COGNITIVE BEHAVIORAL TREATMENT REVIEW

& Moral Reconation Therapy® (MRT) News
Correctional Counseling, Inc.

CORRECTIONAL COUNSELING INC. • GERMANTOWN, TENNESSEE • VOLUME 26, #1&2 • FIRST & SECOND QUARTER 2017

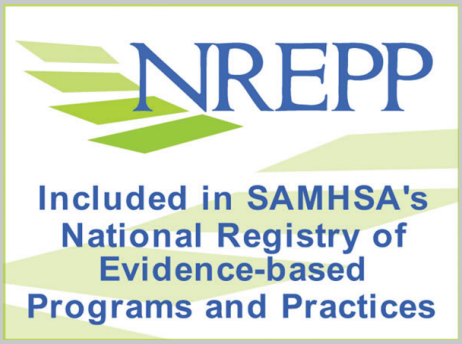

Table of Contents

Cognitive Behavioral Treatment Review
& Moral Reconation Therapy® (MRT) News
2028 Exeter Road
Germantown, TN 38138
(901) 360-1564 • FAX (901) 757-1995
ccimrt@ccimrt.com
www.ccimrt.com
www.mrtcenters.com
www.moral-reconation-therapy.com

Kenneth D. Robinson, Ed.D.
Executive Editor

E. Stephen Swan, M.Ed.
Editor

Katherine D. Burnette, M.S.
Associate Editor

Jedidiah L. Smith
Design/Layout

Kentucky SMART Probation Program: Year One Report

Executive Review

Editor's Note: This article is excerpted from the Kentucky SMART Probation Program Year One Report that was prepared by Morehead State University, Sociology, Social Work, and Criminology, Morehead, KY. It is reprinted by permission. In November 2013, the Kentucky Department of Corrections (KDOC) issued a one year report on the implementation of the SMART Probation Program (Kentucky Supervision, Monitoring, Accountability, Responsibility, and Treatment). The Program offered drug use screening, more frequent probation meetings, substance abuse treatment, mental health, and enhanced programming that included Moral Reconation Therapy (MRT) that is offered at the discretion of the judge. This review includes information that was published in an earlier article, **Implementation of an Enhanced Probation Program: Evaluating Process and Preliminary Outcomes** by Lisa M. Shannon, Sheila K. Hulbig, Shira Birdwhistell, Jennifer Newell, and Connie Neal (2015) *Evaluation and Program Planning*, 49, 50-62.

Executive Summary

The Kentucky Supervision, Monitoring, Accountability, Responsibility, and Treatment (SMART) Probation Program grant was awarded in July 2012 to the Administrative Office of the Courts and the Department of Corrections for the purpose of providing enhanced probation services for eligible participants in six pilot jurisdictions throughout the state of Kentucky. Funding was used to support a call-in system to inform defendants in each jurisdiction when they were to drug test, to purchase drug testing supplies, to provide for testing of abused drugs not typically detected on traditional drug screens, and to contract with an independent evaluator to conduct an unbiased program evaluation. This evaluation report was prepared by Morehead State University to highlight program activities during the first grant year. An overview of applicable data elements (i.e., process evaluation and outcome evaluation) for grant year one (July 1, 2012 to June 30, 2013) is highlighted below.

Process Evaluation Summary

Overall themes emerging from the process evaluation suggest that a majority of administrators, judges, attorneys, and law enforcement/ corrections officials are satisfied with the services provided through the SMART Probation Program during the first grant year. There were a minority of individuals interviewed that wished they had more inclusion and knowledge about the program during the implementation process. Many

reported they were uncertain, at this point, what the data will show in terms of program success, because it is relatively new, but hope results reveal reduced recidivism and incarceration costs. Overall, despite some initial barriers and problems, most felt the program was beneficial for probationers and would like to see the program expand in the future.

Outcome Data Summary

Outcome data was reported for 307 participants who entered the SMART Probation Program (between July 1, 2012 and June 30, 2013). Individuals in the SMART Probation Program were compared with 300 similarly matched probationers. All outcome data was retrieved from the Department of Corrections Kentucky Offender Management System (KOMS). The evaluation for the first grant year focused on examining: the level of service/case management inventory (LS/CMI), drug screening/results, violations/responses, and movements/alterations of sentencing. The target number of individuals to be served was 600. During the first grant year, approximately 51% of the target number was served. Almost two-thirds of probationers served were from two SMART project sites: the combined site of Lincoln/Pulaski/Rockcastle (30.6%) and Jefferson (30.3%). Based on data provided, the average time on probation was 8 months (mean = 7.9 months).

When examining raw scores for all of the domains on the LS/CMI, the SMART Probationers were rated as significantly higher on all domains measured by this risk assessment instrument. When examining the categorization of need as measured by the LS/CMI for each domain (i.e., low, medium, and high), the SMART and comparison group had comparable categorization of needs, with the exception of the drug and alcohol problem domain and total score. For the alcohol and drug problem domain, the SMART participants were categorized as having medium needs, whereas the comparison group was categorized as having low needs. Second, when assessing the total LS/CMI score, the SMART participants were rated as medium risk whereas the comparison group was rated as low risk. These differences match the scope of the SMART program, which targets individuals with substance use and related needs who are at-risk of failing on traditional probation. These data suggest the SMART group is a higher risk group – thus, comparisons with a traditional probation group should be interpreted with some caution as the two groups had some inherent differences.

In terms of drug testing, the SMART probationers were drug tested 2,529 times; of these, there were 218 positive drug screens, which equates to approximately 11.6% of the total tests. In contrast, the comparison probationers were drug tested 1,149 times; of these, there were 338 positive drug screens, which equates to approximately 29% of the total tests. Further, there were significantly more positive drug screens, on average, for the comparison group (mean = 1.1) compared with the SMART group (mean = 0.6). More specifically, there were significantly more comparison group probationers with positive drug screens for marijuana (48.7% vs. 29.0%) while more SMART probationers tested positive for Oxycontin (14.0% vs. 4.2%).

Program violations, as reported in KOMS, were also examined. In general, the comparison probationers had a significantly higher average number of violations (2.3) compared to the SMART probationers (1.2). Almost one third of probationers in the comparison group (32.7%) had a substance use violation compared to 24.0% for the SMART probationers. Further, a significantly greater number of probationers in the comparison group also had probation/parole violations (29.7%) compared to the SMART probationers (21.2%). In addition, a significantly greater percentage of probationers in the comparison group had new charges (33.0% vs. 10.6%). Finally, there was a significant difference between the percentage of probationers in the comparison group. (8.7%) and the SMART probationers (3.5%) that had fees and services violations. The most common responses to all violations involved the discretion of the court and a recommendation for probation revocation. In some instances, the responses were more tailored to the violation type. For example, for substance use related violations, the response from the court included referrals to the Social Service Clinician (SSC) and other treatment options.

At the time of this report, approximately 14% of the SMART probation participants had probation conditions which had been revoked. A comparable statistic was unable to be calculated for the comparison group, given a criteria for selecting this group was actively on probation. In future evaluation reports, the evaluation team, in partnership with the Department of Corrections will strive to select a comparison group which more accurately reflects a contemporary group of individuals referred to probation that may/may not be active at the time of the reporting. While a significantly greater percentage of SMART probationers (15.1%) were moved into an incarceration placement compared to the comparison group (9.3%), probationers in the comparison group spent a significantly greater average time incarcerated (118.1 days compared to 32.5 days for the SMART probationers).

Note: For additional information about the SMART program please contact Emily Robinson with the Kentucky Department of Corrections at emily.robinson@ky.gov

Preliminary Report of Moral Reconation Therapy Implementation Inside the St. Louis County Jail

By Michael Herr LCSW CRAADC, Ashley Watson LPC, and Kwame Mensah MBA Candidate, CCJP

Introduction

The St. Louis County Jail supports an in-house program called Bridges to Success. The program was initiated to address a treatment gap for certified juveniles and young adults under twenty. The goal of the program is to reduce recidivism, provide behavioral rehabilitation during incarceration, and provide youthful offenders an opportunity to successfully reintegrate into society. The program focuses on combating criminal thinking, providing educational/vocational training, as well as life skill classes. In short, the program seeks to provide individuals with the tools they will need upon release from corrections to become productive members of society. The biggest challenge is helping these incarcerated individuals change how they perceive themselves and the environment. The staff at Bridges to Success implemented the Moral Reconation Therapy model to address this need.

Participants

The Bridges to Success program offers services to youthful offenders aged 16-19. The program itself is not mandatory. However, participants agree to attend all MRT sessions if they choose to start the MRT protocol. The St. Louis County Jail offers a rare chance to see the effectiveness of MRT on the various levels of the facility. Housing for inmates consists of four distinct floors. MRT was conducted on floors 4,5,6, and 7. Each floor contains a general classification of inmates based on crime, past criminal history, age, and other specifics that allow for proper classification within the facility. A more basic view is to understand that as the floor number increases, so does the severity of the crime, criminal behavior, and criminal thinking. E.g. a common crime on the fourth floor would be a first time breaking and entering charge. A common crime on the seventh floor is a repeat offender charged with first degree assault and armed criminal action. The effectiveness of the MRT program varied drastically among these floors.

Methodology

MRT was conducted on the various floors and followed fidelity of the treatment model. The number of participants in each group averaged between 4-10 participants. MRT was held twice per week for an hour and a half. Facilitators would be solo or have as many as three depending on the size of the group. Qualitative information was gathered from the facilitators as to the efficacy of the MRT on the various floors of the jail to evaluate the effectiveness of the intervention by floor.

Results of the Program by Floor

Fourth Floor. The MRT was unable to be successfully conducted on the fourth floor. The clients could not "see themselves" in the literature or connect with the material in the program. This was due to the low severity of the cases and low level of criminal thinking exhibited by this population. Most inmates housed at this level are first time offenders and those with crimes against property. Individuals on this floor have not been indoctrinated by years of leading a criminal lifestyle. Typically the diagnosis of Antisocial Personality Disorder (ASPD) is not seen in this population. Educational/Vocational training and supportive therapy was a more appropriate model for treatment.

Fifth Floor. The MRT was successfully conducted on the fifth floor. Clients could connect with the material, engage the process, and share the group experience as one would expect with MRT. Antisocial traits could be seen within this classification. However, the problem on this floor came from the mortality rates of clients. While the type of crime and criminal thinking was appropriate for the MRT program, many clients were released on probation or accepted plea deals long before they could complete all steps of the program. It was rare for an individual on this floor to complete up to step 7 with a core group still intact. This lack of consistency made it difficult for groups to form and build trust as they progressed through the steps.

Sixth Floor. This was the most successful floor for the MRT. The severity of crimes and level of criminal thinking matched the MRT criteria perfectly. The clients could engage the material easily and often stated "It's like reading a book about myself". Many individuals on this floor satisfied the criteria for an Antisocial Personality Disorder diagnosis. Inmates at this classification often had prolonged history with the criminal justice system and were charged with crimes against people. Furthermore, the nature of the crimes kept these individuals in the program anywhere from six months to two years. Often the graduating members of the program still attended group to act as mentors and would 'demote' themselves to previous steps if they noted their behavior slipping. Core groups could be maintained over long periods of time which made the 'buy in' to the program much easier for new members. This population was most suited to the MRT program.

Seventh Floor. MRT was unable to be successfully conducted on the seventh floor. Although inmates at this classification satisfied criteria for ASPD and were charged with crimes against people, they often lacked the motivation to complete the exercises and notably had trouble when discussing their long term goals. This was understandable as the probability of being incarcerated for a long period of time is likely for this floor classification. Furthermore, it appeared the MRT program made the stress levels higher for these individuals because of the acknowledgement of a future behind bars. While the type of crime and criminal thinking was appropriate for MRT, the specific situation made the program ineffective.

Discussion of the Results by Floor

The qualitative measure of the MRT program by floor allows a few generalizations to be made. First, the participant must exhibit a high degree of criminal thinking. This was the reason the MRT was ineffective on the fourth floor, as most individuals on that floor are first time offenders with non-violent crimes. Second, the individual must be released from corrections in a period of time that instills motivation to change for the better. This was the reason MRT was ineffective on the seventh floor as most individuals are facing lengths of incarceration up to fifteen years. They had no motivation to change. Third, the individual must be incarcerated long enough to finish the program. Fifth floor participants had the criminal thinking and motivation requirements but were usually released before completing the program. Lastly, the program is most effective when the previous three conditions, high-degree of criminal thinking, motivation for changing, and sufficient length of stay, are satisfied. The MRT was most successful on the sixth floor because these three elements were consistent with the housed population.

Conclusion

The structure and content are the strength of the MRT program. When the participants met the criteria outlined above the MRT protocol was therapeutically successful. The strict structure of the program worked well within the confines of the correctional facility and the assigned reading material, specifically that which addressed accountability, was useful in provoking powerful group discussion. Clients knew the days when the MRT was conducted, came prepared, engaged the material, and followed the MRT protocol as one would expect. The takeaway point is the importance of the participant screening process as a main factor for success when implementing MRT inside of a correctional facility.

Further Research

While three assessment instruments (Sociomoral Reflection Measure – Short Form Objective (SRM-SFO), Brief Sensation Seeking Scale (BSSS), and the Life Engagement Test (LET)) are currently being used in an effort to objectively measure the outcomes of the program, data collected at this time are insufficient for meaningful analysis. These assessments are administered prior to completing step 1 and again after completion of step 7. It is anticipated that as additional data become available, further assessment of the full impact of MRT will be possible. In addition to the data currently collected, future research should further explore the effects of MRT on the adolescent participants, utilizing control groups, to provide additional measures of reliability. Future research should also specifically look at the effects of MRT on participant recidivism, in order to determine whether the implementation of MRT within the jail setting is an effective crime reduction option. Other areas for future research may include analysis between variables, including the type of offense committed, family factors, level of education, as well as personality variables, as these may significantly impact the outcome of a study, and provide areas of focus for future interventions. Future research may include conducting studies on juvenile males and females, independently, as the effect of MRT has been studied on adult male and female offenders; however, the majority of current research on juveniles consists primarily of male participants. As such, future research may also include studies specifically analyzing the effects of MRT on at risk juvenile females or female juvenile offenders.

INFORMATIONAL CONFERENCE CALLS

CCI's monthly conference calls will begin February 15. The calls will address both fidelity and implementation of the MRT program.

The fidelity conference call will allow for basic questions and provide answers for facilitators regarding step work for clients—what is acceptable and what is not. You will also receive "if-then" guidance from our Clinical Director, Kathy Burnette.

Our goal for the implementation conference call is to help you navigate some of the structural and staff barriers involved in implementing new programming. These barriers can include choosing a core group, deciding how often to meet, and much more.

To register, send an email to ccimrt@ccimrt.com or visit us on Facebook.com/CorrectionalCounselingInc and select "Going" on our Event Page to receive an invitation link.

CALL SCHEDULE

February 15	1:30pm–2:30pm 3:00pm–4:00pm	Fidelity Implementation
March 14	8:30am–9:30am 10:00am–11:00am	Fidelity Implementation
April 6	1:30pm–2:30pm 3:00pm–4:00pm	Fidelity Implementation
May 24	9:30am–10:30am 11:00am–12:00pm	Fidelity Implementation
June 19	1:00pm–2:00pm 2:30pm–3:30pm	Fidelity Implementation

WEBINARS

CCI will begin hosting educational webinars on March 27 at 10:30 a.m. Central. The first webinar topic, The Science of Addiction, is described below. Additional webinars on topics of interest will be provided throughout the year. The topics will be selected based on valuable feedback obtained from our recent customer survey.

We are also working to bring future webinars that provide continuing education units for licensed staff. Stay tuned for more information.

The Science of Addiction: This session will highlight drug abuse and addiction from both an acute and chronic perspective. The long-term physical and functional changes in the brain and biological and social factors will be discussed. This session will provide practitioners with the latest research regarding drug use.

To register, send an email to ccimrt@ccimrt.com or visit us on Facebook.com/CorrectionalCounselingInc and select “Going” on our Event Page to receive an invitation link.

Fort McDowell Yavapai Nation Model Healing to Wellness Court:
Sustaining Progress and Enhancing Implementation

By Robert A. Kirchner, Ph.D. and Susan Greenough, Glacier Consulting Inc.

Glacier Consulting, Inc. (GCI) has evaluated the Fort McDowell Healing to Wellness Court (FMHTWC) to produce a final report on the completion of a grant from the Bureau of Justice Assistance, U.S. Department of Justice. Much has been accomplished since its inceptions in 2002, and many positive enhancements have been made to the program. The program has served as a model Healing to Wellness Court (HTWC) during training supported by NADCP, and has gained the support and acceptance of the Tribal community. FMHTWC is a good example of meeting the needs of the community through evidence-based therapies along with more traditional approaches.

Tribal Healing to Wellness Courts bring together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well being of the community. The defined phases and treatment modalities are based on a consensus of the Team. Services are designed to meet Tribal objectives for treatment and rehabilitation as treatment plans.

FMHTWC has fully integrated delivery of treatment services into its program. It utilizes the cognitive behavioral therapy modality Moral Reconation Therapy® (MRT), and requires the completion of the program as a criterion for graduation. All treatment is monitored, and progress reporting is routine through the case processing system of the drug court. MRT has proven its effectiveness in accelerating client's progress to recovery – completion of MRT leads to increases in graduation rates.

Why the FMHTWC Program Works

First, it is important to understand how the Fort McDowell Healing To Wellness Court (FMHTWC) has improved over time. The National Drug Court Institute[1] has recommended a focus on specific performance indicators to judge the effectiveness of a drug court, including:

- Retention in Treatment
- Sobriety
- Units of Service Delivery
- Recidivism

In all of these measures, the FMHTWC is progressing well in its expectations for the objectives set for each of the critical indicators. The rates of in-program recidivism are relatively low, with most of the participants violating the conditions of their programs being terminated according to the decision of the drug court team.

- Retaining clients in treatment – The program maintained a 76% Retention Rate, which far exceeds the average of 28%, reported in research for substance abuse treatment programs for drug offenders.
- Graduating clients - 7 graduates as of July 15, 2013.
- Reducing recidivism – The overall recidivism rate is 28%, which far exceeds the average 60% plus recidivism rate for treatment programs.

In terms of cost-benefits, from December 2010 through July 2013, to Tribal operations and the community, FMHTWC clients have:

- Clients completed 819.5 hours of community service, valued at $7,946.00.
- Integrated and consolidated approaches to treatment and recovery which substantially reduced the cost of individual service delivery to clients.
- Delivered 6,421 client days – including substance abuse treatment, supervision, ancillary services and judicial review.
- Incurred substantial cost savings to Tribal operations through reductions in confinement time. Potential incarceration costs of $156,228 have been saved by supervising clients in Drug Court.[2]

Program components and accomplishments that have created an effective program include:

- Consistent judicial review with cooperative input from all FMHTWC court team members – the role of the judge is, in itself, an effective intervention which impacts a client's performance and retention in the program
- Delivery of Moral Reconation Therapy (MRT), a cognitive behavioral therapeutic modality that has proven its effectiveness in accelerating client's progress to recovery – completion of MRT leads to increases in graduation rates[3]. Through December 2013, participants attended MRT sessions. Further, the participants attended Substance Abuse and Cultural sessions, and the combined approaches resulted in participant in 2,573 group session hours and 450 individual counseling hours.
- Strength-based approaches to assessment and programming client participation
- Dedicated supervision component strongly

supported by Tribal Police Department

- A custom designed Management Information System supporting (1) case management; (2) progress reporting; and (3) monitoring and evaluation
- Intensive efforts to continue to build Tribal community partnerships and collaborations

Conclusion

FMHTWC has effectively fit drug offenders and criminal participants into Tribal approaches and traditions by ensuring a balance between client's needs, based on assessment, and the constraints of law and agency operations. This continues to produce a program that become more effective for this jurisdiction, expand active client base and lead to greater outcomes for the community. MRT has played an important role in building the credibility and acceptance of FMHTWC implementation.

[1]See: Heck, Cary (2006) *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*. Washington, DC: Bureau of Justice Assistance, U.S. Department of Justice.

[2]This amount is calculated after subtracting the number of detention days clients spent in jail because of sanctions.

[3]See: MacKenzie, Doris Layton (2006) *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York, NY: Cambridge University Press.; and Little, Greg, and Kenneth D. Robinson, Katherine D. Burnette, and Stephen Swan (1999) "Successful Ten-Year Outcome Data on MRT Treated Felony Offenders," *Cognitive-Behavioral Treatment Review* Vol. 8, No. 1.

COGNITIVE BEHAVIORAL TREATMENT REVIEW
2028 Exeter Road
Germantown, TN 38138

MRT Training Daily Agenda

This schedule is for MRT trainings. Regional times and costs may vary. Lunch served in Memphis only.
Lecture, discussion, group work, and individual exercises comprise MRT training. MRT training is typically conducted Monday to Thursday or Tuesday to Friday. Please check for exact schedule.

Monday	Tuesday	Wednesday	Thursday
8:30 a.m. to 4:00 p.m. *(Lunch-provided in Memphis)*	8:30 a.m. to 4:00 p.m. *(Lunch - on your own)*	8:30 a.m. to 4:00 p.m. *(Lunch - on your own)*	8:30 a.m. to 3:00 p.m. *(Lunch-provided in Memphis)*
Introduction to MRT. Treating & understanding APD & treatment-resistant clients. Introduction to CBT. 2 hours of homework is assigned	MRT Personality theory. Systematic treatment 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 completion certificates.

MRT or Domestic Violence MRT For Your Program

Training and other consulting services can be arranged for your location.
For more information please call 901-360-1564.

Upcoming Training Sessions

MRT TRAINING

3/13-3/16	San Diego, CA
3/20-3/23	Regina, SK, Canada
3/27-3/30	Germantown, TN
3/27-3/30	San Luis Obispo, CA
4/3-4/6	Arlington, VA
4/3-4/6	Decatur, GA
4/11-4/14	Casa Grande, AZ
4/18-4/21	Germantown, TN
4/24-4/27	McKinney, TX
4/25-4/28	Lac du Flambeau, WI
5/9-5/12	Albuquerque, NM
5/15-5/18	Chambersburg, PA
5/15-5/18	Germantown, TN
6/26-6/29	Germantown, TN

DOMESTIC VIOLENCE TRAINING

4/10-4/13	Germantown, TN
4/18-4/21	Spokane Valley, WA
6/19-6/22	Tucson, AZ

ONE-DAY BASIC MRT REVIEW

6/23	Germantown, TN

TWO-DAY ADVANCED MRT TRAINING

5/3-5/4	Chamberlain, SD

ONE-DAY TRAUMA TRAINING

6/22	Germantown, TN

TWO-DAY VETERAN TRAUMA TRAINING

6/20-6/21	Germantown, TN

Note: Additional trainings will be scheduled in various locations in the US. See our website at www.ccimrt.com or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.