

# **The What, The How, & The Why: Over 30 Years of Organic Success with Moral Reconation Therapy - MRT®**



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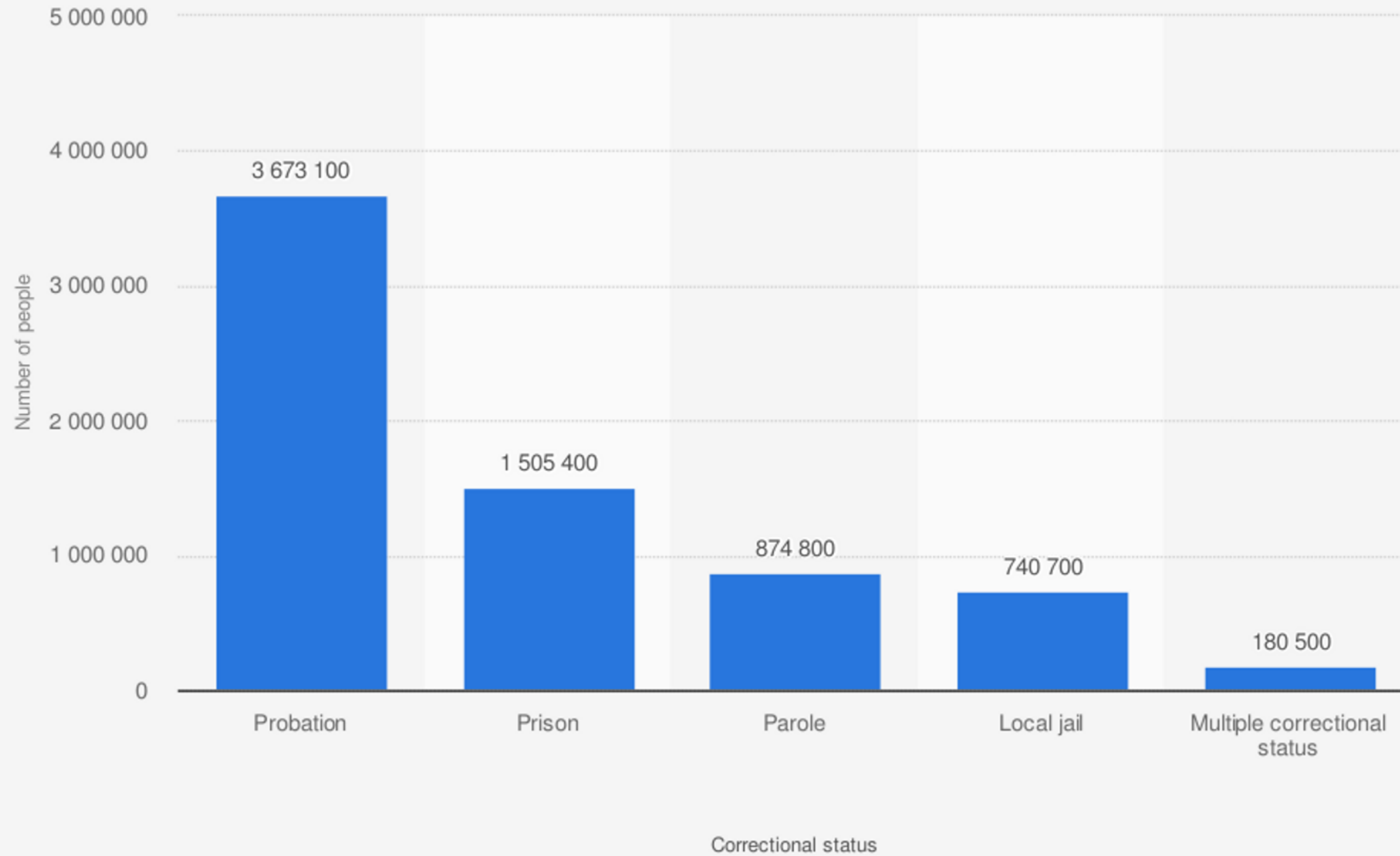
# IDENTIFYING THE PROBLEM

**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



## Adult correctional population in the United States in 2016, by correctional status



### Sources

US Department of Justice; US Bureau of Justice Statistics

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### Additional Information:

United States; US Bureau of Justice Statistics; 2016



# US RECIDIVISM STATISTICS

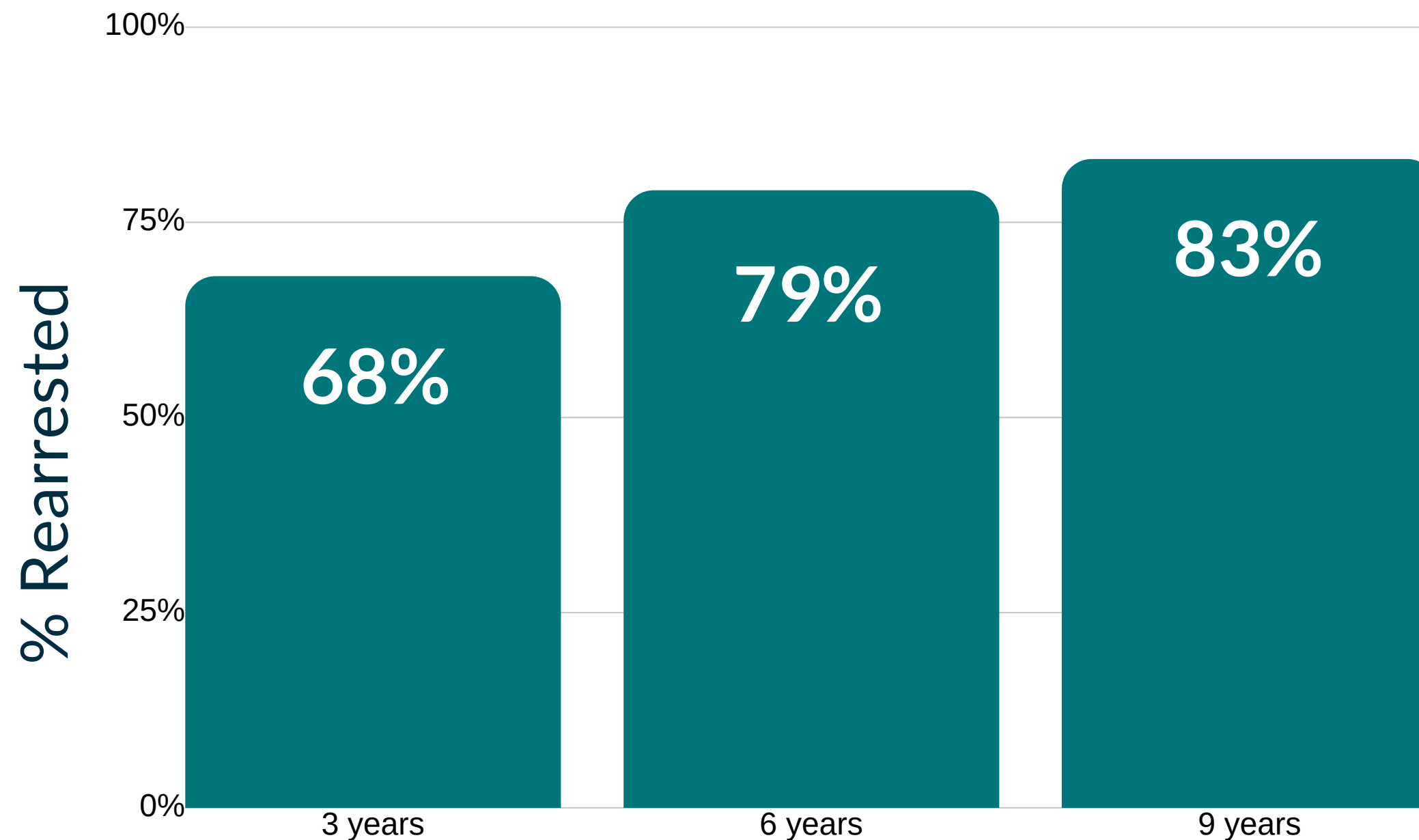
**In a 9-year recidivism study, 401,288 state prisoners released in 2005 had 1,994,000 arrests during the 9-year period, an average of 5 arrests per released prisoner. Sixty percent of these arrests occurred during years 4 through 9.**

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>



# Prevalence Rates of APD Among Incarcerated Offenders

**FOR MEN**

**BETWEEN 11 - 78%**

**FOR WOMEN**

**BETWEEN 12 - 65%**

1. Guze S. Criminality and psychiatric disorders. New York, NY: Oxford University Press

2. Rotter M, Way B, Steinbacher M, et al. Personality ss; 1976. disorders in prison: aren't they all antisocial? Psychiatr Q. 2002;73:337-349.

3. Coid JW. DSM-III diagnosis in criminal psychopaths: a way forward. Criminal Behaviour and Mental Health. 1992;2:78-94.

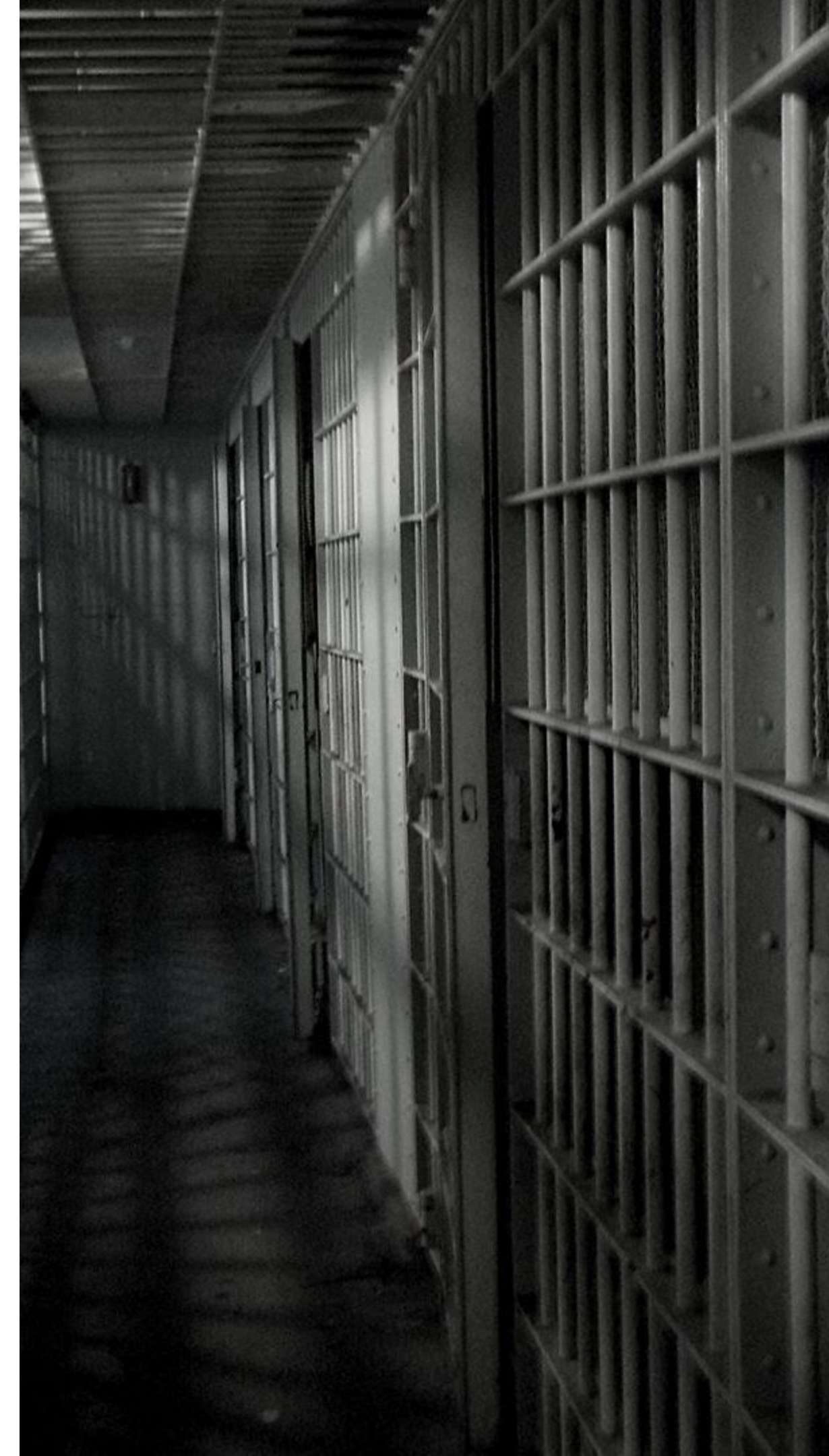
Jordan BK, Schlenger WE, Fairbank JA, et al. Prevalence of psychiatric disorders among incarcerated women. II. Convicted felons entering prison. Arch Gen Psychiatry. 1996;53:513-519.



# IDENTIFYING THE PROBLEM

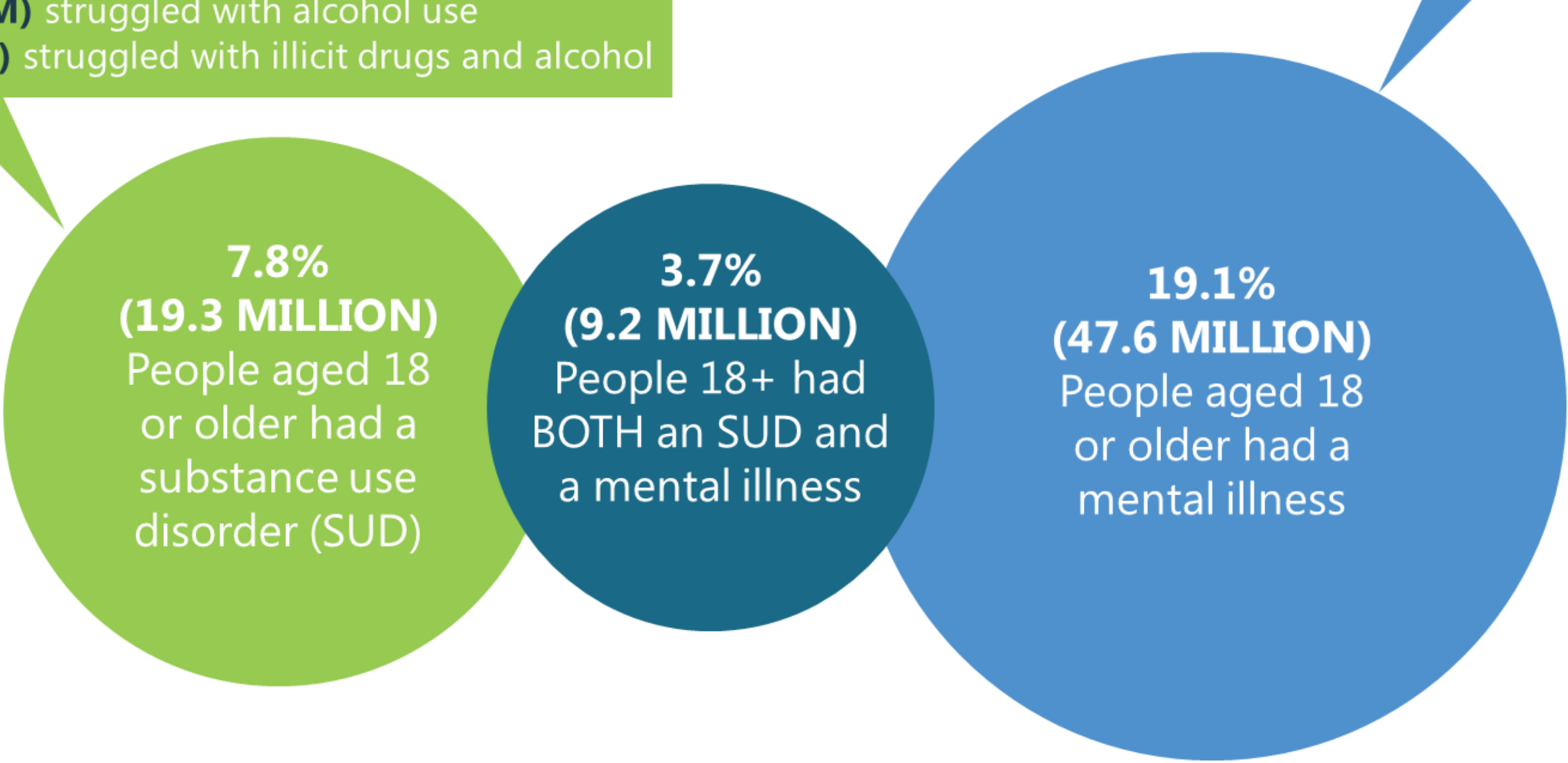
**Individuals with co-occurring disorders (mental health & substance use), tend to remain incarcerated for longer periods of time than inmates without co-occurring disorders, and have a 17% higher risk of recidivism than individuals with only a mental or substance use disorder.**

Source: <https://www.ncbi.nlm.nih.gov/pubmed/25799302>



**Among those with a substance use disorder:**  
**3 IN 8 (38.3% or 7.4M)** struggled with illicit drugs  
**3 IN 4 (74.5% or 14.4M)** struggled with alcohol use  
**1 IN 8 (12.9% or 2.5M)** struggled with illicit drugs and alcohol

**Among those with a mental illness:**  
**1 IN 4 (23.9% or 11.4M)** had a serious mental illness



In 2018, **57.8M** Americans had a mental and/or substance use disorder.



# IDENTIFYING THE PROBLEM

**Abuse of tobacco, alcohol, and illicit drugs is exacting more than \$700 billion annually in costs related to crime, lost work productivity, and health care.**



Sources: <https://www.cdc.gov/features/costsofdrinking/index.html> & <https://www.ncbi.nlm.nih.gov/pubmed/24455788>

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**SO HOW TO WE KEEP PEOPLE ALIVE  
AND OUT OF OUR JAILS AND PRISONS?**

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# IS TREATMENT EFFECTIVE?

- Many do not comply
- Many relapse
- There is no cure
- Rates are similar to other diseases
  - e.g. diabetes, heart disease, obesity





# RATES OF MEDICATION ADHERENCE

## (Over 6-12 Months)

- Bipolar Disorder: 34% - 80%
- Schizophrenia: 11% - 80%
- Cardiovascular: 46% (Beta), 44% (Cholesterol)
- Osteoporosis: 43% - 53%

# POPULAR TREATMENT APPROACHES

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- General Counseling
- Lectures & Films
- Confrontation
- Relaxation
- Milieu therapy
- Group Psychotherapy

# MAJOR CATEGORIES OF TREATMENT

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- Motivation
- Insight
- Skills



# IDENTIFYING BEST PRACTICES: EBP CRITERIA

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- 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

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- 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

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- 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.



# MRT - MORAL RECONATION THERAPY®

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## 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



# KOHLBERG'S THEORY OF MORAL DEVELOPMENT

## **POST CONVENTIONAL:**

- 6. Universal/Ethical Principle
- 5. Social Contract

## **CONVENTIONAL:**

- 4. Law is the Law
- 3. Approval Seeking

## **PRE-CONVENTIONAL:**

- 2. Back Scratching
- 1. Pleasure v Pain





# MRT UNIQUE PROGRAM ATTRIBUTES

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

# MRT CLIENT GROUP PROCESS

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- 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

# WHY MRT WORKS

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- 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

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- Each step in the program involves completing specific assignments and reporting on how they completed the step.
- The program is culturally neutral and gender sensitive.
- Standardized curriculum and facilitator training ensures consistent program delivery, continuity of care and quality assurance.
- Finally, MRT is extremely cost-effective compared to other programs.

# A META-ANALYSIS OF MORAL RECONATION THERAPY

BY MYLES FERGUSON AND J. STEPHEN WORMITH

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.

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



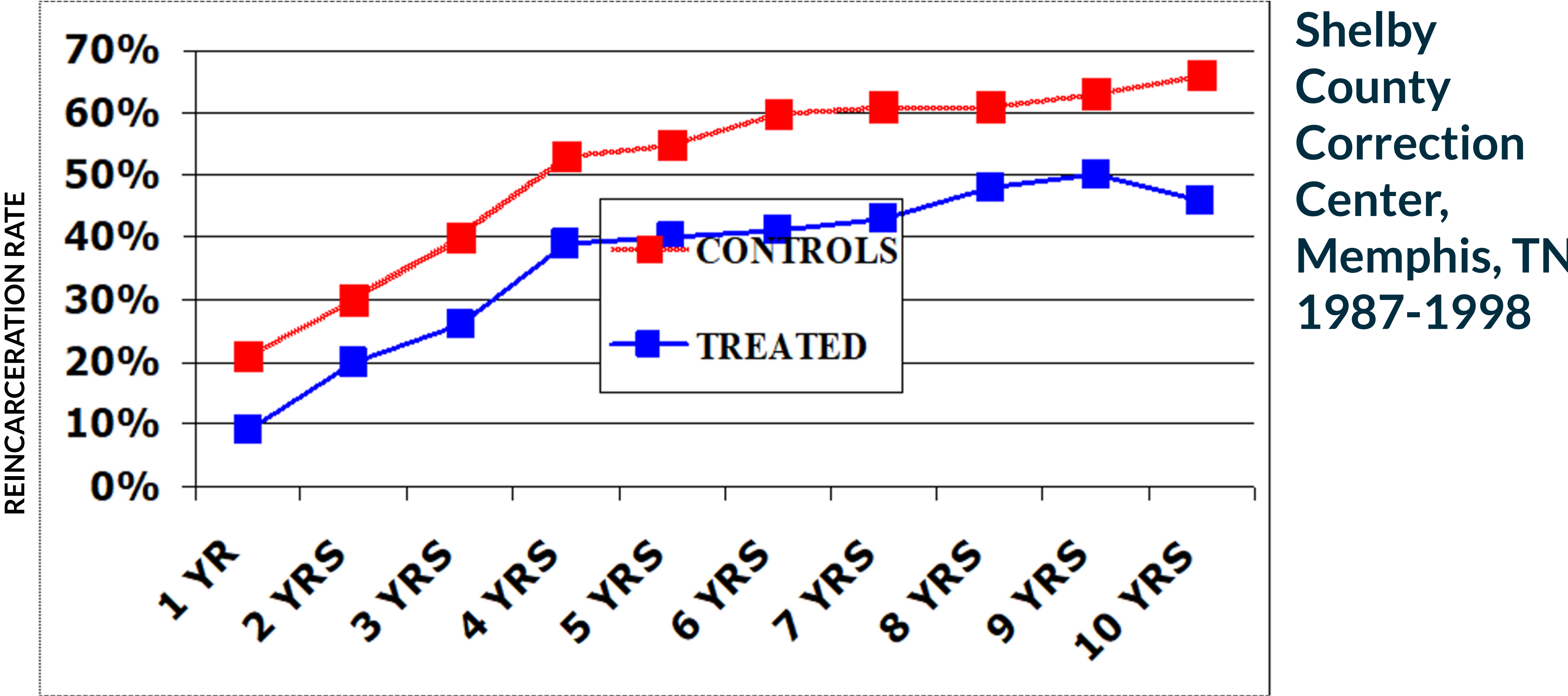


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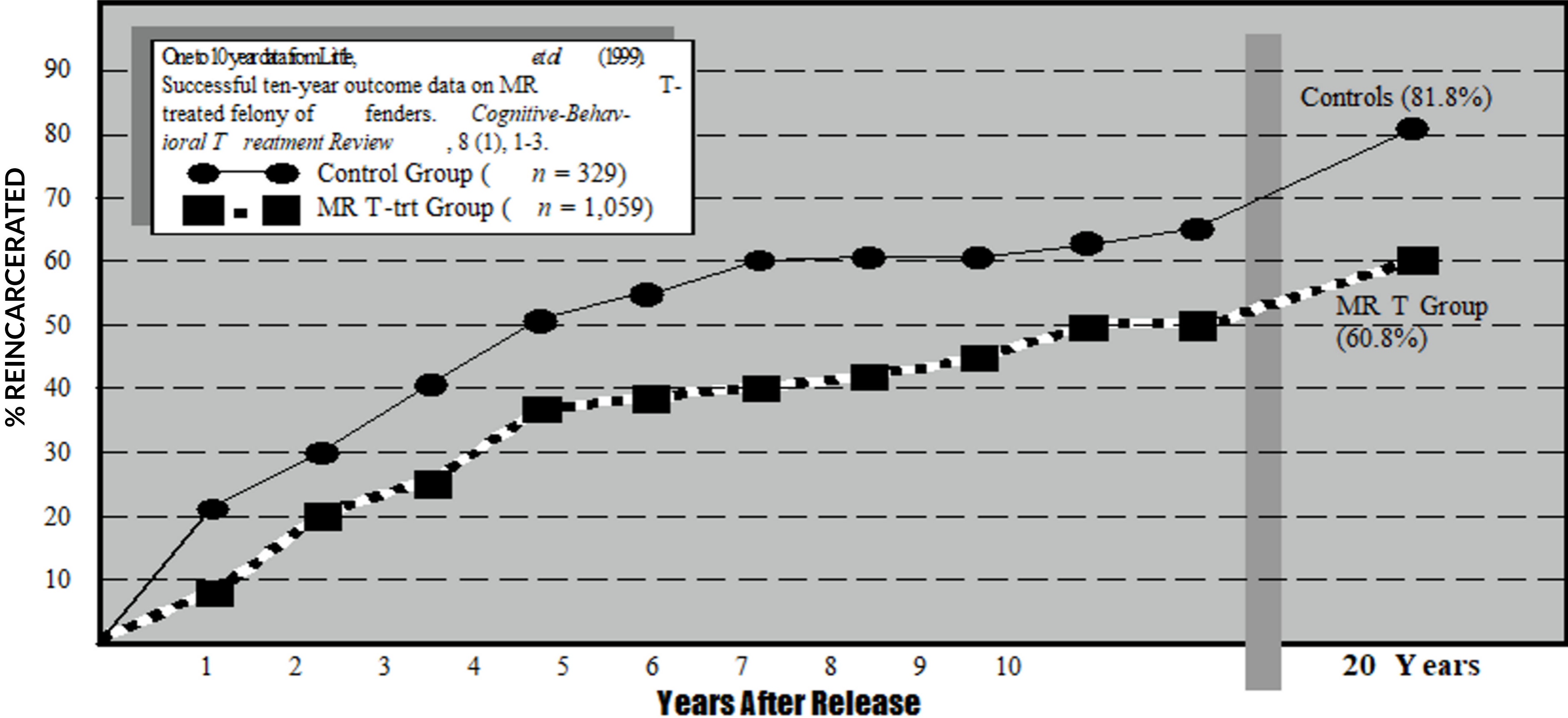
**Due to the documented evidence of its success, MRT has earned a legacy ranking (2017) by SAMHSA on the National Registry of Evidence-Based Programs & Practices (NREPP)**



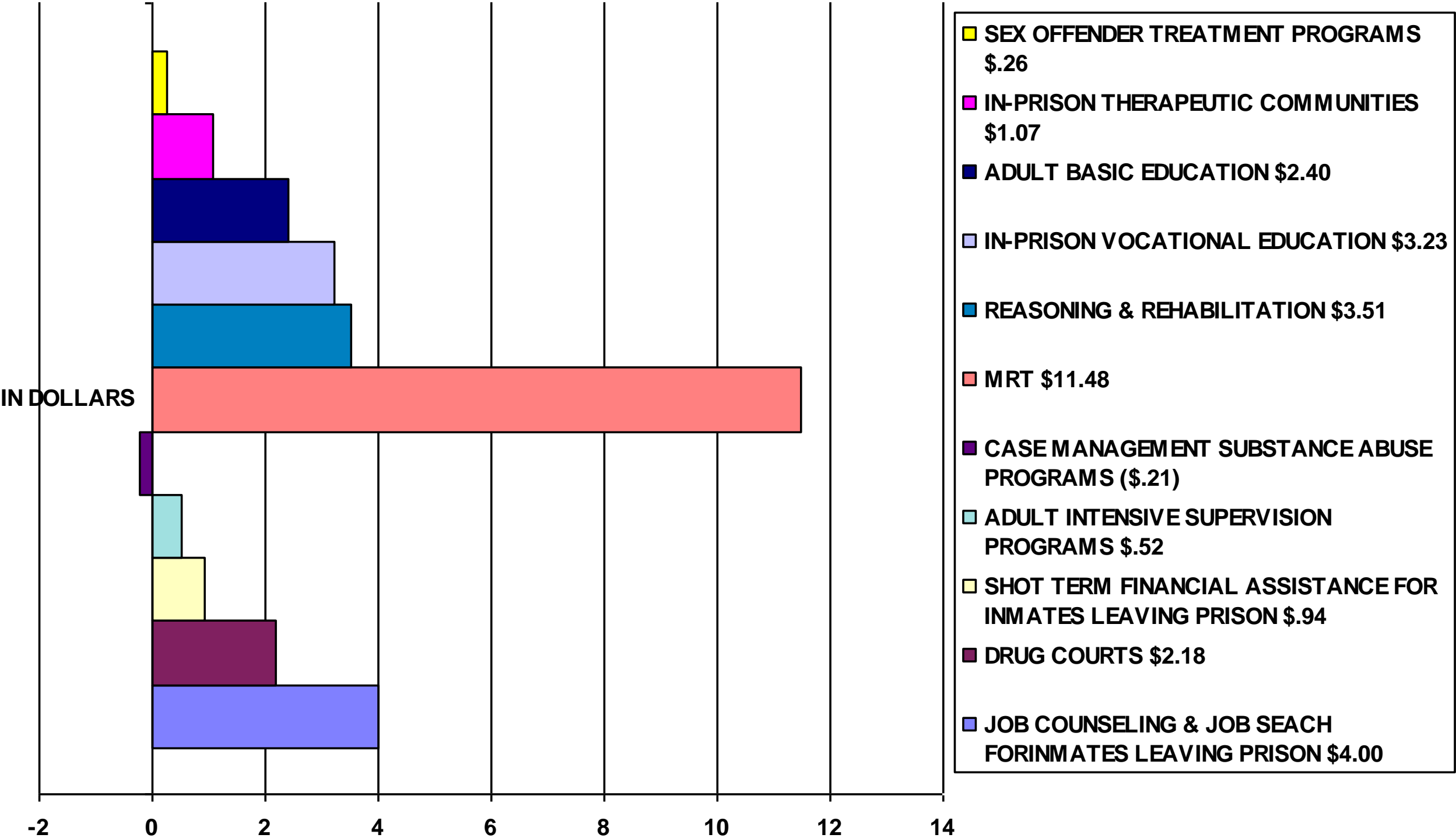
# Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-10 Years After Release



# Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-20 Years After Release



# COMBINED TAXPAYER AND CRIME VICTIM BENEFIT FOR EVERY DOLLAR SPENT



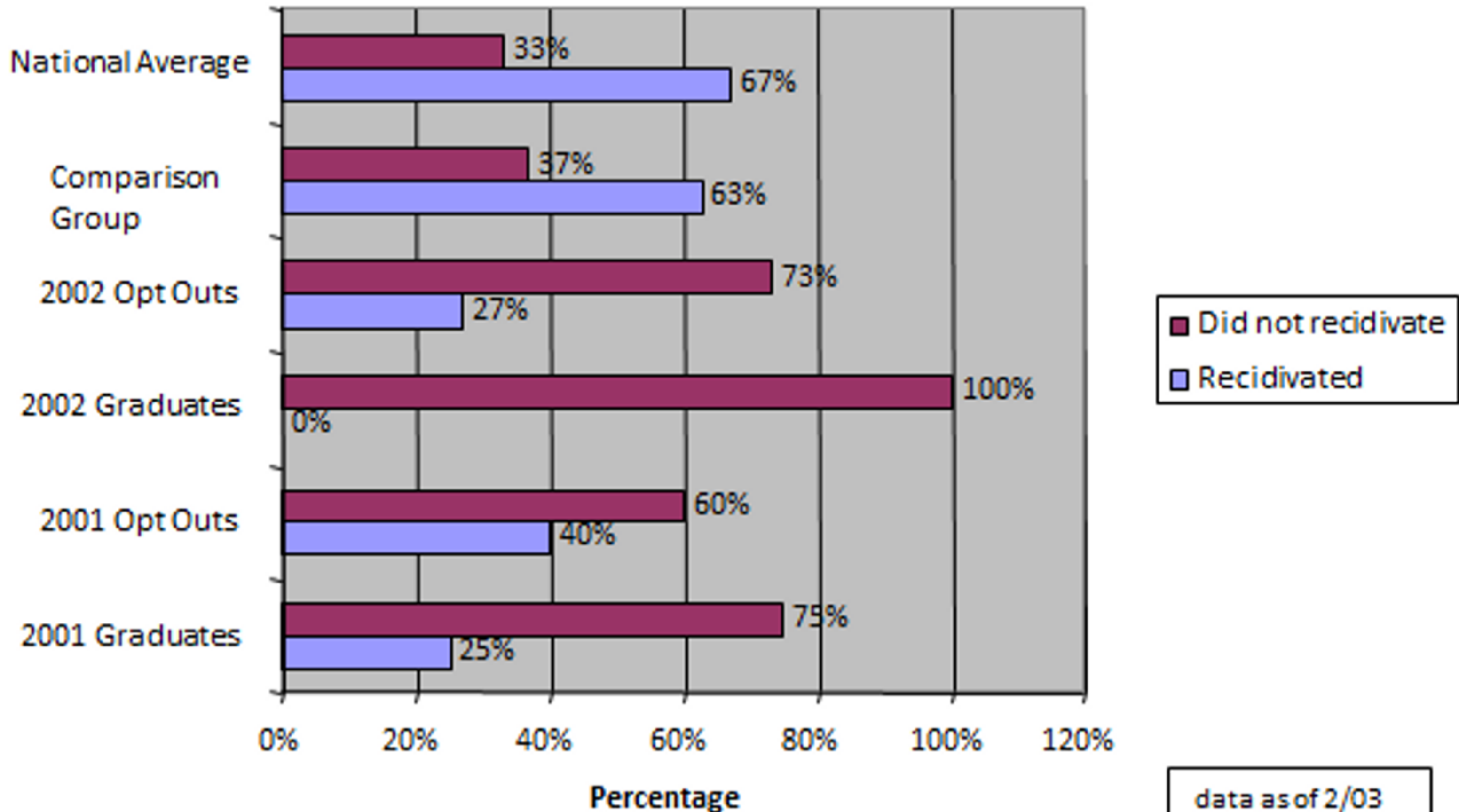
*Work release programs, community-based substance abuse treatment, life skills programs, correctional industries, in-prison non-residential substance abuse treatment & other forms of CBT therapy were not included due to the scarcity of evaluations.*

SOURCE: THE COMPARATIVE COSTS AND BENEFITS OF PROGRAMS TO REDUCE CRIME, A REVIEW OF NATIONAL RESEARCH FINDINGS WITH IMPLICATIONS FOR WASHINGTON STATE, MAY 1999.



# Anchorage Drug Court

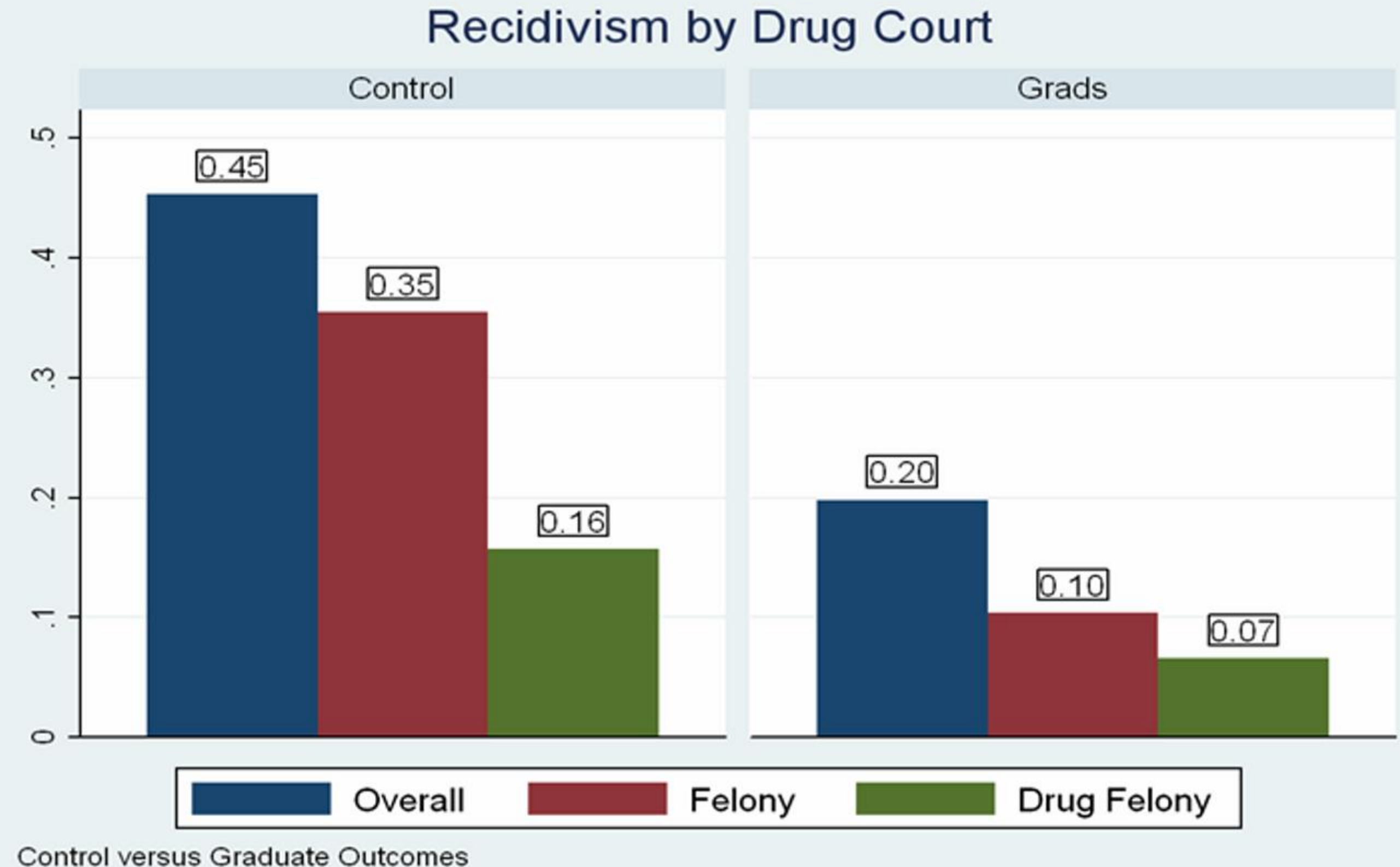
## Recidivism Rate Comparison





# 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%



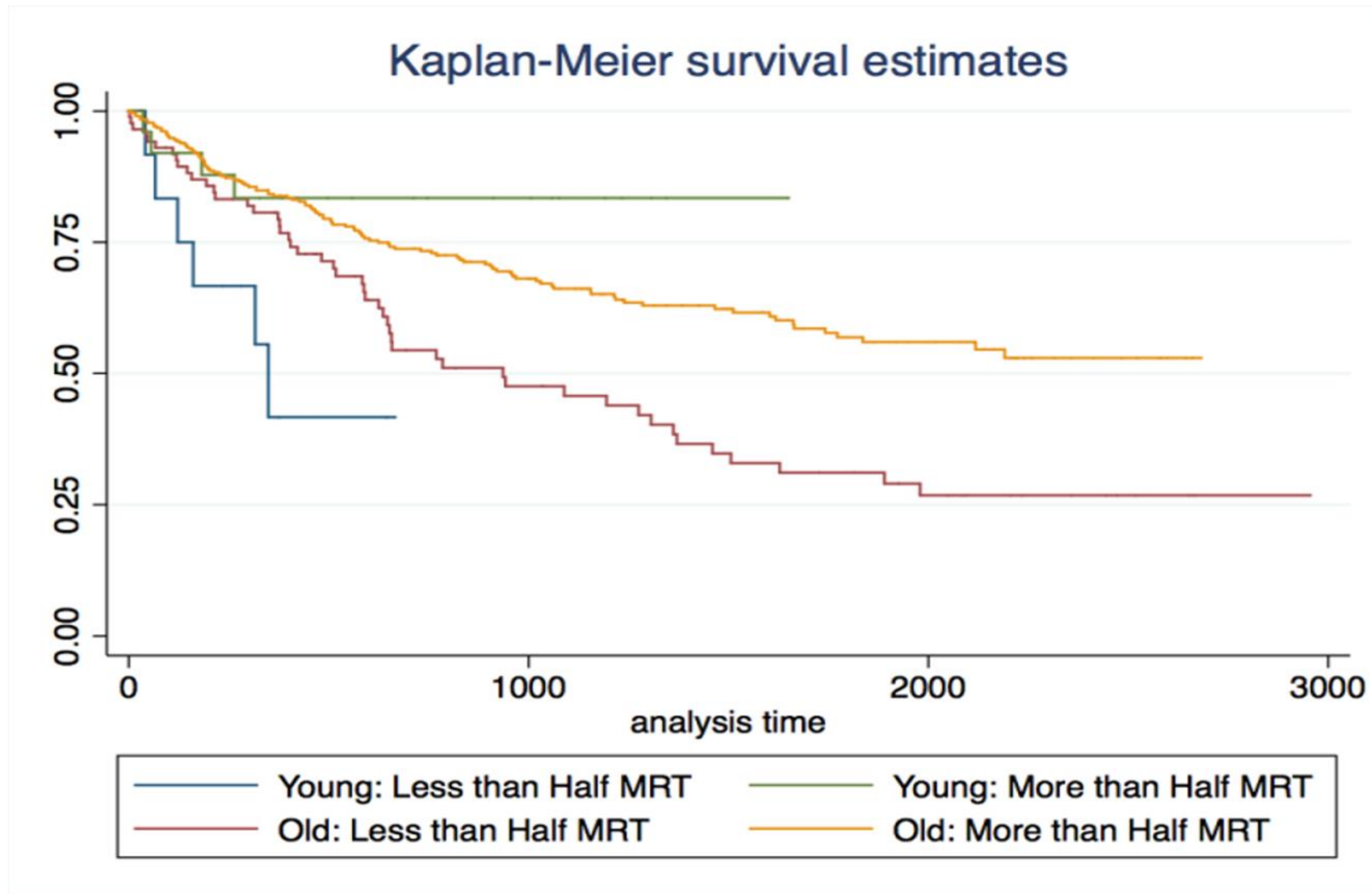
# Thurston Co, WA Drug Court Program Treating Trauma & Depression

Pre-/Post Assessment Measures	Program As Usual MRT Only Pre-Post
BDI-II Beck Depression inventory	15.65 - 5.09 (67%)
ISE Index of Self Esteem	31.57 - 24.09 (24%)
DAPS PTS-T Posttraumatic Stress—Total	52.16 - 39.91 (24%)

Findings indicate:

- MRT alone reduced depression 67%
- Impacted clinically significant self-esteem areas by 24%
- Reduced traumatic symptoms by 24%

# MRT Age Effects



# Kentucky Department of Corrections

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

**Source:** Kirchner, Robert A., and Susan Greenough (September 2017) Success of Moral Reconciliation Therapy (MRT) in Kentucky Correctional Settings Under the Noa Counseling Model: Treating Mental Health Creating Behavioral Change.

# Bonneville County Mental Health Court

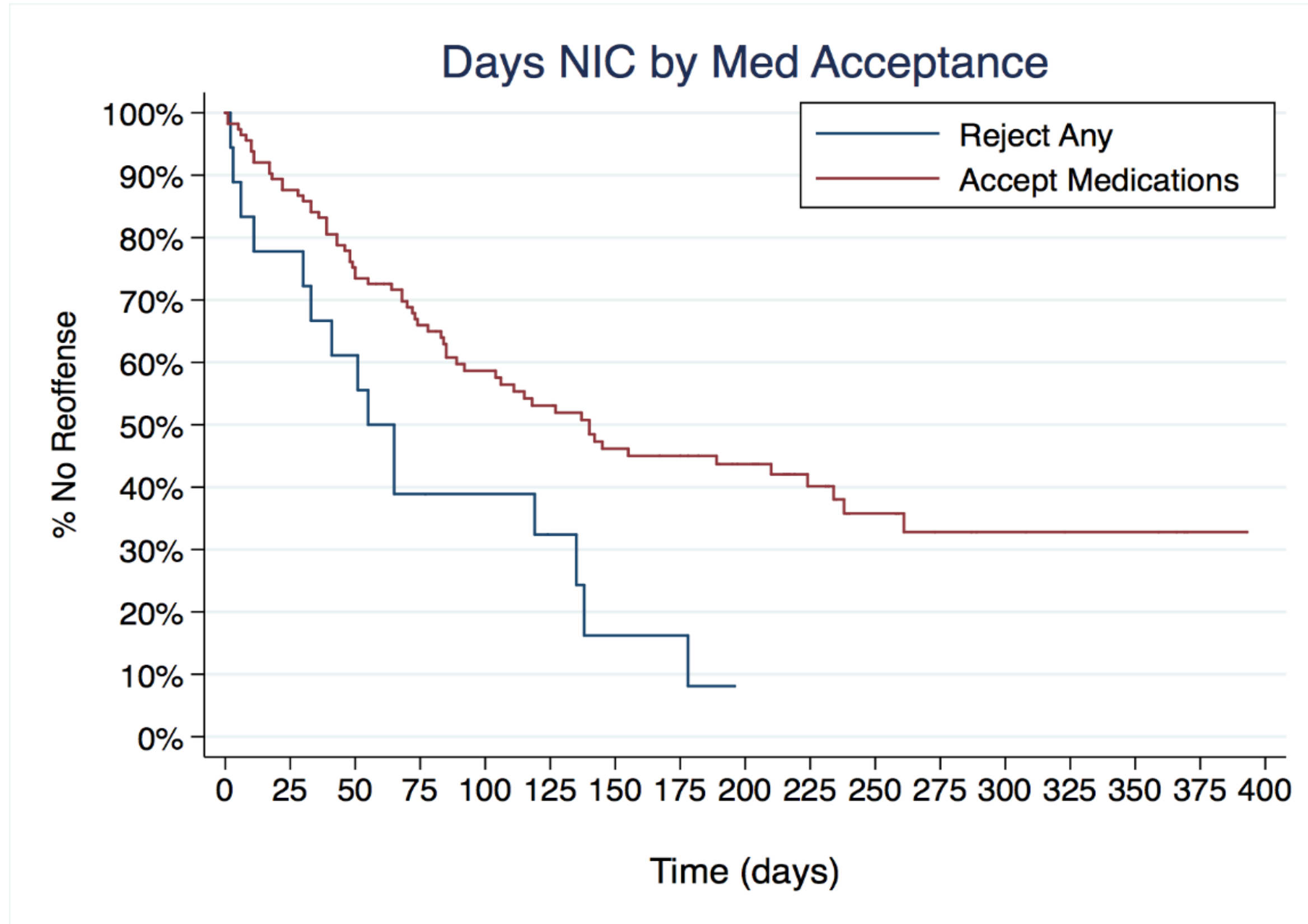
- Began in 2002
- 1 of 5 National Learning Sites
- 1st graduate was a drug court drop out
- 98% decrease in hospitalizations
- 85% decrease in jail days in 3 years
- 6 year outcome shows 75% arrest free



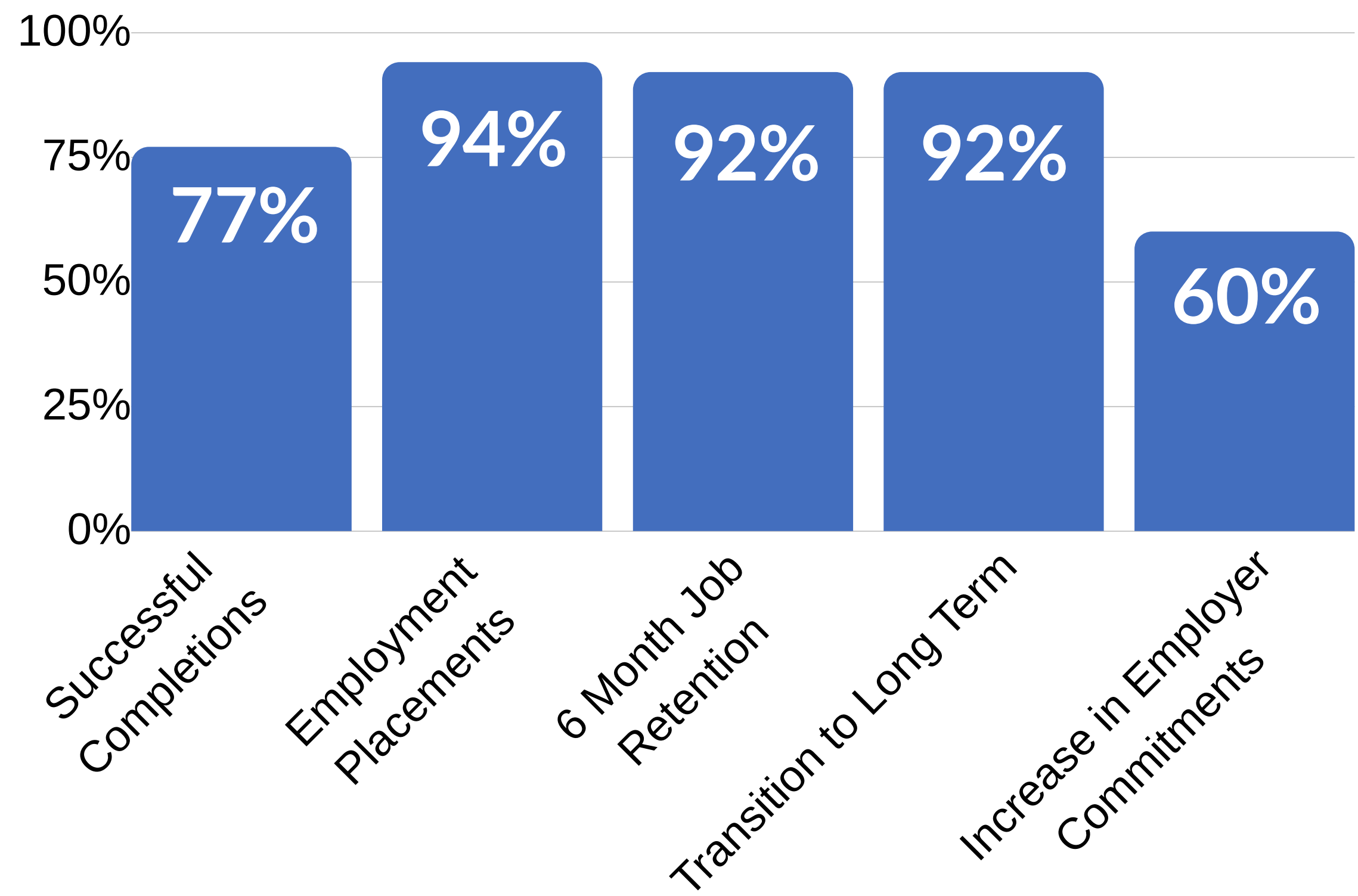
# Jail Study with SMI Population

- Did the behavior of inmates participating in the MRT program change during and after their participation?
- How did the behavior of inmates participating in the MRT program compare to a similar group of inmates on the same units over a comparable period of time?
- As indicated in the data on the next slide:
- *The average number of incident reports for inmates prior to their participation in the program (2.73) decreased to 0.66 (a 76% decrease) during and after their participation in MRT.*
- The average number of incident reports for inmates on the same units over a comparable period of time who did not participate in MRT was 3.06 or a 78% difference compared to inmates who participated in MRT.

# Jail Study with SMI Population



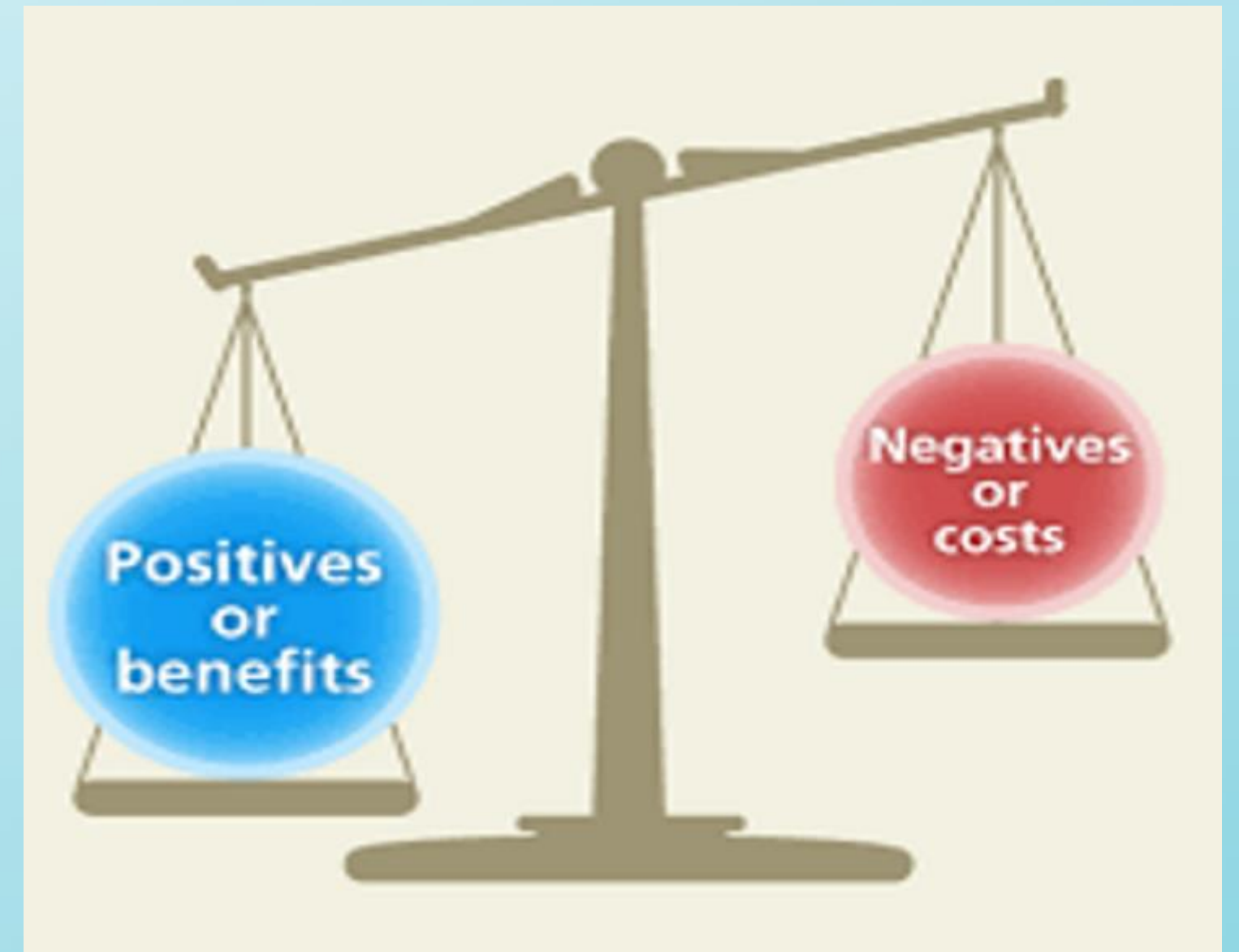
# Tidewater Community College Outcome Results



# Virginia Adult Drug Treatment Courts

## Cost Benefit Analysis

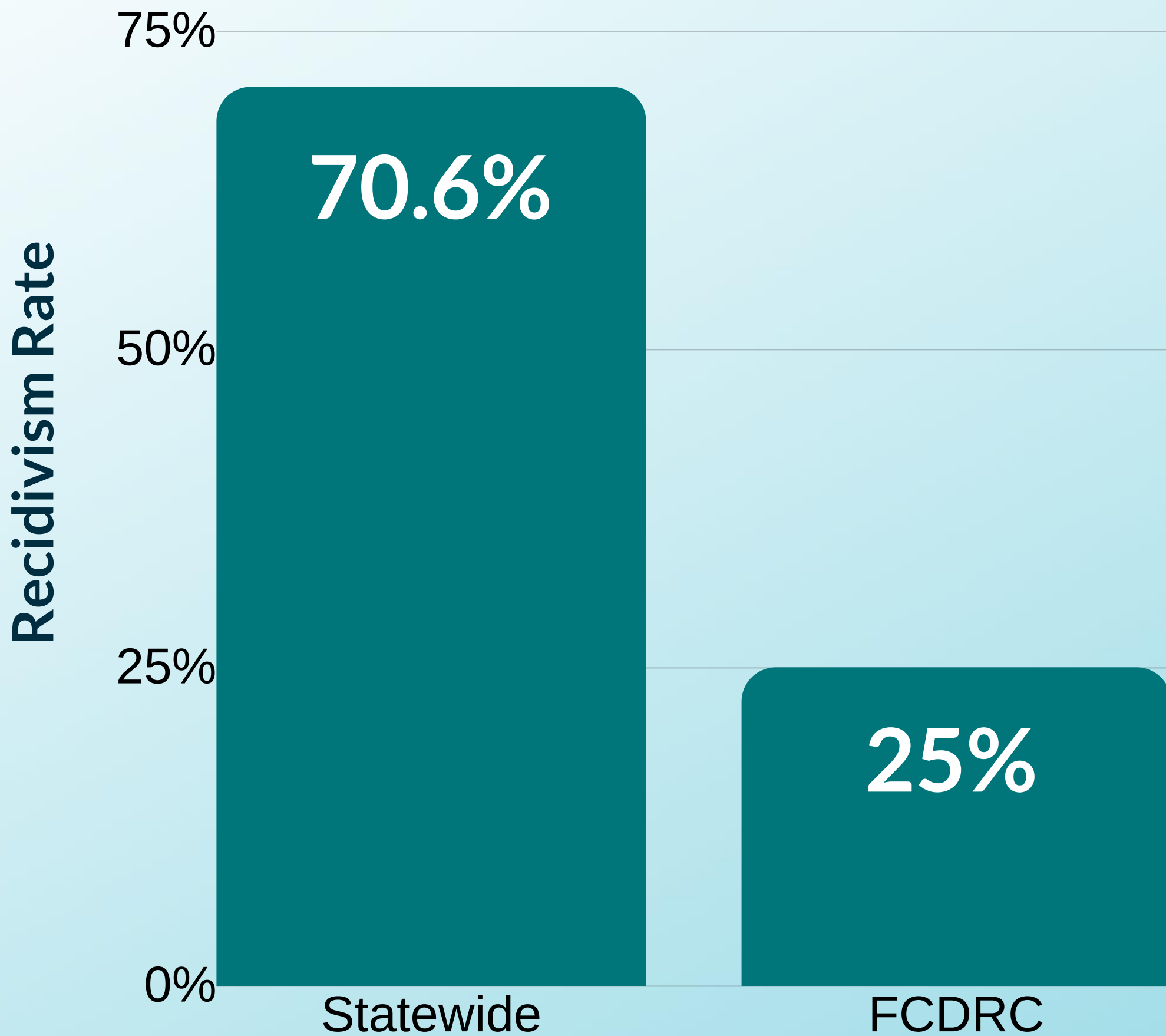
The multilevel analysis of the determinates of in-program recidivism determined participants in drug court programs that utilize Moral Reconation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.



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

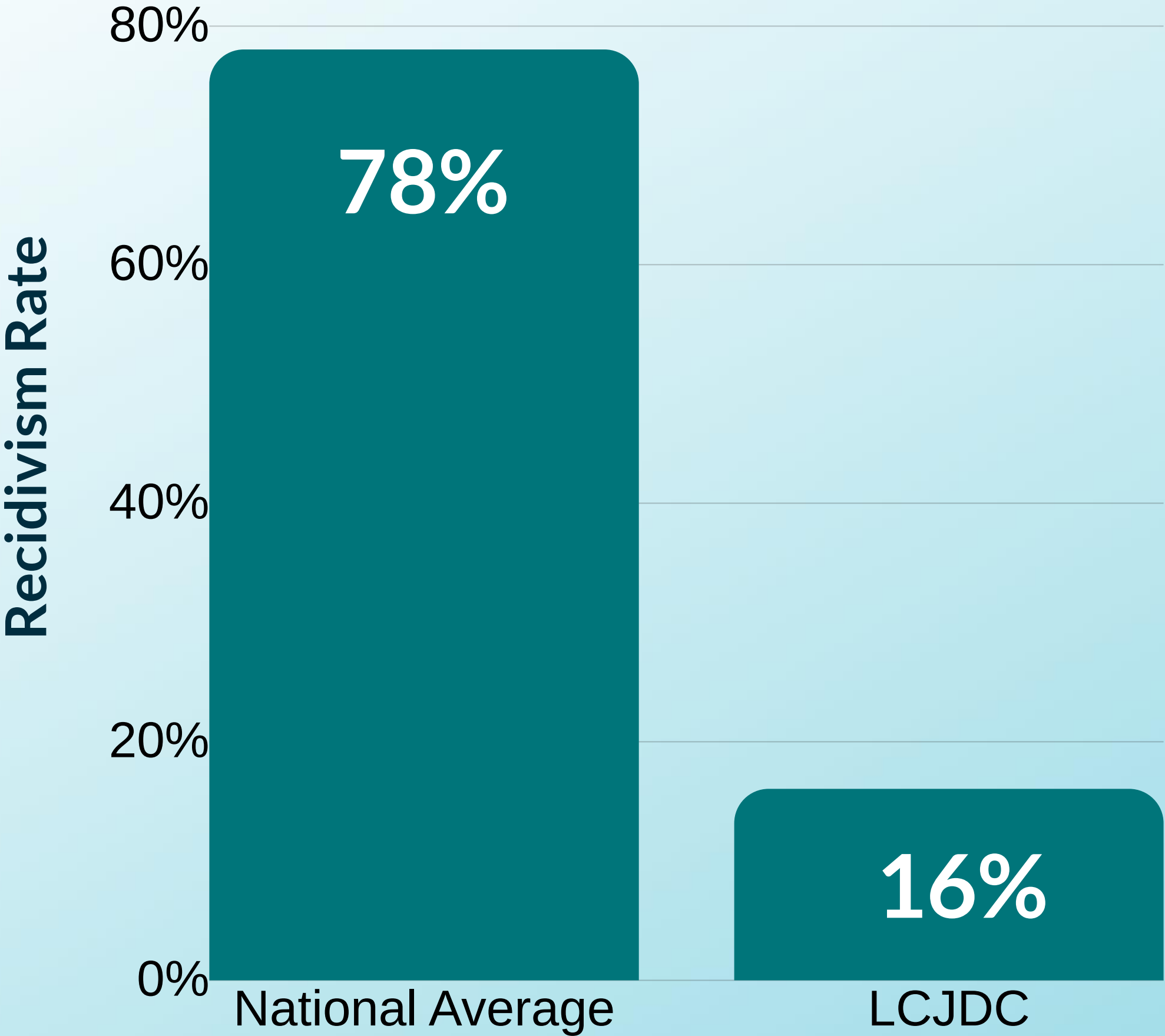
*As of 2017, a total of 267,300 days have been saved because participants have not resided in jail or prison. This has resulted in an approximate savings of \$12,028,500 to the county.*





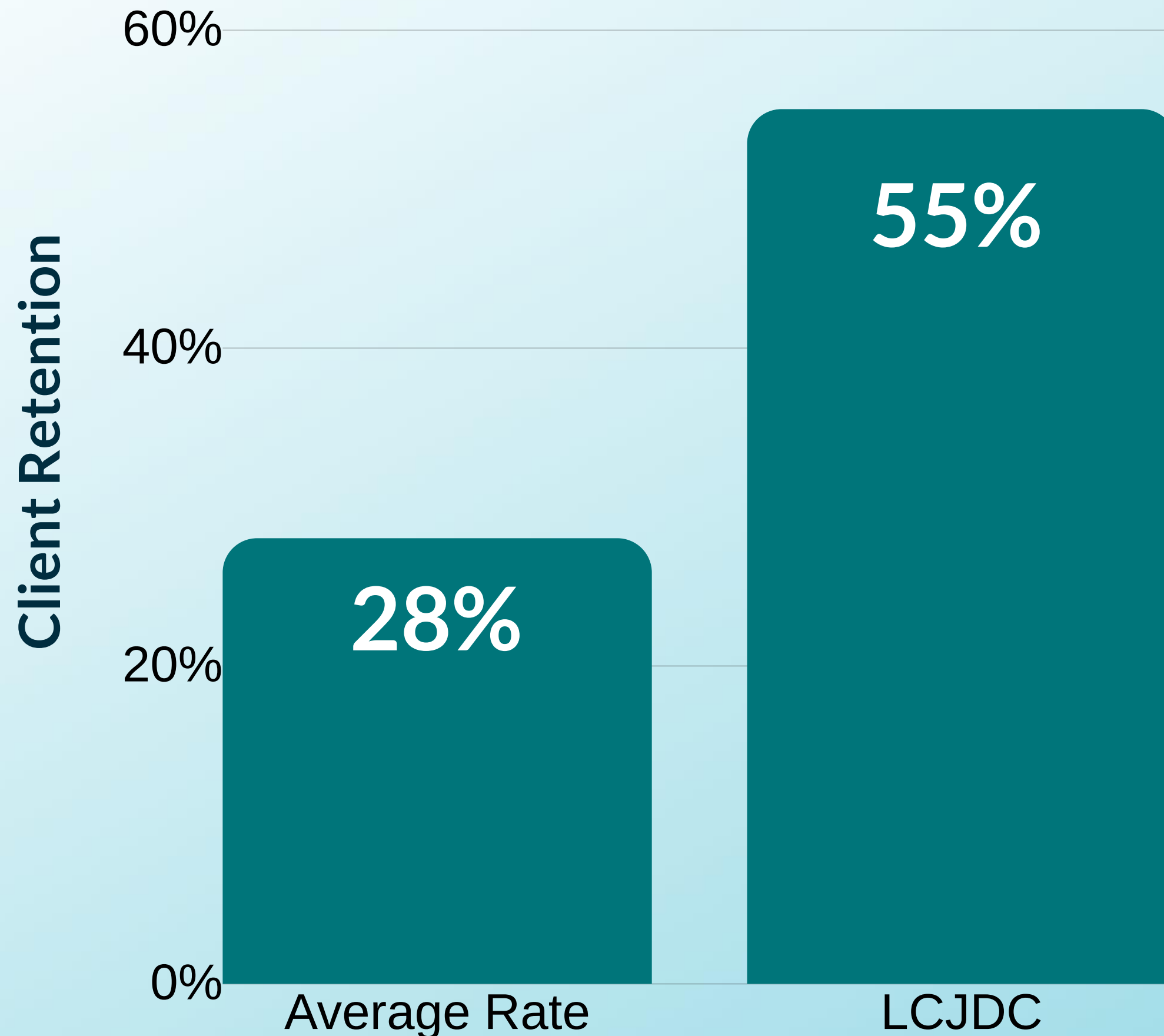
**Success of MRT in the  
Day Reporting  
Center in Franklin  
County, PA (FCDRC):  
Reduced Recidivism**  
*3 years after program completion*

# Lincoln County Juvenile Court: Recidivism



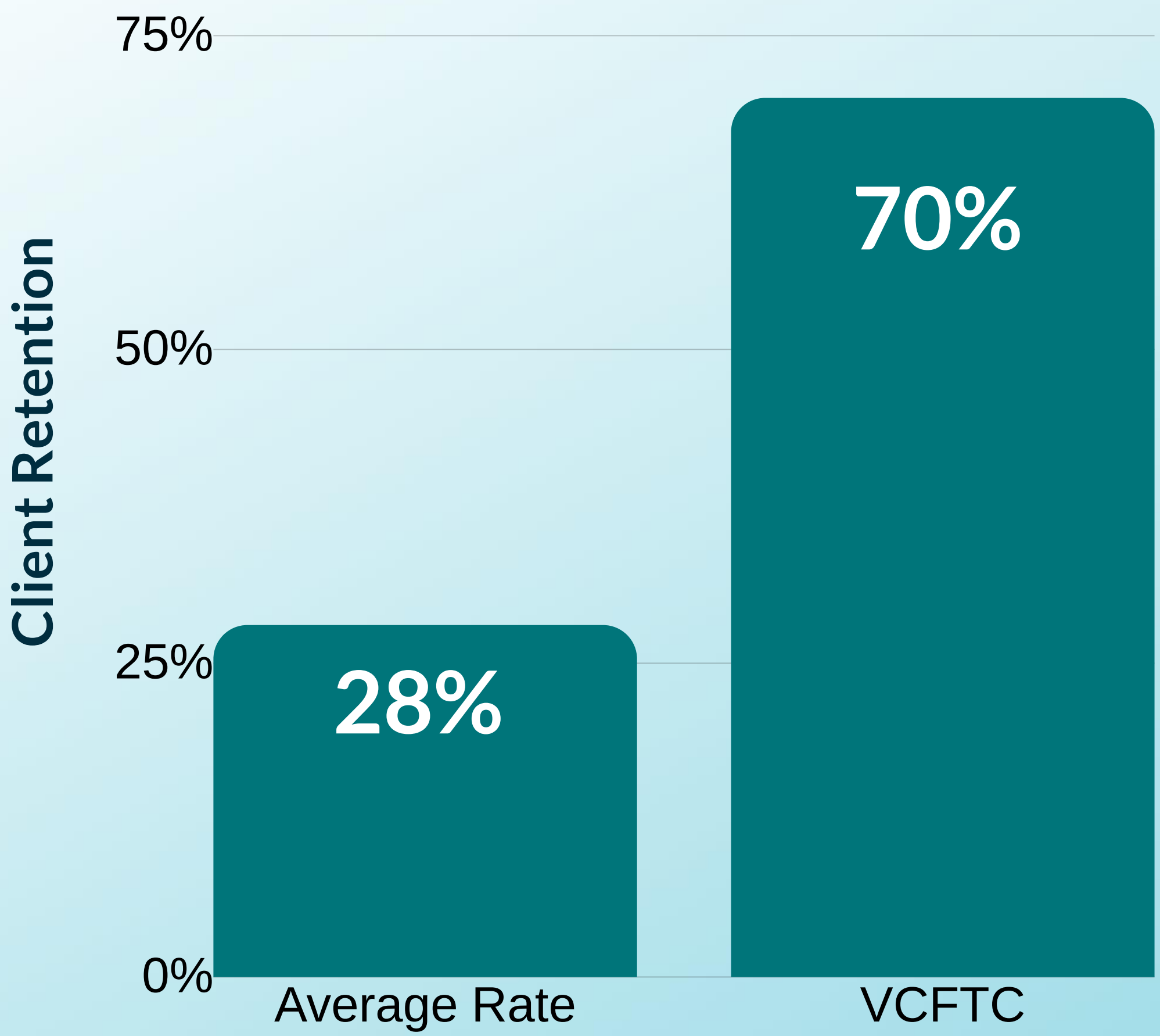
The re-offend rate through April 2009 is 16%, but this only reflects one participant re-offending, which far exceeds this objective of the program. Additionally, this result compares to the average juvenile drug offender re-offense of 78%.

# 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.

# Volusia County Family Treatment Court: Retention Rate



The program is maintaining a 70% retention rate, which far exceeds the average of 28%, reported in research for substance abuse treatment programs.

# **From *What Works in Corrections* by Dr. Doris Layton MacKenzie**

**“The results for the MRT programs show stronger support for the effectiveness of the programs. Significant differences favoring the MRT treated groups were found in the studies of felony offenders, felony drug offenders, and in other settings. The effect sizes indicated that all of the effects favored the treated group, and the effects were significant in three of the studies. Overall, the mean effect was significant and favored the treated group.” (p.129)**



# CONTACT US

WE'D LOVE TO HEAR FROM YOU!

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