

COGNITIVE BEHAVIORAL TREATMENT REVIEW

& Moral Reconciliation Therapy (MRT™) News
Correctional Counseling, Inc.

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Cognitive Behavioral Treatment Review

& Moral Reconciliation Therapy (MRT™) News

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MRT in Drug Courts: Comprehensive Review of Recidivism Outcomes & Meta- Analysis of Adult Court Results

By Gregory L. Little, Ed.D., NCP & Kenneth D. Robinson, Ed.D.

Editor's Note: This article is a brief summary of the comprehensive review that is being submitted for publication in an upcoming edition of *The Drug Court Review*, National Drug Court Institute, Alexandria, VA. A copy of the complete review is also available at www.ccimrt.com.

Moral Reconciliation Therapy—MRT™ was developed as a systematic, cognitive-behavioral approach for substance-abusing offenders in 1986 (Little & Robinson, 1988). It is a workbook-based program that utilizes a series of group exercises and prescribed homework tasks participants must complete. MRT is an NREPP approved evidenced-based program for offenders. The program is typically employed in weekly groups serving as the primary cognitive component for offender programs and a host of drug courts, both adult and juvenile. Over 200 outcome studies have been published on MRT results.

A previous article (Little, 2006) reviewed the recidivism outcomes of drug court programs utilizing MRT

as their primary treatment method. The 2006 article reviewed 33 articles published in journals, independent program evaluations, and technical reports. The 2015 article is an updated, comprehensive review of recidivism outcome studies reporting on the effects of MRT in drug court operations and includes material from the earlier report. A total of 56 outcome studies are included in the 2015 review. These cover adult drug court implementations, juvenile drug courts, family courts, wellness courts, and a few drug court-related, unique treatment venues. In addition, the report combined and collapsed data from all studies on adult drug courts that cited comparative recidivism statistics in order to perform a meta-analysis to estimate an overall effect size.

MRT-Based Adult Drug Court Retention Rates

Fifteen of the reviewed studies included retention and/or graduation rates with a total of 2,504 participants included in the research. The retention rates ranged from a high of 95.8% to a low of 52%. The average retention rate of all 15 studies is 69.1%. The range (+/- one standard deviation) within which two-thirds of the programs' retention rates fall is from 55-79%. The Center for Court Innovation (Cissner & Rempel, 2005) reported that the average of all American drug courts' program retention rates was just over 50%. Thus, the MRT-based drug court implementations yield a retention rate somewhat higher than non-MRT programs.

MRT-Based Adult Drug Court Recidivism & Meta-analysis

Seven of the reviewed studies included recidivism data data with a comparison made to appropriate matched groups or groups composed of "business as usual" participants (typically probation). The time periods covered in these studies

ranged from 6 months to four years after program participation. Six of the studies showed that MRT treatment led to lower recidivism while one showed nonsignificant higher recidivism in the MRT-treated group than in the comparison group. A "quality" weighing of the studies was not performed as all of the comparison groups were similar and none of the studies were randomized experiments.

A meta-analysis on the difference between proportions was performed on the recidivism data from the seven included studies. The sample contained a total of 2,072 subjects. The META program (Kenny, 1999) was utilized with arcsine transformation. Results showed a significant transformed effect size of .2151 ($t_6 = 3.25$; $p = .018$).

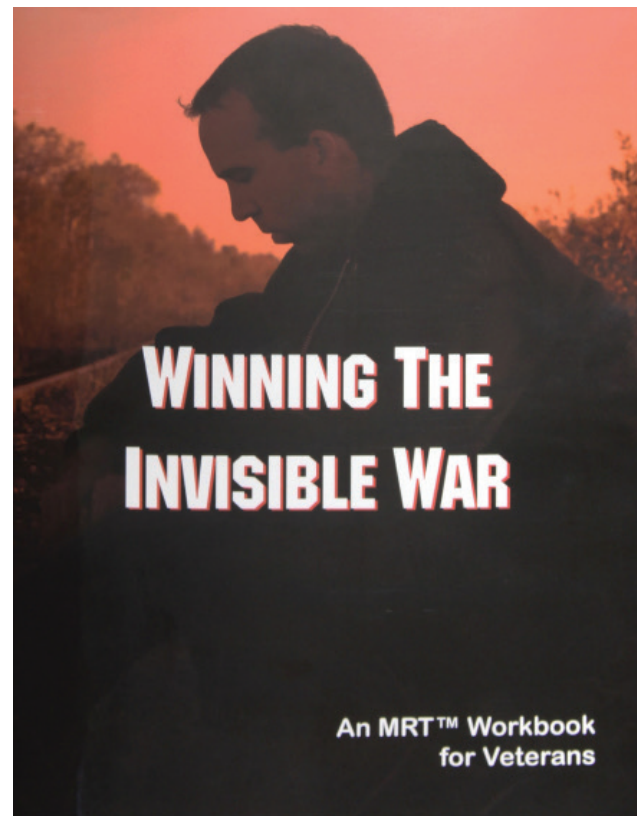
NADCP (Marlowe, 2010) summarized the recidivism of adult drug courts by averaging several meta-analyses: "Drug Courts significantly reduced re-arrest or reconviction rates by an average of approximately 8 to 26 percent, with the 'average of the averages' reflecting approximately a 10

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to 15 percent reduction in recidivism.” Seven studies on MRT-based adult drug courts (with appropriate comparison groups) were reviewed above. Six of the seven showed lower recidivism rates in the MRT-treated participants and the average recidivism of all seven studies, including the sole study with negative results, was 21.64 percent. As indicated in the meta-analysis, the effect size was .2151. Thus, the MRT-based drug courts’ recidivism reduction (21.6%) compares favorably to other drug courts (10-15%).

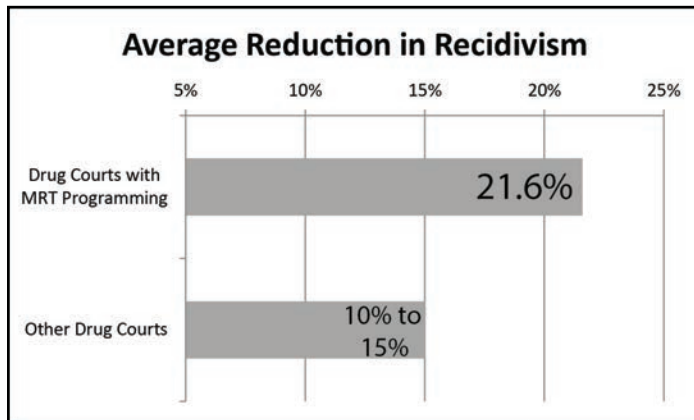


Figure 1. MRT-based drug court recidivism reduction compared to other drug courts

MRT in Juvenile Drug Courts

MRT has been implemented in dozens of juvenile drug courts, but fewer outcome studies have been published on juvenile drug courts. A total of 19 studies reported on MRT-based juvenile drug courts. The average retention rate cited in the studies is 70.1%. Three of these studies included appropriate comparison groups. The combined recidivism of the MRT-treated juvenile offenders in these three studies was 35.7% compared to 52.7% in the comparison groups. This yields a reduction in recidivism of 17%, much better than the 6.5% average recidivism reduction reported in a large study of juvenile drug court results (Mitchell, et al., 2012).

Discussion

The drug court movement has been one of the most rapid criminal justice based treatment implementations in history. In general, it has been assumed that courts following the principles and guidelines promulgated by NADCP and funding sources will result in lower recidivism and cost savings. Evaluations and research on drug courts have supported these two assumptions. However, it is being recognized that there are large differences in results coming from various courts and that there are outcome differences among adult, juvenile, and DWI courts. Relative few studies have evaluated the specific types or treatment being utilized by drug court treatment providers.

Mitchell, et al. (2012) reviewed 154 independent drug court evaluations: 94 on adult drug courts; 34 on juvenile drug courts; and, 28 on DWI courts. The results from the studies were collapsed and analyzed to compute effect sizes. Results showed that adult drug courts and DWI courts generally reduced recidivism from an average of 50% to 38% with results persisting for three years. In juvenile drug courts, however, the recidivism reduction was from 50% to 43.5%. Fifteen of the 94 adult court studies found no treatment effect or a negative treatment effect. Eleven of the 34 studies on juvenile drug courts showed no treatment effect or a negative treatment effect.

Considerable attention has been given to court procedures, client selection, sanctions and incentives, and a variety of other factors involved with engaging and retaining clients. However, drug court treatment providers have given remarkably little attention to the specific treatment methodologies employed. The assumption by many drug courts often appears to be that all treatments are essentially the same. Treatment programs’ approaches to their clients are often dictated by ongoing philosophy and religious beliefs as well as a tendency to maintain the status quo. In addition, many courts equate treatments that have similar advertised qualities. Specifically, cognitive programs are often lumped together as being equal in research support and effectiveness.

Drug court programs remain a viable and effective approach to treat a subpopulation of offenders at both the adult and juvenile level. Aside from the obvious benefits of reducing recidivism and providing benefits to taxpayers, they are a humane and noble effort to confront drug problems on a more personal and more effective basis. However, it is clear that some courts work better than others, but precisely what approaches are most effective remains unclear. The specific components of drug treatment within various courts is a most promising avenue of inquiry.

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Impact of Moral Reconciliation Therapy in the Superior Court of Thurston County, WA Drug Court Program: Treating Trauma and Depression

By Robert A. Kirchner, Ph.D., Thomas R. Kirchner, Ph.D., and Susan Brown, LCSW, BCD

Summary

Starting in 1998, the Thurston County Adult Drug Court Program (TC-DUI/DCP) became a leader in the State of Washington in establishing treatment court programs. In addition to the existing Adult Drug Court Program, the DUI Court Program was started in July 2008. The combination of judicial review, community supervision and treatment resources, supported by an established “team”, became a model for testing a new approach to increase the objectives of drug/alcohol offender treatment. Since 2004, TC-DUI/DCP has implemented new additional treatment services that addressed trauma related issues among the offender population. From its initial implementation in 1998, TC-DUI/DCP has required Moral Reconciliation Therapy (MRT) as a core component of treatment.

Three assessment tools were chosen: the Detailed Assessment of Posttraumatic Stress (DAPS) a 104-item test of trauma exposure and posttraumatic response, designed to use with individuals who have undergone a significant psychological stressor; the Beck Depression Inventory (BDI-II), a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression; and the Index of Self Esteem (ISE), that was designed to measure the degree, severity, or magnitude of problems with self-esteem.

Upon comparing pre- and -post assessment measures for the BDI-II, ISE and the 8 critical DAPS measures, there were significant differences between the baseline assessment and the post assessment for all measures with the exception of Substance Abuse and Suicidality. **An examination of the pre and post test results of clients treated with MRT shows significant reductions in both depression (67%) and post traumatic stress (24%) scores.** These findings suggest the program enhancements had a direct effect on reducing traumatic targets, as defined by the DAPS measures, thus producing positive behavioral change.

Furthermore, a survival analysis was used to assess changes in risk for a recidivism event by analyzing the frequency of event incidents over a specified period of time. The Nelson-Aalen

Figure 1. Thurston County Drug Court Pre-/Post Assessment Scores

Pre-/Post Assessment Measures	Pre/Post Changes
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%*)

* Pre/Post score reductions

cumulative hazard estimates show that **completion of each additional MRT step was associated with an 8% reduction in recidivism risk** (see Figure 2).

The analyses presented in this report support the fact that the TC-DUI/DCP is an effective program, with reductions in depression and decreases in traumatic targets. The recidivism rates consistently demonstrated that participants re-offended at a lower rate than the comparison group members. These findings demonstrate that MRT is effective with felony drug offenders, and that MRT is an important intervention in TC-DUI/DCP outcomes.

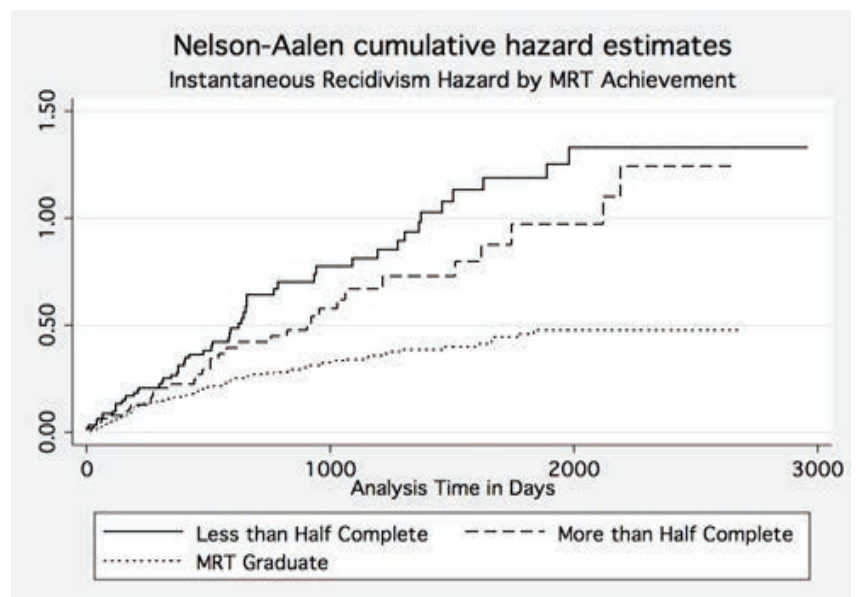
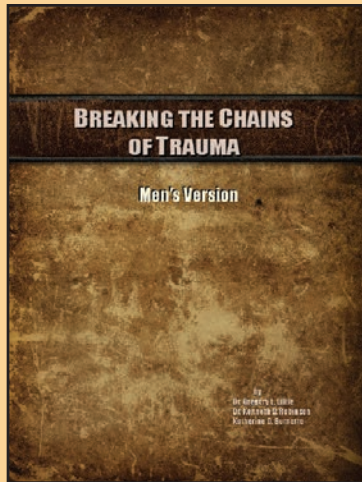


Figure 2. Nelson-Aalen cumulative hazard estimates

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Volusia County DUI Treatment Court: Innovation in Dealing with DUI Offenders with a Strong Team and Moral Reconciliation Therapy

By Robert A. Kirchner, Ph.D. and Susan Greenough

Summary

Driving Under the Influence (DUI) Courts are a relatively new criminal justice program designed to improve DUI offenders' compliance with substance abuse treatment and other conditions of community supervision and to refrain from further DUI behavior. Modeled after Drug Courts, DUI Courts require participants to attend on-going status hearings in court, complete an intensive regimen of substance abuse treatment and other indicated services, and undergo random or continuous biological testing for alcohol or drug use.

The goal of DUI Court or DUI/Drug Court is to protect public safety by using the highly successful Drug Court model that uses accountability and long-term treatment and provides more comprehensive and closer supervision than other community-based programs. The Volusia County, Florida DUI Treatment Court commissioned this independent evaluation in 2014 to assess the program's effectiveness. This evaluation was accomplished using interviews, focus groups, and structured instruments designed to capture both process results in quantitative and qualitative forms.

The Volusia County DUI Court began in 2012 and combines judicial intervention with random urinalysis, counseling sessions and treatment. The program is aimed at chronic or severe abusers who are repeat offenders or first-time offenders who had a high blood alcohol level at the time of arrest or who are young in age. Program components and accomplishments that have created a promising program include consistent judicial review with cooperative input from all drug court team members, the delivery of Moral Reconciliation Therapy (MRT), a dedicated supervision component, and intensive efforts to gain community partnerships and collaborations.

For each National Drug Court Institute-recommended performance indicator, including Retention in Treatment, Sobriety, Units of Service Delivery, and Recidivism, the Volusia County program exceeds its expectations for the objectives they have set for each of the critical indicators, and there is every expectation that the program will only get better over time in producing desired program outcomes.

The Volusia County DUI Treatment program has only experienced one recidivist among 45 graduates (2.2%), and that individual reentered the program. Prior to the program,

the recidivism rate from standard probation was 42%. The program has effectively retained clients as shown by the large number (96%) including graduates and those remained active in the program.

Volusia County's approach has produced a program that will become more effective for the jurisdiction, expand its active client base and lead to greater outcomes for the community. Active participants are spending time in treatment and counseling sessions, including individual and group therapy. The majority of participants (over 61%) have spent in excess of 10 hours in counseling sessions. The effectiveness of the counseling sessions can be seen in the overwhelming number of negative drug tests reported by the program. Only 2 percent of the tests were positive.

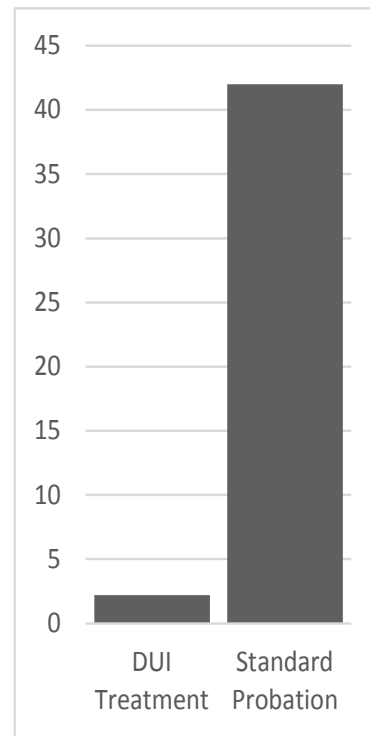
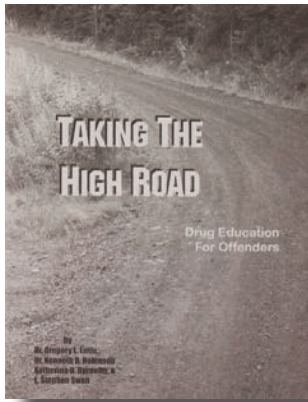


Figure 1. Recidivism rates for Volusia County DUI Treatment Program since 2012

The Volusia County DUI Treatment Court Program continues to build an ever more comprehensive approach, given the opportunities and constraints faced by the court, the members of the program team, and the community at large. Overall the program has begun to make a substantial difference in the processing of DUI cases, as well as success in changing people's lives.

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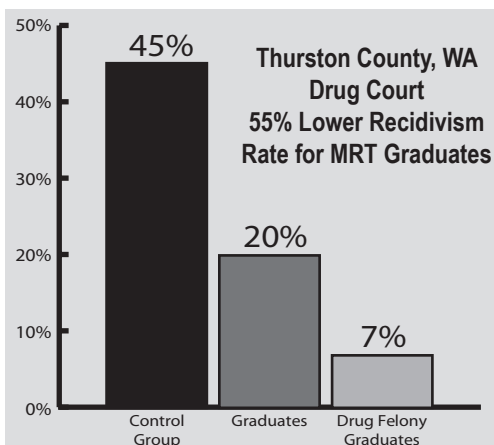
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What Do Drug Court Professionals Know That You Should Know?



MRT WORKS! Research shows...

Substantial research has been generated and published from programs utilizing MRT. Recidivism research covering 10 years after participants' treatment with MRT have shown consistently lower recidivism rates (25-60%) for those treated with MRT as compared to appropriate control groups. An evaluation of the Thurston Co. Drug Court utilizing MRT as its primary treatment modality showed only a 7% recidivism rate of drug felony graduates in an 8 year study. Other data analyses have focused on treatment effectiveness (recidivism and re-arrests), effects upon personality variables, effects on moral reasoning, life purpose, sensation seeking, and program completion. MRT has been implemented state-wide in numerous states in various settings including community programs and drug courts. Evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less reinvolvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.



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MRT cited as Proven to Reduce Recidivism in DWI courts.

Source: National Drug Court Institute (2005) *The Ten Guiding Principles of*

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Monday	Tuesday	Wednesday	Thursday
8:30 a.m. to 4:00 p.m. <i>(Lunch-provided in Memphis)</i>	8:30 a.m. to 4:00 p.m. <i>(Lunch - on your own)</i>	8:30 a.m. to 4:00 p.m. <i>(Lunch - on your own)</i>	8:30 a.m. to 3:00 p.m. <i>(Lunch-provided in Memphis)</i>
Introduction to MRT™. Treating & understanding APD & treatment-resistant clients. Introduction to CBT. 2 hours of homework is assigned	MRT™ Personality theory. Systematic treat- ment approaches. MRT™ Steps 1 - 2. 2 hours of homework is assigned.	MRT™ Steps 3 - 7. 2 hours of homework is assigned.	MRT™ Steps 8 - 16. How to implement MRT™. Questions & answers. Awarding comple- tion certificates.

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9/21-9/24	Chicago, IL
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10/12-10/16	McKinney, TX
10/26-10/29	Germantown, TN
11/2-11/5	Sioux Falls, SD
11/2-11/5	Tucson, AZ
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11/16-11/19 Germantown, TN

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