

MRT Moral Reconciliation Therapy

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What does MRT stand for?

- Re = prefix
- Conation = root word
- Re means to repeat or withdraw
- The word conation was coined by the French philosopher Rene Descartes and means “the way someone makes their decisions”.
- Reconciliation means “changing the way someone makes their decisions”.

History of MRT

- Gregory Little, Ed.D. and Kenneth Robinson, Ed.D. initially developed MRT, in 1985, as the cognitive-behavioral component in a prison-based therapeutic community.
- Because of its remarkable success, corrections officials then tested and widely implemented the program in general inmate populations, with juvenile offenders, in parole and probation settings, in community corrections, in hospital and outpatient programs, in educational settings, and in drug courts.

History of MRT (cont.)

- MRT based programs are now offered for individuals with chronic substance abuse problems, anger management, domestic violence issues, along with many other criminal justice based programs, and there are new programs being developed as needed.
- MRT programs are now used in 49 states, the District of Columbia, Puerto Rico, and four other countries.

What is MRT?

- MRT is a cognitive-behavioral program for criminal justice offenders.
- MRT uses structured exercises designed to foster moral development.
- MRT obviously and directly relates to the clients’ problem(s). It is not about dredging around in their pasts. However, their past is important and must be recognized.

What is MRT (cont.)

- MRT is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients.
- MRT combines education, group, and individual counseling.
- The program is designed to alter how clients think and make judgments about what is right and wrong.

The basis of MRT Stages of development (Erikson)

Stage	Psychosocial Crisis	Basic Virtue	Age
1	Trust vs. mistrust	Hope	Infancy (0 to 1 ½)
2	Autonomy vs. shame	Will	Early Childhood (1 ½ to 3)
3	Initiative vs. guilt	Purpose	Play Age (3 to 5)
4	Industry vs. inferiority	Competency	School Age (5 to 12)
5	Ego identity vs. Role Confusion	Fidelity	Adolescence (12 to 18)
6	Intimacy vs. isolation	Love	Young Adult (18 to 40)
7	Generativity vs. stagnation	Care	Adult hood (40 to 65)
8	Ego integrity vs. despair	Wisdom	Maturity (65+)

The basis of MRT Stages of Moral Reasoning (Kohlberg)

Kohlberg's Stages of Moral Development	
Level 1: Preconventional	Stage 1: Obedience & Punishment – Avoid getting in trouble
	Stage 2: Individualism & Exchange – What's in it for me? (↓ Pain & ↑ Pleasure)
	Stage 3: Good Boy / Good Girl – Makes me look good / Gain approval of others
Level 2: Conventional	Stage 4: Law & Order – Because that's the rule. Because it's the law.
	Stage 5: Social Contract – For the common good & the welfare of others
Level 3: Postconventional	Stage 6: Principled Conscience – Personal integrity, no matter the price

The basis of MRT Stages of Moral Reasoning (Kohlberg) (cont.)

- Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.
- Poor moral reasoning is common within at-risk populations.
- To reduce recidivism we must move them through the stages of moral reasoning.
- MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important.

The basis of MRT Stages of development (Erikson) (cont.)

- Each of the aforementioned stages consists of tasks that must be met. For example: trust vs. mistrust. An individual must learn that they can trust others, by continually having their needs met in order to advance to the next stage.
- Things that can lead to stunted development:
 - Neglect
 - Abuse
 - Trauma
 - Substance abuse
 - High conflict/stress environment
- Of course there are other items as well.

The basis of MRT Stages of Moral Reasoning (Kohlberg) (cont.)

- An adult generally makes decisions based on the following percentages:
 - 5% are made based on universal, ethics, and/or principles.
 - 20% are made based on a social contract.
 - 40% are made based on law is law.
 - 20% are made based on approval seeking.
 - 10% made based on reciprocity (back scratching).
 - 5% are made based on pleasure vs. pain.

The basis of MRT Stages of Moral Reasoning (Kohlberg) (cont.)

- The majority of domestic violence perpetrators make most of their decisions based on pleasure vs. pain and/or reciprocity (back scratching).
- As long as clients' judgments about right and wrong are made from low levels of moral reasoning counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior.

The basis of MRT (cont.)

- MRT systematically 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

Why groups? (cont.)

- In a group, it is easier for individuals to recognize and avoid discussions that tend to perpetuate client problems.
- Groups give clients hope by seeing others who are changing.
- Groups show clients similarities among people.
- Groups can be a reality agent; clients must grasp the difference between what they believe should be and what actually is.

Effective facilitation skills

- Facilitators must:
 - rigidly enforce all rules and procedures of domestic violence intervention.
 - facilitate others to participate by motivating them, encouraging them, and pushing them to participate.
 - maintain an environment where the participants can help themselves.
 - rely on the structure of the MRT workbook.

Why groups?

- Groups have been shown to be more effective (than individual counseling) when working with certain populations including domestic violence perpetrators, substance abusers, alcoholics, and anti-socials.
- Moreover, it has been shown to be beneficial to said populations when they are in a group surrounded by others with the same problem behaviors.
- Groups provide more ability to focus on relevant issues around clients' shared problems.

Why groups? (cont.)

- They can provide clients with appropriate behaviors and allow them to practice.
- Clients can see good role models.
- Cohesiveness develops in the group.
- Groups allow for catharsis.
- Groups help clients to understand and accept reality.

Effective facilitation skills (cont.)

- Facilitators must (cont.)
 - listen; a facilitator should spend at least half of their time in group listening to the responses of the clients.
 - keep most of their opinions to themselves; it is usually more important in the intervention process to find out what the client thinks rather than what the facilitator thinks.
 - resolve conflicts appropriately; discipline clients breaking rules, get strongly disagreeing clients to agree that it's ok to disagree, etc.

Effective facilitation skills (cont.)

- Facilitators must (cont.):
 - be firm and caring at the same time; be empathetic but firm.
 - be consistent and fair; clients should know what to expect; always enforce the rules and be fair.
 - never bring their own issues to group.
 - use humor to assist clients when things become emotional; don't overdo it or be degrading.

Effective facilitation skills (cont.)

- Facilitators must (cont.):
 - learn to understand body language and asks the client if you need clarification.
 - become an observer of verbal language, body language, emotion, and feeling.
 - confront clients directly with questions but leave room for them to maneuver especially if they would lose face/status by revealing the answer.
 - avoid power struggles with participants.

Effective facilitation skills (cont.)

- Facilitators must (cont.):
 - if they are directly confronted by clients in a group, don't react too quickly; tell them you need to think about it for a while and will answer them next group; formulate an appropriate response.
 - handle client rebellion by enforcing rules and procedures; remind clients that you didn't make the rules but it is your job to enforce them and they are the same for everyone.

Effective facilitation skills (cont.)

- Facilitators must (cont.):
 - admit when they make a mistake; model the behavior that they want to see.
 - never over-react; if a crisis occurs, handle it in stride, keep cool, and think carefully prior to acting.
 - develop true empathy.
 - keep the group task oriented.

Effective groups

- Accomplish goals
 - In MRT the main goal for participants is to correctly and efficiently complete their tasks and activities.
 - The underlying issue – the fundamental goal of MRT is to stop domestic violence; that is eliminate the abusive behaviors that clients perpetrate against their partners/family members.
 - Participants must understand:
 - The overall goal of the program.
 - That active participation and activity completion is important and necessary.
 - The role of the facilitator and what is expected from them.

Effective groups (cont.)

- Are maintained.
 - The most effective groups have 8-15 participants.
 - Groups must meet at least once per week.
 - There should be group rules which are covered often and strictly enforced.
 - Confidentiality is a must.
 - Once clients complete their program they should be permitted back into group as long as they present a positive force and space is available.
 - Groups must be task oriented.

Effective groups (cont.)

- Develop and change to become more effective
 - Keep new members coming into groups to keep them fresh.
 - Listen to good ideas.
 - Be flexible to changing needs and conditions.

Benefits of MRT

- 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.
- 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.

Benefits of MRT (cont.)

- 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.

Evidence

- More than 120 published reports have documented that MRT-treated offenders show significantly lower recidivism rates for periods as long as 20 years after treatment.
- Studies show that MTR-treated offenders have re-arrest and re-incarceration rates 25% to 75% lower than expected.
- 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.
- MRT is found to be effective with both genders in adult and juvenile populations.
- MRT is used with a variety of populations and measured objective outcomes are consistent in all settings.

References

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