



Moral Reconciliation Therapy

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Overview of the Evidence-Based Intervention

Moral Reconciliation Therapy (MRT) is a systematic cognitive-behavioral counseling program for clients who misuse substances. The open-ended, workbook-based program employs a series of group exercises and prescribed homework assignments that are designed to reduce substance use and criminal thinking. The workbook contains 16 steps (units): 12 are done in a group format and the last 4 are optional and may be completed individually. As a cognitive-behavioral system, MRT addresses beliefs and reasoning to restructure clients' personalities, enhance moral reasoning, improve decision making, and foster more appropriate behavior. It is a versatile program that can be used by treatment and rehabilitation practitioners working in mental health, educational, and criminal justice programs. A range of delivery options for MRT facilitates desired changes in behavior and thinking in resistant clients.

MRT has been used with both adults and juveniles in inpatient and outpatient programs throughout the United States and implemented in a variety of educational and correctional treatment settings in all 50 states as well as Puerto Rico, Sweden, Canada, Bermuda, Australia, and New Zealand. Replications of the model are under way in many states.

Treatment Population

MRT is appropriate for use with adult and juvenile offenders, in addition to other at-risk clients meeting the DSM-5 diagnostic criteria for one or more substance use disorders. MRT specifically targets addictive behaviors as well as criminogenic needs and ideation.

Drug Court–Specific Research

Outcome studies of the MRT program over periods as long as 20 years have found lower levels of recidivism (rearrest or reconviction), lower misconduct rates, improved treatment retention, and improved personality functioning (higher levels of moral reasoning, lower levels of sensation seeking, increased life purpose, greater internal locus of control).

In a summary of MRT-based Drug Court outcomes (Little, 2006) that included 15 adult drug court studies reporting recidivism rates on program graduates, the overall recidivism rate averaged 12.81% over an average period of 32 months. The cumulative average of the program completion rates was 63.4%. As a general comparison, a U.S. Department of Justice survey (Roman, Townsend, & Bhati, 2003) of 85 Drug Court evaluations (17,000 Drug Court graduates) showed a recidivism rate of 16.4% after one year, and 27.5% after two. Therefore, the 32-month 12.81% recidivism rate in MRT-based Drug Court graduates is highly favorable.

Other studies bear out these findings, among them:

- An initial evaluation of the Idaho Falls Mental Health Court found a 98% reduction in psychiatric hospitalization days and an 85% reduction in incarceration among MRT program participants after two years (Olson & Jaeger, 2007).
- An eight-year outcome study of the Thurston County, Washington, Drug Court reported an overall recidivism rate of 20% for program graduates and 45% for the control group (Kirchner, Goodman, & Kirchner, 2007). In a 2011 follow-up report, a secondary data analysis showed that among participants under the age of 25, completion of at least half the MRT steps was associated with a 74% reduction in the likelihood of recidivism (Kirchner, T.R., 2011).
- A research summary looking at five juvenile Drug Courts in Maryland, Florida, and New Mexico showed all five programs exceeding a 60% retention rate; one reached 78%. Across the five programs, reoffense rates ranged from 6.8% to 21%, which is far below the average rate of 78% among juvenile drug offenders (Kirchner, R.A., 2010).

Proficiency

Any staff member can deliver MRT after completing the mandatory training, which consists of approximately 32 hours of instruction. State teams that choose to employ MRT as a substance abuse treatment modality must have trained, licensed



clinicians. However, case managers and supervision officers can be trained to use MRT as a cognitive behavioral component for a criminal thinking intervention.

When MRT is offered by probation or supervision, it is used in conjunction with treatment. This has been shown to increase adherence to treatment and reduce recidivism. When used by probation or case management, it has been shown to reduce recidivism.

How MRT Works

Clients accepted into a Drug Court Program require drug abuse education and counseling, but they also need a treatment that will ensure permanent behavioral change. For this goal, cognitive-behavioral approaches, such as MRT, have proven to be the most effective choice (see, e.g., MacKenzie, 2006; Little, Robinson, Burnette, & Swan, 1999). Cognitive behavioral therapy approaches address the necessity of “thinking” changes that produce desired Drug Court outcomes such as reduction of recidivism, reinforcement of recovery, and improvement in clients’ social and financial lives.

Once clients enter the Drug Court and have completed the assessments, they can immediately enter the MRT program. It is critical that they start as soon as possible. MRT consists of four phases:

- 1. Engagement:** steps 1–3
- 2. Creating Change:** steps 4–8
- 3. Reinforcing Permanent Change:** steps 9–12
- 4. Transitioning to the Future:** steps 13–16

New clients can enter the program at any time. They are incorporated into an existing group of clients who have already completed some (or sometimes all) of the MRT steps. This structure enables the newcomers to better understand the MRT process as they progress. In many Drug Courts, clients in MRT phases 3 and 4 become mentors to new clients, and in some cases those in MRT phase 4 are required to mentor new clients to complete the program.

In addition, clients complete exercises and steps as homework and present their work during the group process. All group members

are encouraged to participate by asking the presenting client questions, and in some steps group members who have passed that step vote on whether the step’s requirement has been met.

The principal outcome expected through treatment services is sobriety. However, drug use is often a symptom of other behavioral problems, and other behavioral changes are also desired. The MRT program seeks to address the total needs of each participant as well as permanent, cognitive behavioral changes that directly yield positive outcomes, such as improving the client’s image to others and within the community, removing the link to crime, and numerous reinforcements for future living.

Do’s and Don’ts for Effective Implementation

The MRT program can be easily and effectively implemented in a variety of settings. The only requirements for starting MRT groups are a trained facilitator and a workbook for each client. The MRT facilitator manual provided to everyone who takes the training includes comprehensive guidelines. If issues arise, CCI offers free telephone consultation services at any time as needed.

Training and Resources

Correctional Counseling Inc. (CCI) is the sole-source provider of MRT training, materials, and facilitator certification. Anyone who completes the basic MRT training is authorized to facilitate MRT groups.

Additional optional services are also available, including one- or two-day advanced MRT training for facilitators and quality assurance reviews.

CCI can be contacted any of the following ways:

- **Website:** www.ccimrt.com
- **Email:** info@ccimrt.com
- **Contact form:** www.ccimrt.com/contact
- **Phone:** 901-360-1564

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