Moral Reconation Therapy (MRT): Case Study of Implementation in a Drug Court Setting

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 therapy approaches have proven to be the most effective choice. Cognitive behavioral therapy approaches address the necessity of "thinking" changes which will produce desired Drug Court outcomes such as reduction of recidivism, reinforcement of recovery and client choices of positive social and financial lives.

Research that supports the effectiveness of cognitive behavioral programs for offenders in general, and specifically MRT, is well documented. The following description of the implementation of MRT, and the MRT process, should clarify why this approach is successful. At the outset, it is important to state that MRT treatments are highly structured, provided in a group setting, and carefully sequenced with participants required to complete all exercises in a specified plan before

progressing forward. Research that supports the effectiveness of cognitive behavioral programs for offenders in general, ands specifically MRT, is well documented.[1]

How and Why MRT Works

1. Once clients enter the Drug Court and have completed the assessments, their first goal is to maintain abstinence, as documented by drug testing procedures.

2. After abstinence is achieved, clients can immediately enter the MRT program. It is critical to start as soon as possible, which should be done under the MRT logic model.

3. The MRT Phases of Implementation are;

   Phase One: Engagement (MRT Steps 1-3)
   Phase Two: Creating Change (MRT Steps 4-8)
   Phase Three: Reinforcing Permanent Change (MRT Steps 9-12)
   Phase Four: Transitioning to the Future (MRT Steps 13-16)

4. Entry for new clients among those who have completed MRT Steps, and sometimes include program graduates, allow the newcomers to better understand the MRT process as they progress. In many drug courts, clients in Phases Three and Four become

[1] See: MacKenzie, Doris Layton (2006) *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents.* New York, NY: Cambridge University Press.; and Little, Greg, and Kenneth D. Robinson, Katherine D. Burnette, and Stephen Swan (1999) "Successful Ten-Year Outcome Data on MRT Treated Felony Offenders," *Cognitive-Behavioral Treatment Review* Vol. 8, No. 1.

mentors to new clients, and in some cases those in Phase four are required to mentor new clients in order to complete Phase Four.

5. When entering the MRT program, clients receive the MRT Workbook. The workbook, and often a supplemental notebook to complete assignments, becomes the basis of a client's individual progress through the MRT process. The workbook helps clients take ownership of their CBT treatment, with the assistance of the MRT facilitator, as they move through the program.

6. To complete MRT Step, clients must present a verbal testimony to group members, sometimes in a drug court status hearing, to cover the things they learned and a summary of the overall progress. As with the completion of all MRT Steps, all group members who have completed the step a client is attempting to complete will vote on whether the testimony is acceptable to move forward.

7. In a few drug courts, once clients graduate from MRT and have additional time to serve in drug court, are using an MRT publication, *Thinking For Good*, as an aftercare support before drug court graduation.

8. As part of evaluations. interviews of MRT/Drug Court graduates were conducted, and graduates explain why MRT worked for them when other approaches did not. They describe how it changed their lives and helped them gain a positive outlook based on the goals they had set. Many clients say they will always keep their MRT Workbook as reference throughout their lives.

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 desired as well. Based on assessments, the MRT program addresses the total needs of each participant and seeks permanent, cognitive behavioral changes that directly yield client 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.

Little and Robinson (1988) developed MRT based on the moral development model, and went on to produce manuals, lessons plans, training for counselors and professionals, and quality assurance ensuring program integrity.