Moral Reconciliation Therapy (MRT)

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Moral Reconation Therapy (MRT): Learning Objectives

1. Describe the principles of Moral Reconation Therapy.
2. List the primary components of evidence-based programs for the correctional population.
3. Summarize the developmental models used in the development of Moral Reconation Therapy.
4. Discuss interventions for working with offenders with Antisocial Personality Disorder.
5. Explain the steps of the Moral Reconation Therapy *Freedom Ladder*. 
Moral reconation therapy

- **Conation**
  - The way we make decisions.
  - Mental processes concerned with striving and purposive action.

- **Reconation**
  - Changing the way we make decisions
  - Integration of developmental needs and moral reasoning
  - Use of cognitive-behavioral techniques to change thinking and behavior
Moral Reconciliation Therapy (MRT)

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- MRT is easy to implement.
- MRT is designed and developed to target issues specific to an offender population.
- MRT is designed to address issues of a treatment resistant population (see Little, 2006).
- MRT has shown to reduce the recidivism rate of offenders by between 30% and 50% for periods up to 20 years after release.
- The program has been used effectively in different programs at many sites.
- MRT improves offender compliance to rules in an institution or while under supervision in the community.
Moral Reconation Therapy (MRT)
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- MRT is delivered in open-ended groups, which allows for maximizing resources.
- MRT easily meshes and blends with other types of programming including self-help groups, education, counseling and behaviorally oriented programs.
- MRT will increase offenders’ moral reasoning, decrease dropout rates, increase sense of purpose and reduce antisocial thinking and behavior.
- When implemented in a variety of criminal justice settings, MRT provides a continuum of care.
- The cost of implementing MRT is highly competitive.
  - A 1999 report by the Washington State Institute for Public Policy estimated that the combined cost benefit to taxpayers and crime victims for the MRT program results in an $11.48 cost benefit for every dollar spent.
Eight Principles for Evidence-Based Practices (Bogue et al., 2004, National Institute of Corrections)

2. Enhance Intrinsic Motivation.
3. Target Interventions.
   - b. *Need Principle*: Target interventions to criminogenic needs.
   - d. *Dosage*: Structure 40-70% of high-risk offenders’ time for 3-9 months.
5. Increase Positive Reinforcement.
7. Measure Relevant Processes/Practices.
MRT: An Evidence-Based Cognitive-Behavioral Program

MRT is recognized as an "Evidence-Based Program" by:
• Substance Abuse and Mental Health Service Administration (SAMHSA's) National Register of Evidence-Based Programs
• Florida Department of Juvenile Justice (Juvenile offenders)
• State of Connecticut Judicial Branch (Probation)
• State of Connecticut Judicial Branch (Child Support Division)
• SAMHSA (Adult Substance Abuse—Juvenile pending)

MRT has been recognized as a "Best Practice," "Cost Effective Practice," "Effective Approach," "Proven Treatment," "Innovative Practice," and/or a "Practice Proven to Reduce Recidivism" by the:
• National Drug Court Institute
• Citizens' Crime Commission of Portland
• SAMHSA (Juveniles)
• North Carolina Department of Correction
• United Nations Programme Network Institutes
• University of Maryland researchers
• Oregon Office of Alcohol and Drug Abuse Programs
• Koch Crime Institute
Moral Reconciliation Therapy (MRT)

MRT focuses on seven basic treatment issues:

- 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 and development of frustration tolerance
- development of higher stages of moral reasoning

 Retrieved from: https://www.ccimrt.com/mrt
Kohlberg’s Theory of Moral Development
Retrieved from: http://psychology.about.com/od/developmentalpsychology/a/kohlberg.htm

• Preconventional
  ▫ Stage 1: Obedience, punishment/pleasure
  ▫ Stage 2: Individualism and exchange (“back-scratching”)

• Conventional
  ▫ Stage 3: Interpersonal relationships (approval seeking)
  ▫ Stage 4: Maintaining social order (law is law)
Kohlberg’s Theory of Moral Development

Retrieved from: http://psychology.about.com/od/developmentalpsychology/a/kohlberg.htm

- **Post-conventional Morality**
  - **Stage 5: Social contract and individual rights**
    - Work to help others with basic human rights with use of democratic process
  - **Stage 6: Universal principles**
    - Social justice and action to correct laws that are unfair, including civil disobedience
Erikson's Stages of Psychosocial Development


• **Infancy (birth to 18 months)**
  Trust vs. Mistrust
  ▫ Important events: Feeding
  ▫ Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
  ▫ Virtue: Hope

• **Early Childhood (2 to 3 years)**
  Autonomy vs. Shame and Doubt
  ▫ Important events: Toilet Training
  ▫ Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
  ▫ Virtue: Will

• **Preschool (3 to 5 years)**
  Initiative vs. Guilt
  ▫ Important events: Exploration
  ▫ Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
  ▫ Virtue: Purpose
Erikson's Stages of Psychosocial Development


School Age (6 to 11 years)
  Industry vs. Inferiority
    ▫ Important events: School
    ▫ Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
    ▫ Virtue: Competence

Adolescence (12 to 18 years)
  Identity vs. Role Confusion
    ▫ Important events: Social Relationships
    ▫ Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.
    ▫ Virtue: Fidelity

Young Adulthood (19 to 40 years)
  Intimacy vs. Isolation
    ▫ Important events: Relationships
    ▫ Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
    ▫ Virtue: Love
Erikson's Stages of Psychosocial Development

Middle Adulthood (40 to 65 years)
Generativity vs. Stagnation

- Important events: Work and Parenthood
- Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.

- Virtue: Care

Maturity (65 to death)
Ego Integrity vs. Despair

- Important events: Reflection on Life
- Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.
ASPD Thoughts and Behaviors: Intervention Ideas

• Tend to have criminal (negative) self-identity/think of self as “rebel” or “gangster” or “convict”
  ▫ Work to develop more positive identity
  ▫ Identify positive role models

• Tend to think others cannot be trusted and are as dishonest as they are
  ▫ Honesty, trust, and consistency must be core of program and treatment
  ▫ Staff need to have positive attitudes and belief that the offender can be successful in development of a more prosocial lifestyle
ASPD Thoughts and Behaviors: Intervention Ideas

• Tend to be impulsive and lack internal controls
  ▫ Behavioristic approach works best with time-based rewards
  ▫ Require offenders maintain positive behavior
  ▫ Build frustration tolerance by gradually increasing time for rewards
  ▫ Earn privileges' through sustained positive behavior
ASPD Thoughts and Behaviors: Intervention Ideas

• Tend to have poor self-awareness
  ▫ Help offenders see it is their behavior that gets them into trouble, not that they got caught
  ▫ Offenders must learn to take responsibility for their actions and those that they have hurt
  ▫ Realize what needs to be done to reverse the bad choices they’ve made

• Tend to be apathetic and indifferent
  ▫ Require that offenders follow the rules and behave as if they care about others
  ▫ There will be many rewards, which they are unaccustomed to noticing, for following the rules
ASPD Thoughts and Behaviors: Intervention Ideas

• Tend to have negative peers and associates
  ▫ Must realize the ones they have trusted the most in the past *cannot* be trusted and those they have not trusted *can* be trusted
  ▫ The price of previous loyalty is pain and suffering
  ▫ Program/treatment staff must show that they are trustworthy and believe in their ability to change for the better

• Tend not to like dealing with *real* life, they would rather take from someone else than work for it
  ▫ Teach that there is wisdom in following rules
  ▫ Teach that there is much internal reward in developing self-discipline and delaying gratification
ASPD Thoughts and Behaviors: Intervention Ideas

- Tend to believe others (rules, society, treatment staff) are against them
  - Be on the offender’s side: Let them know you are working for them to be successful
  - Reward successes: verbal, applause, tangible, privileges, etc.
- Tend to like picking others apart
  - Provide verbal praise when they make statements showing concern for others
  - Have them list their own strengths and weaknesses and how they could improve
  - Confront them in a way that lets them know you are still on their side. Being “blunt” can let them know you are being honest with them.
Hints in Dealing with Antisocial Personality Disorder

• Dealing with victim’s issues and statements
  ▫ Keep the offender focused on changing things now in an active, present-time sense
  ▫ Not necessary to bring up their own history of victimization

• Substance abusers with ASPD think differently
  ▫ Tend to believe whatever they want to do at any given time is right for them
  ▫ Don’t believe they have a problem with drugs
  ▫ Lower levels of moral reasoning
Hints in Dealing with Antisocial Personality Disorder

- Make their behavior the focus
  - Change how offender thinks and make decisions
  - Do not explore feelings and the past
- A minority of persons with ASPD are dangerous
  - History of violence can predict future behavior
  - May also be predicted if the majority of earliest memories are violent
Hints in Dealing with Antisocial Personality Disorder

- ASPD can co-exist with other diagnoses
  - Substance abuse
  - If depressed, relieving depression may increase ASPD symptoms/behavior

- Be consistent and firm in enforcing rules
  - ASPD’s actively seek out and notice inconsistencies in others for justification for their own actions
  - “Rules are made to be followed”
Hints in Dealing with Antisocial Personality Disorder

• Don’t engage in philosophical arguments about (un)fairness of some rules
  ▫ Justify actions on the basis the world is unfair and should be resisted (taught a lesson)
  ▫ Fairness is not the real issue, seeking personal pleasure is the issue
  ▫ Focus on behavior and consequences of behavior

• Refrain from use of treatment jargon
  ▫ ASPD’s will use treatment jargon to manipulate others
  ▫ They use it to avoid discussing deeper levels
  ▫ Make them explain if they use this type of language
Hints in Dealing with Antisocial Personality Disorder

- **Punishment does not affect ASPD’s like it does others**
  - Failure to learn from punishment because they do not experience fear and anxiety like others
  - They are not likely to connect punishments with their previous behavior
  - Punishments from distant authority induce no shame with ASPD’s
  - Creates rage because punishments seem irrelevant and unfair
  - Punishments should be fair and consistent
  - Shame associated with wrongful conduct should be used as treatment tool
Hints in Dealing with Antisocial Personality Disorder

• Use appropriate intervention methods
  ▫ Client-centered approach can have adverse affect
  ▫ Treating abuses suffered from past can reinforce victim stance and justification for bad behavior
  ▫ Focus on present need for change in behavior and benefits of following rules
MRT: The Freedom Ladder

- **Step 1 – Honesty**
  - Betrayal
    - Admit *you* are the source of your problems

- **Step 2 – Trust**
  - Disloyalty
    - Lying, cheating, stealing, betraying, blaming, victimizing, and pretense
    - Focus on pleasure/pain and reciprocity

- **Step 3 – Acceptance**
  - Opposition
    - Blame society, the rules, or the unfairness of others.
    - Focus on pleasure/pain

- **Step 4 – Raising Awareness**
  - Uncertainty
    - Uncertain if they should be lying cheating, stealing
    - Focus on pleasing others, pleasure/pain and reciprocity
MRT: The Freedom Ladder

- **Step 5 - Healing damaged relationships**
  - Identify important people

- **Step 6 - Helping others**
  - **Injury**
    - Know they have hurt others and feel responsible
    - Have difficulty following through on goals/commitments
    - Focus on helping others (community service), rather than (pleasure/pain) pleasing others and reciprocity

- **Step 7 - Long-term goals and identity**
  - Focus on realism and reality

- **Step 8 – Short-term goals and consistency**
  - **Non-existence**
    - Lack firm sense of identity and are disconnected from the world
    - Lack purpose, but feel responsible for what happens to them
    - Focus on consistency between short and long term goals
MRT: The Freedom Ladder

- Step 9 - Commitment to change
  - Do not give up; concede mistakes and learn from them
- Step 10 - Maintain positive change
  - Danger
    - Communicate long term goals to others
    - Gain identity from long term goals
    - Understand larger sense of social order/good, and benefits of law and order
- Step 11 - Keeping moral commitments
  - Emergency
    - Urgency to complete goals
    - Goals include welfare of others
    - Decisions based on what is best for organization and society
MRT: The Freedom Ladder

- Step 12 - Choosing moral goals
  - **Normal**
    - Awareness of welfare of others
    - Base decisions on societal and ethical principles
- Steps 13-16 - Evaluate relationship between inner self and personality
  - **Grace**
    - Sees others as extension of self
    - Value on human life, justice, dignity, and freedom
- For more details see:
MRT Training Costs

- MRT Facilitator must complete 32 hour training
  - $600 per person ($500 per person with five or more)
- Train your own
  - Attend a train-the-trainer training ($1,500)
  - Co-present with an MRT trainer at your facility
  - Be observed by an MRT trainer at your facility
    - Pay costs of trainer
  - After training, cost is $200 per trainee
- Escape Your Prison Manual: $25
  - Facilitator’s handbook $10
References


Links to additional articles and resources on Moral Reconation Therapy can be found at the Moral Reconation Therapy website homepage found at: http://www.moral-reconation-therapy.com/index.html