NREPP

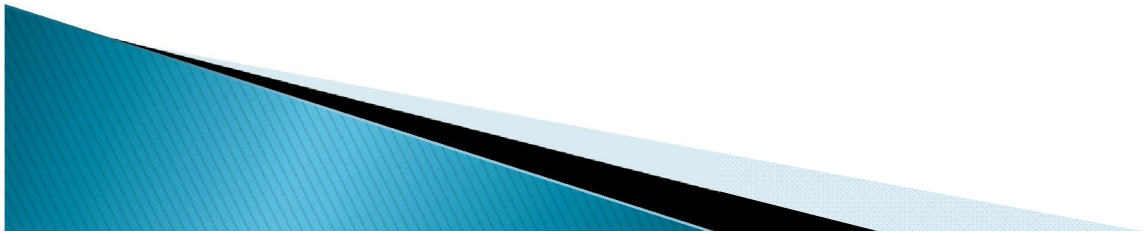
Included in SAMHSA's National Registry of Evidence-based Programs and Practices

MRT™

Moral Reconation Therapy™

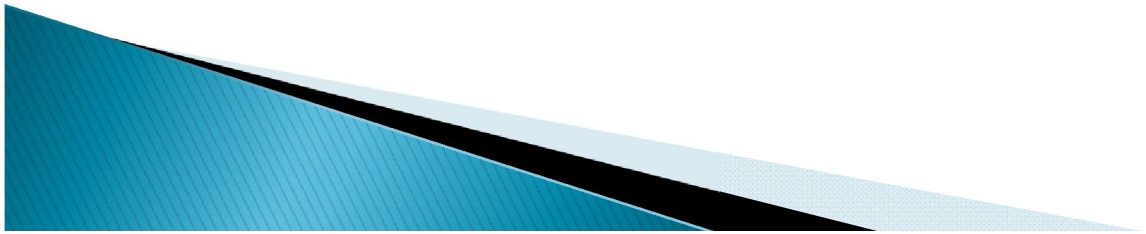
Who Am I

- Ko Smokey Mountains taku maunga
- Ko Mississippi taku awa
- Ko Native American Ko Kotemana aku iwi
- Ko Ken Robinson taku ingoa
- Tena Koutou Tena Kotou Katoa

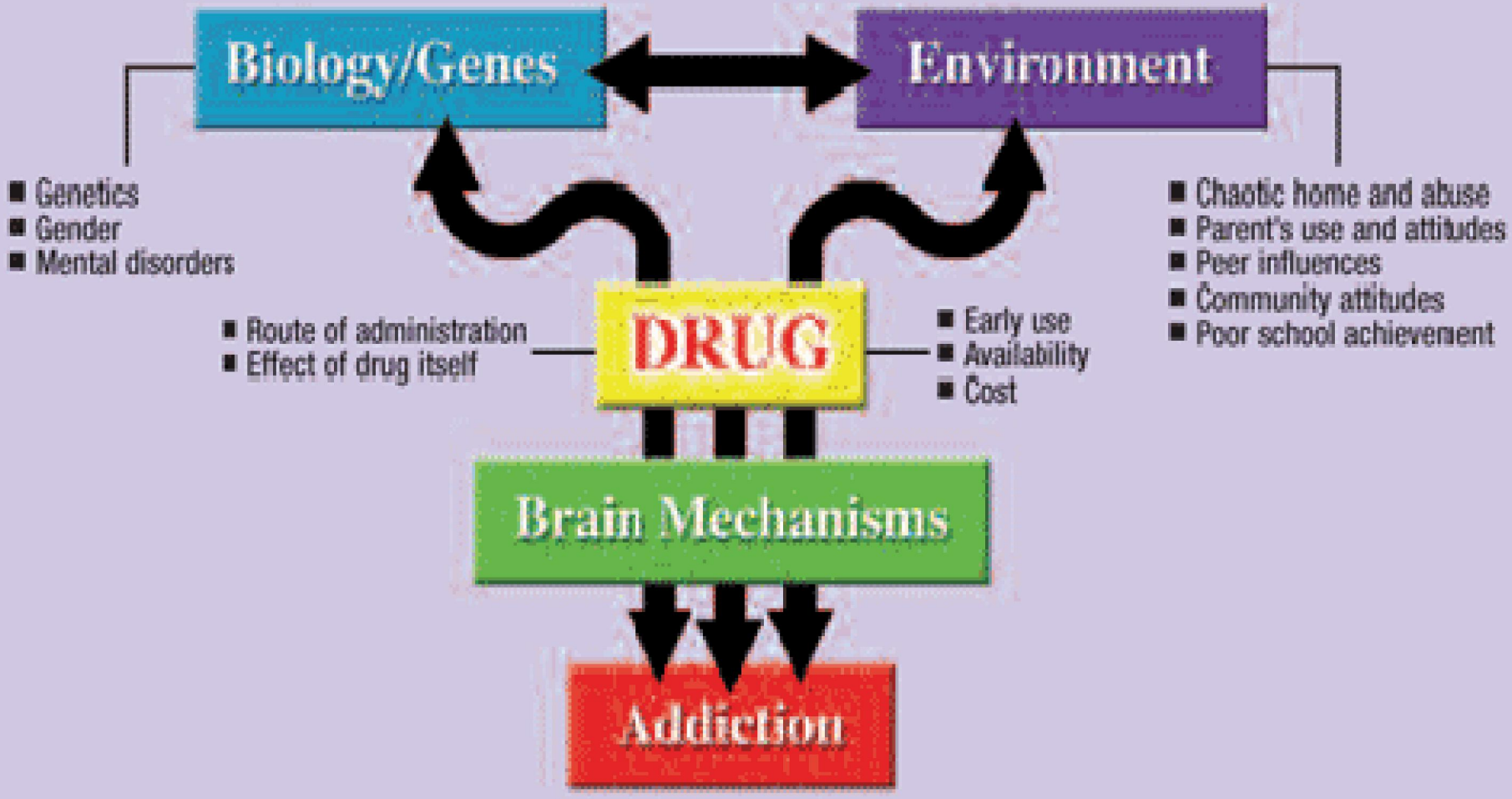


T C Treatment

- Treatment is driven by the substance abuse disorder, the person, recovery and right living.
- Right living – living in the present
- Recovery – changing negative patterns of behavior thinking and feeling that predispose one to substance use and irresponsible living.
- They change through self help, mutual self help, and social learning.



RISK FACTORS

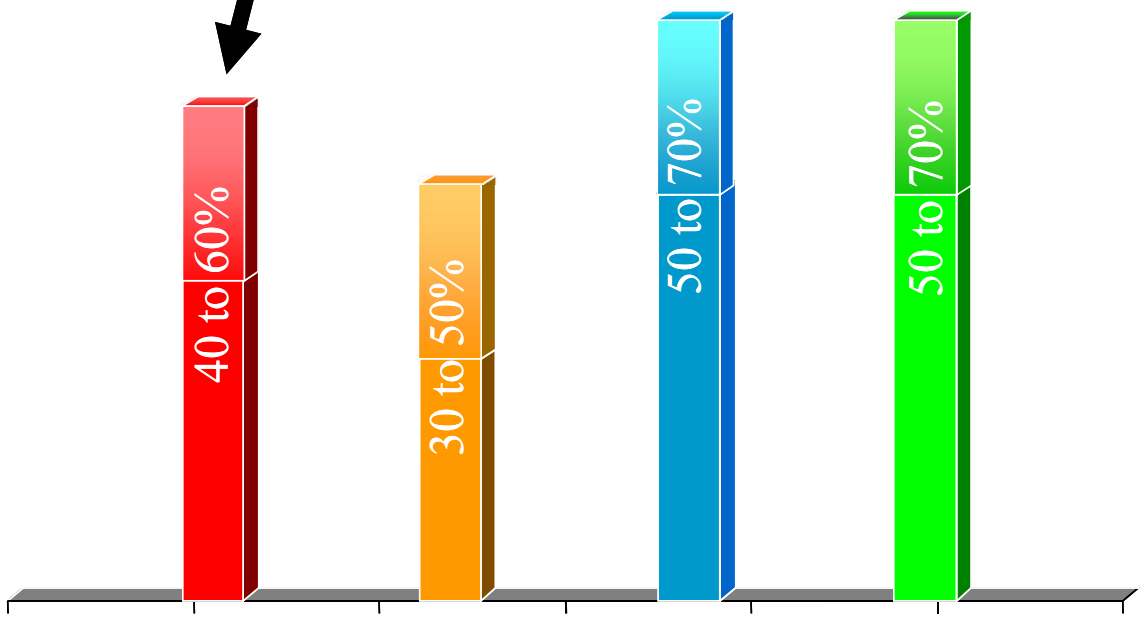


Is Treatment Effective?

- Many do not comply
- Many relapse
- There is no cure
- Rates are similar to other diseases
- I.e. diabetes, heart disease, obesity

Relapse Rates Are Similar for Drug Dependence And Other Chronic Illnesses

Addiction Treatment Does Work



Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.

Popular Treatment Approaches

What's Popular

- General Counseling
- Lectures/Films
- Confrontation
- Relaxation
- Milieu Therapy
- Group psychotherapy

How Effective Are They?

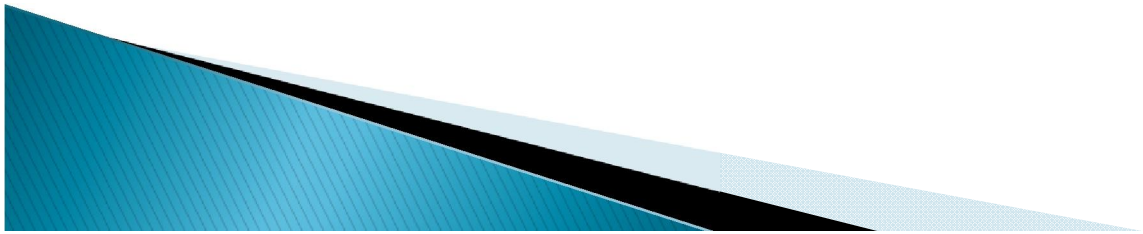
Miller et al, 1995

Rates of Medication Adherence

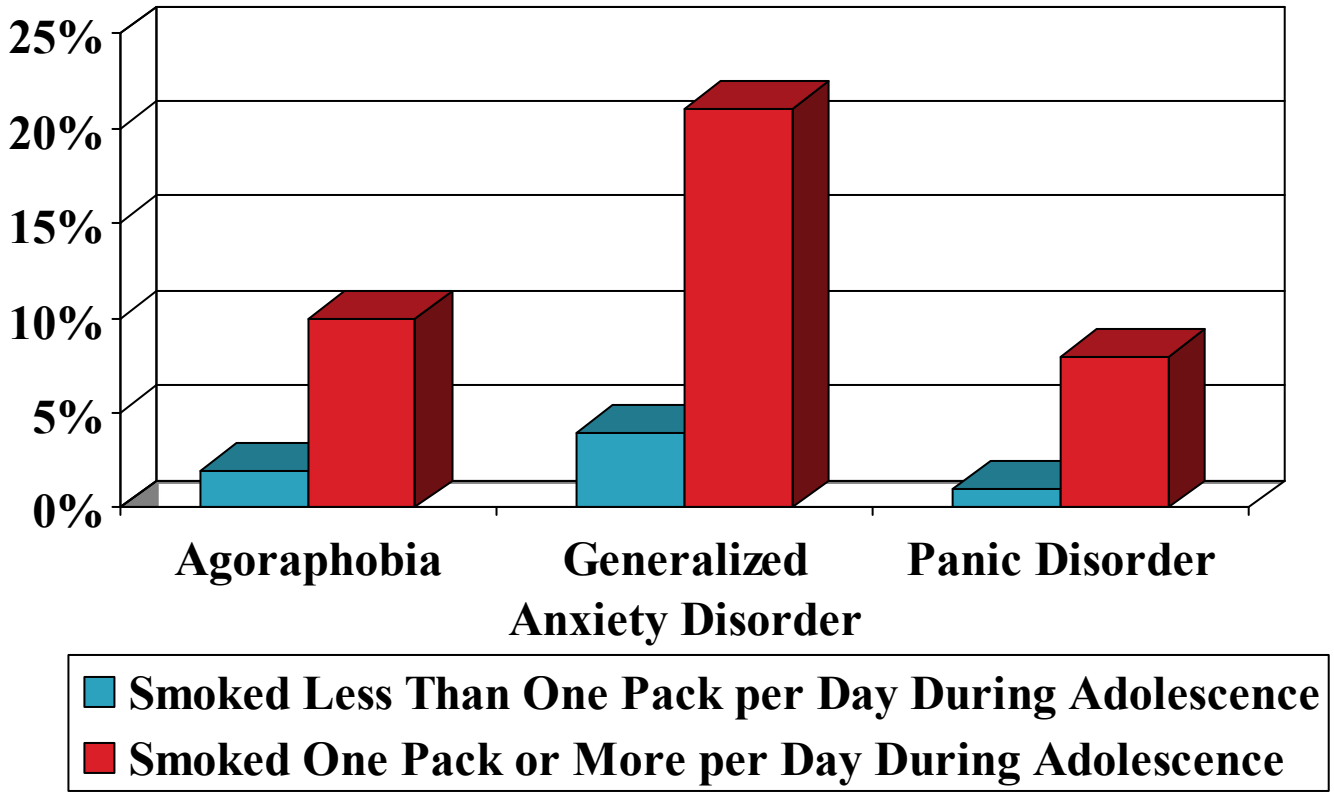
- Bipolar Disorder
  - Over 6 to 12 mos
  - 34% to 80%
- Schizophrenia
  - 11% to 80%
- Cardiovascular
  - Beta 46%
  - Cholesterol 44%
- Osteoporosis
  - 43% to 53%

JOURNAL OF PEDIATRICS OCTOBER 2000

- IN 1999 35% OF US HIGH SCHOOL STUDENTS SMOKED – UP FROM
- 27% OF GIRLS & 28% BOYS IN 1991.
- 20% OF ADOLESCENCE.
- SMOKERS 4 TIMES MORE LIKELY TO DEVELOP DEPRESSION WITHIN A YEAR. BOTH MAY HAVE COMMON PATHWAY.



Percentage of Young Adults With Anxiety Disorders, by Amount of Cigarettes Smoked During Adolescence



Source: Adapted by CESAR from Johnson J.G., Cohen P., Pine D.S., Klein D.F., Kasen S., Brook J.S., "Association Between Cigarette Smoking and Anxiety Disorders During Adolescence and Early Adulthood," *Journal of the American Medical Association* 284(18):2348-2351, 2000.

Cessation Concurrent with Mental Health or Addictions Treatment

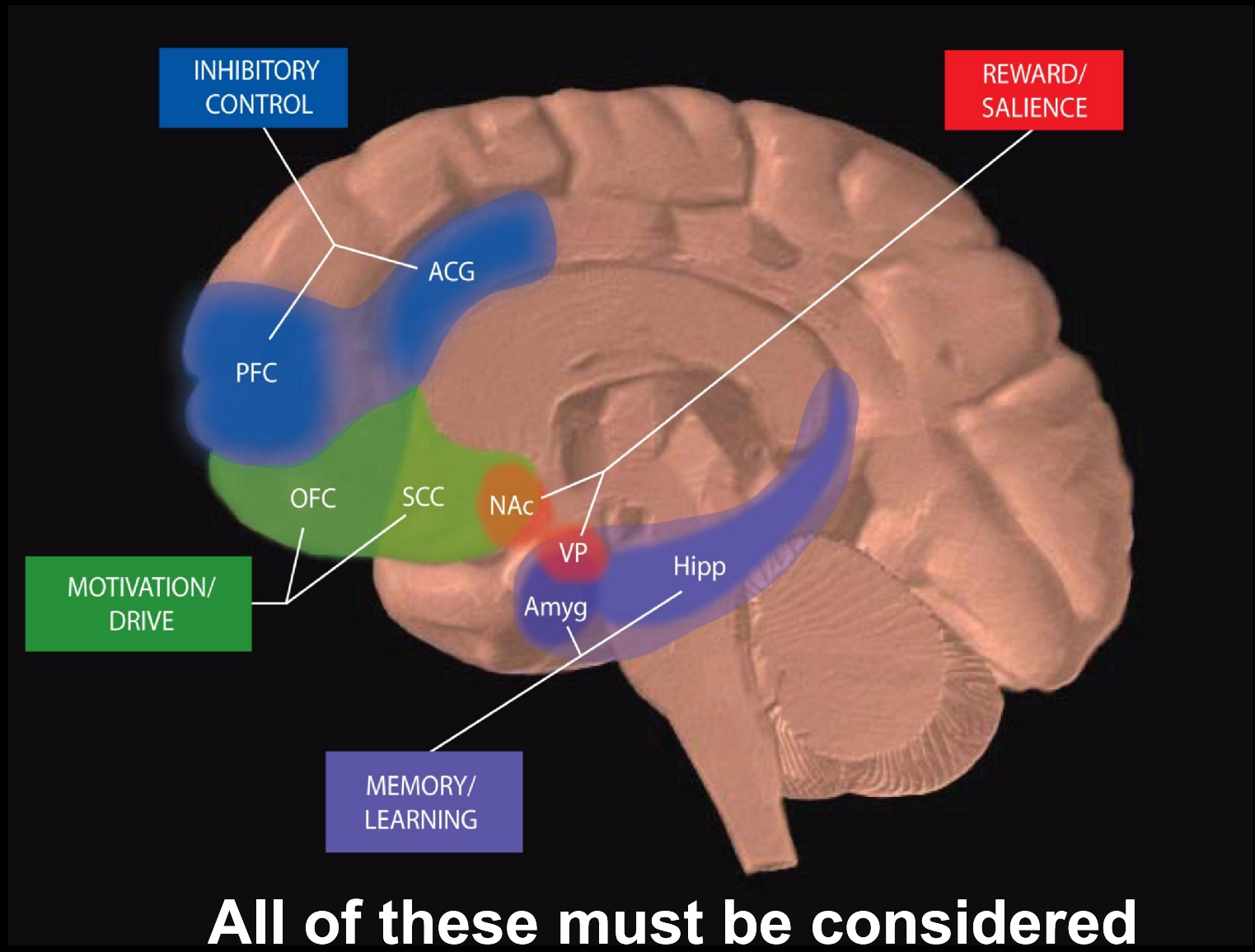
- Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation may even lead to better mental health and overall functioning

(Baker et al., 2006; Lawn & Pols, 2005; Morris et al., Unpublished data; Prochaska et al., 2008)

- Participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25 percent greater likelihood of long-term abstinence from alcohol and other drugs

(Bobo et al., 1995; Burling et al., 2001; Hughes, 1996; Hughes et al., 2003; Hurt et al., 1993; Pletcher, 1993; Prochaska et al., 2004; Rustin, 1998; Saxon, 2003; Taylor et al., 2000)

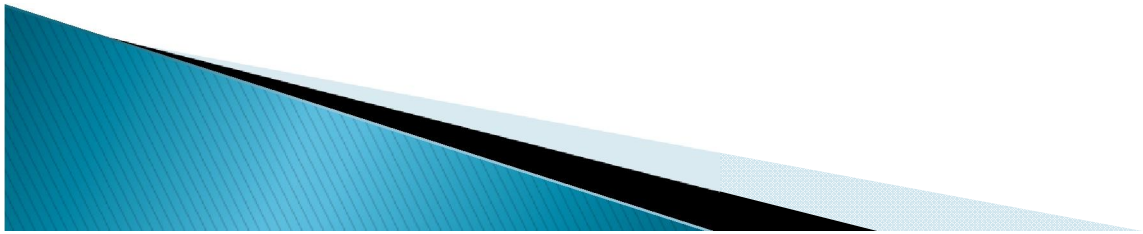
Circuits Involved In Drug Abuse and Addiction



All of these must be considered in developing strategies to effectively treat addiction

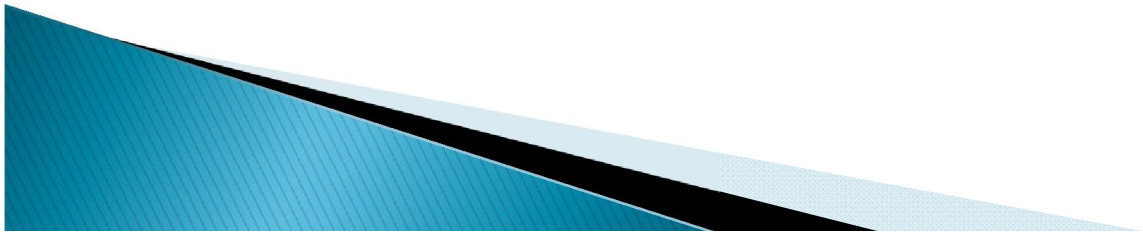
Trauma Recovery

- In the U.S., 61% of men and 51% of women report exposure to at least one lifetime traumatic event.
- In public behavioral health settings, 90% of clients have experienced trauma.
- The cost of unresolved trauma, to society, is incalculable.



WHY HAVE WE NOT BEEN SUCCESSFUL

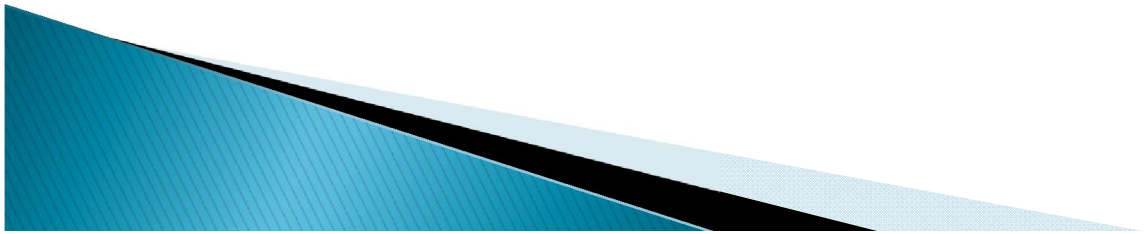
- WE HAVE NOT FOCUSED ON THE CORE ISSUES.
- WE HAVE FOCUSED ON WHAT WORKS FOR US – NORPS
- WE INVESTED IN DRUG TREATMENT ONLY
- WE DID NOT TAKE INTO ACCOUNT THE PERSONALITY
- HOW WE SEE THE WORLD – PERCEPTION



Evidence-Based Practices:

Interventions based on scientifically sound research studies

- Experimental design
- Sufficient sample size
- Matched groups
- Control group
- Specific performance indicators
- Ability to generalize to the field when implemented with fidelity



Conation

- A term derived from the philosopher Rene DeCartes to describe the point where body, mind and spirit are aligned in decision making. Reconation refers to alte process of how decisio ade.

Kohlberg's Six Stages of Moral Reasoning

Level 3 (Post-conventional Morality)

STAGE 6: UNIVERSAL-ETHICAL PRINCIPLES

STAGE 5: SOCIAL CONTRACT

Level 2 (Conventional Morality)

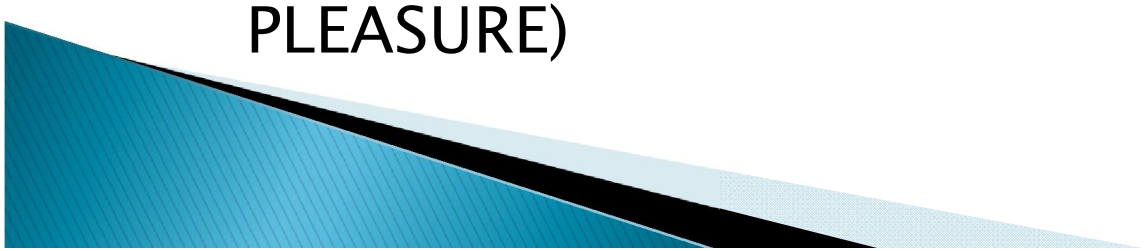
STAGE 4: THE RULES ARE THE RULES, THE LAW IS THE LAW

STAGE 3: INTERPERSONAL CONCORDANCE (APPROVAL SEEKING)

Level 1 (Preconventional Morality)

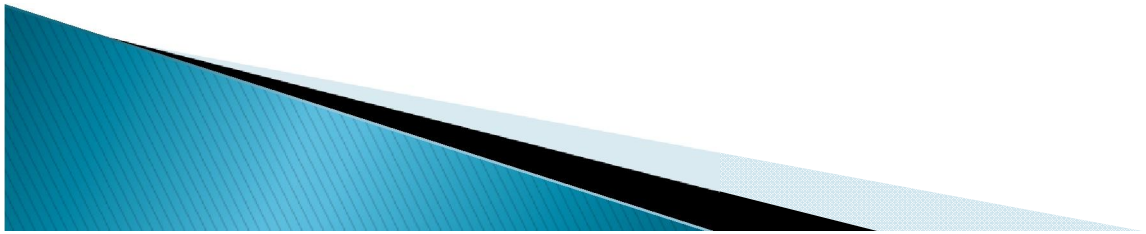
STAGE 2: INSTRUMENTAL RELATIVIST (BACKSCRATCHING)

STAGE 1: PUNISHMENT AND OBEDIENCE (PAIN VS. PLEASURE)



Moral Reconation Therapy

- MRT™ seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important.
- Research of MRT™ has shown that as clients pass steps, moral reasoning increases in adult and juvenile clients.



MRT™ Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning

Program Goals for MRT™

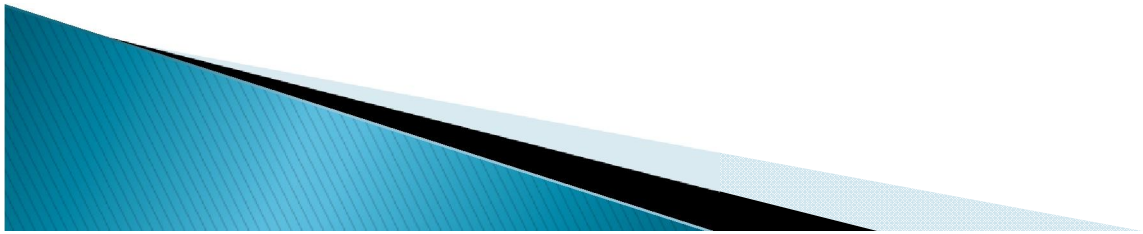
- Decrease high program dropout rates
- Improve program completion rates
- Improve outcomes with minority populations
- Provide integration of programming across the continuum of treatment levels
- Reduction of relapse/recidivism

Unique Program Attributes

1. Usable across Systems
2. Culturally neutral and encompasses a range of learning styles
3. Utilizes an Inside-Out Process
4. Standardized curriculum provides facilitator structure and accountability
5. Program emphasizes feedback and client reflection
6. Enhances personal problem solving and self-direction
7. Help clients identify their unique strengths

MRT™ Client Group Process

- MRT™ typically has groups of 5-15 client participants with one facilitator or co-facilitators where desired.
- Groups are designed to last approximately one and one half to two hours.
- Depending on client and site characteristics, groups are usually held at least once or twice weekly.
- Institutional settings typically have two or more meetings per week with community-based sites having one meeting per week.
- Clients in MRT® typically prepare step exercises and tasks prior to group attendance and process their exercises in group or exercises are given to the facilitator for review and approval.

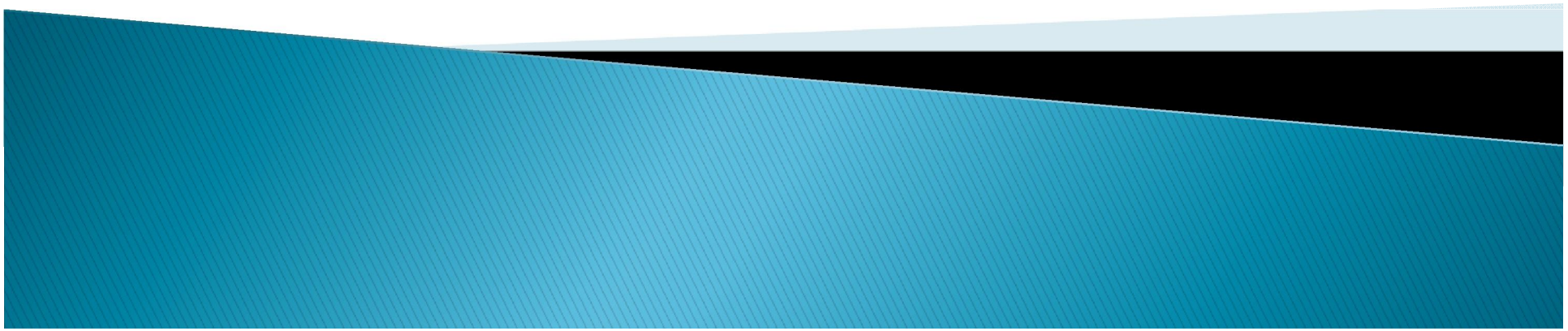


MRT™ Client Group Process

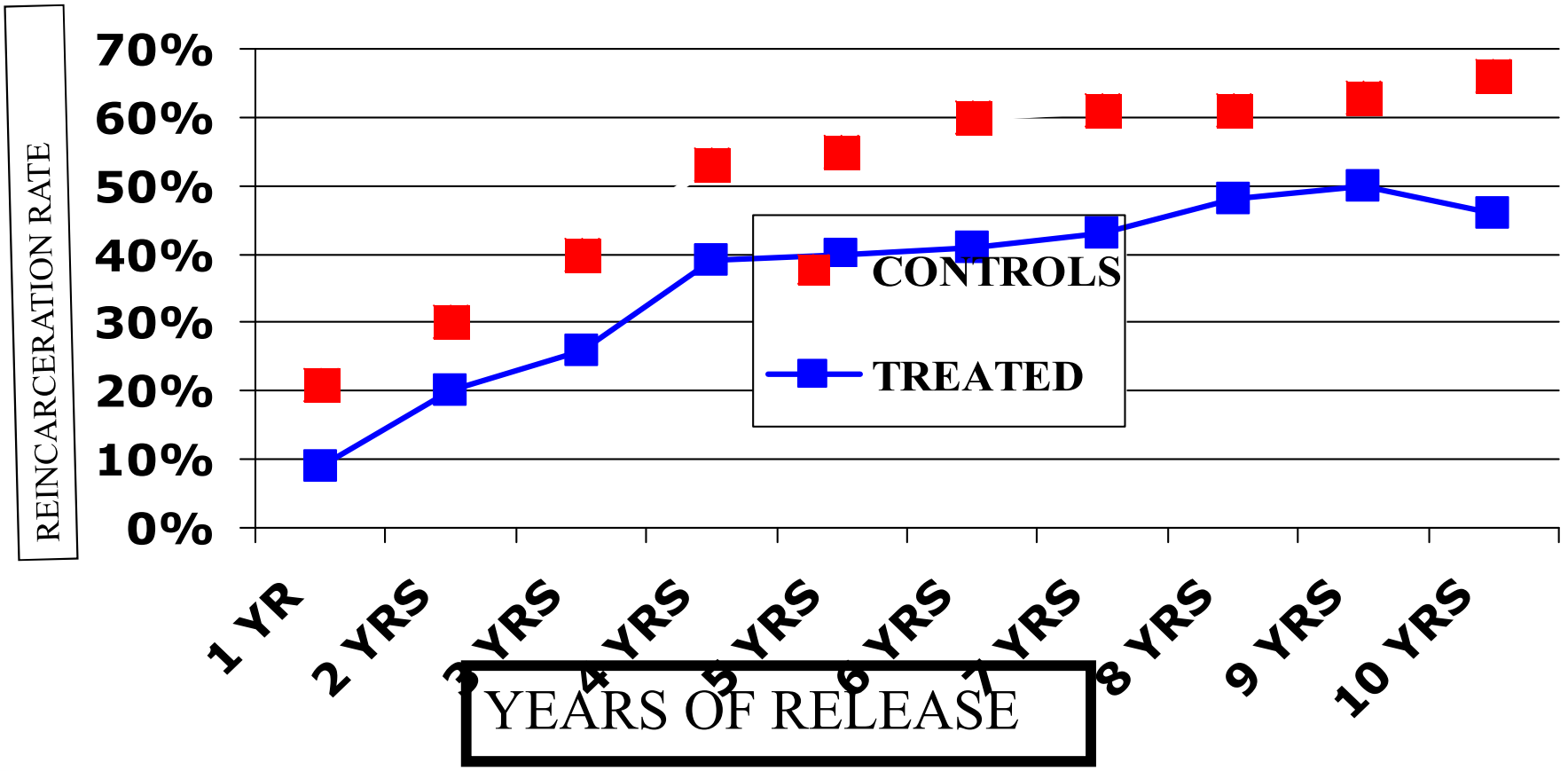
- MRT is designed to be completed by the average client in 20-30 sessions.
- Completion is defined when the client successfully passes MRT's 12th Step.
- MRT is specifically designed for clients with open-ended groups where participants can enter at any time and work at their own pace.

Why MRT™ Works

- The delivery of MRT is both highly structured and directive, which gets clients engaged and keeps them on track.
- Achievements of each step in the program are clearly understood and client progress can be documented at every stage of the program.
- Clients quickly establish ownership of their participation in the program because the program emphasizes feedback and client reflection.



REINCARCERATION RATES OF MRT TREATED FELONY OFFENDERS COMPARED TO NON-TREATED CONTROLS ONE TO TEN YEARS AFTER RELEASE
(SHELBY COUNTY CORRECTION CENTER, MEMPHIS, TN 1987-1998)



A Meta-Analysis of Moral Reconation Therapy

by Myles Ferguson and J. Stephen Wormith

This study reports on a meta-analysis of moral reconation therapy (MRT). Recipients of MRT included adult and juvenile offenders who were in custody or in the community, typically on parole or probation. The study considered criminal offending subsequent to treatment as the outcome variable. The overall effect size measured by the correlation across 33 studies and 30,259 offenders was significant (r = .16). The effect size was smaller for studies published by the owners of MRT than by other independent studies.

International Journal of Offender Therapy and Comparative Criminology, 2012, XX(X) 1–31

A Meta-Analysis of Moral Reconation Therapy

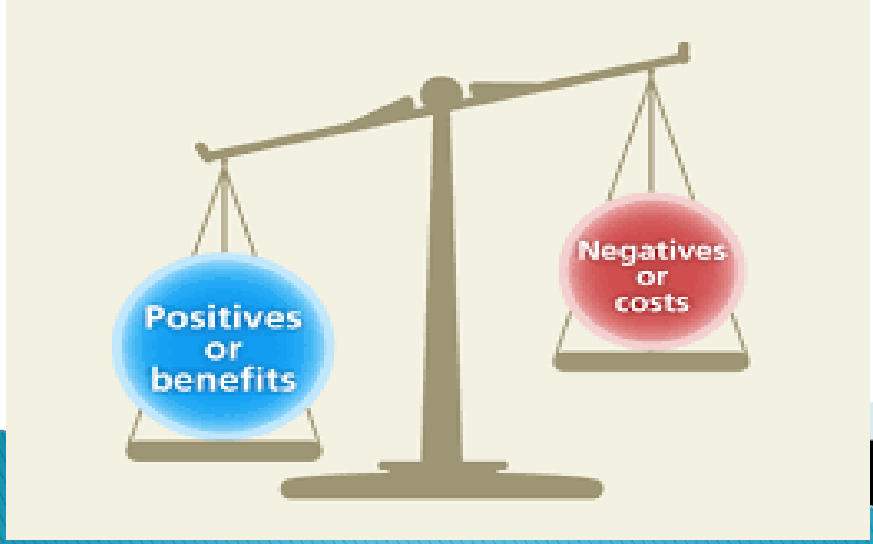
by Myles Ferguson and J. Stephen Wormith

It was statistically significant with potential for substantial social significance ….. The current meta-analysis is consistent with studies which show that MRT is effective in reducing recidivism. In our view, it warrants serious consideration by any correctional agency that has designs to influence the antisocial and criminal attitudes, behavior, and lifestyle of its clientele. We also encourage more detailed, descriptive, and analytic research on this meritorious mode of offender treatment.

International Journal of Offender Therapy and Comparative Criminology, 2012, XX(X) 1–31.

Virginia Adult Drug Treatment Courts Cost Benefit Analysis

The multilevel analysis of the determinates of in-program recidivism determined participants in drug court programs that utilize Moral Reconation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.



Excerpted from *Virginia Adult Drug Treatment Courts Cost Benefit Analysis: October 2012* by Fred L. Cheesman, Ph.D., Tara L. Kunkel, MSW, et. al., National Center for State Courts, Williamsburg, VA.

Virginia Adult Drug Treatment Courts Cost Benefit Analysis

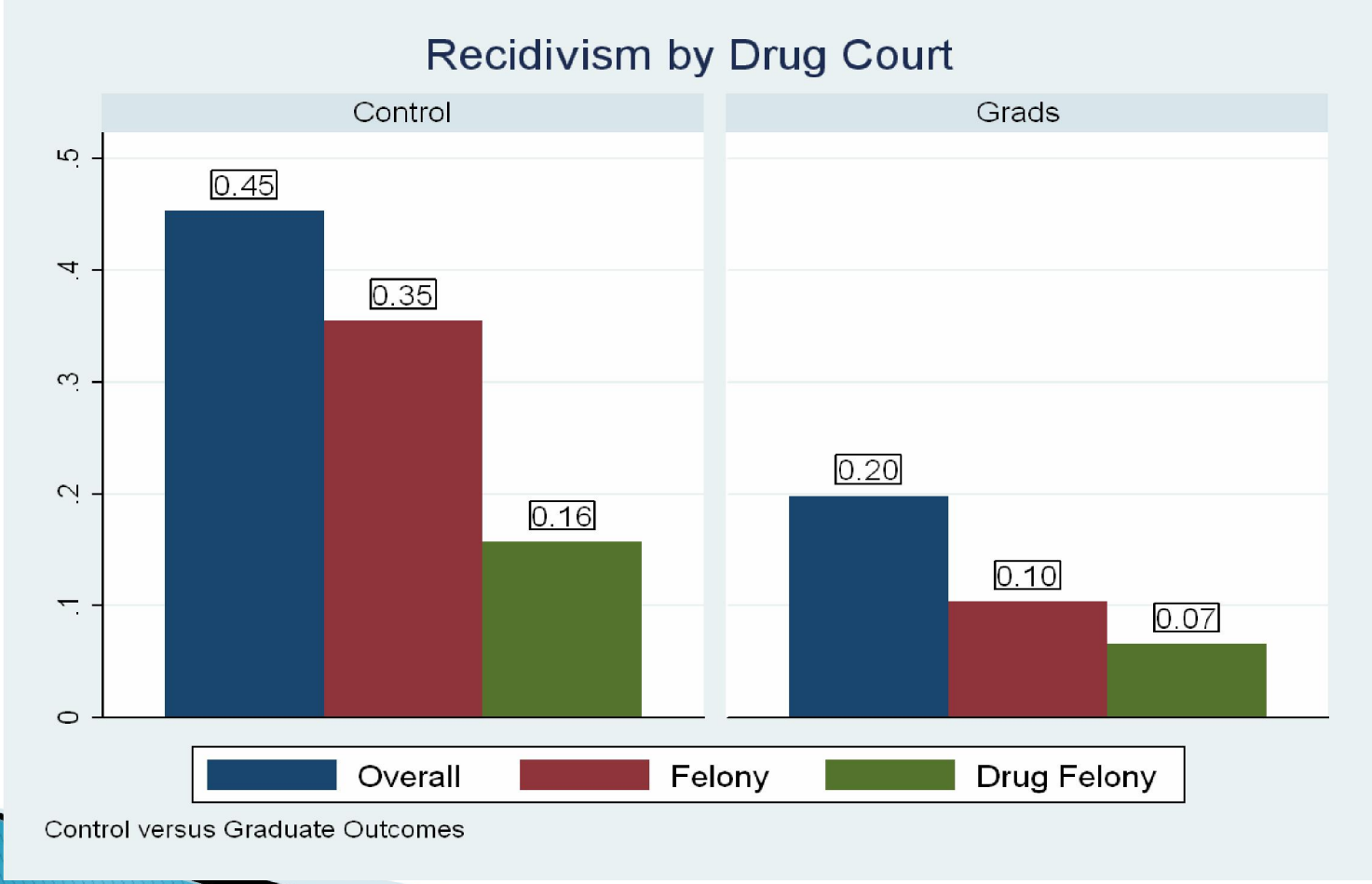
Results from these analyses also suggest that drug court programs that incorporate MRT are more effective at reducing the incidence and frequency of post-exit recidivism than drug court programs that do not.

Factors that Predict In-Program Recidivism

Factor	Interpretation
Having pre-program felony convictions***	**Pre-program felonies increase the odds of in-program reoffending.** Odds of in-program reoffending for a participant with at least one pre-program felony conviction are 271% percent higher than the odds for an otherwise similar offender with no prior felonies.
Age***	**Every year of age decreases the odds of in-program reoffending.** Every year of age decreases the odds of in-program reoffending by 6%.
Using MRT in the program*	**The odds of in-program reoffending for participants of drug courts that employ MRT are significantly less the odds for similar participants from drug courts that do not employ MRT.** The odds of committing in-program offenses for participants of drug courts that employ MRT are 65% less than the odds for similar participants from drug courts that do not employ MRT.
Dismissing the placement charges if a defendant graduates from drug court*	**The odds of in-program reoffending for participants from drug courts that drop charges for graduates are significantly higher than the odds for similar participants from drug courts that do not drop charges for graduates.** The odds of in-program reoffending for participants from drug courts that drop charges for graduates are 146% higher than the odds for similar participants from drug courts that do not drop charges for graduates.

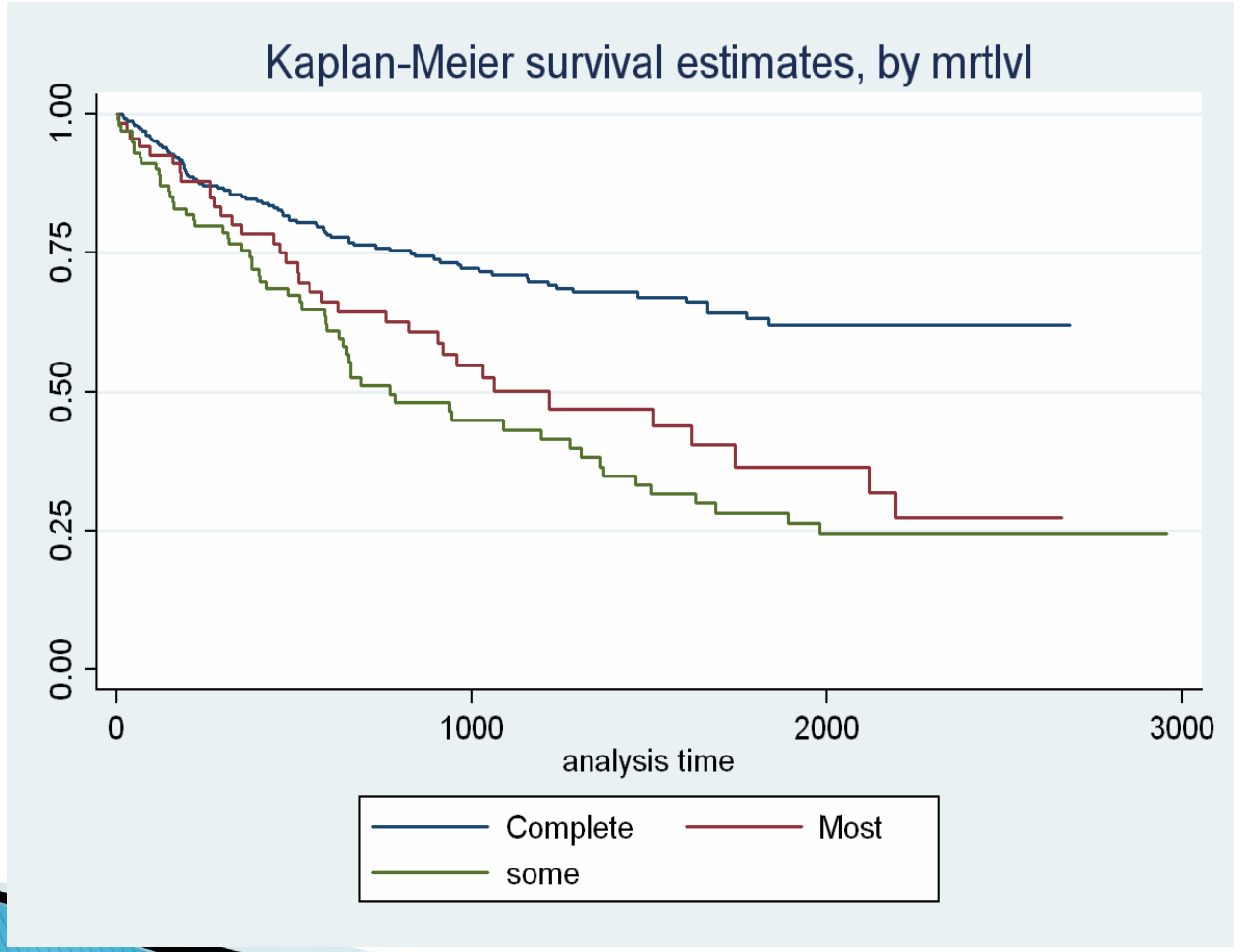
<.001*** <.01** <.05*

Thurston County (Olympia, WA Drug Treatment Court – Eight (8) Study – Recidivism: Drug Court versus Control Group



Control versus Graduate Outcomes

Thurston County (Olympia, WA Drug Treatment Court – Eight (8) Year Study – MRT SUSTAINED EFFECT



MRT™ Works: Thurston Co, WA Drug Court Program Treating Trauma & Depression

Pre-/Post Assessment Measures	Program As Usual MRT Only Pre-Post
BDI-II Beck Depression Inventory	15.65 - 5.09 (67%)
ISE Index of Self Esteem	31.57 - 24.09 (24%)
DAPS PTS-T Posttraumatic Stress—Total	52.16 - 39.91 (24%)

Findings indicate:

- MRT alone reduced depression 67%
- Impacted clinically significant self-esteem areas by 24%
- Reduced traumatic symptoms by 24%

Bonneville County MH Court

- Began in 2002
- 1 of 5 National Learning Sites
- First graduate was a Drug Court Drop Out

Is MH Court Successful?

- 98% Decrease in Hospitalizations
- 85% Decrease in Jail Days in 3 years
- Six year outcome shows 75% arrest free.