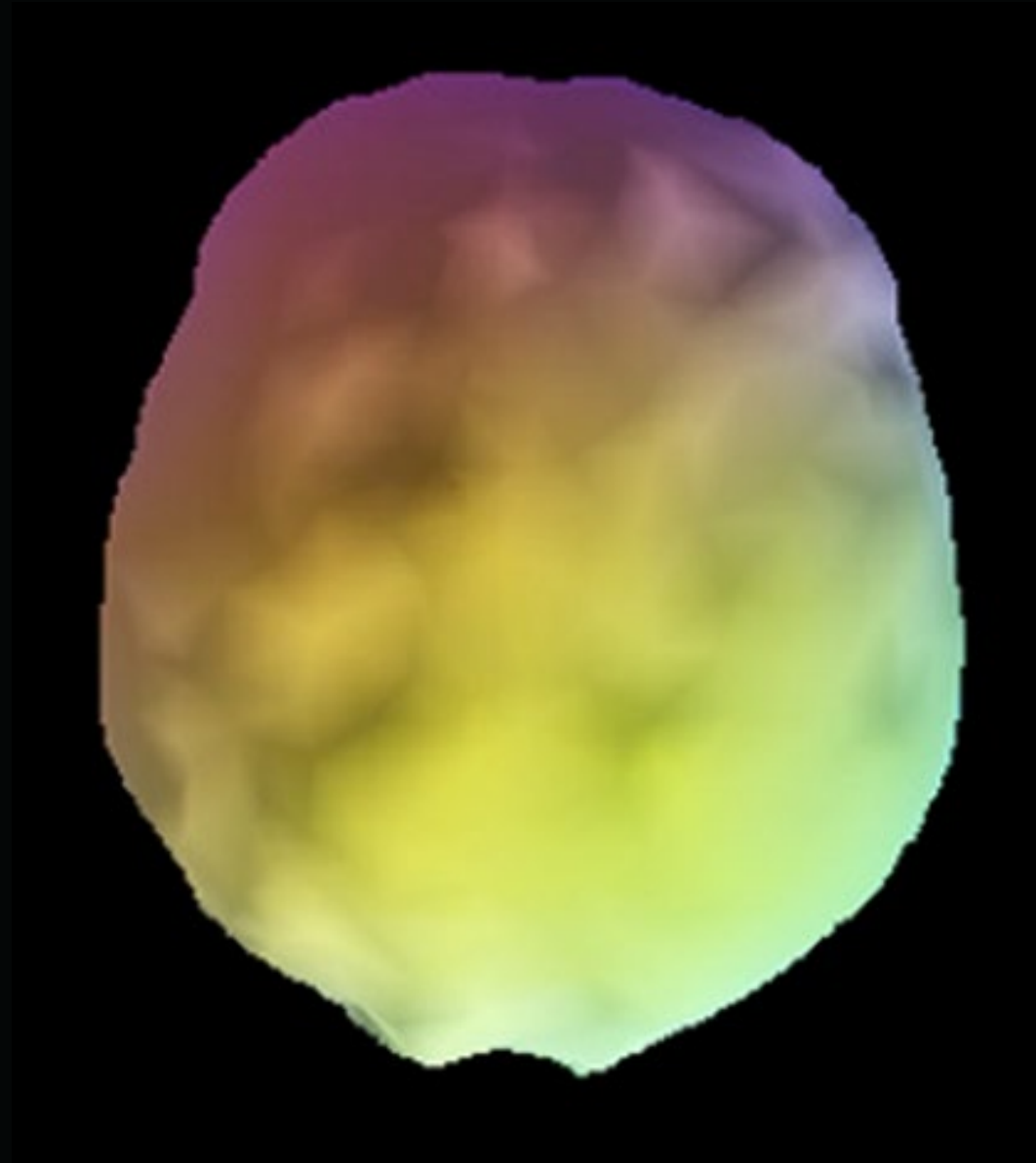
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NUTURING

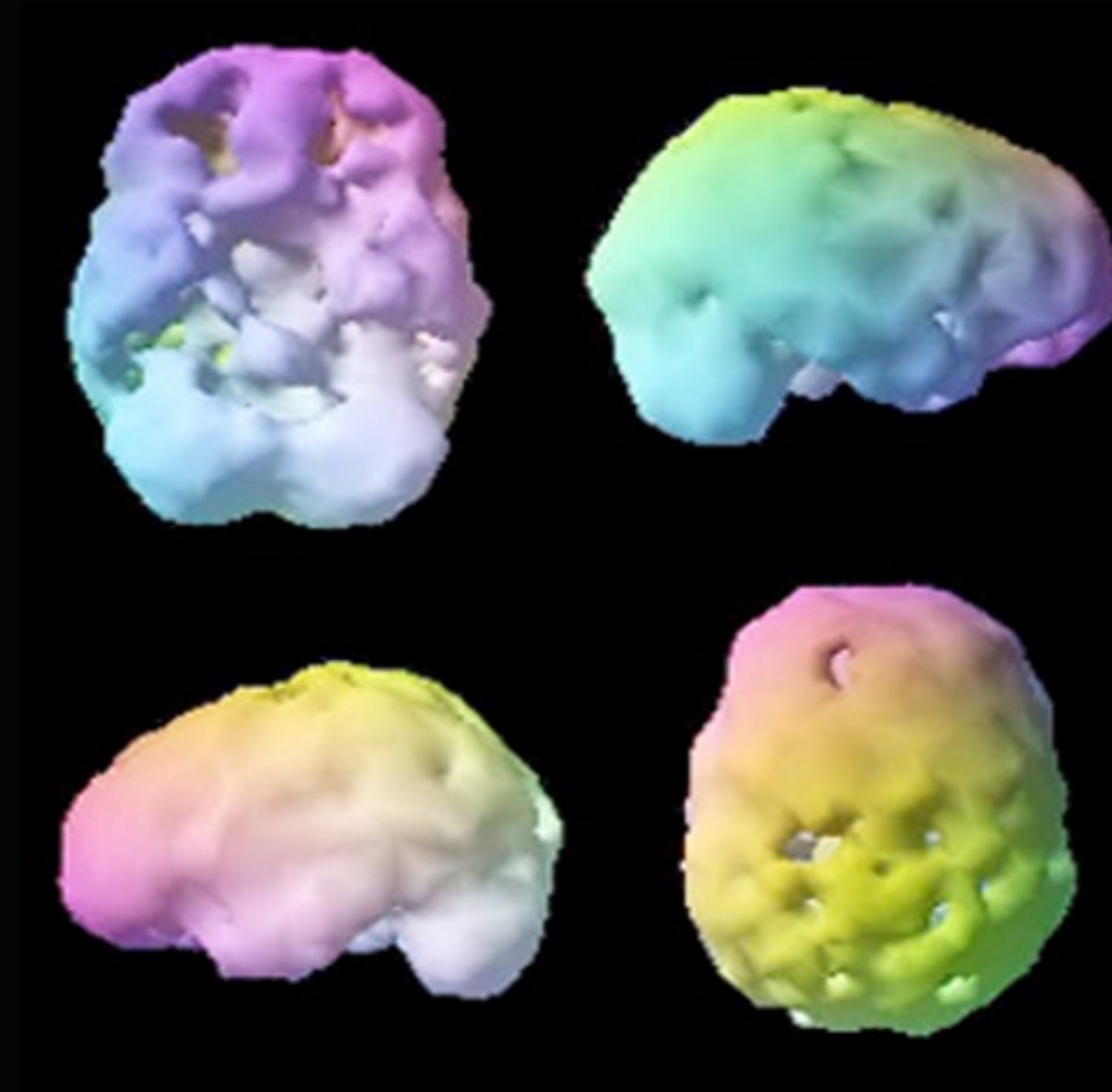
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# SPECT images of the Brain

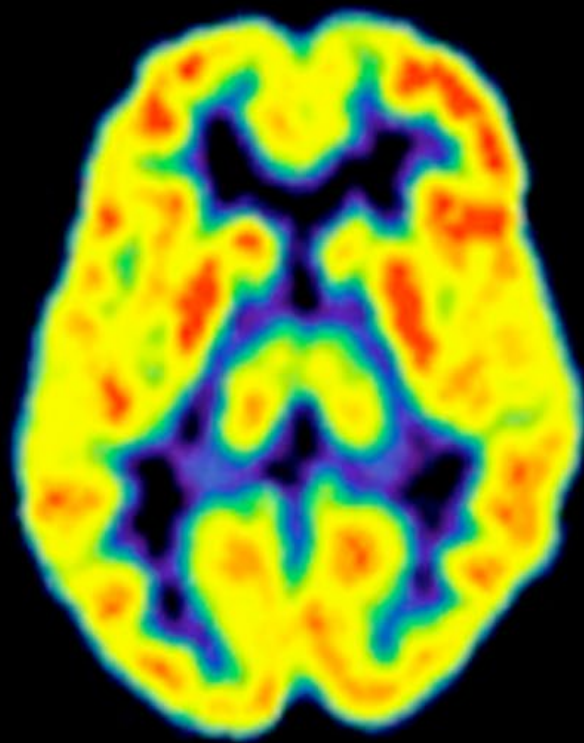


Healthy Brain

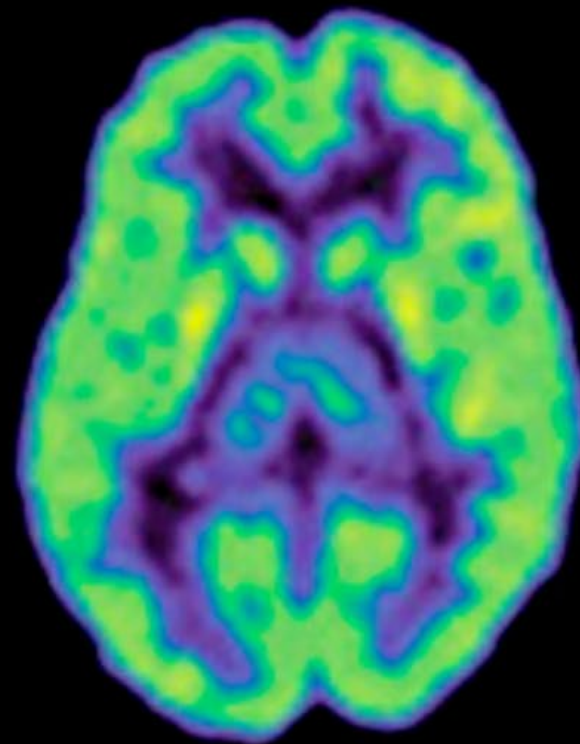


Daily Drinker

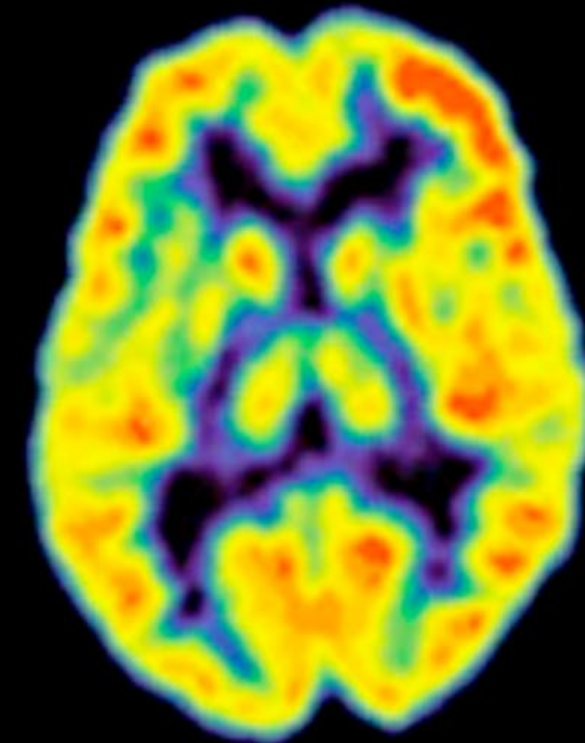
# Alcohol makes the alcoholic brain 'normal'



control



alcoholic



intoxicated  
alcoholic



# Treatment Beliefs

Moving from assessment to treatment requires addressing the sources of adherence problems:

- Client beliefs and perceptions about process:
  - perceptions about treatment
  - ambivalence about change
  - expectations about treatment outcomes

# Treatment Must Enhance

**Motivation** – Why change?

**Insight** – What to change?

**Skills** – How to change?

# IDENTIFYING THE PROBLEM

Individuals with co-occurring disorders (mental health & substance use), tend to remain incarcerated for longer periods of time than inmates without co-occurring disorders, and have a 17% higher risk of recidivism than individuals with only a mental or substance use disorder.

In her classic book,

Deviant Children Grown Up: A Sociological and Psychiatric Study of Sociopathic Personality (1966),

L.N. Robins outlined the most common symptoms (during childhood) predictive of adult APD.

**The number following  
the symptom is the  
percent of adults with  
APD who had the  
symptom during  
childhood:**

Theft

83%

Incorrigibility

80%

Truancy

66%

Running away from home

65%



56%

Negative peers as companions

---

45%

Physically aggressive

---

38%

Impulsive

---

35%

Reckless behavior

---

35%

Irresponsible behavior

32%

Slovenly appearance

---

32%

Bedwetting

---

32%

Lack of guilt

---

26%

Pathological lying

---

18%

Sexual perversions

Robins classic work went on to tabulate the most common symptoms of ADULT antisocials. The number following the symptom is the percent of those with APD who have a significant problem in the respective life area:

**ALCOHOL/DRUG ABUSE**

90%

**PROBLEMS WITH WORK**

85%

**MARITAL PROBLEMS**

81%

**FINANCIALLY DEPENDENT**

79%

**ARRESTS**

75%

**SCHOOL/EDUC. PROBLEMS**

71%

**IMPULSIVE BEHAVIOR**

67%

**SEXUAL BEHAVIOR**

67%

**VAGRANCY**

60%

**BELLIGERENCE**

58%

**SOCIAL ISOLATION**

56%

**LACK OF GUILT**

40%

**SOMATIC COMPLAINTS**

31%

**USE OF ALIASES**

29%

**PATHOLOGICAL LYING**

16%

**SUICIDE ATTEMPTS**

11%

# People with APD Traits Don't Respond to Punishment



# 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.**

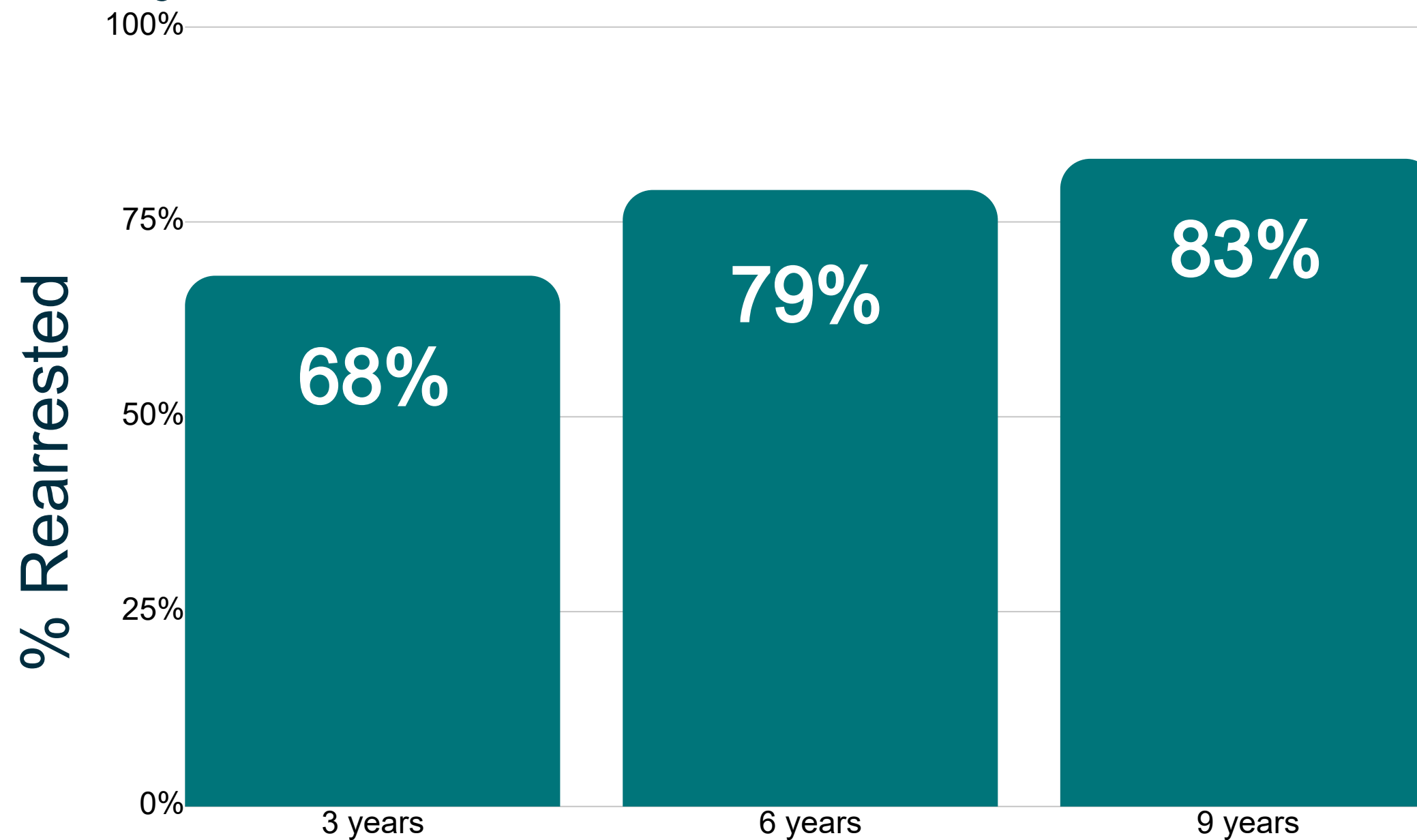
Source: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>





# 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>





# CRIMINOGENIC RISK FACTORS

- Antisocial/pro-criminal attitudes, values, & beliefs
- Pro-criminal associates
- Temperament & personality factors
- History of antisocial behavior
- Family factors
- Low levels of educational, vocational, or financial achievement

# MAJOR CRIMINOGENIC FACTORS

## DYNAMIC RISK

### ANTISOCIAL PERSONALITY PATTERN:

Impulsive, adventurous, pleasure-seeking,  
restlessly aggressive & irritable

### PROCRIMINAL ATTITUDES:

Rationalizations for crime, negative attitudes  
towards the law

# Prevalence Rates of APD in US General Population

Between 3.9 - 5.8%  
For men

Between .05 - 1.9%  
For women

1. Robins LN, Helzer JE, Weissman MM, et al. Lifetime prevalence of specific psychiatric disorders in three sites. Arch Gen Psychiatry. 1984;41:949-958.

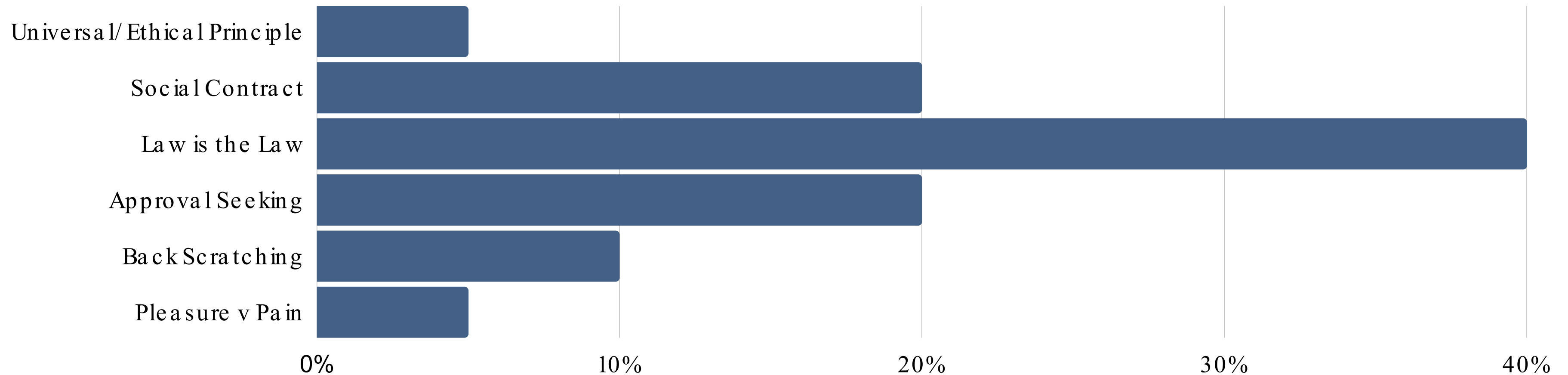
2. Kessler RC, McGonagle KA, Zhao S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States — results from the National Comorbidity Survey. Arch Gen Psychiatry. 1994;51:8-19.

3. Compton WM, Conway KP, Stinson FS, et al. Prevalence, correlates, and comorbidity of DSM-IV antisocial personality syndromes and specific drug use disorders in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. J Clin Psychiatry. 2005;66:677-685.

# Kohlberg's Theory of Moral Development

LEVEL	STAGE	CHARACTERISTICS
Pre Conventional	Conventional	Pleasure v Pain
	Conventional	Back Scratching
Conventional	Conventional	Approval Seeking
	Conventional	Law is the Law
Post Conventional	Conventional	Social Contract
	Conventional	Universal/Ethical Principle

# Percentage of decisions made in each stage for “Normal” People





# Reasoning Behind MRT:

If an offender's level of moral reasoning could be raised, it would reduce the likelihood of the person re-offending

If moral reasoning changed, the behavior would change

# FINDINGS :

- Pre-tests showed that most offenders came into the program making decisions at levels 1 & 2
- Final results showed that the more steps of MRT a client completed, the greater his moral reasoning increased to higher stages
- The clients were observed after release. The MRT participant's rate of recidivism was 1/3 that of the control group
- Therefore, it was concluded that by completing MRT steps, clients would increase their level of moral reasoning, thereby reducing their likelihood of returning to the criminal justice system. This theory is the basis of MRT.

- 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.

# PRINCIPLES OF 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

# COGNITIVE BEHAVIORAL TREATMENT

# MRT - MORAL RECONATION THERAPY®

Conation

A term derived from the philosopher René Descartes to describe the point where body, mind, and spirit are aligned in decision making.

"Reconation" then refers to altering the process of how decisions are made.

# MRT FOCUS

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



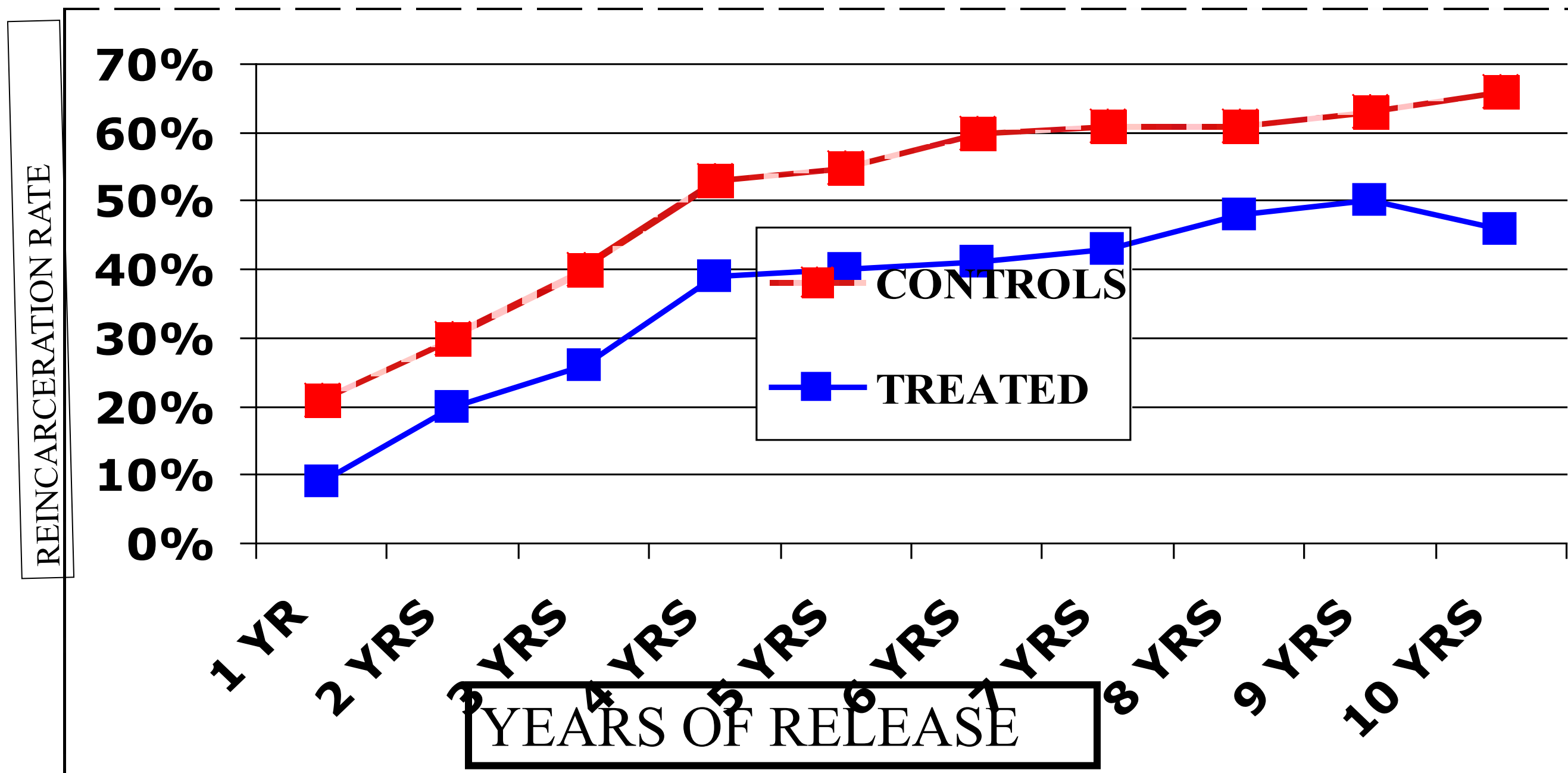
# MRT UNIQUE PROGRAM ATTRIBUTES

- Open ended & Self-paced
- Usable across systems
- Encompasses a range of learning styles
- Utilizes an Inside-Out process
- Standardized curriculum provides facilitator structure and accountability
- Program emphasizes feedback & student reflection
- Enhances personal problem solving & self-direction
- Helps clients identify their individual strengths

# MRT CLIENT GROUP PROCESS

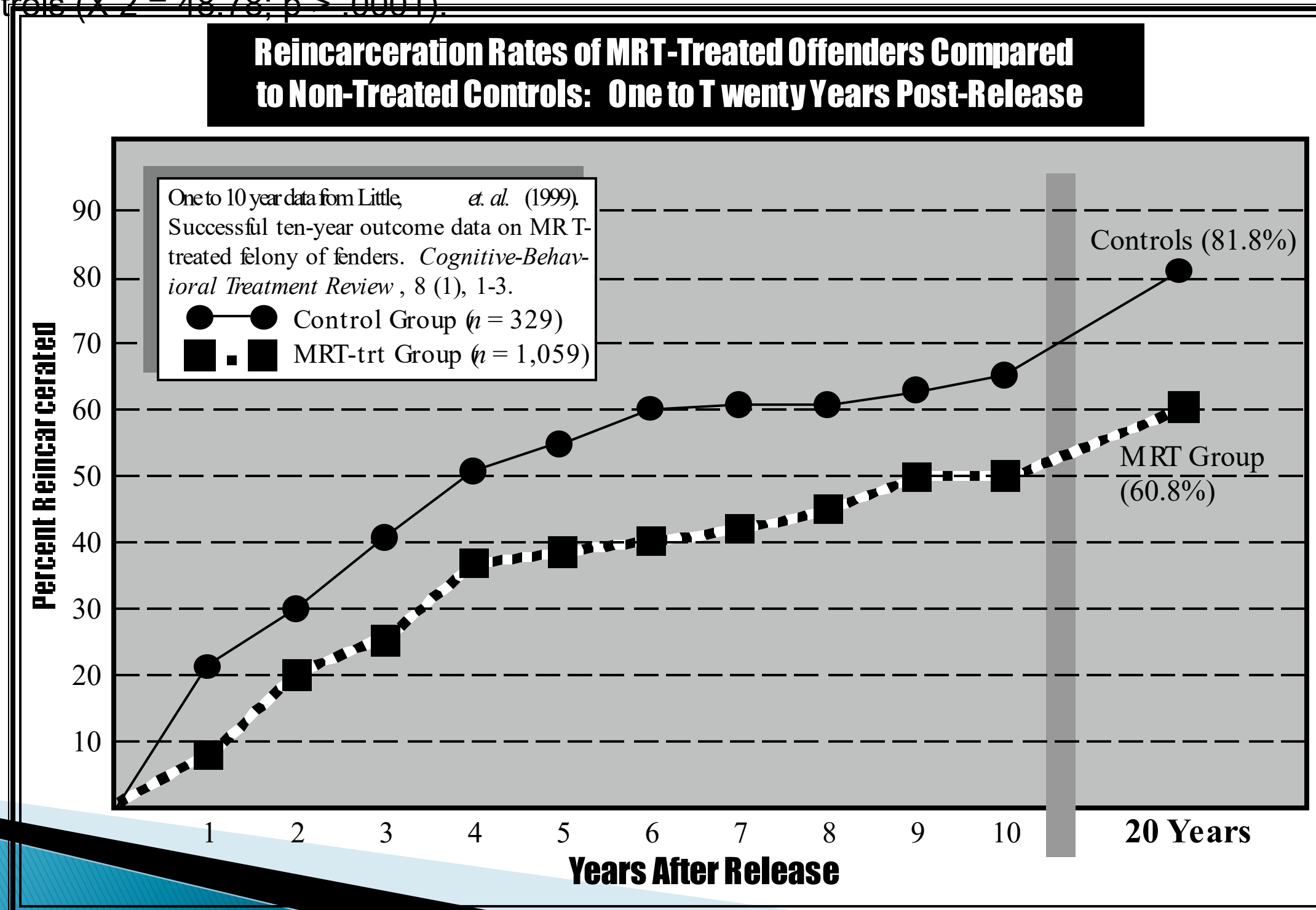
- MRT is designed to be completed by the average client in 20-30 sessions
- Completion is defined when the client successfully passes MRT's 12th Step
- MRT is specifically designed for clients with open-ended groups where participants can enter at any time and work at their own pace, as well as continue participation following release on parole/probation or transfer to other institutions

REINCARCERATION RATES OF MRT TREATED FELONY OFFENDERS COMPARED TO NON-TREATED CONTROLS ONE TO TEN YEARS AFTER RELEASE  
(SHELBY COUNTY CORRECTION CENTER, MEMPHIS, TN 1987-1998)



## Twenty-Year Recidivism Results for MRT-Treated Offenders

Results from the analysis of the post-release criminal records of the 1,052 MRT-treated subjects and 329 nontreated controls revealed the following. A total of 640 (or 60.8%) of the MRT-treated group had been reincarcerated for a new sentence at least once over their 21 years of release. A total of 269 controls (or 81.8%) had been reincarcerated for a new sentence at least once over their last 21 years of release. Chi-squared analysis showed that the MRT-treated group had a statistically significant lower reincarceration rate than did controls ( $\chi^2 = 48.78; p > .0001$ ).



# A META-ANALYSIS OF MORAL RECONATION THERAPY

"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."

BY MYLES FERGUSON AND J. STEPHEN WORMITH

- 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

WHY MRT  
WORKS



# **Effectiveness & Impact of Thurston County, Washington Drug Court Program, 1998-2007**

- 106 MRT Grads' recidivism rate: 20%
- 223 comparison group of probation completers' recidivism rate: 45%

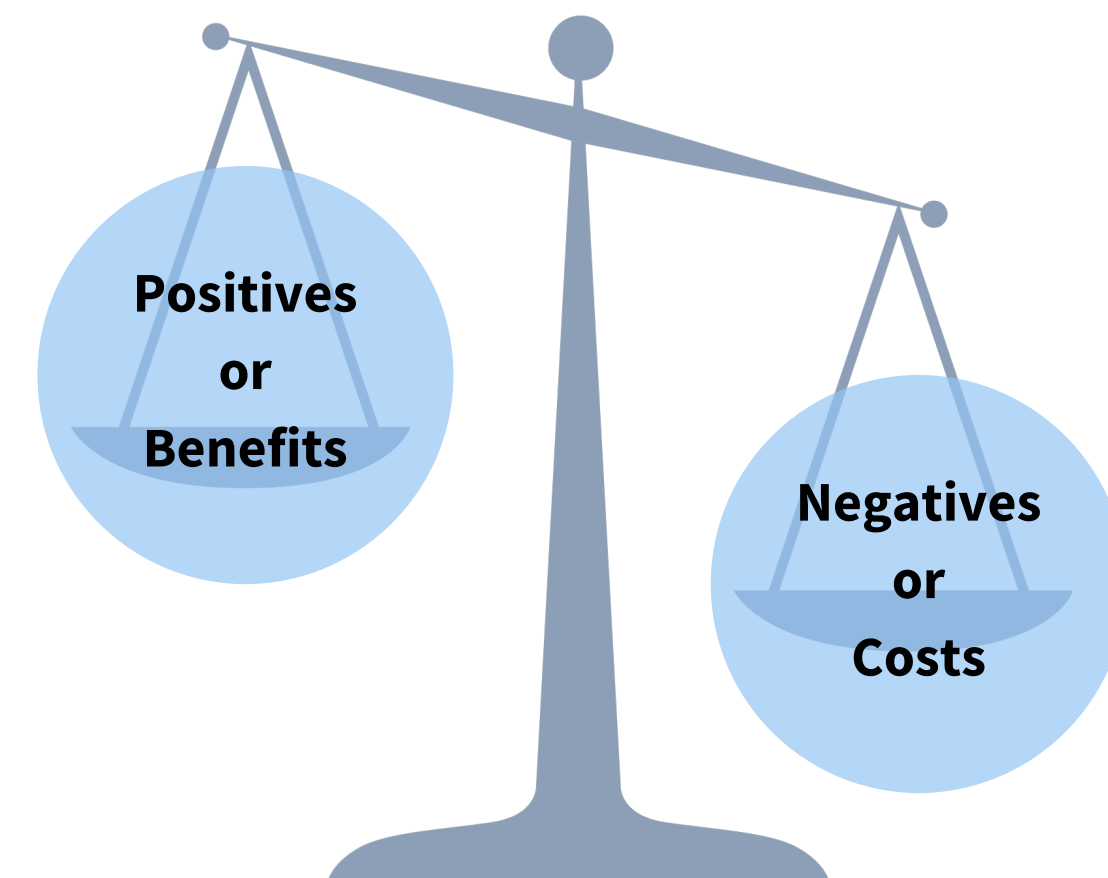
# KENTUCKY DEPARTMENT OF CORRECTIONS

- Discipline writeups were reduced by 85%
- Recidivism rate 13%

# Bonneville County Mental Health Court

- Began in 2002
- 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

# Virginia Adult Drug Treatment Courts Cost Benefit Analysis

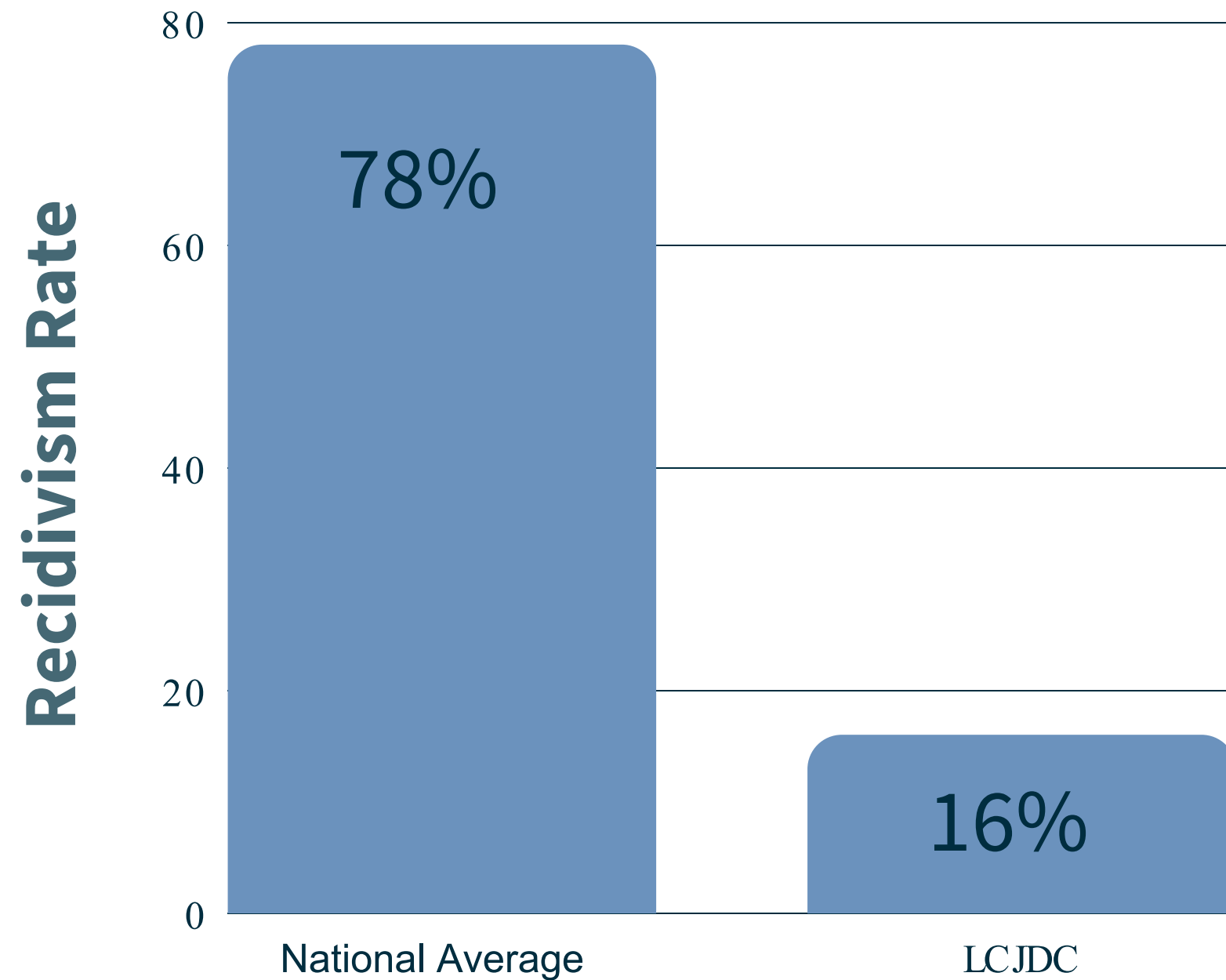


The multilevel analysis of the determinates of in-program recidivism determined participants in drug court programs that utilize Moral Reconciliation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.

# **Success of MRT in the Day Reporting Center in Franklin County, PA (FCDRC): Cost Savings**

As of 2017, a total of 267,300 days have been saved because participants have not resided in jail or prison. This has resulted in an approximate savings of \$12,028,500 to the county.

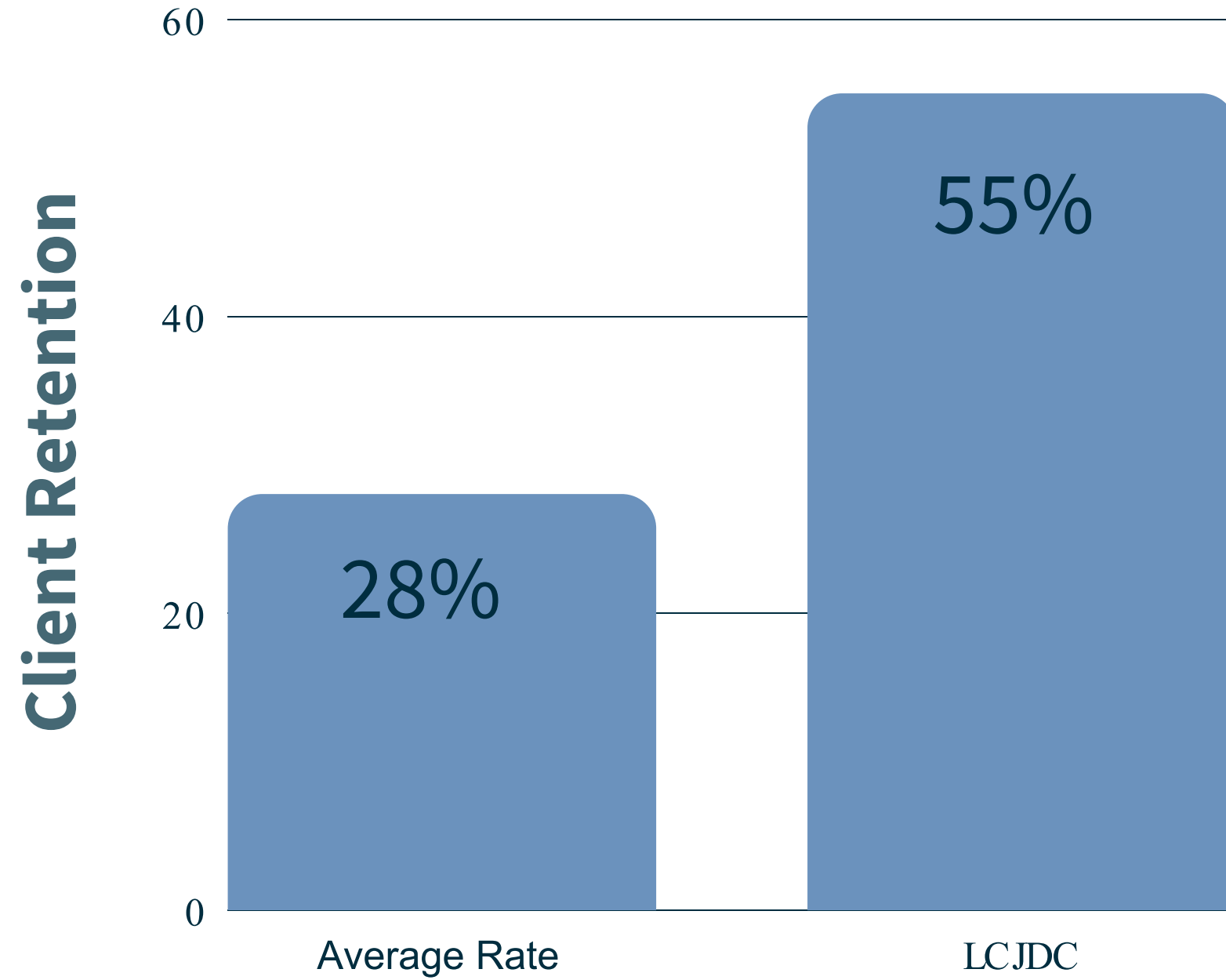
# Lincoln County Juvenile Court: Recidivism



The re-offend rate through April 2009 is 16%, but this only reflects one participant re-offending, which far exceeds this objective of the program. Additionally, this result compares to the average juvenile drug offender re-offense of 78%.



# Lincoln County Juvenile Court: Retention Rate



The positive outcome of producing a 55% Retention Rate continues to be met, which far exceeds the average of 28% reported in research for substance abuse treatment programs.



The most important moderators of the effect size are the quality of implementation (beta = 0.45), the recidivism risk rating of the person receiving therapy (beta = 0.26), and the number of sessions of CBT per week (beta = 0.22) (Lipsey et al., 2007). The most successful type of programme was Moral Reconciliation Therapy, MRT (beta = 0.15). The review of European studies by Koehler et al. (2013) confirms greater effectiveness with young people with greater needs and that fidelity of implementation matters. It also finds that interventions are more effective in community than custodial settings.

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Cognitive Behavioral Therapy

Hannah Gaffney, David P. Farrington, & Howard White

# Contact Us!

We'd love to hear your thoughts!

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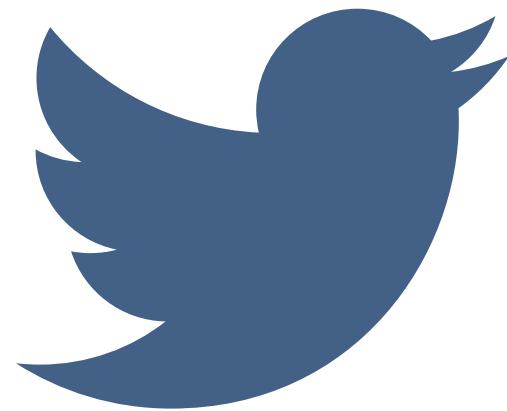
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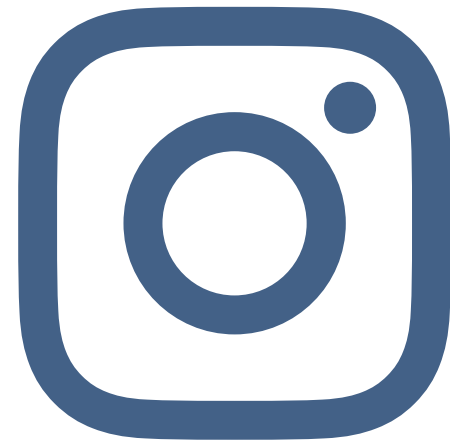
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