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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: A summary of this article appeared in *CBTR* Volume 24, #3.

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.

Several meta-analysis studies have been published on MRT results. Little (2001) reviewed 65 published studies on MRT implementations and identified seven reports that evaluated one-year post-release recidivism of adult offenders treated

in institutions with appropriate comparison groups. The studies included 21,225 subjects. The resulting significant effect size was .2295 ($p = .01$). Little (2005) also evaluated 9 outcome studies on MRT implementations in parole and probation settings, which included 10,139 subjects. Results showed a significant effect size of .2238 ($p = .0001$). Wilson, Bouffard, & Mackenzie (2005) evaluated six MRT program studies and found a mean effect size of .33 ($p < .001$). Ferguson & Wormith (2012) performed a meta-analysis on 33 MRT studies including a total of 30,259 offenders and found a significant effect size ($r = .16$). In that study the authors also compared the outcome results published by the developers of MRT to others who were not affiliated with the developers. The authors found that the recidivism reported by the

developers of MRT was actually higher than that reported by others.

The initial implementation of MRT within drug court programs occurred in Oklahoma in the mid-1990s. Since that time, MRT has been employed in numerous drug courts. The Ten Guiding Principles of DWI Courts, published by the National Drug Court Institute (2005) specifically lists MRT as one of the recommended cognitive-behavioral approaches for Drug Courts. According to NADCP, in June 2012, there were 2,734 drug courts in operation.

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 present 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 herein. These cover adult drug court implementations, juvenile drug courts, family courts, wellness courts, and a few drug court-related, unique treatment venues. In addition, this 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.

Adult Drug Courts & MRT

Three “early” outcome studies were published on the initial drug court in Oklahoma (Payne County) that utilized MRT. This specific drug court was cited as one of the National Drug Court Association’s first Exemplary Programs and this court subsequently became a mentor court. Anderson (1995) summarized preliminary data on the Payne County (OK) drug court program’s implementation. During the court’s first 18 months of operation, none of the 13 graduates reoffended. Huddleston (1996; 1997) reported on an independent study by the Oklahoma State Bureau of Investigation on the Payne County Drug Court’s first 48 program graduates. Only 4% of those MRT participants were rearrested and reconvicted during the 18-month post-program period. This early drug court was rigorously operated and utilized MRT with all clients as the fundamental drug treatment approach. In 2007 (Page, et al.) performed a new study on the Payne County drug court. The study evaluated recidivism, urinalysis, and pre-and posttest scores in 94 participants who were in the program between 1997-2000. Scores on the Sensation- Seeking scale (a measure of impulsivity) significantly declined from pre- to posttest and Life-Purpose Questionnaire scores showed a significant increase. During the period of the study, a total of 2,221 urinalysis screens were taken. Results showed that 81% were negative (no drug use), however, there was a significant difference between program graduates and non-graduates.

Graduates showed that 94% of their urinalysis tests were negative as compared to 73% in non-graduates. Recidivism (re-arrests) data was collected over a 4-year period. Results showed that graduates showed an 11% re-arrest rate as compared to 57% for non-graduates.

Sandhu (1999) evaluated the Creek County (OK) Drug Court, which began in 1997 and utilized MRT. From 1997 until mid-1998 the program served 367 clients. The program’s retention rate was 52%. Pre- to posttest personality tests were administered to assess changes in several variables. Purpose in Life and Self-Esteem scores improved significantly over the course of treatment. Drug urine testing both during and after participation was utilized to assess drug usage. Results showed that 3.46% of 500 specimens were “dirty” or positive for drug usage. None of the graduates from the first year of the program had been rearrested during a yearlong treatment period.

The Hennepin County Drug Court (MN) began in the mid-1990s and utilized MRT. Erickson, Welter, & Johnson (1999) evaluated outcomes on 584 drug court clients from the program. Seventy-two percent of the clients were male and 66.5% were minorities. Criminal recidivism (felony and “gross” misdemeanor charges or convictions) was calculated for the nine-month period following drug court completion. After 9 months, 21.5% of drug court completers were recidivists (both misdemeanor and felony arrests were collected). However, only 8.2 percent of drug court completers had new drug offenses. Drug Court graduates showed a felony recidivism rate of 12.2%. Drug court recidivism was compared to a group of similar offenders who did not enter drug court, but were processed by the regular court/probation system and assigned to various treatment programs. The recidivism rates of both the drug court and non-drug court groups were statistically identical. The study concluded that the recidivism rates in both groups were very low and that significant differences could not be expected in so short of a follow-up period. More recently the Minnesota Judicial Branch (2012) performed a statewide recidivism analysis of 16 drug courts operating in the state. Forty percent of the participants were from the Hennepin County drug court and an appropriate comparison group was formed. Results showed that 6 months after drug court participation, 12% of drug court participants were rearrested as compared to 16% in the control group. After 2.5 years, 26% of the drug court participants were rearrested as compared to 41% of controls. The study concluded that these drug courts significantly reduce recidivism and save taxpayers \$3,189 for each participant.

Fuller (2003) reported on the outcomes on a drug court operation in middle Tennessee that began in 2002. A total of 99 individuals entered the program between December 2002 and July 15, 2003. The program’s retention rate was

67% during the period of study. Of all 99 participants, 21% were rearrested during this period. Of the program's graduates (n = 36), only 8% were rearrested.

Gibson & Welch (2008) analyzed on the retention rate and two-year re-arrest rate from a Tennessee drug court specializing in methamphetamine offenders and utilizing MRT as its primary treatment. Between 2002-2008 the program showed a 60% retention rate as compared to the combined retention rate of 53% for all 44 Tennessee drug courts. The two-year recidivism rate (re-arrest rate) of program participants was 24%.

Olson (2004) summarized the Thurston County (Washington) Drug Court, which utilized MRT. While participant numbers were not cited, the overall recidivism rate (re-arrests) for Thurston County Drug Court participants was 6%. More recently, (Kirchner, Goodman, & Kirchner, 2007) compared the three-year recidivism rates in 106 graduates of the Thurston County drug court program to a comparison group of 233 regular probation completers. Results showed several statistically significant differences. The drug court group showed an overall three-year recidivism rate (both misdemeanor and felony arrests) of 20% compared to 45% in the comparison group. When only felony arrests were evaluated, the drug court participants showed a three-year felony re-arrest rate of 10% as compared to 35% in the probation comparison group. A series of correlations were also performed to determine if various factors predicted recidivism. Results showed that age, gender, and MRT participation were the major predictive variables of recidivism. The highest recidivism was seen in young males and the lowest recidivism was seen in offenders who participated in MRT.

Huffman (2005) summarized the outcomes of the Butler County, Missouri Drug Court, which started in 1999 and utilized MRT. The program was especially focused on

methamphetamine offenders. From May 1999 to 2005, the program entered 92 participants. Of those, 64.9% graduated the program and an additional 17% were still in the program. Over 85% of the graduates maintained employment. Only 6.25% of program graduates had felony re-arrests and 4.15% had misdemeanor re-arrests.

Kirchner & Greenier (2009) reported on the 2006-2008 results from a small drug court in Florida utilizing MRT as its treatment method. The program showed a 68.5% retention rate. Participants also gave an average of two urinalysis screen tests per week with a fraction (0.04%) testing positive for drug usage.

Shaw & Robinson (2000) reported on outcomes of the Volusia County (FL) Drug Court, which utilized MRT since its inception in 1997. From 1997 to the end of 1998, 168 clients participated in the program with a retention rate of 57.1 percent, but no recidivism data was cited.

Kirchner & Kirchner (2008) evaluated the Putnam (FL) Adult Drug Court, which began in 2002 and has utilized MRT throughout its history. The small program had 52 graduates by 2007, with a 61% retention rate. Three-year recidivism rates were compared in program completers (n = 52), clients who did not complete (n = 69), and a group of traditional probation participants. Program graduates showed a 34.6% recidivism rate; non-completers showed a 39.3% recidivism rate; probation completers showed 48.5%; and, probation non-completers showed a 59.1% recidivism rate. Statistical analyses showed that MRT participants, regardless of completion status, showed significantly lower recidivism than probation participants.

Kirchner (2008) briefly summarized the results of the Yavapai (AZ) MRT-based pilot drug court program. During three years of operation the program entered 429 participants with an 87% retention rate. Recidivism of program graduates (n = 196) was cited as 7%, and covered

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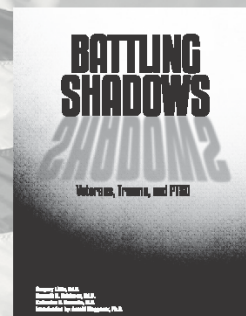
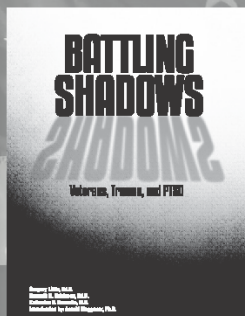
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September 7-8, 2016
8:30 a.m. — 4:30 p.m.

Background & Description:

Many Veterans have been exposed to unique situations that can produce severe trauma resulting in the onset of long-lasting and treatment resistant PTSD. Combat, sexual assault, harassment, and prolonged exposure to life-threatening situations can create heightened awareness and stress reactions triggered later by a host of normal environmental cues. Effective treatment of Veterans with PTSD has become one of the most important and highest priority goals of the VA.

This two-day (13 hours in total) workshop is designed to train treatment professionals in a specific, cognitive-behavioral, workbook-based PTSD program designed for Veterans. The book, entitled "Battling Shadows," presents an 8-session program approach that teaches a variety of coping strategies designed to directly counteract the wide array of PTSD symptoms. The program is "present-focused" in that past traumatic events are not deeply explored. Rather, the focus is on the utilization of coping strategies when PTSD symptoms emerge. The training is designed to allow individuals with appropriate professional backgrounds and qualifications to implement and operate the program in ongoing group formats. Lecture, discussion, and hands-on practice guide participants through the exercises and session materials in the 150-page workbook.

Workshop Topics Covered:

The workshop defines trauma and briefly describes the nervous system response to traumatic events. Other areas covered include: PTSD diagnosis and common symptoms; Issues in male and female trauma; Retraumatization in treatment; Trauma Informed care; Resilience; Assessment; and Programmatic issues.

Who Should Attend:

The training workshop is designed for treatment professionals and agencies that treat Veterans for mental health, substance abuse, or trauma-related issues. Attendees receive a copy of the workbook *Battling Shadows*, a Facilitator's Guide, and several audio CDs that can be used with clients.

CEUs:

All participants who fully attend both days will receive a Certificate of Completion from CCI (13 hours), which certifies that the individual is qualified to use the *Battling Shadows* workbook. In addition, seminar completers will receive (via U.S. Mail) a 13.0 Hour CEU certificate from Louisiana State University—Shreveport, with approved NBCC hours.

Cost:

\$400 per attendee.

Training Location:

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a variable time period of 2.5 years.

Heck (2008) reviewed the Natrona County, Wyoming drug court outcomes, which began operation in 2002. The program relied on MRT as its primary treatment and showed a 79% retention rate. Program graduates had an average of 8.9 arrests prior to entering the program. Recidivism data (re-arrests) was collected on program participants both while in the program and one- and two-years after program completion. The re-arrest rate during program participation was 8.9% (28% for non-completers; Wyoming Department of Health, 2007) and recidivism during the one-year follow-up period was 9.3%. Recidivism during the two-year follow-up period was 25%.

Wyoming has 15 drug courts with 8 of those adult courts. Four of Wyoming's adult drug courts utilize MRT. An analysis of all 15 Wyoming drug courts (West & Cook, 2004) provided recidivism rates for each court based on a sample of 216 participants chosen from the total of 375 clients from all 15 programs. The four MRT-based drug courts (Fremont County, Natrona County, Park County, and Unita County) had an average reported recidivism rate (re-arrests) of 17.25 percent. The four non-MRT drug courts had an average reported recidivism rate of 19.25 percent over the same time period.

Kirchner & Jewell (2012) reviewed the establishment of 7 drug courts in Florida starting in 1997 several of which utilized MRT. A total of 3,110 adults, juveniles, and children participated in the 7 drug court programs. The overall combined retention rate of all programs was 48%.

In a hybrid adaptation of the drug court model, the Pueblo, CO Sheriff's Office implemented a drug treatment model in the jail utilizing a private contractor to provide services based on MRT (Kirchner, 2014). Treatment and participants were processed and treated in a manner similar to the drug court model. The program showed a 75% retention rate, which was reported to be much higher than the expected 28% rate. Infractions (jail rule violations) declined markedly in MRT participants, with 74% showing no new infractions after program participation. The program tracked post-release recidivism rates of program participants with a comparison to inmates who were eligible but did not participate. Results showed that the MRT participants showed a 24% recidivism rate compared to a combined rate of 74% in the comparison group.

A large evaluation reported on the results from 16 adult drug courts in Virginia (Chessman, et al, 2012). The study concluded: "Drug courts are more effective than the 'business as usual' alternative at reducing the overall probability of recidivism." An analysis investigating individual drug court programs revealed that, "drug court programs that incorporate MRT are more effective at

reducing the incidence and frequency of post-exit recidivism than drug court programs that do not." The study estimated that participation in drug court saves over \$19,000 per participant as compared to traditional methods.

Sanders & Carey (2012) performed a process evaluation on an Indiana drug court utilizing MRT as its primary treatment method. The report found a 68% retention rate in the program.

The Anne Arundel County, MD Adult Drug Court began in 1997 and between 1997-1998 had 53 individuals participate (Crumpton, Brekhus, Weller, & Finigan, 2004). A 2004 cost-benefit analysis reported on the recidivism of the programs first 53 participants for a period of four years. The program had a 54.7% completion rate. A random sample of 53 individuals was formed from a pool of drug court eligible offenders as a comparison group. Over the 48-month recidivism period, the drug court participants showed 12.3% fewer arrests. The cost-benefit analysis indicated that for every dollar spent on drug court participants, \$1.74 was saved in future costs.

Whitehead (2003) reported on outcomes of the Las Cruces, NM Drug (DUI) Court, which began in 1995 and employs MRT. In 2002, the District Attorney of the Third Judicial District scanned national, state, and local arrest databases to obtain the recidivism of the 146 program graduates. The recidivism time period covered 18 months following treatment. Drug court graduates showed a 15.7% re-arrest rate. With program graduates who had been released for 45-months, only 11% had been rearrested.

Following the American model of drug courts, in 2008 an Australian drug court began in Adelaide, Australia utilizing MRT as its primary treatment method (King, 2014). Results were analyzed during a six-month follow-up period after program participation terminated. A total of 91 program participants were included in the study, of which 42% were program completers. Results showed that program completers had a significantly lower rate of "events" (probation violations) and "apprehension events" (arrests) than did non-completers. Further analysis showed that all program participants showed fewer post-participation events as compared to the period prior to participation.

Family Courts, Wellness Courts, & Veterans Courts

"Wellness Courts" are an offspring of drug courts typically targeted to Native American groups and operated under tribal governance. Employing MRT as its cognitive program, the Anchorage, Alaska Wellness Court began operation in 2001 and had 79 participants in 2001-2002 (De Long, 2003). Approximately 67% of program participants were Native Alaskans. The re-arrest rate for 2001 participants (n = 34) was 35% while the re-arrest rate for

2002 participants (n = 45) was 20%. A matched comparison group showed a re-arrest rate of 63%.

An unusual adaptation of MRT in drug courts was the 2006 formation of an “alumni group” of drug court graduates (McCabe, 2009) in the Anchorage, Alaska Wellness Court. The program was an effort to maintain the ongoing support for drug court graduates after their 18-month program period. The MRT Steps (13-16) not usually required in basic MRT were employed in the project. Results of the support program showed that in the two-year period following graduation from drug court, participants in the alumni group had a 0% re-arrest rate as compared to 13% of drug court graduates who did not participate.

The Spokane Tribe implemented the Strong Heart Wellness Court Program utilizing MRT in 1999 (Byrnes & Kirchner, 2003). The program graduation rate is 58%. The reoffending rate, defined as a re-arrest during program participation, was calculated for all clients and was 19%.

Kirchner, Kirchner, & Glashow (2013) reviewed the outcomes of an MRT-based Missouri family court begun in 2004. The specialized family court program focused on drug-abusing guardians of children. The program showed a 52% retention rate. Recidivism (defined as violation of program contracts) was 31%.

The Marin County (OR) Fostering Attachment Treatment Court (FATC) began in 2006 as an effort to treat substance-abusing parents of young children. Mackin, et al., (2013) reported that the program had 144 participants with only 26% being unsuccessful discharges. MRT is required for all participants. Within 4 years of program participation, FATC clients showed a 13% rate of losing parenting rights as compared to a matched control group who showed a rate of 38%. Re-arrest rates were also collected. Results showed that after two years, participants showed an average of 0.15 re-arrests per person as compared to 0.49 in matched controls.

Timko, et al. (2014) summarized efforts at reducing recidivism in Veterans who become enmeshed in criminal justice. Veteran’s Courts, a relatively new phenomenon in drug courts, are attempting to focus specialized programming that address the unique characteristics of this group. MRT is one of the most frequently employed methods being utilized.

MRT-Based Adult Drug Court Retention Rates

Fifteen of the above 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 above reviewed studies included recidivism 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. The studies (indicated in the references with a *) were collapsed into a meta-analysis. 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 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%).

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 process evaluation of the Delaware County Juvenile Drug Court (which utilizes MRT) was published in 2002 (Shaffer & Latessa, 2002). The program began in June 2000 and targets juveniles between 14 and 17 years of age. From the program’s initiation until July 2002, 41 youth entered the drug court and another 73 entered a

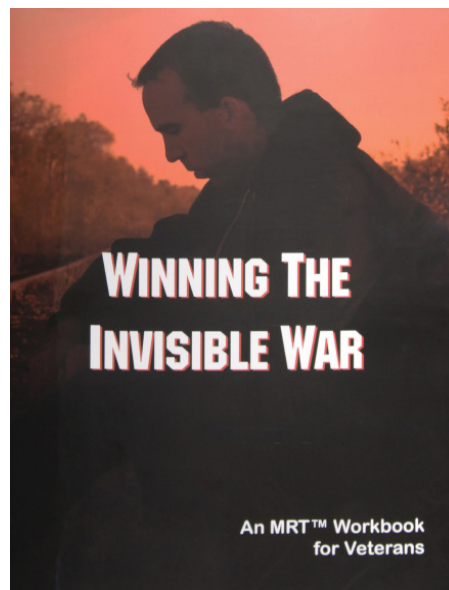
MRT Workbook for Veterans

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specialized risk reduction program. Results showed that 61% of drug court participants completed the program but the recidivism of participants was not studied.

Guin & Edwards (2002) reported on outcomes of the MRT-based drug court in Jefferson Parish, Louisiana. Since the program's inception in 1997 until 2002, a total of 557 individuals participated in the program. The program's retention rate is 71%. Recidivism (re-arrests) for the 146 program graduates was 0% in 2002. The average cost per participant was \$3,339 annually, but no recidivism data was presented for program dropouts.

Childs, et al. (2011) reevaluated recidivism outcomes in the Jefferson Parish drug court system. In a comprehensive analysis of fourteen different Louisiana juvenile offender programs, 6-month post-participation re-arrest rates were collected and evaluated on 504 youthful offenders on probation and assigned to programming. Relatively few programs showed lower recidivism. For example, family therapy combined with individual therapy showed a 33.9% recidivism rate. The analysis on MRT-treated youth showed that youth in MRT were less likely to be rearrested than youth assigned to other treatment programs (19% versus 24%).

The Lincoln County (NM) juvenile drug court has been in operation since 2004 utilizing MRT as its primary treatment (Kirchner & Kirchner, 2009). The program's retention rate was 55%. Program completers' recidivism (over an unspecified time period) was cited as 16% and was compared to the average juvenile drug offender recidivism

rate of 78%.

The Valencia County, NM Juvenile Drug Court began in 2002 (Kirchner & Byrnes, 2005). The program has a 68% completion rate and an 81% retention rate. The program's one-year recidivism rate is 0%, however, the second year recidivism rate is 25%.

Wallace (2000) reported on the implementation effects of MRT in a juvenile drug court in Las Cruces, NM. The drug court's adult program reported that their success in treating 56 adults spurred an effort to implement MRT with juveniles. While no comparative data was cited, the report stated that 21 juveniles had completed their program. In a follow-up study, Wallace (2001) reported a 17.5% re-arrest rate in the 40 graduates treated with MRT from the Las Cruces Drug Court compared to a re-arrest rate of 44% in 39 graduates who participated in the same program prior to the implementation of MRT. The difference was statistically significant.

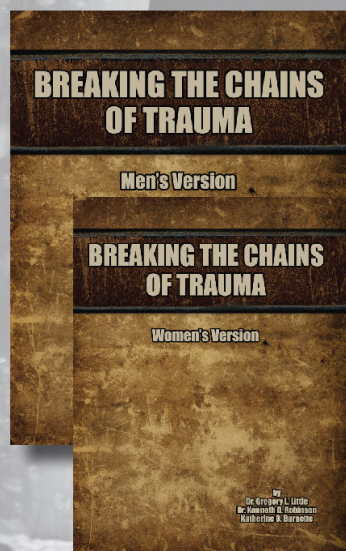
A process evaluation on the Albuquerque, NM juvenile drug court by the Institute for Social Research of the University of New Mexico (Guerin, 2001) compared 34 MRT program participants to 33 matched controls who did not participate in MRT. Results showed the MRT-treated group had a 35% new court referral rate as compared to 61% in controls, indicating that the MRT-treated group had a significantly lower referral rate. In addition, the average time to a new charge (called a referral) was significantly longer for the MRT-treated participants. McCracken, Hearn, & Stuckey (2003) reported that the Albuquerque juvenile

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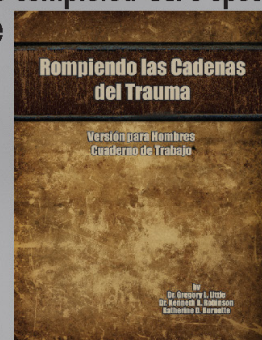


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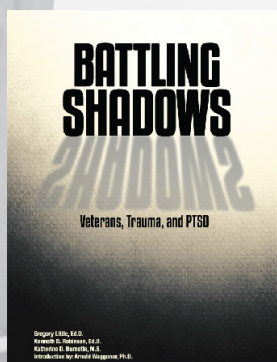
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drug court program had served nearly 100 juveniles since its inception in 1998 and that a lower re-arrest rate was also present in MRT participants who failed to complete the program as compared to controls.

Kirchner (2010) briefly reported on five separate juvenile drug court programs utilizing MRT as its primary treatment approach. The retention rates in the five programs ranged from 60% to 78%, exceeding the average of similar programs. Recidivism in the five programs ranged from 6.8% to 21%. The article summed up the effect of MRT-based programs by asserting that, "If juvenile treatment court participants graduate, they are twice as likely to never reoffend again..."

A 2006 report on the Anne Arundel County, MD Juvenile Treatment Court Program (Kirchner & Kirchner, 2006) cited recidivism of the program at 9%. The program had a 75% retention rate. Kirchner & Tolen (2007) re-evaluated Anne Arundel County juvenile drug court in Maryland comparing the outcomes from the program's first two years of operation to the latter three years and found that, "it is much more cost-effective during the last three years than its first two years of operation." Between March 2002 to March 2007 the program admitted 120 participants of whom 46% graduated, however, completion rates in the latter three years was 68.5%. The reoffend rate of program participants was 31.5% in 2003; however, the re-offense rate of participants who were in the program in 2004-2007 was 8.6%. These results were compared to the "average Juvenile drug offense re-offense rate of 78%." Further analysis showed that MRT completion reduced recidivism by more than half.

Mackin, et al. (2010) also evaluated outcomes on the Anne Arundel Juvenile Treatment Court covering the period between 2003-2009. Participants were 154 juveniles who averaged 316 days in the program. The participants were primarily male (86%), white (71%), with a median age of 16 years. The average number of arrests in the 2-year period prior to placement was 2.53. A comparison group identical in age, gender, race, and charges was formed from a traditional court-processing group. Results showed a progressive decline in drug usage (as measured by urinalysis. Over a two-year follow-up period, re-arrests significantly declined from 90% to 53%. All drug court participants showed a 53% re-arrest rate as compared to 73% in a comparison group. Program graduates showed a 44% re-arrest rate. However, the actual cost of drug court program clients was virtually identical to the comparison group who were placed into "traditional court processing."

Mackin, Linhares, & Weller (2007) also evaluated a different Maryland juvenile drug court that began in 2004 and utilizes MRT. The small program had an 88% retention rate.

Medina (2008) reviewed the outcomes of a Texas juvenile drug court (serving equal numbers of males and females; 92% of whom are Hispanic) utilizing MRT. The court's retention rate was 73% and 97% of drug urinalysis tests (over 6,200) were negative during program participation. Recidivism during program participation was 21% while post-release recidivism was 23%.

Idaho also utilizes MRT in five of its seven drug court districts (including several juvenile courts). A 2004 report stated, "Our MRT has proven to be so popular that four probationers not in drug court came in and asked to be allowed to participate in MRT groups" (Idaho Supreme Court, 2004). Another Idaho report (Report to Governor, 2005) on Idaho's juvenile drug courts related that the programs had 175 graduates and supervised 248 juvenile offenders in 2004, however, recidivism data was not cited.

Lasater (2003) briefly reported on the outcome of a juvenile drug court's probation service in Durango, CO. Between July 2001 to the beginning of 2003, 63 youthful offenders had participated in the MRT-based program. During that time period, only 7.9% committed a new offense.

West & Cook's (2004) analysis of Wyoming drug courts contained recidivism for two MRT-based juvenile programs. The Big Horn County Juvenile Drug Court reported an 18% re-arrest rate while the Fremont County Juvenile Drug Court reported a 31% re-arrest rate within 6-months following program completion.

MRT-Based Juvenile Drug Court Outcomes—Summary. 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 (** in references). 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 of 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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Relapse Prevention
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Drug Court Services
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All participants who fully attend both days will receive a Certificate of Completion from CCI (13 hours), which certifies that the individual is qualified to use the *Breaking the Chains of Trauma* workbooks. In addition, those who complete the seminar will receive (via U.S. Mail) a 13.0 Hour CEU certificate from Louisiana State University—Shreveport, with approved NBCC hours.

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Brevard County Adult Court: Twenty Years of Successful Implementation of a Model Program

By Robert A. Kirchner, Thomas R. Kirchner and Susan Greenough, Glacier Consulting Inc.

From its start in 1994, the Brevard County Adult Drug Court Program (BCADCP) has become a leader in Florida's 18th Circuit in establishing treatment court programs. In addition to the existing Adult Drug Court Program, the PTI (Pre Trial Intervention) Diversion program has been developed over time. Since 2012, BCADCP has required Moral Reconciliation Therapy (MRT), a program that addresses cognitive behavioral deficiencies and promotes permanent behavioral change. Glacier Consulting, Inc. (GCI) was contracted to determine if the goals and objectives outlined were being achieved.

Management and Operations

The program is located in Brevard County, Florida, with a population of 543,000 as of 2010, including the county seat, Titusville, and the principal city of Palm Bay. The independent evaluation team conducted this intensive evaluation covering the entire period of implementation from 1994 through September 2015.

Although the Drug Court Team participates in the program from referral through graduation, team members serve different roles. The Drug Court Coordinator manages day-to-day operations of the Drug Court Program. The Drug Court Judge, the Honorable Kelly McKibben, in addition to fulfilling the duties of a drug court judge, plays a very active role in developing program improvements. GCI is particularly impressed with the intense role of probation officers in the supervision of drug court participants. Because Brevard County is primarily a rural jurisdiction, probation not only services the court in a compliance role but also promotes client progress in changing their lives by building relationships and finding viable work for restoring their lives.

Treatment progress reviews include the coordinator, treatment counselors, and probation. This group also attends pre-hearings, along with the judge, public defender and prosecutor to prepare for the status hearing. All members attend the status hearings which include decisions on each client and interaction with the judge. Status hearings provide an opportunity to communicate messages and directions to all participants, discuss the entrance of potential participants and the initial progress made by new participants. Any team member can refer potential candidates for the program.

Consistent judicial review provides for cooperative input from all Drug 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.

Treatment Services

The BCDCP has graduated 378 participants to date. The success they have witnessed is improving the criminal justice system in Brevard County, while meeting the needs of the offenders. Providing treatment services for program participants who abused drugs/alcohol, and/or have had committed criminal activities, has produced positive results for those participants personally and impacted the public safety of the community.

Treatment services and drug testing for the current post-plea drug court participants are basic components of the program. The treatment provider, Specialized Treatment, Education & Prevention Services, Inc. (STEPS) has dedicated counselors for service to drug court participants. STEPS continues to provide effective outpatient treatment for the program. STEPS is expanding services to include the Court's PTI diversion program. STEPS is an important partner on the Drug Court Team, and is well accepted by current drug court participants.

The introduction of evidence-based treatment practices began in October 2012. BCADC started delivery of Moral Reconciliation Therapy (MRT), a cognitive behavioral therapeutic modality, which has proven effective in accelerating a client's progress to recovery. This has led to general acceptance of the intervention as well as a greater impact on the clients. Incorporating the evidence-based practice has produced better development of individual treatment plans.

Overview and Outcomes

Following the implementation of its program in 1994, the BCADCP program succeeded in sustaining and expanding its program to serve a greater number of drug offenders to the present time. Through August 2014, the BCADCP team has implemented a series of enhancements to meet the needs of the target population and to provide additional access to treatment and other supporting activities involving outreach and coordination of services.

We identified 736 valid drug court participants for the evaluation. The average age of active clients was thirty-one (31) years. Since inception, the program has entered males, which has provided an opportunity to address the unique challenges of both genders in successfully completing the drug court program. Finally, the participants were mostly white (625), but included 107 minority participants.

BCADCP is progressing well in its expectations for the objectives they have set for each of the critical indicators. The rates of recidivism are relatively low.

- Retaining clients in treatment – **The program is maintaining a 64% retention rate, which far exceeds the average of 28%**, reported in research for substance abuse treatment programs for drug offenders.
- Graduating clients - 378 graduates as of August 2015.
- Completed over 9,871 hours of community service completed by clients, valued at \$76,796
- Integrated and consolidated approaches to treatment and recovery which substantially reduced the cost of individual service delivery to clients. In addition, participants are required to pay treatment fees.
- Delivered 282,440 client days - including substance abuse treatment, supervision, ancillary services and judicial review.
- Incurred substantial cost savings to Brevard County

through reductions in confinement time. **Potential incarceration costs of \$16,344,900 have been saved by supervising clients in Drug Court.**

Conclusion

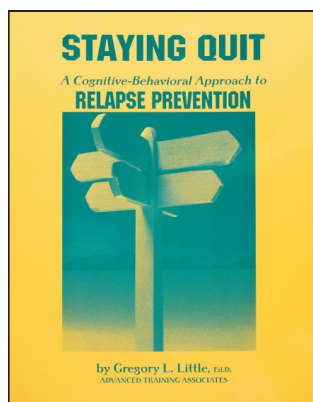
After twenty (20) years of implementation, BCADCP has succeeded in meeting all of its objectives over time. The effectiveness of the program relies on the integrated development of a program to meet participants needs according to a regiment of assessments that direct them to useful individual treatment plans.

One could reasonably conclude that when studying the treatment effects of drug courts, as a broad construct or a specific intervention model, we are also studying service delivery systems. Specifically, state and local policy makers can understand that this is a service delivery system where the evidence offers an indication that adult drug courts are cost-effective additions to Brevard County's criminal justice system

The results of the evaluation present a program that is both efficient in its practices and effective in program delivery. We believe that it should be considered a model for other jurisdictions to improve treatment services through lessons learned by BCADCP efforts.

¹This amount is calculated after subtracting the number of detention days clients spent in jail because of sanctions

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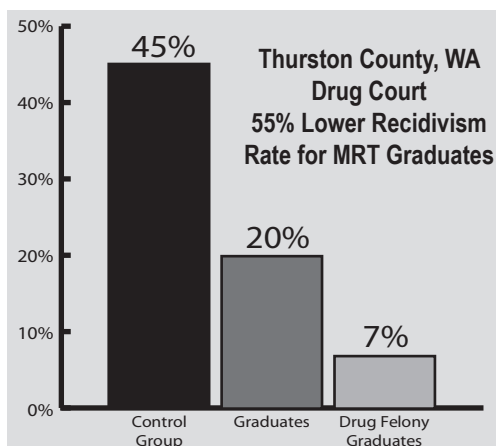
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What Do Drug Court Professionals Know That You Should Know?



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 re-involvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.



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

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COGNITIVE BEHAVIORAL TREATMENT REVIEW

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MRT Training Daily Agenda

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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 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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5/17-5/20	Tacoma, WA
5/23-5/26	San Bernardino, CA
5/23-5/26	Staunton, VA
6/6-6/9	Bakersfield, CA
6/8-6/11	Conyers, GA
6/20-6/23	San Bernardino, CA
6/27-6/30	Burlington, VT
7/11-7/14	Germantown, TN
7/18-7/21	Midlothian, VA
9/12-9/15	Petosky, MI
10/3-10/6	Germantown, TN

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5/12-5/13	Camarillo, CA

ONE-DAY TRAUMA TRAINING

4/15/16	Bishop, CA
4/22/16	San Jose, CA
7/15/16	Germantown, TN

TWO-DAY TRAUMA TRAINING

6/22-6/23	Germantown, TN
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TWO-DAY VETERAN TRAUMA TRAINING

6/7-6/8	Germantown, TN
9/7-9/8	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.