Moral Reconation Therapy

Moral Reconation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. The MRT workbook is structured around 16 objectively defined steps (units) focusing 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; and development of higher stages of moral reasoning. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months.

Descriptive Information

Areas of Interest	Mental health treatment Substance abuse treatment Co-occurring disorders
Outcomes	**Review Date: May 2008** 1: Recidivism 2: Personality functioning
Outcome Categories	Crime/delinquency Social functioning
Ages	13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Black or African American White Race/ethnicity unspecified Non-U.S. population
Settings	Correctional
Geographic Locations	No geographic locations were identified by the developer.
Implementation History	MRT has been implemented in a variety of treatment settings in more than 45 States and in Australia, Bermuda, and Canada. Several States have systemwide implementations of MRT. It is estimated that more than 1 million individuals have participated in the intervention.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	While MRT was first designed as a criminal justice-based drug treatment method, a host of other treatment adaptations have been made, including more individualized programs that deal with parenting, spiritual growth, anger management, juvenile offenders, sexual and domestic violence, and treatment and job readiness. Different workbooks based on the fundamental MRT concepts exist for each of these areas.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.

IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research

Review Date: May 2008

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Deschamps, T. (1998). MRT: Is it effective in decreasing recidivism rates with young offenders? Unpublished master's thesis, University of Windsor, Windsor, Ontario, Canada.

Study 2

Little, G., Robinson, K. D., Burnette, K. D., & Swan, S. (1999). Successful ten-year outcome data on MRT-treated felony offenders: Treated offenders show significantly lower reincarceration in each year. Cognitive-Behavioral Treatment Review, 8(1), 1-3.

Little, G. L., & Robinson, K. D. (1989). Effects of Moral Reconation Therapy upon moral reasoning, life purpose, and recidivism among drug and alcohol offenders. Psychological Reports, 64, 83-90.

Study 3

Kirchner, R. A., Byrnes, E. C., Kirchner, T. R., & Heckert, A. O. (2007). Effectiveness and impact of program delivery: Evaluation of the Thurston County Drug Court Program--Part II. Annapolis, MD: Glacier Consulting.

Study 4

Krueger, S. (1997). Five-year recidivism study of MRT-treated offenders in a county jail. Cognitive Behavioral Treatment Review, 3-4, 3.

Study 5

Godwin, G., Stone, S., & Hambrock, K. (1995). Recidivism study: Lake County, Florida Detention Center. Cognitive Behavioral Treatment Review, 4, 12.

Supplementary Materials

Little, G. L., & Robinson, K. D. (1988). Moral Reconation Therapy: A systematic step-by-step treatment system for treatment resistant clients. Psychological Reports, 62, 135-151.

Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. Criminal Justice and Behavior, 32(2), 172-204.

Outcomes

Outcome 1: Recidivism	
Description of Measures	In some studies, recidivism was defined as the rate at which individuals were rearrested on new criminal charges, while other studies limited recidivism to a conviction of a subsequent crime(s). Data from each study were obtained from various databases, including Canada's Offender Management System (OMS), the Washington State Institute for Public Policy (WSIPP) Statewide Criminal History database, and computer-generated searches of local and national arrest records and jail records.
Key Findings	One study was conducted in Ontario, Canada, with juvenile male clients sentenced by a judge to an open custody facility, which is a midpoint on the continuum between prison and return to the community. In this type of facility, the offenders are not secured behind bars, and if the clients decide to leave, the staff are not required to intervene physically, but the offenders will receive a new charge when they are apprehended again. In this study, clients who participated in MRT had a conviction rate of 46% during the study period, compared with 57% of clients from a different open-custody facility that did not offer MRT. Further, the average number of reoffenses for the treatment group was 4.1, while the average number of reoffenses for the control group was 5.7 ($p = .043$).

	In another study, after 1 year of release, adult male felony inmates who participated in MRT showed a reincarceration rate that was two-thirds lower than that of a control group of inmates who had volunteered for the MRT program but did not receive it due to limited treatment funding. In all subsequent years (up to 10 years after the original incarceration), the treated group's reincarceration rate was approximately one-fifth to one-third lower than controls (p values ranging from .05 to .001). For example, after 10 years of release, MRT-treated subjects showed a 45.7% reincarceration rate compared with 64.6% in controls. The Thurston County Drug Court Program is a judicially led drug court specifically designed to facilitate the treatment and rehabilitation of nonviolent, substance-abusing adult felons. Male and female clients who participated in MRT were rearrested for any offense at a rate of 20%, compared with 45.3% for a matched control group ($p < .001$). Further, the arrest rate for felony drug offenses was significantly lower for the clients who participated in MRT than for those in the control group (7% vs. 16%; $p < .001$). Additionally, graduates of the program were compared with clients who had been exposed to some amount of the intervention but were terminated from their programs. Graduates had significantly fewer rearrests than their counterparts who did not successfully complete the program (27% vs. 53%; $p < .001$). A fourth study examined the recidivism of adult male inmates of a short-term county jail. Inmates who participated in MRT had a 45% rearrest rate in the 4 years after being released from jail, compared with 67% for a control group who did not participate in MRT ($p < .05$). In a fifth study, adult male inmates of a short-term county detention center who participated in MRT had a reincarceration rate of 11.3% 1 year after release and 25.3% 2 years after release. Inmates who did not participate in MRT had significantly higher recidivism rates at 1 year (29.7%; $p < .001$) and 2 years (37.3%; $p < .01$) after release.
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5
Study Designs	Quasi-experimental
Quality of Research Rating	1.9 (0.0-4.0 scale)

Outcome 2: Personality functioning	
Description of Measures	Participants responded to the short form (20 questions) of the Purpose in Life Questionnaire, which estimates perceived purpose in life. Participants also completed the Defining Issues Test, an objective paper-and-pencil test that yields percentile scores indicating individuals' capabilities for six stages of moral reasoning. Of particular interest in this study was the degree of "principled reasoning," represented by the sum of the scores for the two highest stages of moral reasoning. People who make their decisions from levels of principled reasoning tend to be guided by concerns of justice, equality, and basic human rights.
Key Findings	Among adult male offenders participating in the Drug Abuse Program (a closed therapeutic community operated within the prison compound), there was a significant positive correlation between the last MRT step completed at the time of the initial testing (after 6 months of program implementation) and the degree of principled reasoning ($p = .03$) and perceived purpose in life ($p = .01$). Further, there were significant improvements in universal-ethical principle (following one's conscience) levels ($p = .01$), the percent of principled reasoning ($p = .02$), and perceived purpose in life ($p = .01$) from testing conducted upon entry to retesting at the completion of MRT's Step 7. Similarly, among adult male inmates participating in the Alcohol Treatment Unit (a similar unit to the Drug Abuse Program, operated independently, but in close proximity), there was significant improvement in the percent of principled reasoning ($p = .01$) and perceived purpose in life ($p = .05$) from testing conducted upon entry to retesting the day before release from the program.
Studies Measuring Outcome	Study 2
Study Designs	Quasi-experimental
Quality of Research Rating	2.2 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	13-17 (Adolescent) 18-25 (Young adult)	100% Male	100% Non-U.S. population
Study 2	18-25 (Young adult) 26-55 (Adult)	100% Male	80% Black or African American 20% Race/ethnicity unspecified
Study 3	18-25 (Young adult) 26-55 (Adult)	65.2% Male 34.8% Female	92.1% White 7.9% Race/ethnicity unspecified
Study 4	18-25 (Young adult) 26-55 (Adult)	89% Male 11% Female	Data not reported/available
Study 5	18-25 (Young adult) 26-55 (Adult)	100% Male	Data not reported/available

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Recidivism	2.0	2.0	1.0	3.0	1.5	2.0	**1.9**
2: Personality functioning	3.5	3.5	1.0	1.8	1.5	2.0	**2.2**

Study Strengths

Reliability and validity of the two personality functioning measures are well documented. The use of a treatment manual that incorporates milestones for program completion contributes to implementation fidelity. Missing data do not appear to have been an issue.

Study Weaknesses

Length of stay at a facility was often too short for participants to have attained the recommended length of time in the treatment program; as a result, positive results from program completion may be confounded with the effects of longer incarceration. Additional "extensive" support services provided in aftercare programs may be another confounding factor. More information could have been gathered and reported on the intervention and comparison groups, allowing for more appropriate statistical analyses and the use of analyses to control for alternative explanations of effects. Reliance on statewide databases limits the accuracy of recidivism rates; recidivism may occur in other States without being documented. The use of the Defining Issues Test as an outcome measure may reflect participants' verbal ability in addition to moral reasoning; additionally, a significant percentage of scores on the Defining Issues Test were dropped from analyses, with no correction indicated. In several studies, type 1 error rate inflation of the multiple chi-square analyses is a concern.

Readiness for Dissemination

Review Date: May 2008

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Little, G., & Robinson, K. D. (1995). Moral Reconation Therapy: Counselor's handbook. Memphis, TN: Eagle Wing Books.

Little, G. L., & Robinson, K. D. (1996). How to escape your prison: A Moral Reconation Therapy workbook. Memphis, TN: Eagle Wing Books.

Quality assurance materials:

- Comments on Video Quality Assurance Services
- Examples of Quality Assurance Reports
- Fidelity Checklist
- Moral Reconation Therapy: Implementation Questionnaire
- Quality Assurance Checklist of an Ongoing MRT Group
- Quality Assurance Services Brochure

Training materials:

- Moral Reconation Therapy: Advanced Training Curriculum
- Moral Reconation Therapy: Training Manual
- Moral Reconation Therapy: Training Slides

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
2.0	3.8	3.0	**2.9**

Dissemination Strengths

Implementation materials are engaging and audience appropriate. The counselor handbook provides helpful hints for facilitating effective groups and addresses common intervention pitfalls. A comprehensive initial training package, coupling didactic teaching methods with extensive role-play, is available to implementers. Implementation checklists, video tape review, and other quality assurance tools help ensure implementation fidelity and therapist competence. Advanced training that addresses the appropriate use of quality assurance tools is also provided.

Dissemination Weaknesses

Given the complexity of this intervention, additional information is needed on the required training and skill level for group facilitators and administrators. Guidance is not provided on how to integrate this intervention with existing criminal justice and mental health systems. The level of ongoing coaching and consultation available to implementers is unclear. Little guidance is provided to implementers to support outcomes measurement.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
MRT client workbook	$25 per participant	Yes
4-day, off-site initial training (includes quality assurance tools and services)	$600 for first person, $500 for each additional person from the same agency	Yes, one initial training option is required
On-site initial training (includes quality assurance tools and services)	Varies depending on site needs	Yes, one initial training option is required
2-day advanced training	$300 per person	No
On-site consultation	$450 per day	No

Video consultation	$150 per session	No

Additional Information

Volume discounts are available.

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Burnett, W. L. (1996). Treating post-incarcerated offenders with Moral Reconation Therapy: A one-year recidivism study. Unpublished research project report, University of Phoenix.

* Deschamps, T. (1998). MRT: Is it effective in decreasing recidivism rates with young offenders? Unpublished master's thesis, University of Windsor, Windsor, Ontario, Canada.

Grandberry, G. (1998). Moral Reconation Therapy evaluation final report 1998. Olympia, WA: Washington State Department of Corrections, Planning and Research Section.

Hanson, G. (2000). Pine Lodge Intensive Inpatient Treatment Program. Olympia, WA: Washington State Department of Corrections, Planning and Research Section.

Little, G. L. (2002). Evaluation of the Correctional Counseling, Inc., Therapeutic Community Program at the Tennessee Prison for Women. Unpublished report, Tennessee Department of Corrections, Nashville, TN.

Little, G. L., & Robinson, K. D. (1988). Moral Reconation Therapy: A systematic, step-by-step treatment system for treatment resistant clients. Psychological Reports, 62, 135-151.

* Little, G. L., & Robinson, K. D. (1989). Effects of Moral Reconation Therapy upon moral reasoning, life purpose, and recidivism among drug and alcohol offenders. Psychological Reports, 64, 83-90.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1991). Treating drunk drivers with Moral Reconation Therapy: A three-year report. Psychological Reports, 69, 953-954.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1991). Treating drug offenders with Moral Reconation Therapy: A three-year report. Psychological Reports, 69, 1151-1154.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1993). Cognitive-behavioral treatment of felony drug offenders: A five-year recidivism report. Psychological Reports, 73, 1089-1090.

Contact Information

To learn more about implementation or research, contact:

Kenneth Robinson, Ed.D.
(901) 360-1564
ccimrt@aol.com

Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- **http://www.ccimrt.com**
- **http://www.moral-reconation-therapy.com**