

COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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Evidence-based
Programs and Practices

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& Moral Reconciliation 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-reconciliation-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

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Research Review: Moral Reconciliation Therapy (MRT) Implemented in Mental Health Centers: Changing Approaches in Treating Criminal Behavior, Mental Illness, and Drug and Alcohol Abuse

By Robert A. Kirchner, Ph.D., Glacier Consulting, Inc.¹

The State of Illinois has established a number of Mental Health Centers, embodied in community programs throughout the State. Glacier Consulting, Inc. (GCI) has been contracted to perform an independent evaluation of the progress and effectiveness of these programs. GCI chose to review the center operating in Springfield, IL, which is implementing Moral Reconciliation Therapy (MRT) as treatment in their programs.

In order to begin the study, GCI needed to understand the activities being implemented; begin the collection of data; and prepare a foundation for future, more rigorous evaluation. The results of these efforts are presented below and covers the period from March 2012 to the present.

Purpose(s) for MRT Groups in Setting

The groups have a mix of populations including Conditionally Released Not-Guilty by Reason of Insanity (NGRI) clients living in a supervised residential setting; outpatient Drug Court Defendants and outpatient Mental Health Services clients. The goals of the group are to prevent recidivism, arrest, jail, prison/NGRI; instill a more positive identity; change poor decision-making and behavior patterns into more positive, pro-social, honest and goal-oriented directions; and ready clients for work, school or volunteering.

MRT clients are referred from various agencies, but all complete a face-to-face Comprehensive Mental Health Assessment Interview. It is a requirement of the Illinois

Department of Human Services that each client be tested with this instrument prior to any reimbursement for services rendered. The instrument assesses current mental health status and history. It is the main tool used to determine treatment interventions. Clients referred to MRT groups are evaluated based on their current status and history.

The admitted clients were classified as follows:

- Psychotic = 13
- Personality Disorder = 3
- Developmental Disorder = 1
- Drug Abuse Disorder = 17

The legal status of the admitted clients was based on the targeted population for the program. The number of participants by legal status:

- NGRI² Conditional Release (Supervised Residential Housing) = 14
- Primary Mental Health Diagnosis and No Criminal Charges (Outpatient)³ = 3
- Drug Court Probation (Outpatient) = 17

The following matrix reports the variables currently collected and the combined results across the three groups of participants.

Center	Mental Health Center of Central Illinois
Start Date	March 2012
Number Entered	34
Graduates	21
Drop Outs	9
Gender	22 Males 12 Females
Average Age	37
Average Number of Days Receiving MRT	236
Positive Change/Reduced Confinement or Release	29 Positive Change 7 Less Restrictive

Based on results so far, we can report on a few critical indicators that determine the progress of the programs:

- Although we often see severe compliance issues with this population, fewer clients dropped out of the program than expected.
- The average retention rate in similar programs is 22%. To date, the retention rate across the three programs is 74%.

- Program managers reported that clients’ participation in MRT resulted in 85% positive change.
- Although the number of females in the current population is small, it is expected that this will increase as the programs continue implementation and their efforts with MRT result in effective improvements in clients.
- Since 61% of the clients entering the programs have already graduated, the Mental Health Center is encouraged to expand the programs in their facilities.

Impact of MRT Implementation

1) NGRI clients conditionally released to participate in the Community Conditional Release Program (CCRP) at West Lake Center.

These MRT group participants live in a supervised, residential group home and are under court order to participate in MRT as part of their post-discharge plan from the state operated hospital. MRT completion is a prerequisite for client’s moving to the next phase of the transitional program (unsupervised, independent residence in the community). Based on observation and feedback from NGRI participants, clients value their experience in MRT. When asked, many clients respond that “learning to set goals and then reach them” was the most important thing they learned. About half of NGRI clients are going through MRT for the second time, having completed some or all of the MRT steps while living in the state operated hospitals. Clients were asked how they felt about going through MRT twice to which one client answered “it is totally different doing MRT now (outside the state hospital). Most of my goals back then were to get out of the hospital. Now my goals are for all the things I need to do to live on my own.” This response was representative of other participants’ responses. Common goals set by NGRI clients are to “get a job”, “get my driver’s license”, “save for a car”, “find a girlfriend”, “buy a house”, etc. NGRI clients arrive at the CCRP with more impulse control than most of the other participants and it is speculated that this is due to years of institutionalization and treatment and/or prior exposure to MRT. As a result of their better impulse control, NGRI participants tend to be leaders or mentors in the MRT group.

2) Mental Health Center clients with problem behavior patterns.

These MRT group participants are living in the community and come to the group on an outpatient basis. They are generally referred to MRT by their therapist or case manager due to continuing deceitfulness, lack of accountability, self-centeredness and lack of goal driven behavior. Usually, their behavior has brought them to the point of being discontinued from services and they are offered a last chance contract with the agency contingent

upon successful participation in MRT. Some of these clients have a dual-diagnosis of mental illness and intellectual disabilities. These clients have used the MRT Juvenile version of the program, and have been able to successfully pass steps. Most of those with dual-diagnoses have observable deficits in reading or communicating and tend to pass fewer steps. It is noted that other participants have tended to react to these clients with increased patience and kindness rather than mockery or cruelty. The service providers for these clients have reported increases in respect and reduction of problem behaviors in approximately half of the cases.

3) Probationers from the Sangamon County Drug Court.

These participants are referred to MRT by the Drug Court team when they exhibit continued non-compliance in the Drug Court Program. Furthermore, they are continuing to have positive drug tests and/or committing new violations. MRT is recommended in order to raise levels of moral reasoning, restore behavior to societal norms and improve compliance with Sangamon County Drug Court. Completion of MRT is a prerequisite to successful completion of the client's probation. It was observed that MRT participation increases probationer's adherence to drug court treatment (including reduced positive urinalysis for drugs of abuse) in about two-thirds of cases.

A sentiment expressed by probationers upon entering MRT group is anger and resentment over having been given

yet another requirement by the Drug Court. This attitude tends to lessen by the completion of step 2 or 3 as clients assimilate to the group and observe the improved behavior of fellow participants working in the later steps of MRT. As one probationer begins to internalize the precepts of the program, their Drug Court peers take notice and often conform to the program. Typical client goals in this group include regaining guardianship over their children; keeping their freedom (avoiding prison); re-establishing trust with family members; and learning to live without drugs and alcohol. Drug Court clients typically comment that MRT is "way harder than (drug) rehab" and that they "like MRT because it really shows you what you need to change". Typical reports from probation officers indicate that clients "really seem to like MRT". Common reasons for Drug Court clients dropping out of the group include committing new crimes or new serious violations of probation rules.

GCI will perform additional evaluation activities and report on the progress the mental health centers make over time. There is an expectation of optimism that seriously mental ill individuals can be stabilized through MRT treatment. Future reports may lead to the spread of MRT as an evidenced based practice for this population.

¹For more information contact: bobkirchner@gmail.com.

²Not Guilty by Reason of Insanity

³Referred to MRT due to behavioral issues

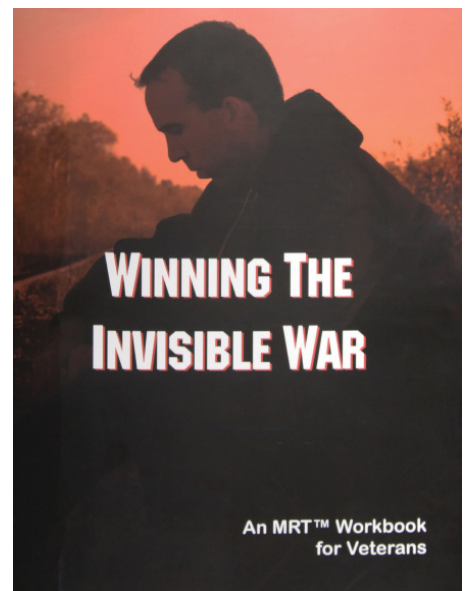
MRT Workbook for Veterans

"**Winning the Invisible War**" is a specialized workbook based on the cognitive-behavioral treatment approach of Moral Reconciliation Therapy - MRT. Because Veterans have experiences and issues that are unique, it is recognized that they participate best in treatment programs designed for veterans with other veterans engaged in the same group process. Basic MRT Training is required to purchase this book. The exercises in the 134-page workbook follow the same basic progression as in all MRT programs and are processed in group in the same fashion.

Utilized in group formats for:

- **Veterans' Courts**
- **Drug Courts Treating Veterans**
- **Veterans' Substance Abuse Programs**
- **Veterans in Specialized Treatment**

**Cost per copy:
\$25.00**



Cognitive Behavioral

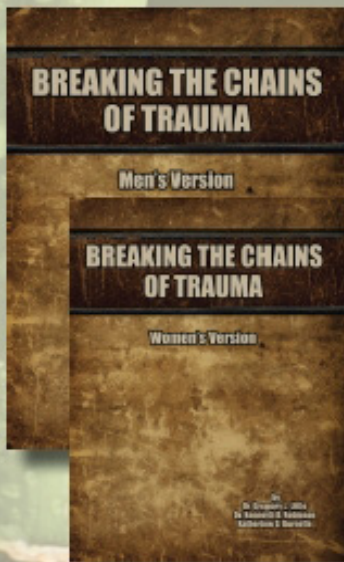
MRT-Based Trauma Workbooks

Trauma Treatment

MRT-TRAINED ONLY

Breaking the Chains of Trauma

MRT-TRAINED ONLY

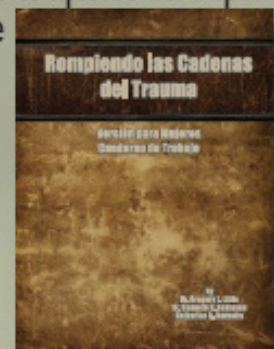


Trauma related symptoms pose some of the greatest stumbling blocks to recovery for offenders, mental health clients, substance abusers, and individuals struggling with day-to-day responsibilities. These workbooks (67 pages) are based on the MRT approach and incorporate all of the key issues identified in SAMHSA's Trauma-Informed Treatment Protocol. They are designed to be used in an 8-session group that can be implemented in an open-ended manner, meaning that new participants can enter at any time, or as an 8-session psychoeducational class. There are separate workbooks for male and female participants. The workbooks are only available to those programs with MRT trained staff, or staff who have completed CCI's specialized Trauma Training. There is also a journal that can be used as a supplement to the program.

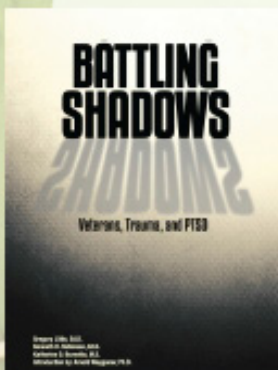
\$15 each
(Bulk discounts available.)

A Spanish version of the workbook is available for

\$18 each
(includes journal pages)



MRT-TRAINED ONLY **Battling Shadows-Veterans, Trauma, & PTSD** MRT-TRAINED ONLY



Battling Shadows is a new and totally unique cognitive-behavioral workbook that directly confronts trauma issues typically encountered in Veteran populations. This workbook was made to confront the unique types of trauma that are specific to the Veteran population. This 150-page workbook is designed to be implemented in eight group sessions, facilitated by trained staff. The program utilizes unique techniques that are intended to be used only with Veteran focused groups.

A specialized training is conducted by CCI. Several audio CDs used as adjuncts in trauma treatment are available.

\$30 each

To order products call: (901) 360-1564 or visit www.ccimrt.com

Kern County Probation Department: Day Reporting Center (DRC) Evaluation Study

Editor's Note: The editors of CBTR gratefully acknowledge the contribution of the Kern County Probation Department (Cassandra Friedburg, Chief PR Merickel, and Rebecca Jamison) in the collection and reporting of data used in this study.

Kern County, California's Probation Department instituted a Day Reporting Center (DRC) in 2010 to provide evidence-based services and programs to high-risk probationers, and implemented Moral Reconciliation Therapy™ (MRT) as the primary treatment curriculum. Wanting to determine the effectiveness of their DRC services, Kern County conducted a study to examine the recidivism rates of DRC participants.

Three groups were analyzed: those who graduated from the DRC program, those who participated in the program for at least 90 days but did not graduate, and a control group who did not participate in the DRC but had similar characteristics as those who did. The evaluation findings show not only a reduction in recidivism, but a reduction in the severity of recidivism for probationers who received MRT treatment at the DRC.

Methodology

County staff obtained a list of all participants including their start date, current program status, length of stay, risk level, and identifying information from the DRC. From this list staff created two groups: a Graduate Group and a Participant Group. The Graduate Group is defined as those who completed all phases of the program from November 22, 2010 to December 31, 2012. The Participant Group is defined as those who participated for 90 days or more but did not graduate, with a start date between November 22, 2010 and December 31, 2012. The Control Group is defined as a random selection of probationers who did not participate in the DRC, but have similar characteristics, such as risk level, supervision start date similar to participant's DRC start date, and age. Using the Criminal Justice Information System and Probation's Case Management System ISIS, staff reviewed the case history of every individual, documenting all new convictions after the individual's start date, the number of convictions, and type of conviction (Misdemeanor or Felony). Since this study serves to compare those offenders who graduated from the DRC and a Control Group that did not, these two groups are the two direct comparison groups. However, to further lend credibility to the study, Probation staff also compared these groups to the Participant Group.

Data

Since the focus of this study was to determine if the DRC had an impact on recidivism, Charts 1 and 2 below illustrate the recidivism rates of the DRC Graduate Group

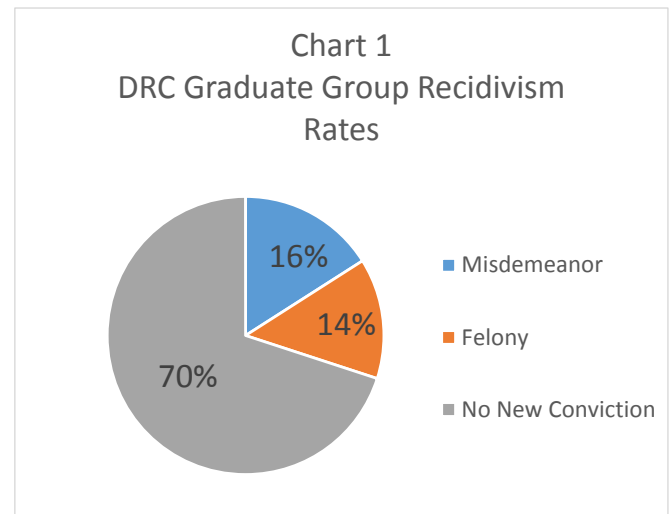


Figure 1. Seventy percent of the Graduate Group did not recidivate

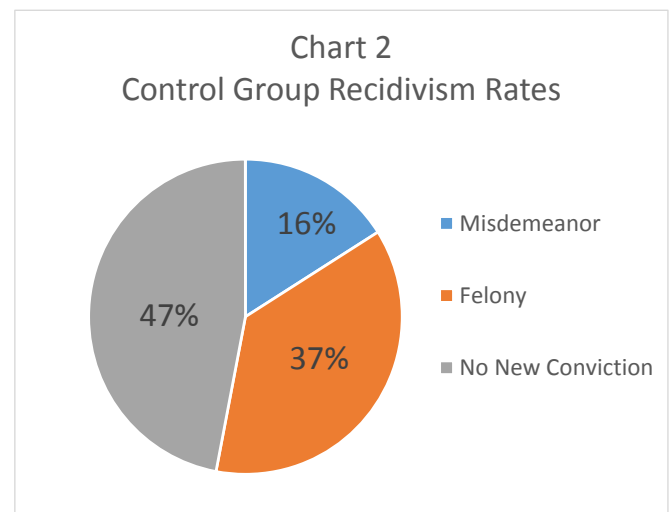


Figure 2. Forty-seven percent of the Control Group did not recidivate

compared to the Control Group.

Key Findings

Finding 1 - DRC graduates recidivated at a much lower rate than non-DRC participants

DRC graduates have a 30% recidivism rate compared with a 53% rate of the Control Group. In other words, 70% are NOT recidivating compared to 47% in the Control Group. There is a strong correlation between a high-risk offender graduating from the DRC and not recidivating. Reducing

the number of offenders that recidivate is essential to reducing the current strains on our criminal justice system.

Finding 2 - The rate at which DRC graduates recidivated was much less severe

Although these groups have similar recidivism rates in misdemeanor convictions (16% respectively), the felony rate for the Graduate Group is 14% compared to 37% for the Control Group. This is significant in that if a DRC graduate recidivates, he/she is less likely to commit a felony compared to the Control Group. This is evident in the most significant impact the DRC contributed to find in the reduction of felony convictions. The Graduate Group had 0.35 fewer felony convictions per offender compared to the Control Group.

Finding 3 - The rate at which DRC Participant Group recidivated was lower than the Control Group

The Control Group had 0.28 more cases per offender than the Participant Group. Those offenders who participate in the DRC for at least 90 days have fewer cases than those who have no contact with the DRC. The Participant Group had 0.15 fewer felony cases per offender compared to the Control Group.

Finding 4 - The DRC appropriately provided the majority of its services to and is most effective with high-risk offenders

High-risk offenders are at the highest risk of recidivating and generally have longer jail/prison commitments. Appropriate services are being provided and are adapted to high-risk offenders. This validates that high-risk offenders are being referred and are most affected by this program. We would not send low-risk offenders to a high-risk offender program. By focusing resources on this population, the DRC is contributing to a reduction in recidivism and the severity of recidivism for those most likely to recidivate which has the greatest societal impacts.

Conclusion

Several key findings were discovered by Kern County in their study. The recidivism rate for DRC graduates is much lower than the control group—DRC graduates had only a 30% recidivism rate, compared with a 53% rate for the control group. Additionally, the rate at which DRC graduates recidivated was much less severe—the felony rate for the graduates was 14%, compared to 37% for the control group. Even though they did not graduate, the recidivism rate for DRC participants was lower than the control group.

Kern County concluded that their DRC program, including MRT treatment, is a proven, evidence-based program that significantly reduces recidivism and the severity of those that do recidivate. Reducing the reoccurrence of crime makes the community safer and saves the taxpayers a significant amount of money through

a reduction in incarceration, prosecution, defense, courts, supervision, and victimization costs.

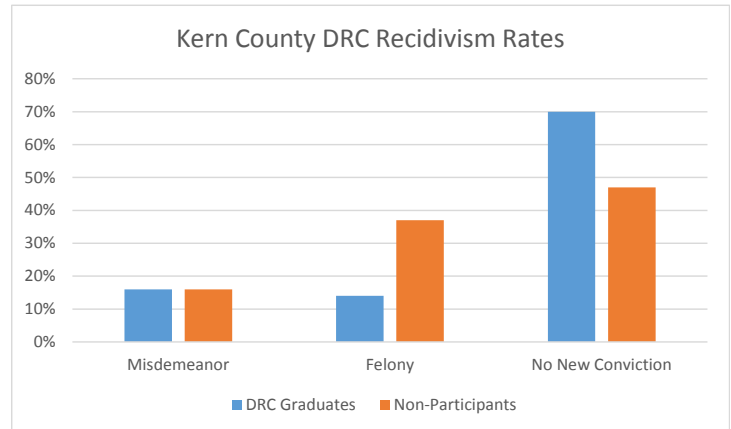



Figure 3. Recidivism rates of DRC Graduates compared to Non-Participants in Kern County

Cost Benefit Highlights

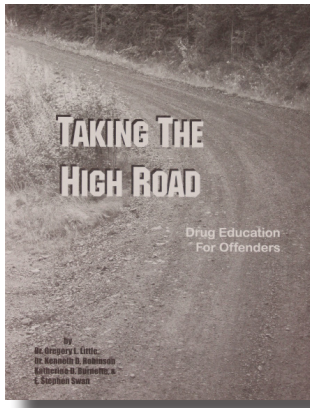
- Kern County Probation pays approximately \$4,080 per DRC participant
- Non-DRC participants generated 0.49 new felony convictions, while DRC participants generated only 0.14 new felony convictions
- Each felony conviction costs Kern County an estimated \$13,065 in direct county costs and \$24,448 in indirect costs (such as property damage, medical costs, etc.) for an estimated cost total of \$37,512
- The average offender spends six months in the DRC program

NEW RESOURCE!



CCI is dedicated to helping those who are struggling with mental health and addiction. We have developed MRT-based programming to target substance abuse, anger management, co-dependency, and much more. Please visit our new website at www.mrtcenters.com for more detailed information about these curriculums.

ALL NEW DRUG EDUCATION FOR OFFENDERS



TAKING THE HIGH ROAD

Taking the High Road is a new and unique 41-page drug education workbook and program for offenders at all levels of criminal justice: drug courts, parole and probation, community corrections, jails and prisons. It utilizes an approach of brutal honesty and openness and has participants share their ideas, thoughts, and experiences in a group format. The program can be operated as an educational class or in an open-ended group. The program consists of eight modules that participants first read and then answer questions posed at the conclusion of each module. In group, each participant then shares his or her responses with the group.

Workbook Cost: \$4.75 each (minimum 20)

Facilitator's Guide: \$10.00.

Modules are also available on an audio CD: \$60.

Also available in Spanish. Bulk discounts available.

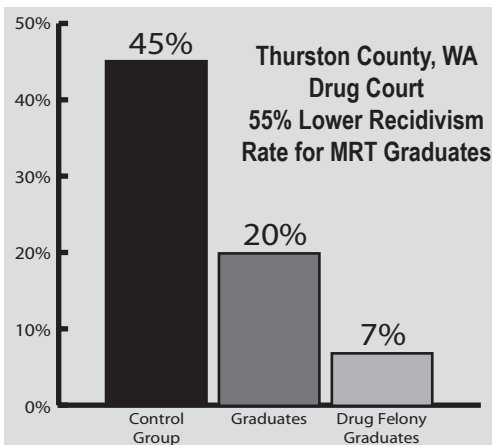
Areas Covered include Tobacco, Alcohol, Marijuana, Opiates (Heroin, Morphine, Etc.), Uppers (Cocaine, Crack, Meth, Etc.), Depressants & Downers, Drug Dealing, Hallucinogens, Gangs, Violence, & Disease

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.



- Nationally recognized cognitive-behavioral counseling approach
- Open-ended program with flexible client participation and pre-printed materials
- History of successful corporate performance for over 10 years
- Record of effective implementation at multiple sites
- Comprehensive, proven training

MRT cited as Proven to Reduce Recidivism in DWI courts.

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

For information on implementing MRT in your drug court, call CCI at 901-360-1564

**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. <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.

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

12/15/15-12/28/15	Oregon City, OR
1/11/16-1/14/16	Sinton, TX
1/11-1/14	Denver, CO
1/19-1/22	Fairfield, CA
1/25-1/28	Germantown, TN
1/25-1/28	Albuquerque, NM
2/8-2/11	Grand Rapids, MI
2/8-2/11	El Centro, CA
2/16-2/19	Anchorage, AK
2/22-2/25	Germantown, TN
3/22-3/25	Concord, NH
4/4-4/7	Germantown, TN
4/25-4/28	Rexburg, ID
7/11-7/14	Germantown, TN

TWO-DAY ADVANCED MRT TRAINING

5/10-5/11 Chamberlain, SD

DOMESTIC VIOLENCE MRT TRAINING

1/5-1/8 White Plains, NY
1/26-1/29 Springfield, MO

ONE-DAY TRAUMA TRAINING

12/18/15 Norfolk, VA
1/29/16 Albuquerque, NM
2/26/16 Germantown, TN

TWO-DAY VETERAN TRAUMA TRAINING

3/22-3/23 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.