

COGNITIVE BEHAVIORAL TREATMENT REVIEW

& Moral Reconciliation Therapy - MRT® News
Correctional Counseling, Inc.

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Cognitive Behavioral Treatment Review

& Moral Reconciliation Therapy - MRT® News

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EVALUATION OF THE MORAL RECONCILIATION THERAPY (MRT) PROGRAM AT THE NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

This article is excerpted from a portion of the Results Summary of Moral Reconciliation Therapy (MRT) at the Nebraska Department of Correctional Services by Emily M. Wright, Ph.D., Ryan Spohn, Ph.D., Joselyne Chenane, M.S., and Sara N. Toto, M.A., Nebraska Center for Justice Research, University of Nebraska, 2018. Reprinted by permission.

EXECUTIVE SUMMARY

This project evaluated the Moral Reconciliation Therapy (MRT) program that is used in the Nebraska Department of Correctional Services (NDCS). The goals of the project were to provide feedback to NDCS regarding: 1. The NDCS facilities that successfully provide MRT services to inmates; 2. Whether MRT participation reduces institutional misconducts and recidivism among inmates; 3. Whether MRT program participation is related to inmates' participation in other types of programming; and 4. The characteristics of inmates who participate in and complete MRT programming. The findings from the evaluation are presented below, and recommendations are provided as well.

Data and Methodology:

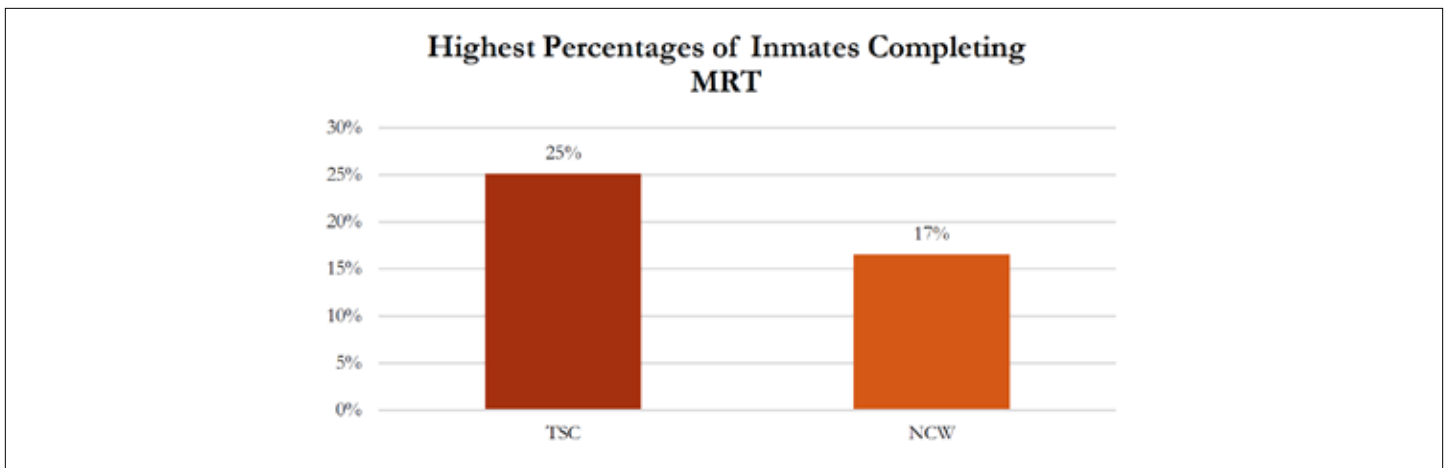
This evaluation examined quantitative data provided by the Nebraska Department of Correctional Services (NDCS) and includes inmates who participated in an MRT program in any of the 10 facilities under NDCS supervision from October 2015

through February 2017. This included 9,306 inmates – 1,418 of whom were in the MRT group, and 7,888 who did not participate in the MRT program (referred hereafter as the “comparison group”). The MRT group includes inmates who participated in any of the 13 MRT steps during this timeframe, according to NDCS records.

(Editor's Note: MRT is comprised of 16 total steps.)

Which NDCS Facilities Provide MRT Programming to the Most Inmates?

Because many inmates are transferred across NDCS facilities for various reasons, we examined MRT program completion by the facility in which inmates were initially received and by the facility in which misconduct occurred. Analyses revealed that Tecumseh State Correctional Institution and the Nebraska Correctional Center for Women have the highest proportion of inmates completing MRT programming compared to all other NDCS facilities.

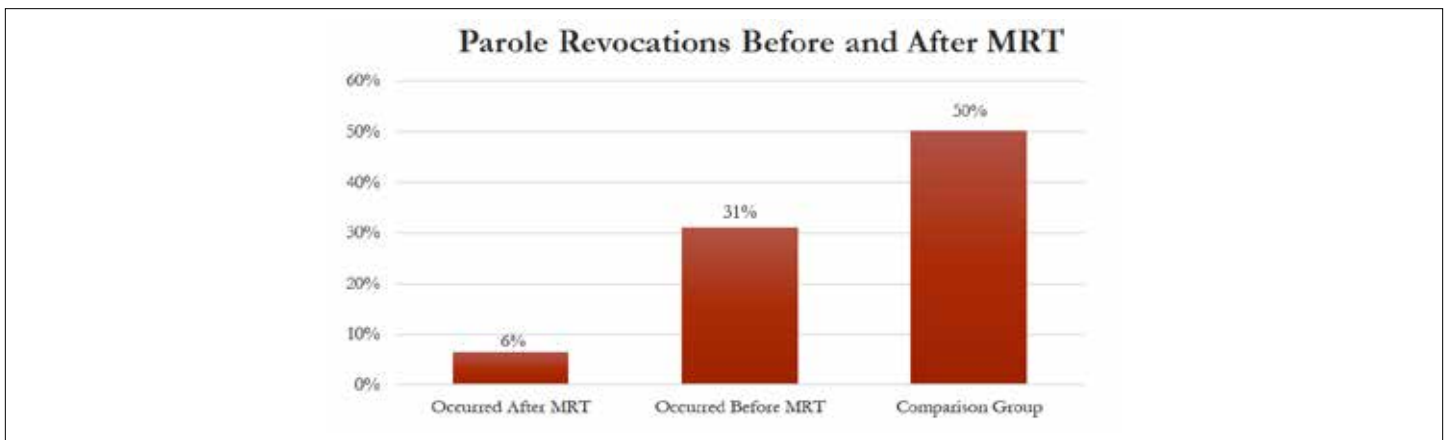


Highest Percentages of Inmates Completing MRT

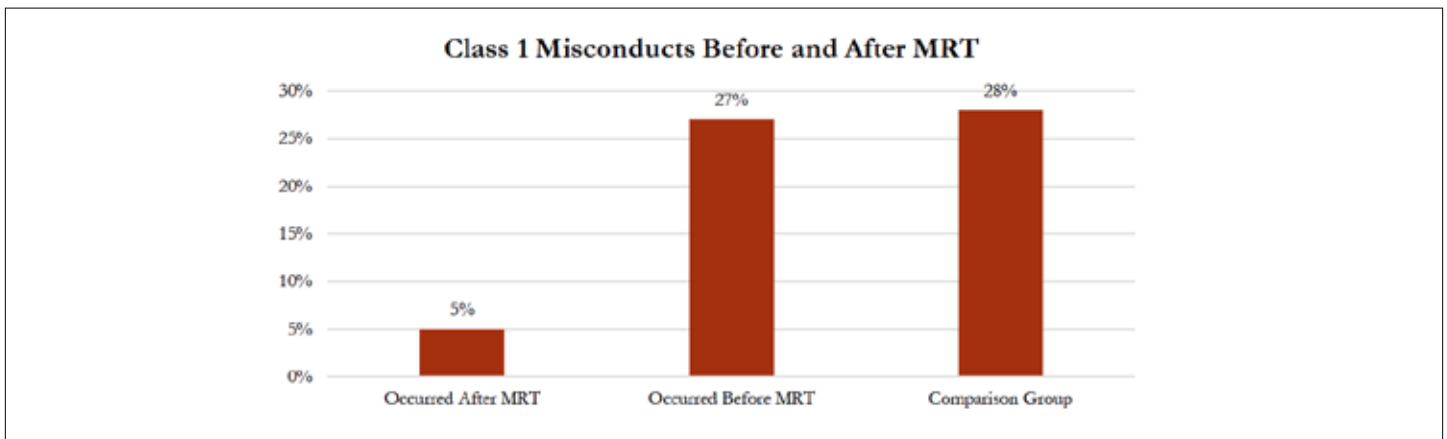
Does Participation Reduce Institutional Misconducts and Recidivism?

It is very important to determine the temporal order between MRT program participation and misconducts or parole violation, primarily because many inmates begin the MRT program after they misbehave. The results of this evaluation show that MRT program participation is related to lower Class 1 and Class 2 misconducts, as well as parole revocations – and this is relative to both the comparison group

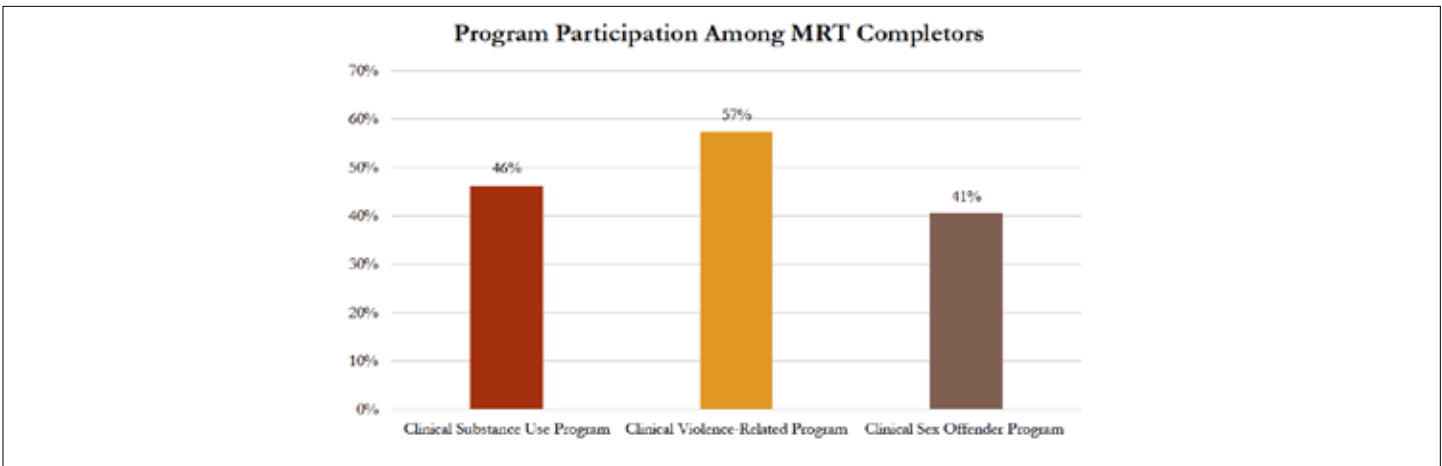
and the MRT participants who engaged in misbehavior prior to entering the program. We found that rates of misconduct and parole violations after inmates entered into the MRT program were less than 10%, with rates 2-3 times higher among the comparison group and MRT group who engaged in misbehavior prior to entering into the program. Additionally, completing 2/3 steps of the program appears to exert the most drastic reduction in all outcomes among the MRT group.



Parole Revocations Before and After MRT



Class 1 Misconducts Before and After MRT



Program Participation Among MRT Completers

Is MRT Program Participation Related to Participation in Other Types of Programming?

MRT participants who start the program are most likely to be female, black, and have a prior NDCS placement, while those who finish the program are likely to be male, white, and have a prior NDCS placement. We found that over 40% of those who completed the MRT program also participated in other clinical programming offered at NDCS.

RECOMMENDATIONS

Three (3) recommendations follow from the results of this study:

1. NDCS should continue providing the MRT program at its facilities, since the results of this study suggest that the MRT program is associated with lower levels of misbehavior among inmates.

2. The results suggest that participants who complete 2/3 of the MRT steps (7-8 steps) might see a precipitous decline in misbehavior. NDCS should focus on attempting to keep participants in the MRT program (reduce dropouts) so that they can proceed through the steps in order to realize these benefits of the program.

3. NDCS should focus on trying to keep women and minority inmates from dropping out of the program before completing it.

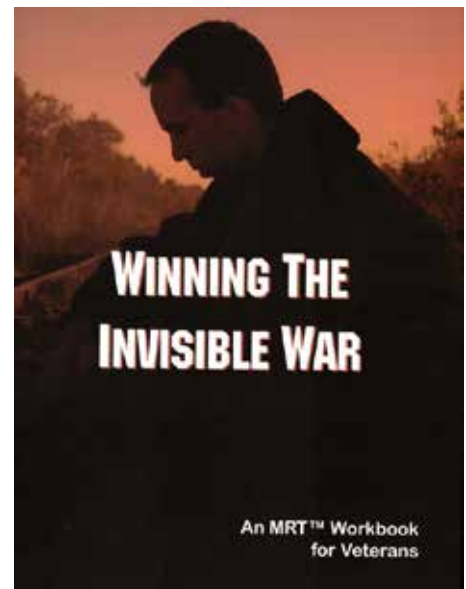
MRT Workbook for Veterans

“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:

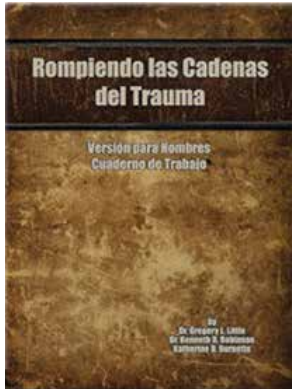
- **Veterans' Courts**
- **Drug Courts Treating Veterans**
- **Veterans' Substance Abuse Programs**

**Cost per copy:
\$25.00**



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BREAKING THE CHAINS OF TRAUMA

Trauma-related issues 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 format that can be implemented in an open-ended format—where new participants can enter at any time—or as an 8-session psychoeducational class. There are separate workbooks for female and male participants. The books are available only to those programs with MRT and MRT Trauma trained staff. A free Facilitator's Guide is available to programs using the method. The Journal can be used as a supplement to the program.

\$18.00 each

STAYING QUIT WORKBOOK

A 40-page client workbook based on the principles of cognitive-behavioral relapse prevention. Most relapse prevention workbooks are so detailed and intricate that the materials are too complicated for typical clients. Staying Quit is an 8-session program that focuses on risky situations, scripting changes, coping with urges and cravings, being around users, understanding support issues, and taking charge. Clients will tell you when and where they will relapse—and with whom—if you know how to ask. This enables you to target the most risky situations.



\$10.00 Minimum Qty: 10

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Clean & Sober Visualization (Limpio y Sobrio)
A 20-minute visualization method that is used for relapse prevention.



Basic Relaxation (Relajacion Basica)
A 15-minute relaxation visualization on CD used to supplement several treatment programs.



Systematic Desensitization (Insensibilizacion)
A 25-minute CD used to help clients become desensitized to specific events that provoke unwanted feelings or behaviors.



Progressive Muscle Relaxation (Relajacion Musculos)
A 15-minute CD used to help clients who have major problems developing strategies for stress reduction or tension relief.

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SUCCESS OF MORAL RECONATION THERAPY® (MRT) IN KENTUCKY CORRECTIONAL SETTINGS: TREATING MENTAL HEALTH AND CREATING BEHAVIORAL CHANGE¹

ROBERT A. KIRCHNER, PH.D. AND SUSAN GREENOUGH, GLACIER CONSULTING, INC.

Treatment of offenders with drug and alcohol disorders and those with serious mental health disorders, in a correctional setting, has been an ongoing struggle for the criminal justice system. Lessons learned since the 1970s that promote comprehensive mental health services for the incarcerated population have produced practices which can enhance current services. Research on these modalities confirm that treatment can make a difference. The development of a program for the offender population of Kentucky Department of Corrections (KYDOC), with assistance from Noa Counseling, LLC (Noa) was a direct result of more than five years of effort. The initiative put in place, however, went further by designing a highly structured, and comprehensive framework to improve upon earlier approaches.

The combination of correctional supervision, assessments, and treatment resources, supported by an established “team,” is becoming a model testing a new approach which increases the objectives of treatment in correctional settings. Performing the program evaluation for the first five plus years of implementation, the evaluation team constructed an evaluation design based on questions that NOA had requested for study. The purpose behind this design was to answer key policy questions for the KYDOC to determine the efficiency and effectiveness of the program developed and implemented.

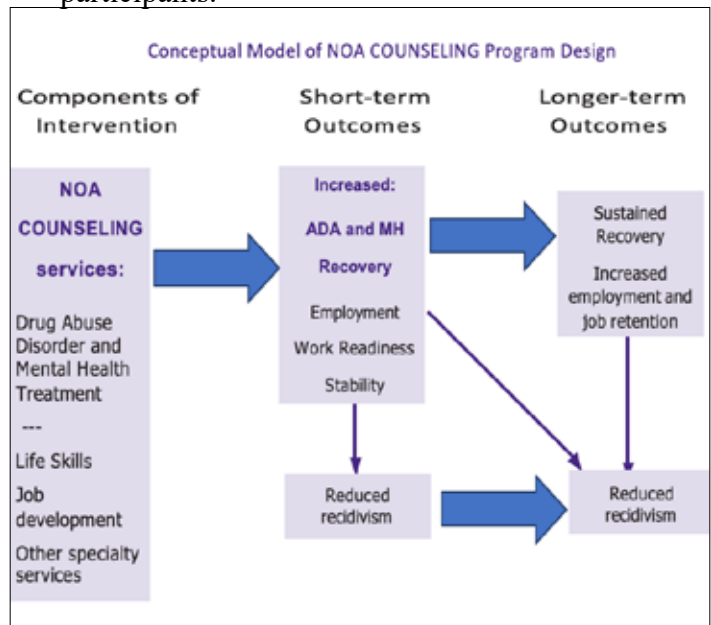
1. Has the KYDOC MRT program been implemented as planned, and are services being delivered to program participants?
2. Does MRT reduce substance abuse, criminal behavior and manage mental health problems?
3. Does MRT reduce recidivism compared to existing practices?

Has the KYDOC program been implemented as planned, and are services being delivered to program participants?

NOA began by establishing an implementation plan, including policies and procedures to direct initial

implementation efforts. Through a multi-method approach (outlined in the diagram below), KYDOC conducted assessments to determine eligibility of participants and the characteristics of the different groups entering the program, as well as the development of treatment plans for those entering the program. Preliminary results of this study explain accomplishments to date:

- The program is creating positive impacts on managing mental health issues, with increased compliance to medication treatment and counseling sessions.
- The program is seeing positive behavioral changes among the participants engaged in Moral Reconciliation Therapy (MRT) sessions. MRT is creating an environment for inmates to handle mental health issues, and MRT participants are more compliant in taking prescribed medications.
- The relationships between Psychiatric Services Unit (PSU) and program participants makes the inmates more successful when attending groups and progressing in their treatment plans.
- The program is effective for both female and male participants.



Conceptual Model of NOA COUNSELING Program Design

DR Reduction - All Clients Across Institutions (n = 4,578)														
	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
24 months Prior to Enrollment	201	135	2,443	1,368	2,146	2,212	919	1,525	1,576	1,240	21	63	696	14,545
Writeups During the Program	113	80	595	283	537	165	134	259	192	271	10	34	196	2,869
24 months After to Enrollment	73	90	270	183	212	209	116	233	200	295	12	34	277	2,204
Percent Decline from Prior to After	64%	33%	89%	87%	90%	91%	87%	85%	87%	76%	43%	46%	60%	85%

Figure 17. DR Reduction – All Clients Across Institutions (n=4,578)

Does MRT reduce substance abuse, criminal behavior and manage mental health problems?

Before implementation of the new initiative, KYDOC had witnessed almost 90% of the incoming population abusing drugs, 86% with serious mental health problems², and 89% on psychotropic medications. Treatment of these individuals is difficult, especially since so many are assessed as high-risk inmates. KYDOC has been very successful in recognizing and meeting the needs of those participants. KYDOC utilizes a number of assessment tools to identify its target population, as well as to develop individual treatment plans. The incoming participants are all high-risk/high-need.

- The number of disciplinary write-ups decreased during and after entry into the program which is a critical performance measure to determine effectiveness. To measure statistical significance of change following the program, a paired *t-test* was applied to the population. Here, the number of disciplinary write-ups for the participants for the period prior to program entry was compared to the number of disciplinary write-ups for the period during and after the program. The **p-value = .03** (less than .05) which enables us to confirm that the decline in number of disciplinary write-ups is statistically significant over time.
- DR Reduction (Total Population): The total client population (n = 4,578) and compares the number of disciplinary write-ups for the 2 year period prior to enrollment to the number of disciplinary write-ups

during the program to the number of disciplinary write-ups during the 2 year period after the program. As shown in Figure 17 above, the number of DRs was significantly reduced overall by 85% after enrollment. There was a significant reduction across the 13 institutions.

- DR Reduction (Client Population with More than 45 Days): The client population who have more than 45 days in the program (n = 3,229) and compares the number of disciplinary write-ups for the 2 year period prior to enrollment to the number of disciplinary write-ups during the 2 year period after the program. As one would expect, the number percent decline is a bit lower (76%) than the total population due to the few number of write-ups for this the group who stayed in the program longer, as shown in Figure 15 below.
- KYDOC uses both group and individual sessions in its delivery of services. Qualifications of counselors are exemplary, and most are certified in MRT. Producing positive behavioral change has been shown to reduce drug abuse, as well as producing strategies to manage mental health problems.
- Reduced substance abuse has led participants to opportunities on release they could not achieve before entering the program. Additional indicators reveal that substantial gains are being made by participants to improve their health.

Population	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total Clients	Percent of Total
Less Than 45 Days	97	75	202	118	117	131	61	162	153	119	18	36	60	1,349	29%
45 Days or More	208	201	357	369	242	270	292	400	309	228	46	152	155	3,229	71%
Total Clients	305	276	559	487	359	401	353	562	462	347	64	188	215	4,578	
Average Number of Days = 119															

Figure 15. Breakout of Clients Based on Days in the Program

Length of Time Released Clients with More than 45 Days Remained in the Community														
Category	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
1- 3 months	20%	17%	12%	8%	16%	10%	5%	5%	17%	10%	13%	11%	6%	11%
3- 6 months	11%	6%	10%	5%	13%	2%	5%	7%	5%	2%	4%	6%	5%	6%
6 months - 1 year	21%	15%	17%	12%	16%	13%	9%	5%	10%	12%	22%	9%	15%	13%
1 - 2 years	19%	17%	12%	10%	7%	15%	6%	3%	10%	14%	4%	19%	26%	12%
More than 2 years	29%	45%	48%	66%	49%	60%	75%	79%	58%	52%	57%	55%	48%	58%

Figure 20. Length of Time Released Clients Remained Out

Does MRT reduce recidivism compared to existing practices?

KYDOC staff track all individuals participating in the program, as well as those that declined to enter the program although they were eligible. Glacier Consulting, Inc. (GCI) found:

- Recidivism of Released Clients: The length of time a client (with a released date; n = 2,669) has remained out of the program. The results explain that 58% of clients have remained in the community for more than 2 years across all 13 institutions.
- Recidivism of Returning Clients: The number of clients released (n = 2,669) and the number with a returned date reported. Of the 2,669 clients who were released, 13% returned overall.

NOA, while meeting the needs of a high risk, high-need population, witnessed improvements in the correctional system given the high number of participants assessed with mental health problems, has been impressive. Rehabilitating individuals that abuse drugs and commit criminal activities, along with managing their mental health problems, has resulted in producing useful citizens with increased positive results for public safety of the community. The evaluation presents results of a correctional program, including MRT, that are both efficient in its practices and effective in program delivery. We believe that it could be considered a model for other jurisdictions to improve other programs through the lessons learned by their efforts.

Category	BCC	BCFC	EKCC	GRCC	KCIW	KSP	KSR	LLCC	LSCC	NTC	RC	RCC	WKCC	Total
Clients with Released Dates	191	197	276	307	193	213	206	294	235	222	49	141	145	2,669
Clients with Return Dates	41	43	45	47	19	43	7	4	22	38	1	12	20	342
Percent Returned	21%	22%	16%	15%	10%	20%	3%	1%	9%	17%	2%	9%	14%	13%

Figure 21. Recidivism Rates Overall and By Institution

For additional information regarding this article, please contact Dr. Robert Kirchner, Glacier Consulting at bobkirchner@gmail.com.

1 This article is extracted from: Kirchner, Robert A., and Susan Greenough (September 2017) Success of Moral Reconciliation Therapy (MRT) in Kentucky Correctional Settings Under the Noa Counseling Model: Treating Mental Health Creating Behavioral Change. Jacksonville Beach, FL: Glacier Consulting, Inc.; and Kirchner, Robert A., and Susan Greenough (May 2007) SUCCESS OF MORAL RECONCILIATION THERAPY (MRT) IN KENTUCKY CORRECTIONAL SETTINGS: TREATING MENTAL HEALTH AND CREATING BEHAVIORAL CHANGE: COMBINED REPORT WITH INDIVIDUAL INSTITUTION DATA. JACKSONVILLE BEACH, FL: GLACIER CONSULTING, INC.

2 Severe mental illness is defined by its length of duration and the disability it produces. These illnesses include disorders that produce psychotic symptoms, such as schizophrenia and schizoaffective disorder, and severe forms of other disorders, such as major depression and bipolar disorder.

MRT Learning Community

Once participants complete MRT training, they are faced with the challenge of stepping back into the “real world” to implement all they have learned. To better support the implementation and fidelity of MRT, CCI has launched a Learning Community that offers continuing education conference calls and webinars.

Monthly Continuing Education Conference Calls

Monthly conference calls will address both fidelity and implementation of the MRT program.

Fidelity Conference Calls

The fidelity conference calls allow basic questions and provide answers for facilitators regarding step work for clients—what is acceptable and what is not. Participants receive “if-then” guidance from CCI’s Clinical Director, Kathy Burnette and/or other clinical staff.

June 21st	2:00pm
July 16th	1:00pm
August 28th	2:00pm
September 23rd	1:00pm
October 17th	1:00pm
November 14th	1:00pm
December 4th	1:00pm

Implementation Conference Calls

The goal for the implementation conference calls is to help participants 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. These calls also feature CCI’s Clinical Director, Kathy Burnette and/or other clinical staff.

July 16th	2:30pm
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(All times listed are Central Time)

If you would like to sign up to participate or need additional information, please visit the Correctional Counseling Inc. Facebook page or call 901-360-1564 or email CCI at ccimrt@ccimrt.com.

RESEARCH BRIEFS

Interactive Journaling

EXPLORING THE UTILITY OF INTERACTIVE JOURNALING IN A COMMUNITY CORRECTIONAL SAMPLE

BY KIRK RICHARD ELLIS, UNPUBLISHED DISSERTATION, SCHOOL OF PSYCHOLOGY, SPALDING UNIVERSITY, APRIL 23, 2018

This dissertation examined the effectiveness of the use of Interactive Journaling as a standalone therapeutic tool. Interactive Journaling is a proprietary program developed and distributed by the Change Companies. The study was based on a review of the institutional misconduct, motivation, knowledge and criminal thinking of 27 moderate to high-risk incarcerated males.

The study found..."Overall, completion of the Journaling program was not associated with a reduction in institutional write ups, regardless of the risk level, or a reduction in criminal attitudes as hypothesized, however completing the journaling program did have a significant effect on reducing serious institutional misconduct, as measured by terminations from the institution." There were also statistically significant improved motivation and knowledge. "Completion of the journaling program was expected to result in measurable post-treatment reductions in criminal attitudes, as measured by a standardized criminal attitudes measure. However, this hypothesis was not supported." The author theorized that the lack of criminal thinking reduction could be correlated with program intensity.

The author's conclusion was..."completing six weeks of self-guided journaling is not sufficient to alter a lifetime's worth of criminal thinking patterns in moderate to high risk offender... As completing the journal did not significantly reduce criminal thinking, a reduction in institutional misconduct would not be expected. Based on principles of RNR, a more intensive intervention would be required to alter these variables..." Therefore, the most effective use of Interactive Journaling could be as a pre-treatment intervention for moderate to high risk offenders to help learn the basic concepts and language of therapy.

Thinking for a Change

EFFECTIVENESS OF THINKING FOR A CHANGE (T4C) IN REDUCING OFFENDER RECIDIVISM IN RECENTLY-RELEASED PRISONERS

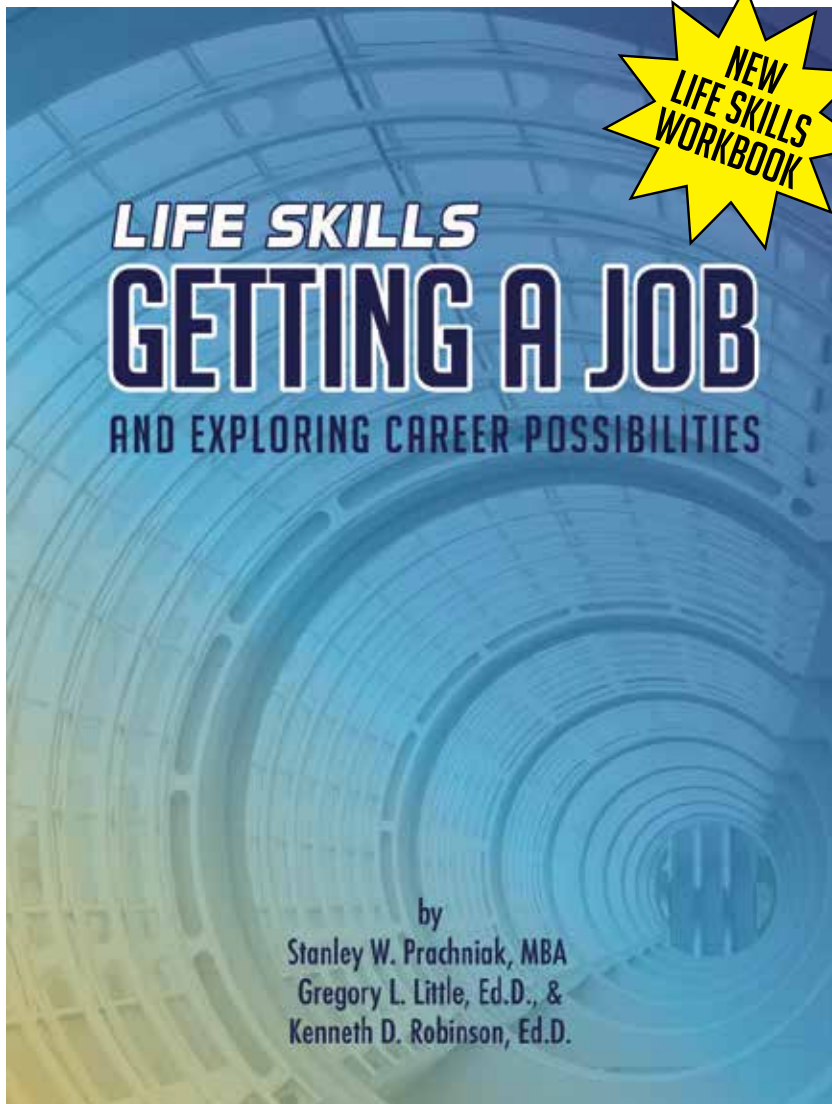
BY I.W. STANDBERY, UNPUBLISHED DISSERTATION, SCHOOL OF BUSINESS AND TECHNOLOGY, NORTHCENTRAL UNIVERSITY, MARCH, 2018

This study was designed to evaluate the effectiveness of Thinking for a Change in reductions in recidivism for recently released offenders from the Iowa Department of Correction. The subjects were 250 male offenders incarcerated between 2012 and 2017 who had participated in the T4C program. They were compared to 183 offenders identified as meeting the requirement for program participation but who never enrolled.

The author found "...that those who received T4C treatment while still incarcerated and summarily released experienced an immediate increase in recidivism as compared to the control group-a 13.57% total increase... Further tests determined the increase was not statistically significant." Those who participated in a state field services sample of 255 subjects who received T4C did show a statistically significant recidivism reduction. The author concluded "...the discovery of T4C's ineffectiveness in reducing offender recidivism for offenders who receive treatment whilst incarcerated is the first step toward additional effectiveness research studies and-potentially-the discontinuation of prison-administered T4C."

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Cognitive-Behavioral Training and Materials
Moral Reconciliation Therapy® Training and Materials
Domestic Violence Treatment & Materials
Relapse Prevention
Drug Treatment Programming
Drug Court Services
DWI Programming
Mental Health Court Treatment
Specialized Probation/Parole Programs
Criminal Justice Staff Training
Therapeutic Community Programs



- For Use With Juvenile Clients
- Life Skills Focused Content
- Easy to Implement
- Open-ended or Education Format
- 11 Sessions
- 60 pages
- 8.5 x 11 inches

\$20 each

Getting a Job And Exploring Career Possibilities is a 60-page workbook containing 11 chapters. The primary focus of the program is to teach the necessary life skills to help clients get—and keep—a job and to begin thinking about a career. This workbook should be employed with juveniles who are about to enter the workforce—or with those who have already been employed and are looking for their next job—or a career. The homework contained in each chapter is shared in a group process that can be easily incorporated into any type of setting. Groups can be conducted in an open-ended format, where clients can work on completing sessions at their own pace; or in an education format, where all members of the group complete sessions at the same time.

The 4-page facilitator's guide provides information about the content and homework assignments within the workbook as well as recommendations about how to effectively run the group.

Facilitator's Guide



\$15 each

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Reward your clients as they complete the 16 steps of MRT with an official CCI-MRT certificate. Customizable certificate can be printed with the client name and date. Print your agency logo on the bottom in the middle if desired.

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