

Finding Hope: Reducing Recidivism Among Veteran Populations and Individuals with ASPD

Presented by:

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MRT – Moral Reconciliation Therapy®**



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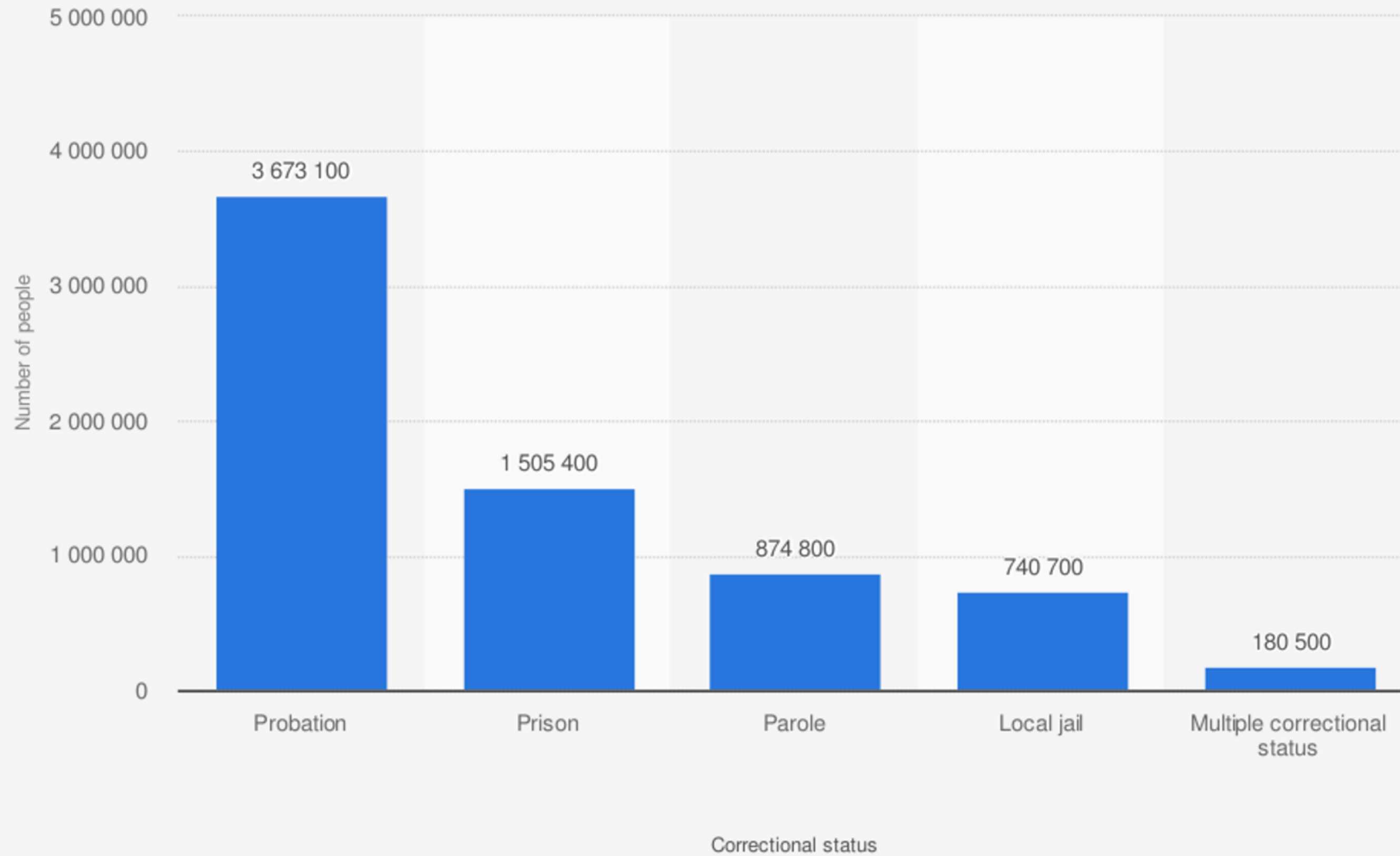
IDENTIFYING THE PROBLEM

As of July 2019, the US rate of incarceration was 655 per 100,000 people (the highest in the world).

Source: Institute for Criminal Policy Research



Adult correctional population in the United States in 2016, by correctional status



Sources

US Department of Justice; US Bureau of Justice Statistics

© Statista 2019

Additional Information:

United States; US Bureau of Justice Statistics; 2016

US RECIDIVISM STATISTICS

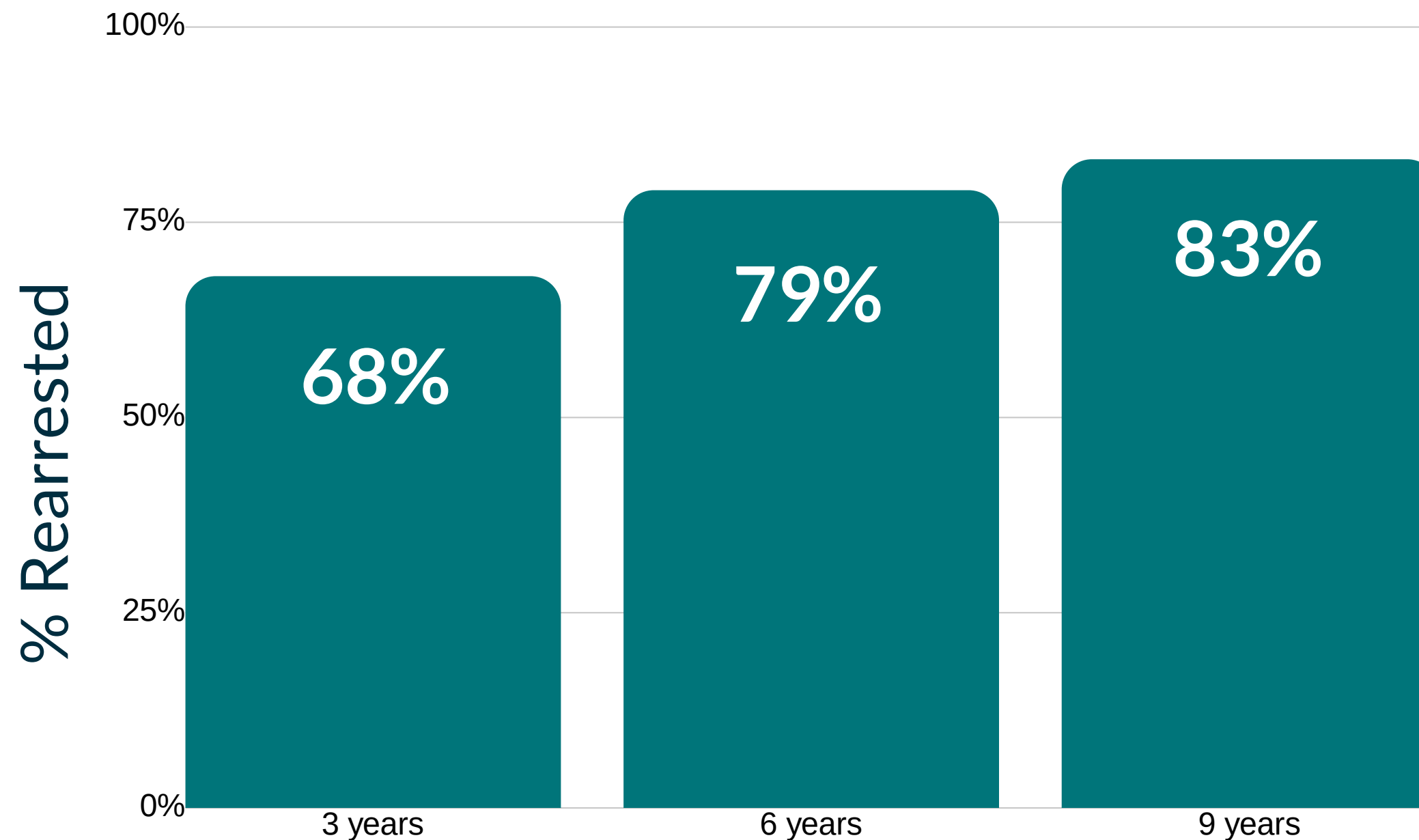
In a 9-year recidivism study, 401,288 state prisoners released in 2005 had 1,994,000 arrests during the 9-year period, an average of 5 arrests per released prisoner. Sixty percent of these arrests occurred during years 4 through 9.

Source: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>



US RECIDIVISM STATISTICS

An estimated 68% of released prisoners were arrested within 3 years, 79% within 6 years, and 83% within 9 years.



Source: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6266>



Prevalence Rates of APD Among Incarcerated Offenders

FOR MEN

BETWEEN 11 - 78%

FOR WOMEN

BETWEEN 12 - 65%

1. Guze S. Criminality and psychiatric disorders. New York, NY: Oxford University Press

2. Rotter M, Way B, Steinbacher M, et al. Personality ss; 1976. disorders in prison: aren't they all antisocial? Psychiatr Q. 2002;73:337-349.

3. Coid JW. DSM-III diagnosis in criminal psychopaths: a way forward. Criminal Behaviour and Mental Health. 1992;2:78-94.

Jordan BK, Schlenger WE, Fairbank JA, et al. Prevalence of psychiatric disorders among incarcerated women. II. Convicted felons entering prison. Arch Gen Psychiatry. 1996;53:513-519.

Comorbidity

Comorbidity describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.

Many people who have a substance use disorder also develop other mental illnesses, just as many people who are diagnosed with mental illness are often diagnosed with a substance use disorder.

IDENTIFYING THE PROBLEM

Individuals with co-occurring disorders (mental health & substance use), tend to remain incarcerated for longer periods of time than inmates without co-occurring disorders, and have a 17% higher risk of recidivism than individuals with only a mental or substance use disorder.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/25799302>



Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

- 2 IN 5 (38.5% or 7.4M)** struggled with illicit drugs
- 3 IN 4 (73.1% or 14.1M)** struggled with alcohol use
- 1 IN 9 (11.5% or 2.2M)** struggled with illicit drugs and alcohol

7.7%
(19.3 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

3.8%
(9.5 MILLION)
People 18 or older
had BOTH an SUD
and a mental
illness

Among those with a mental illness:

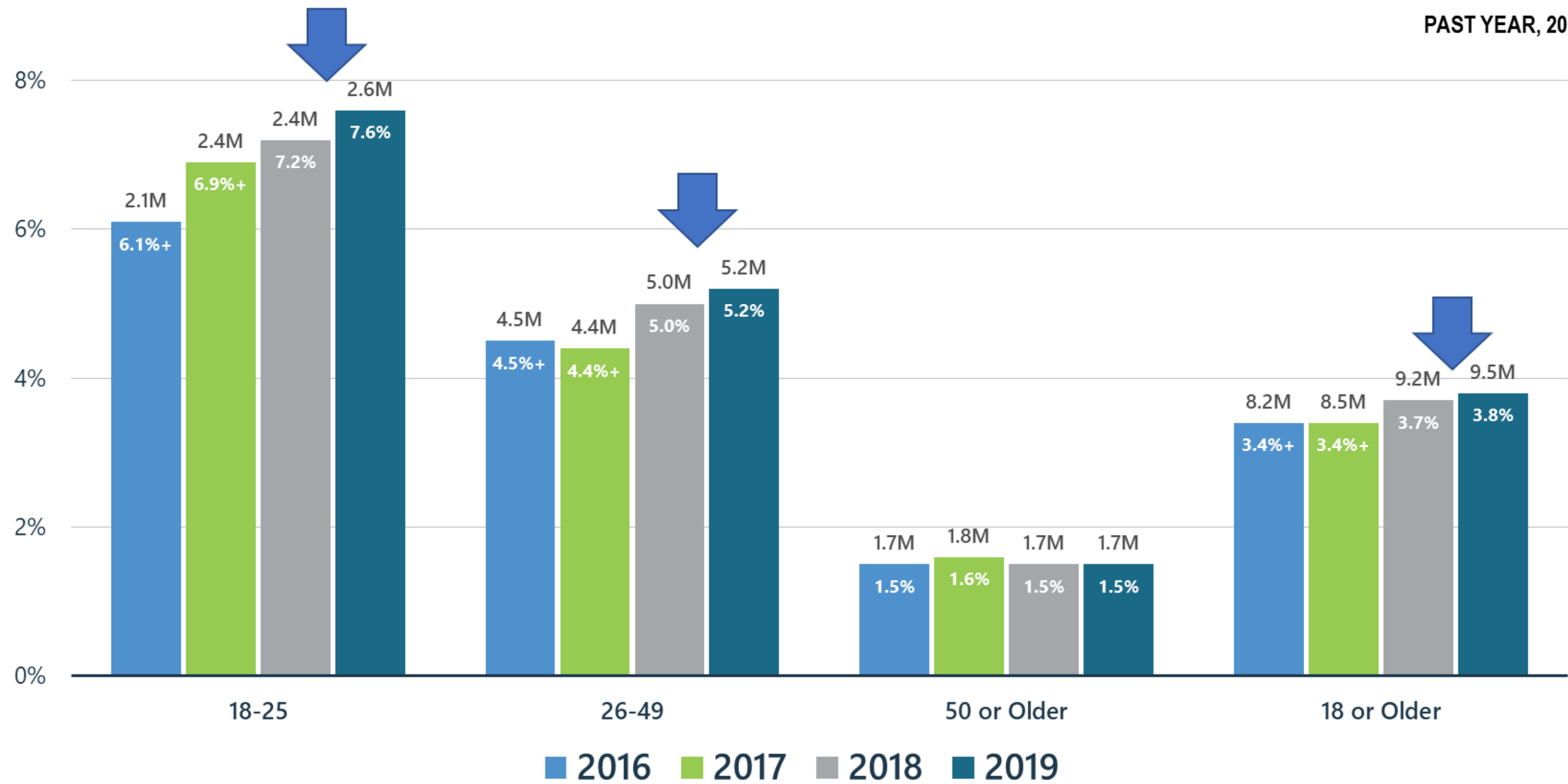
1 IN 4 (25.5% or 13.1M) had a serious mental illness

20.6%
(51.5 MILLION)
People aged 18
or older had a
mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Co-Occurring Substance Use Disorder and Any Mental Illness in Adults

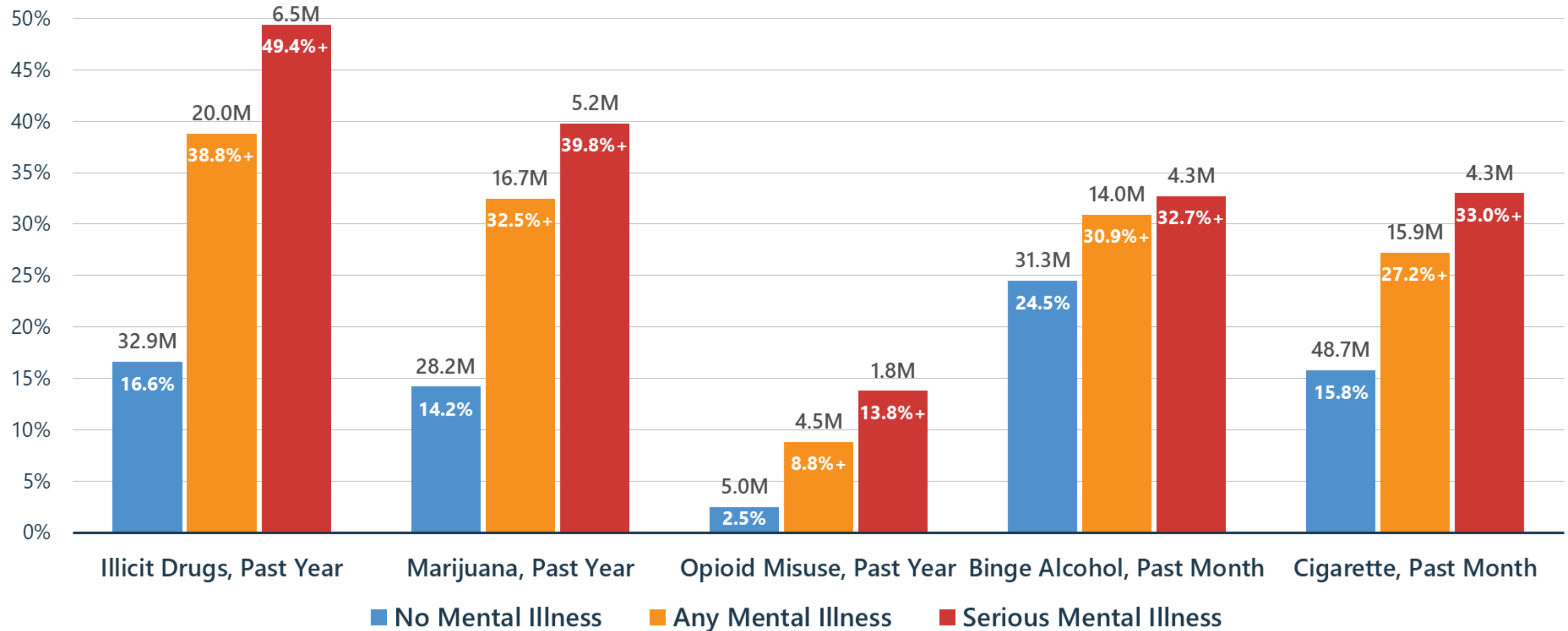
PAST YEAR, 2016-2019 NSDUH, 18+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Co-Occurring Issues: Substance Use and Mental Illness among Adults

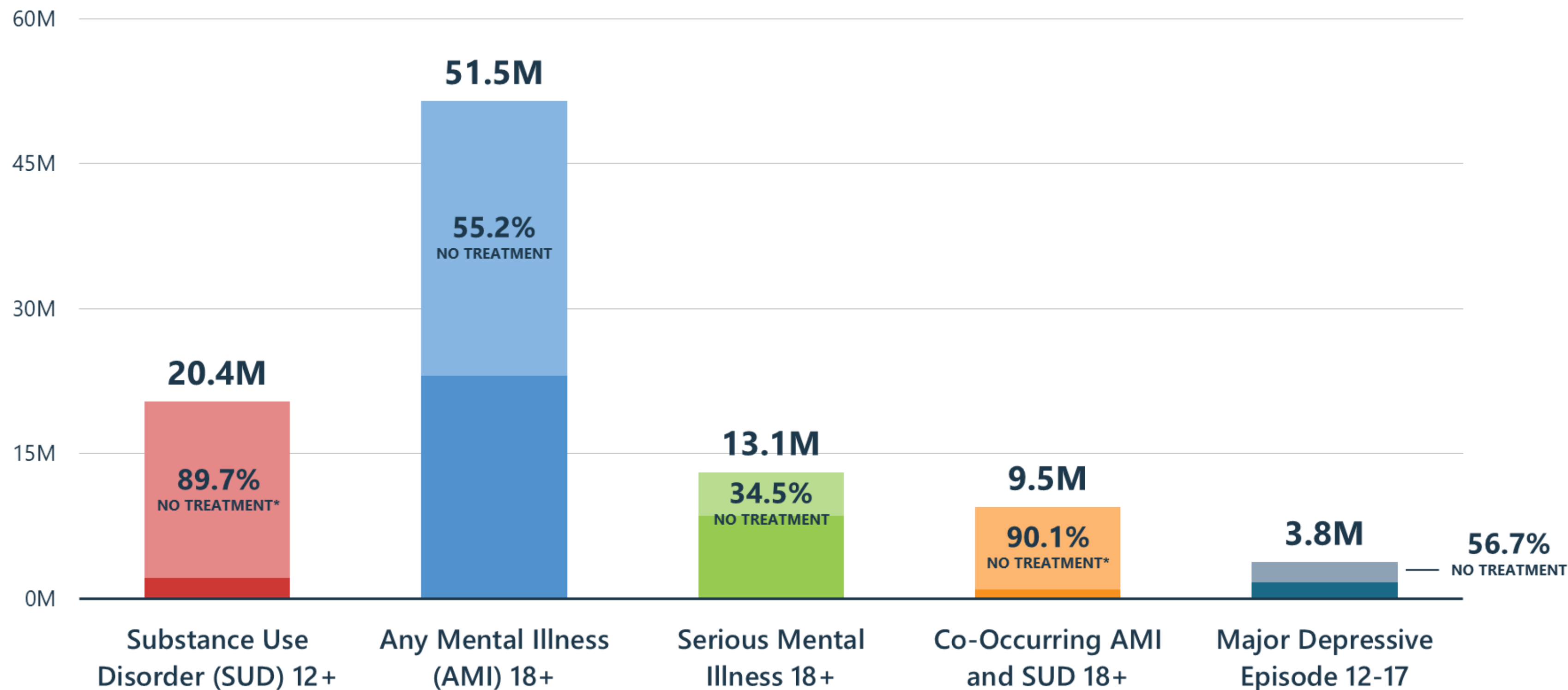
PAST YEAR/MONTH, 2019 NSDUH, 18+



+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

Mental and Substance Use Disorders: High Prevalence/Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

IDENTIFYING THE PROBLEM

Abuse of tobacco, alcohol, and illicit drugs is exacting more than \$700 billion annually in costs related to crime, lost work productivity, and health care.



Sources: <https://www.cdc.gov/features/costsofdrinking/index.html> & <https://www.ncbi.nlm.nih.gov/pubmed/24455788>

Impact of Depression

Depression is estimated to cause 200 million lost workdays each year at a cost to employers of \$17 to \$44 billion

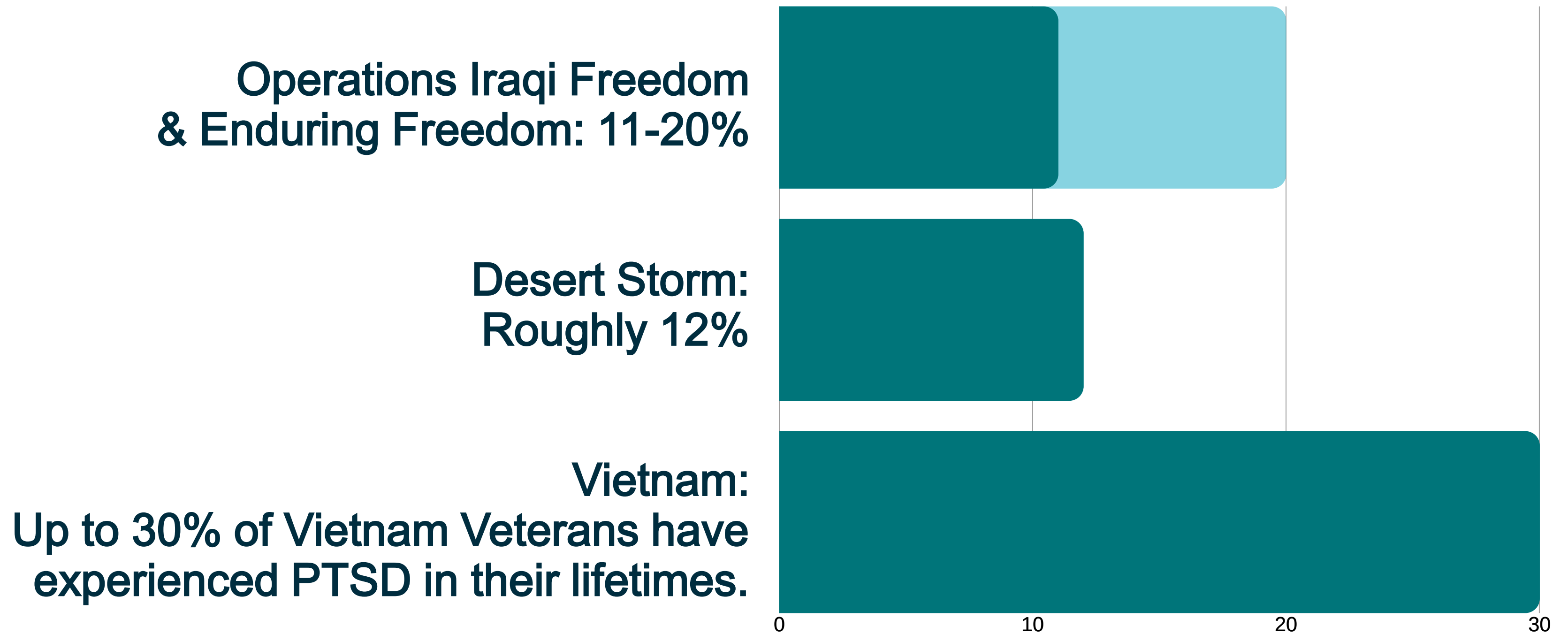
Source: <https://www.cdc.gov/workplacehealthpromotion/health-strategies/depression/index.html>



**With over 20 million Veterans in America,
PTSD has become a major issue.**

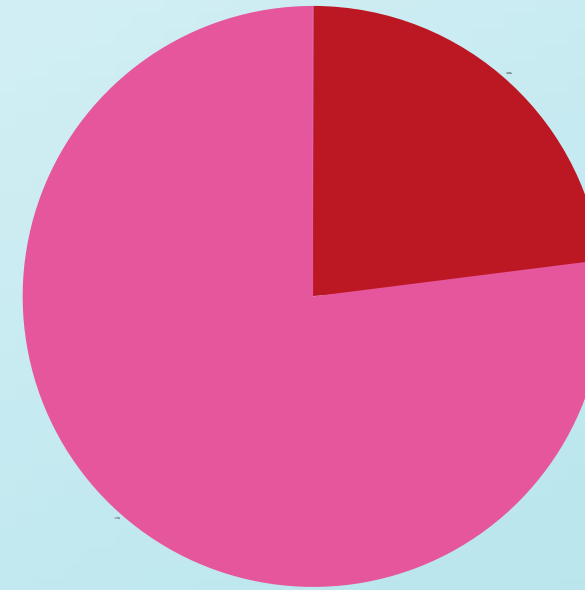
**Effective treatment for Veterans with PTSD
has become one of the most important and
highest priority goals of the VA.**

Veteran PTSD Prevalence Varies by Service Era:

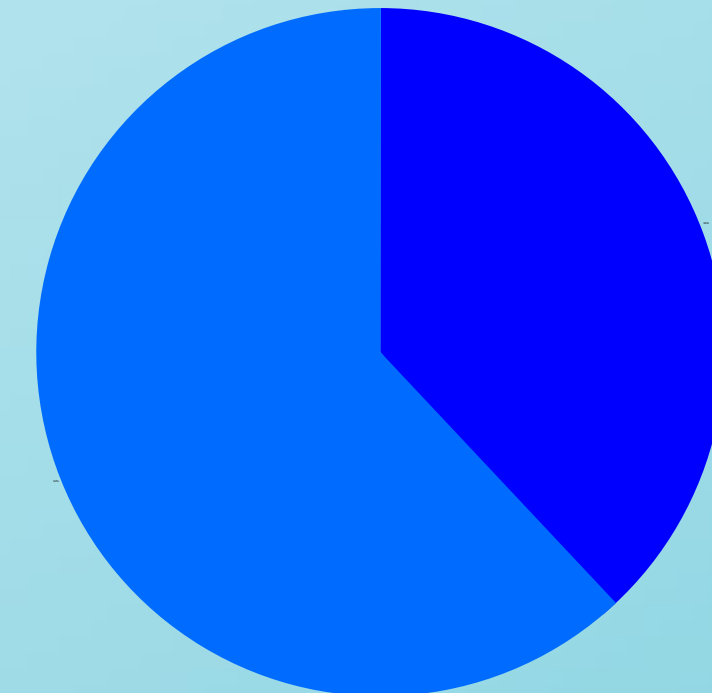
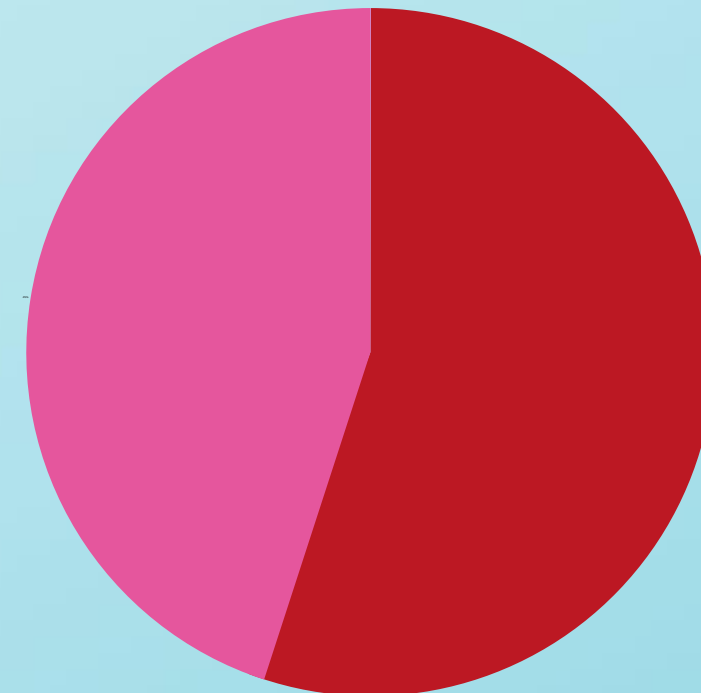


Sexual Assault & Harassment Among Veterans Who Use VA Healthcare

Sexual Assault:
23 out of 100 women



Sexual Harassment:
55 out of 100 women
38 out of 100 men



**Veteran suicide is a serious issue
nationwide.**

**The highest suicide rates occur during
Veterans' first 3 years returning from
deployment, and among Veterans over
age 60.**

**SO HOW TO WE KEEP PEOPLE ALIVE
AND OUT OF OUR JAILS AND PRISONS?**

IS TREATMENT EFFECTIVE?

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



RATES OF MEDICATION ADHERENCE

(Over 6-12 Months)

- Bipolar Disorder: 34% - 80%
- Schizophrenia: 11% - 80%
- Cardiovascular: 46% (Beta), 44% (Cholesterol)
- Osteoporosis: 43% - 53%

“To be completely honest with you...”

Dr. Barry Farber found, “In a survey of 547 psychotherapy clients, 93% said they consciously lied at least once to their therapist. In a second survey, 84% said this dishonesty continued on a regular basis.”

Source: <https://www.apa.org/monitor/2019/05/truth-lies>



Top 10 Lies Told to Therapists by Clients

1. How bad I really feel (54%)
2. The severity of my symptoms (39%)
3. My thoughts about suicide (31%)
4. My insecurities & doubts about myself (31%)
5. Pretending to like my therapist's comments (29%)
6. My use of drugs or alcohol (29%)
7. Why I missed appointments/was late (29%)
8. Pretending to find therapy more effective than I do (29%)
9. Pretending to be more hopeful than I really am (27%)
10. Things I have done that I regret (26%)



Effectiveness of Treatment Approaches on Adult Criminals: *What Reduces Re-offending?*

From: An overview of treatment effectiveness:
research and clinical principles by D.A.

Andrews (1994) In: *What Works: Bridging the
Gap between Research and Correctional Practice.*

American Probation and Parole
Association reviewed results from thousands
of controlled outcome studies.

*We now have reliable predictors of criminal
behavior in individuals that is empirically
defensible.*

What Reduces Re-offending?

Punishment Approaches - *based on over 440 studies*

“Not a single reviewer of the controlled studies of the effects on recidivism of variation in official punishment was able to find studies reporting large or consistent reductions in recidivism through sanctions.”

The average effect of criminal punishment approaches on recidivism is an increase in recidivism by under 1%.

What Reduces Re-offending?

Treatment Approaches - *based on thousands of published studies*

The long-term confusion of the effects of treatment on offenders is due to different types of treatment approaches being used.

Some researchers have assumed that “all treatments are the same.” *This is not the case. We now know what works and what doesn't work.*

What Reduces Re-offending?

Treatment Approaches - *based on thousands of published studies*

The indicators of *effective* treatment are:

- Cognitive-Behavioral approach
- Program uses printed program materials
- Addresses criminal thinking & needs
- Approach empirically validated on criminals
- Staff is specifically trained in the approach
- Staff is enthusiastic & understand antisocial personality characteristics
- Problem solving & skill building is the focus
- Structured follow-ups are provided

What Reduces Re-offending?

Andrews stresses that *"what works is the delivery of appropriate correctional service."*

Behavioral-oriented, cognitive-based, skill building approaches are best.

Behavioral approaches, on average,
reduce recidivism by 30%.

Issues to Address for Effective Treatment of Co-Occurring ASPD & SUD:

- 1. Dealing with victim's issues and statements**
- 2. Remember that abusers referred from criminal justice are not that different from abusers who were not referred from criminal justice**
- 3. Substance abusers with ASPD think differently**
- 4. Understand that a minority of ASPD clients are dangerous**
- 5. Remember that ASPD can co-exist with other diagnoses**

Issues to Address for Effective Treatment of Co-Occurring ASPD & SUD:

- 6. Be consistent and firm in enforcing rules**
- 7. Don't engage in philosophical arguments about fairness**
- 8. Refrain from the use of treatment jargon**
- 9. Understand that punishment does not affect ASPDs as it does others**
- 10. Use methods appropriate to the ASPD client**

Treatment Adherence

Moving from assessment to treatment requires addressing the sources of adherence problems:

- **Client beliefs and perceptions about the problem**
 - **Perceptions about treatment**
 - **Ambivalence about change**
 - **Expectations about treatment outcomes**

POPULAR TREATMENT APPROACHES

- General Counseling
- Lectures & Films
- Confrontation
- Relaxation
- Milieu therapy
- Group Psychotherapy

MAJOR CATEGORIES OF TREATMENT

- Motivation
- Insight
- Skills

IDENTIFYING BEST PRACTICES: EBP CRITERIA

- Documented, structured curriculum, supported by instructional resource tools
- Formal, certified training for treatment providers
- Quality Assurance methods to ensure fidelity program delivery
- Ongoing data collection and evaluation of modality implementation
- Practice should be based on results of assessments

COGNITIVE BEHAVIORAL TREATMENT

- Cognitive behavioral approaches are structured and directive
- Cognitive behavioral approaches consistently appear to be the most effective treatment therapy for substance abusers
- Programs that include the cognitive component are more than twice as effective as programs that do not

PRINCIPLES OF COGNITIVE BEHAVIORAL TREATMENT

- CBT aims to help clients understand their current ways of thinking and behaving, and to equip them with the tools to change their maladaptive cognitive and behavioral patterns.
- CBT is present-focused and problem-oriented, looking for ways to improve a client's current state of mind.

MRT - MORAL RECONATION THERAPY®

Conation

A term derived from the philosopher René Descartes to describe the point where body, mind, and spirit are aligned in decision making.

"Reconation" then refers to altering the process of how decisions are made.

MRT FOCUS

1. Confrontation of beliefs, attitudes & behaviors
2. Assessment of current relationships
3. Reinforcement of positive behavior & habits
4. Positive identity formation
5. Enhancement of self-concept
6. Decrease in hedonism
7. Development of frustration tolerance
8. Development of higher stages of moral reasoning



KOHLBERG'S THEORY OF MORAL DEVELOPMENT

POST CONVENTIONAL:

- 6. Universal/Ethical Principle
- 5. Social Contract

CONVENTIONAL:

- 4. Law is the Law
- 3. Approval Seeking

PRE-CONVENTIONAL:

- 2. Back Scratching
- 1. Pleasure v Pain



MRT UNIQUE PROGRAM ATTRIBUTES

1. Open ended & Self-paced
2. Usable across systems
3. Encompasses a range of learning styles
4. Utilizes an Inside-Out process
5. Standardized curriculum provides facilitator structure and accountability
6. Program emphasizes feedback & student reflection
7. Enhances personal problem solving & self-direction
8. Helps clients identify their individual strengths

MRT CLIENT GROUP PROCESS

- Utilizes positive reinforcement (4:1 ratio)
- Utilizes cognitive behavioral interventions
- Develops positive peer culture
- Reinforces decisions & behaviors that are made at higher moral developmental stages (Conventional & Post-Conventional)
- Reinforces truthfulness/honesty and trusting behaviors

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, as well as continue participation following release on parole/probation or transfer to other institutions

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

WHY MRT WORKS

- Each step in the program involves completing specific assignments and reporting on how they completed the step.
- The program is culturally neutral and gender sensitive.
- Standardized curriculum and facilitator training ensures consistent program delivery, continuity of care and quality assurance.
- Finally, MRT is extremely cost-effective compared to other programs.

A META-ANALYSIS OF MORAL RECONATION THERAPY

BY MYLES FERGUSON AND J. STEPHEN WORMITH

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.

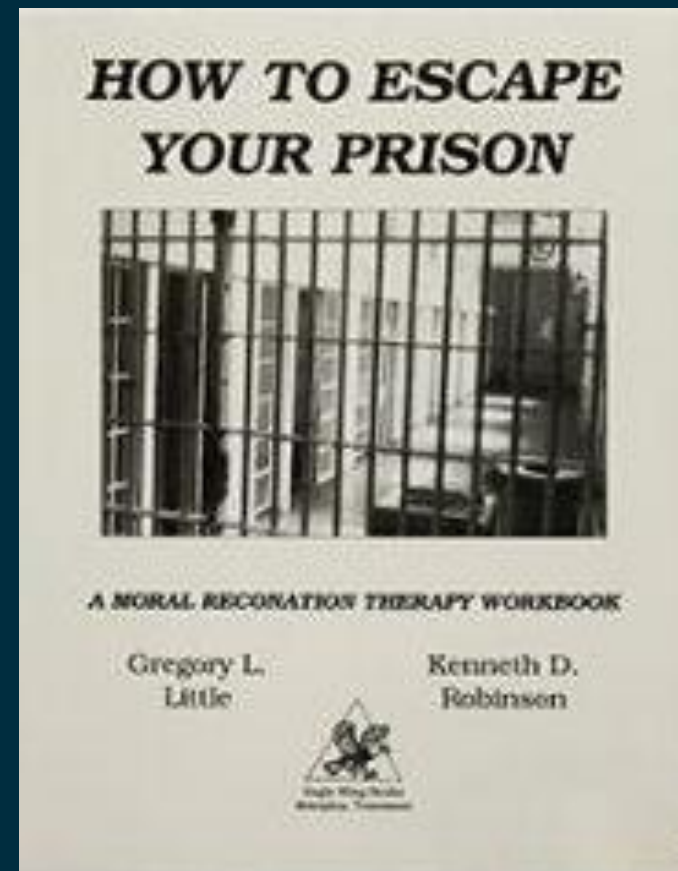
Source: International Journal of Offender Therapy and Comparative Criminology, 2012, XX(X) 1–31.



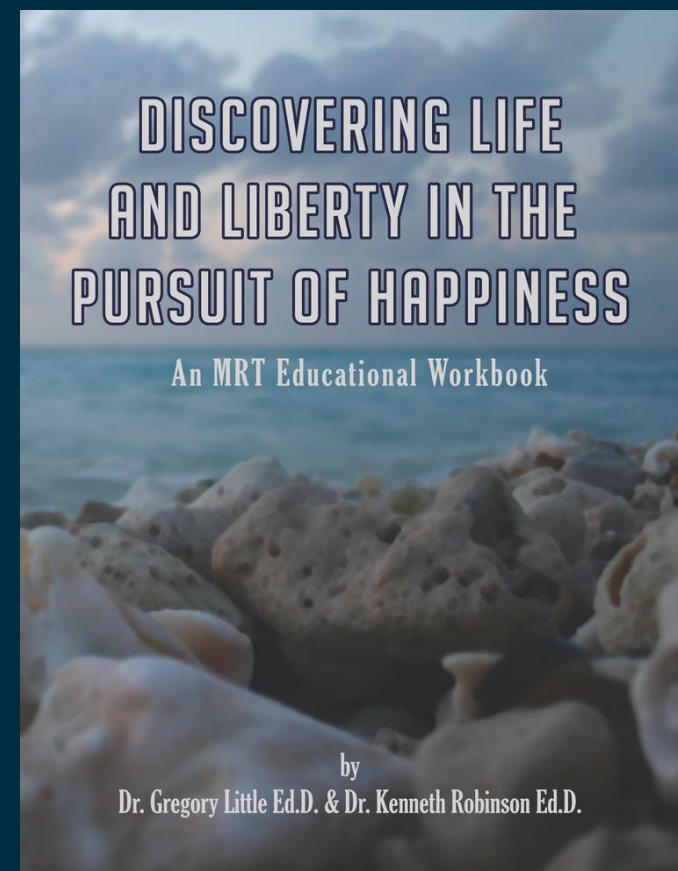
Due to the documented evidence of its success, MRT has earned a legacy ranking (2017) by SAMHSA on the National Registry of Evidence-Based Programs & Practices (NREPP)



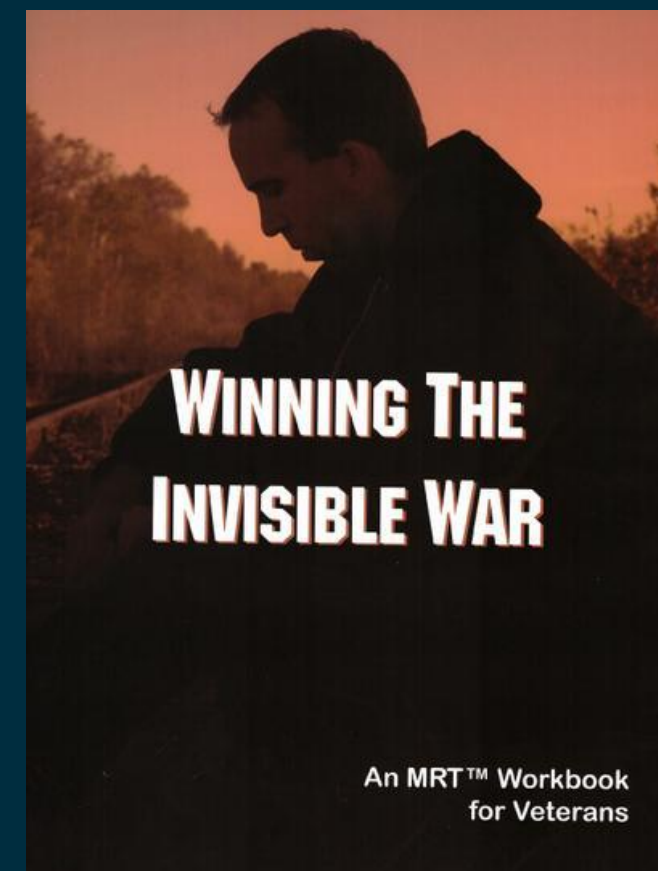
MRT Programs Available



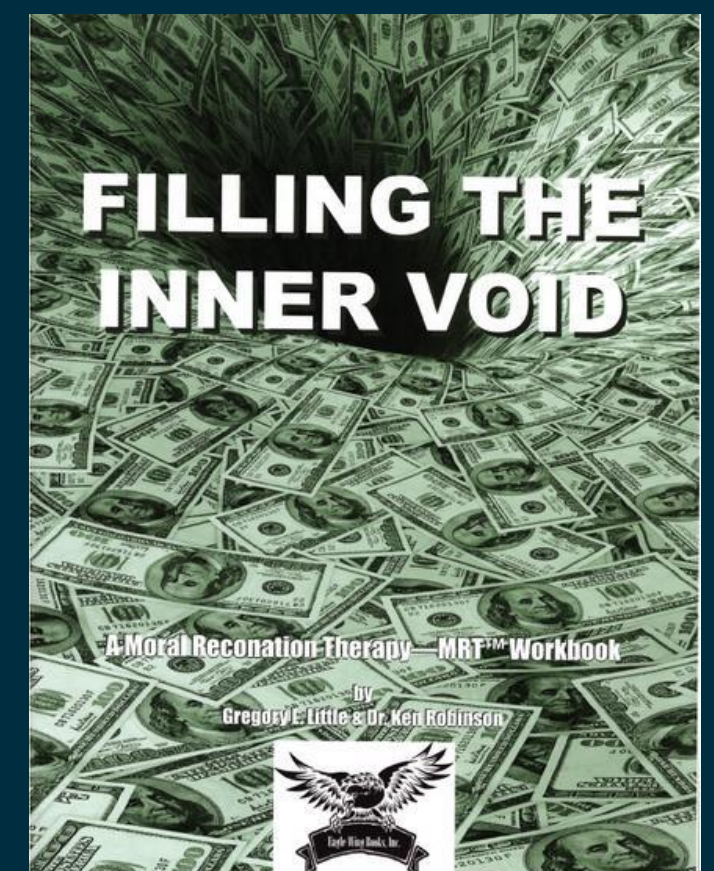
**Criminal Justice
& Substance
Abuse**



Mental Health

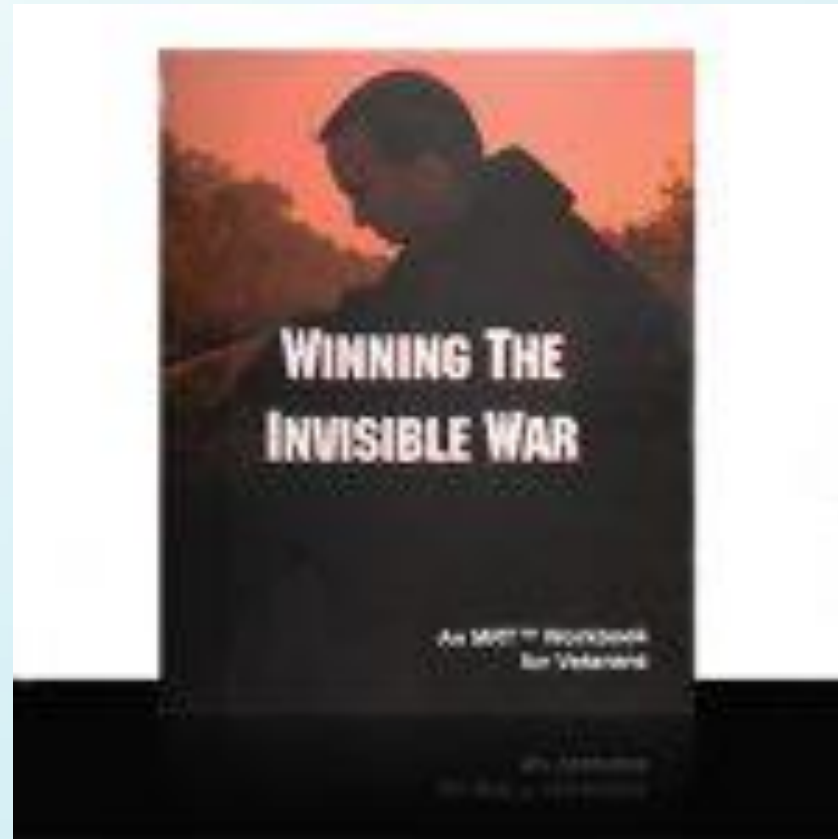


**Veteran
Populations**

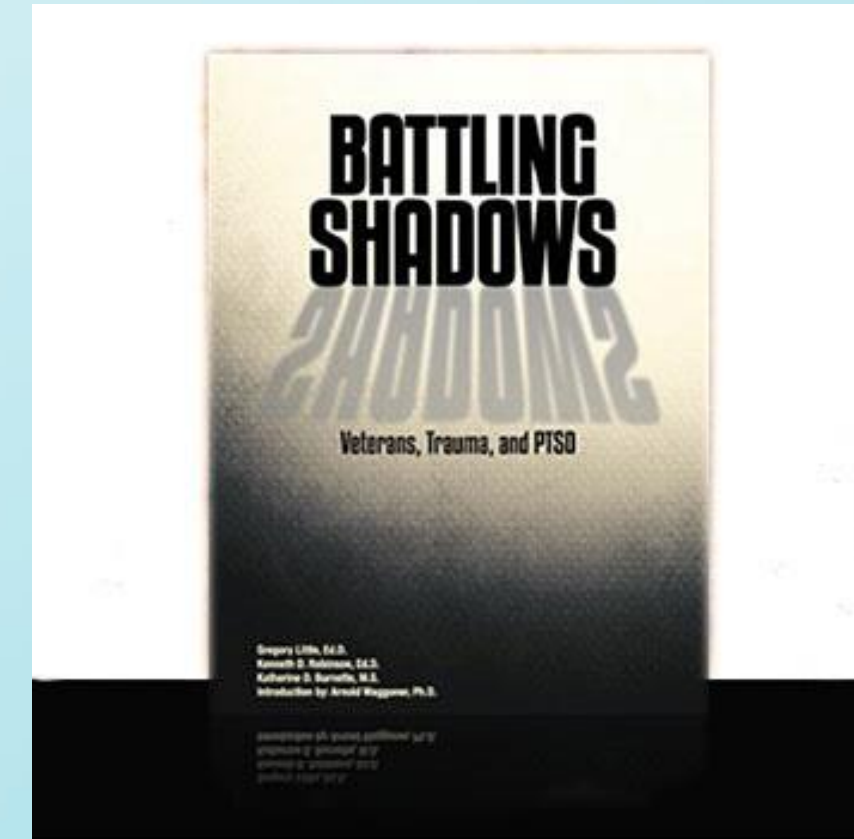


**Substance
Abuse**

CCI offers 2 specialized programs for Veterans:

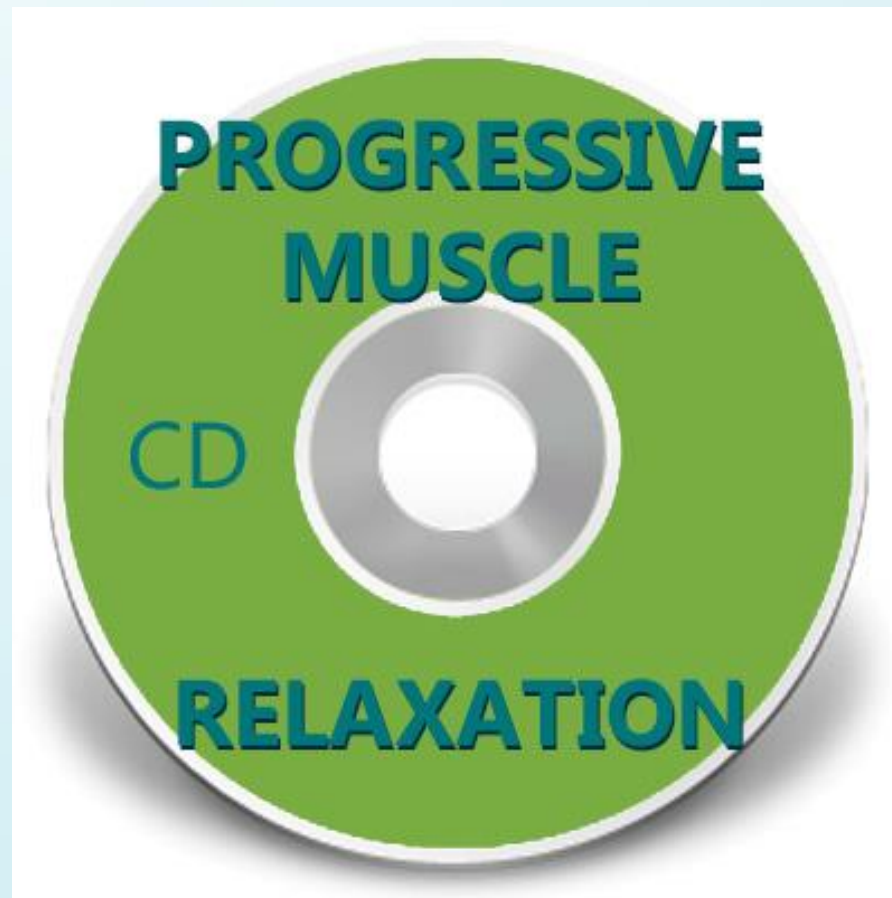


Winning the Invisible War
Adapts the MRT treatment
model for Veterans, and can be
used alone or in conjunction
with Battling Shadows.

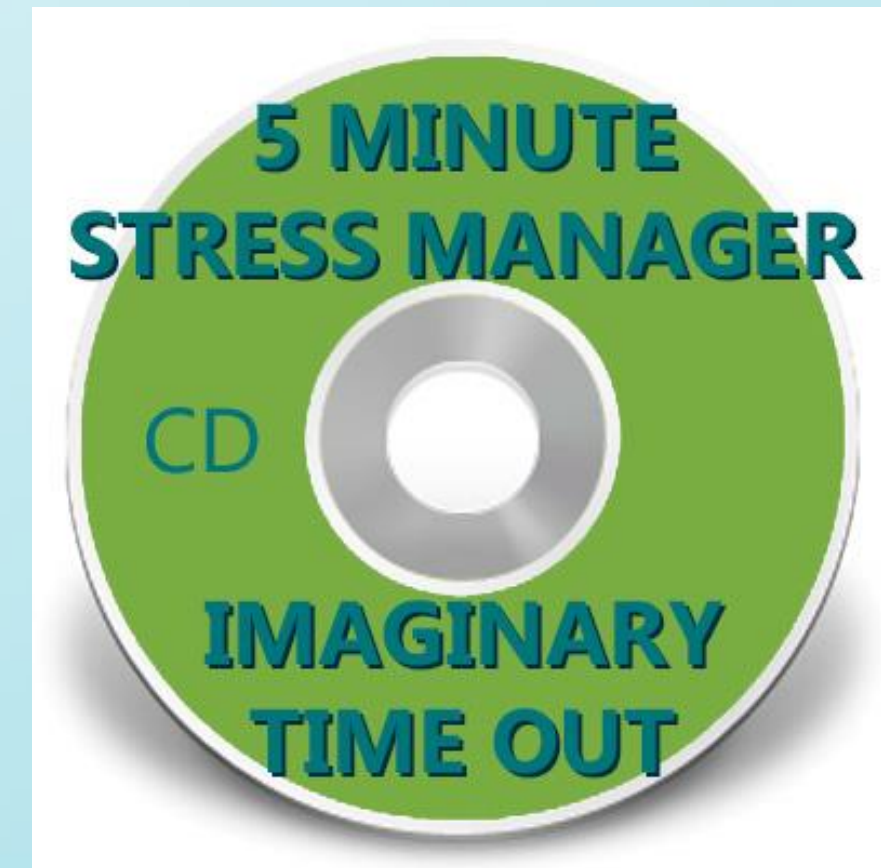


Battling Shadows
A unique cognitive-behavioral
program designed to directly
confront PTSD symptoms and
related issues.

Additional Resources for Veterans Programs



Progressive Muscle Relaxation is a 15-minute audio CD that uses both breathing and the progressive method of tensing and releasing muscle groups.



Imaginary Time-Out is a 15-minute audio CD that assists clients in visualizing how to take a time-out at times they are angry or stressed.

**“I am not what happened to me,
I am what I choose to become.”**

-Carl Gustav Jung

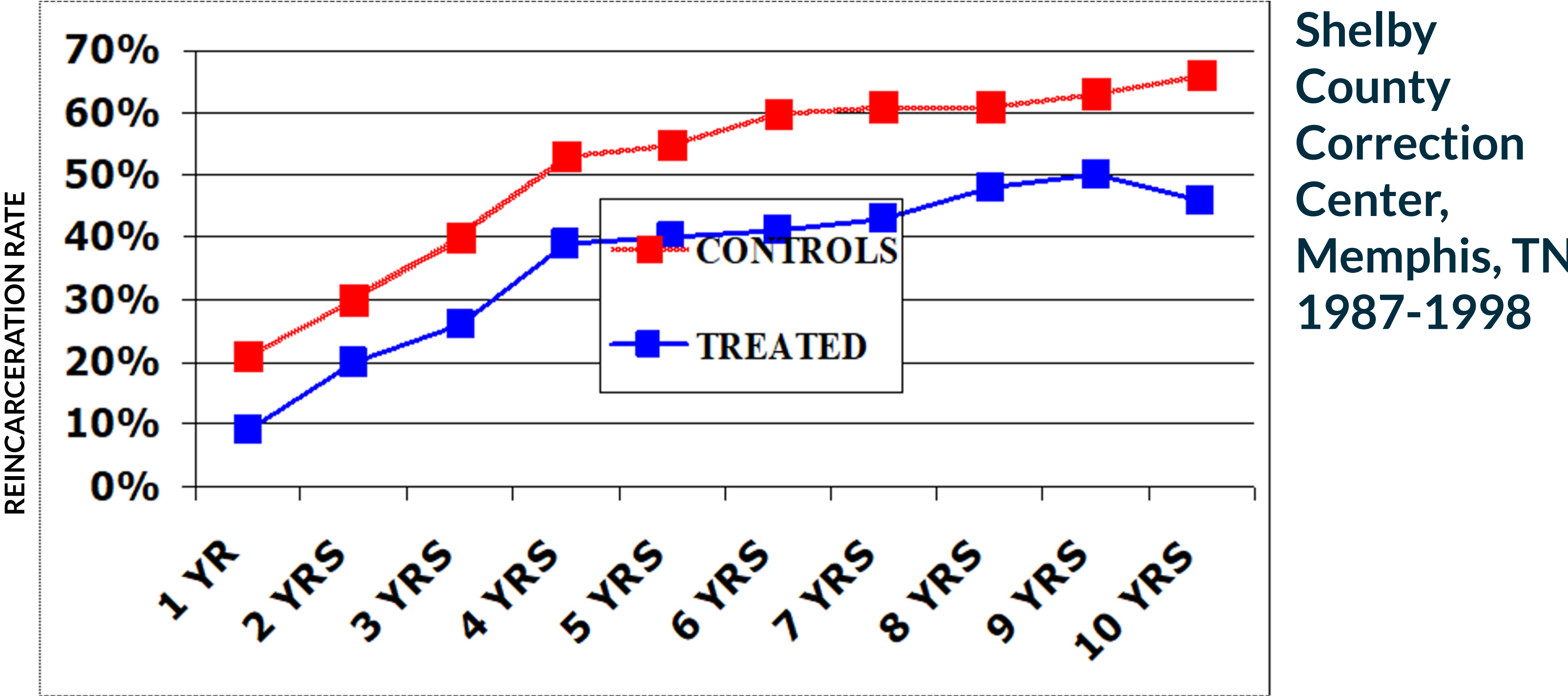
Using MRT, we can begin to change our history through the decisions we make today, because tomorrow, those decisions will become an important part of our history.

***This concept is fundamental to MRT & instills
HOPE.***

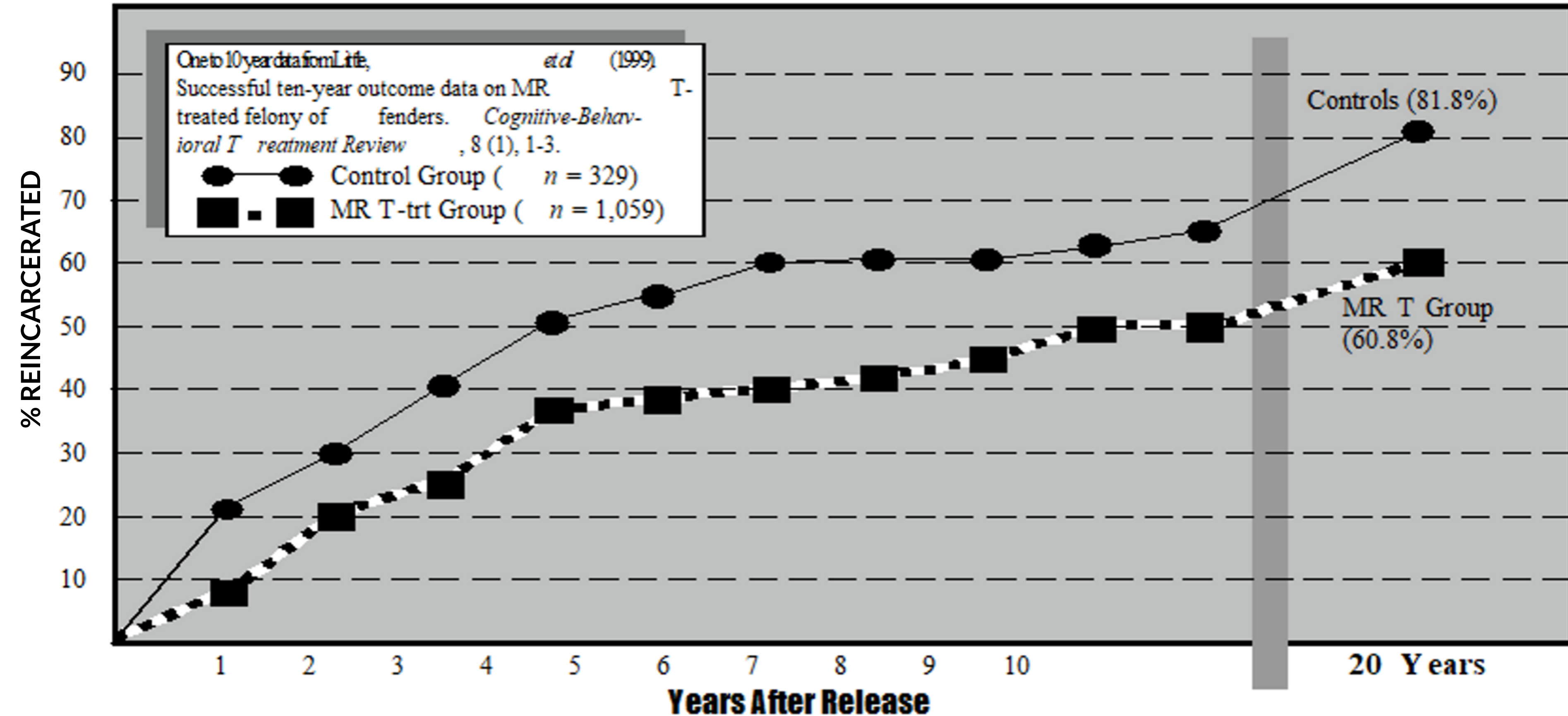
Source: <https://www.goodreads.com/quotes/50795-i-am-not-what-happened-to-me-i-am-what>



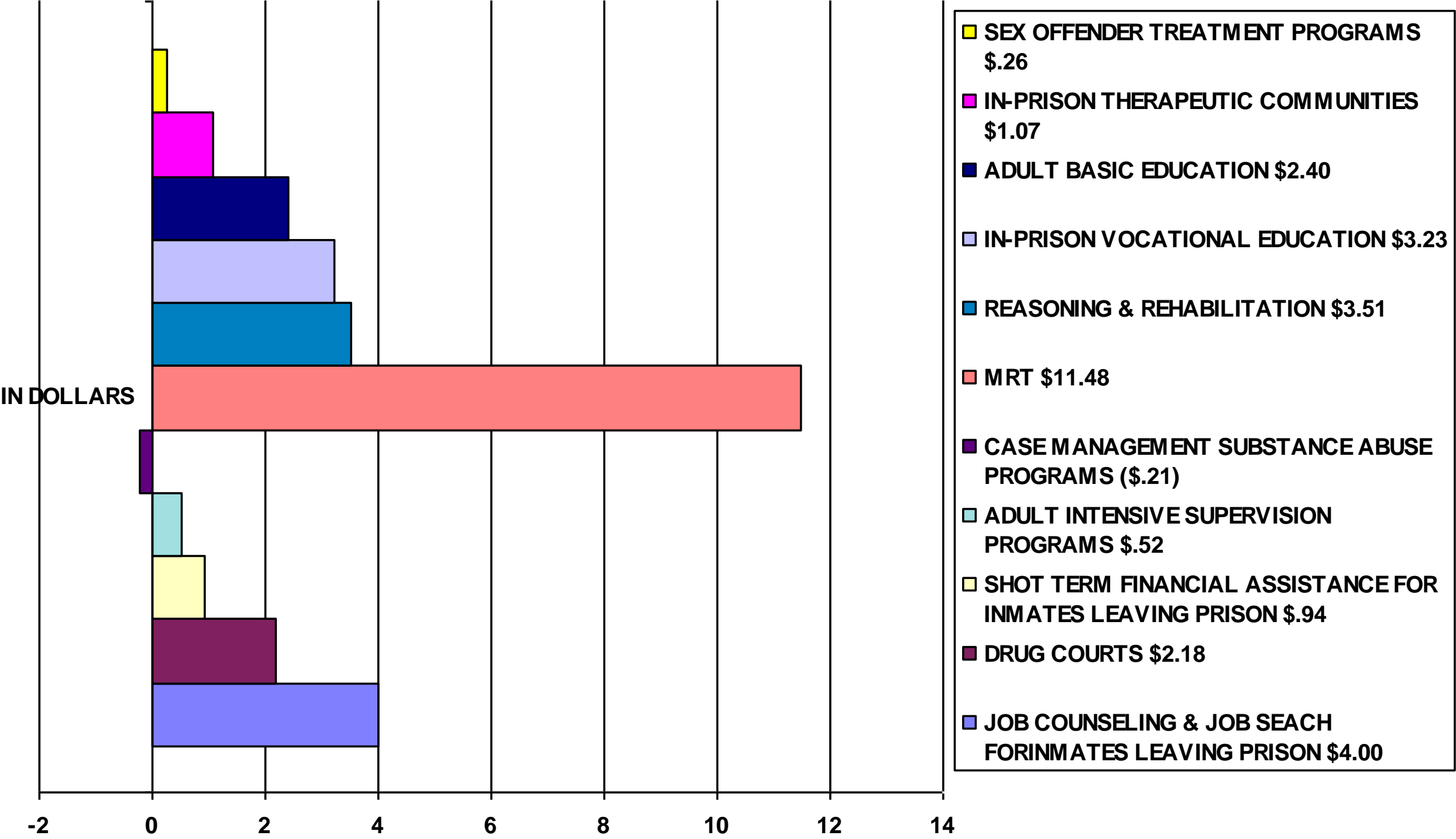
Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-10 Years After Release



Reincarceration Rates of MRT Treated Felony Offenders Compared to Non-Treated Controls, 1-20 Years After Release



COMBINED TAXPAYER AND CRIME VICTIM BENEFIT FOR EVERY DOLLAR SPENT

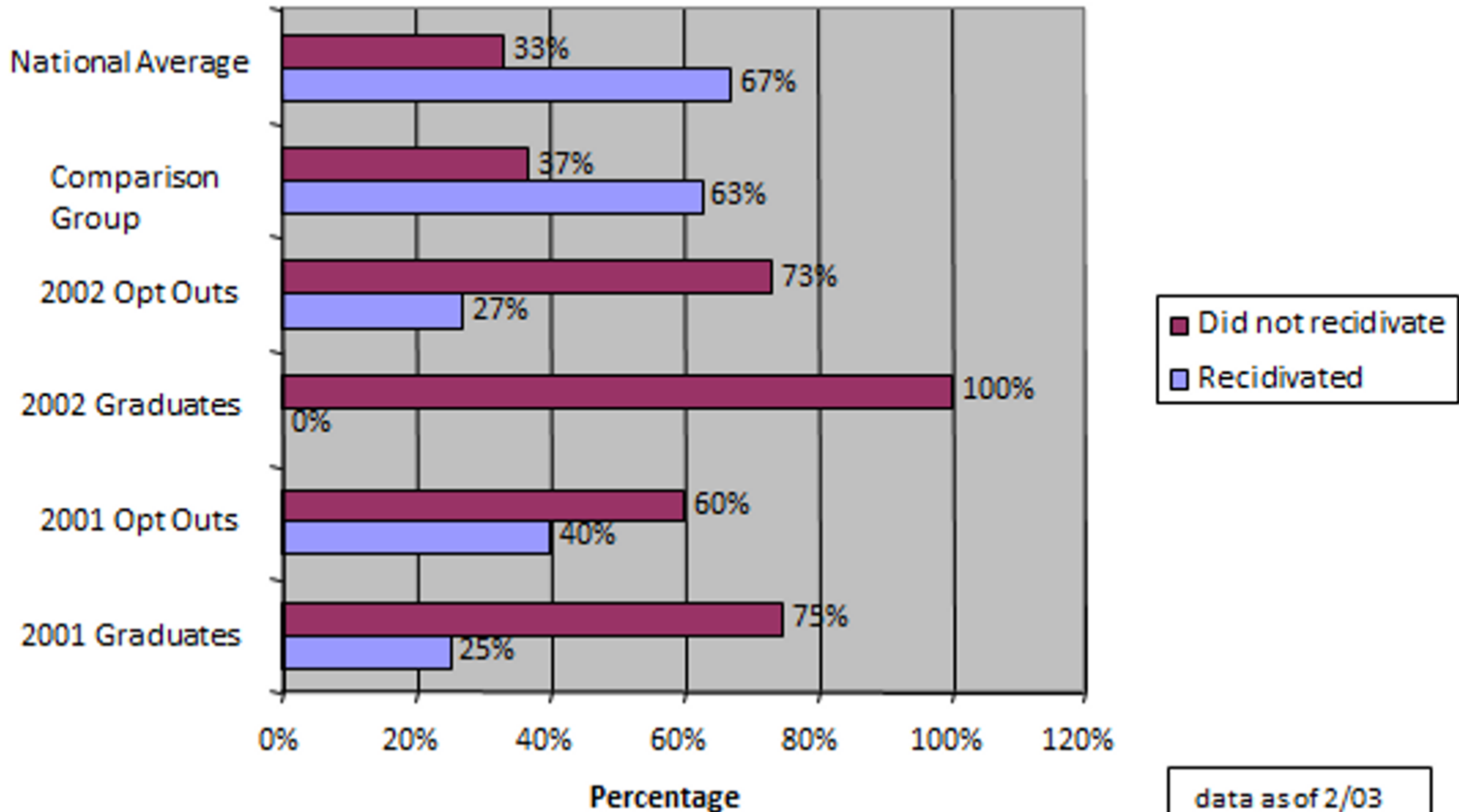


Work release programs, community-based substance abuse treatment, life skills programs, correctional industries, in-prison non-residential substance abuse treatment & other forms of CBT therapy were not included due to the scarcity of evaluations.

SOURCE: THE COMPARATIVE COSTS AND BENEFITS OF PROGRAMS TO REDUCE CRIME, A REVIEW OF NATIONAL RESEARCH FINDINGS WITH IMPLICATIONS FOR WASHINGTON STATE, MAY 1999.

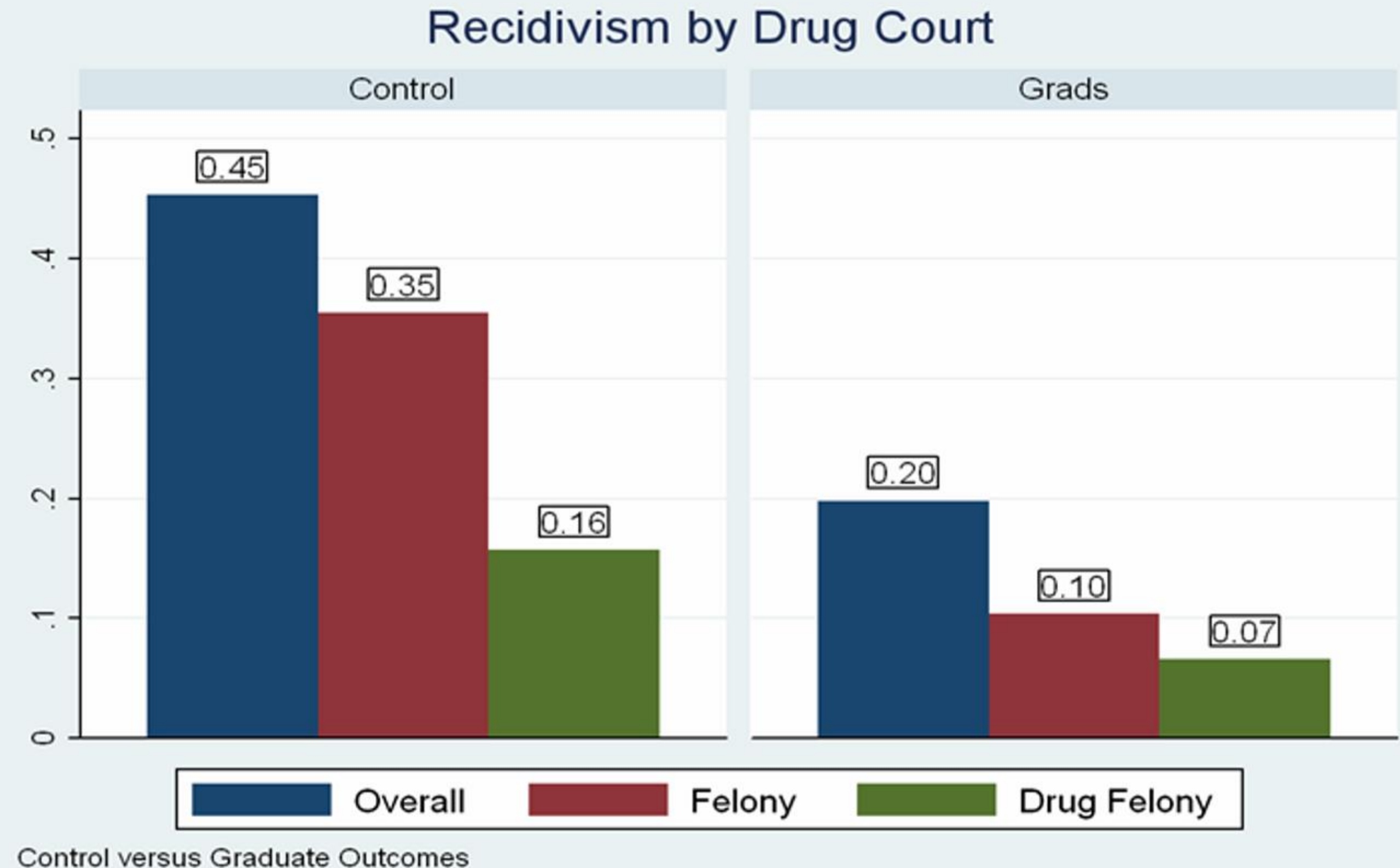
Anchorage Drug Court

Recidivism Rate Comparison



Effectiveness & Impact of Thurston County, Washington Drug Court Program, 1998-2007

- 106 MRT Grads' recidivism rate: 20%
- 223 comparison group of probation completers' recidivism rate: 45%



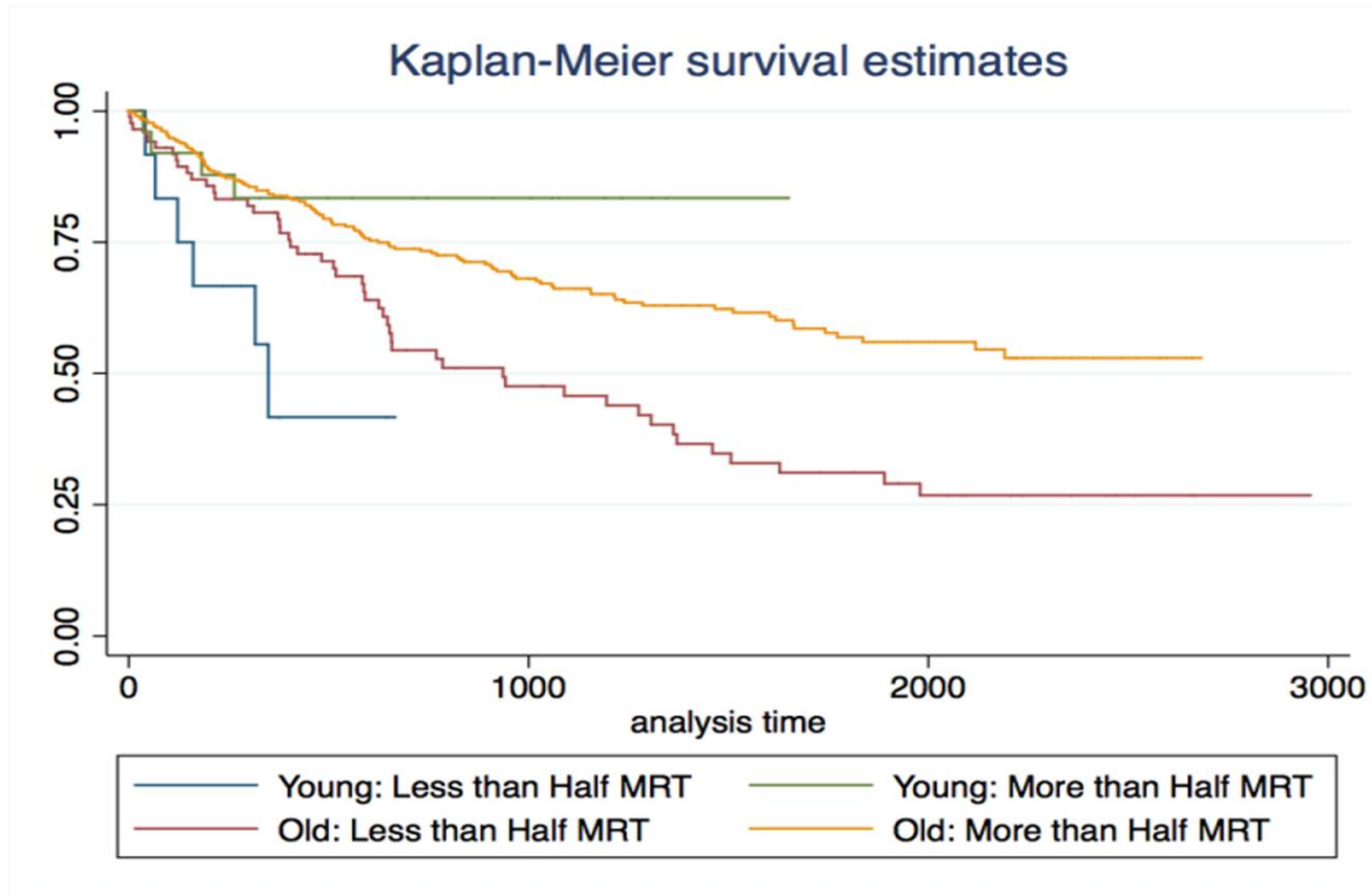
Thurston Co, WA Drug Court Program Treating Trauma & Depression

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%

MRT Age Effects



Kentucky Department of Corrections

- Discipline writeups were reduced by 85%
- Recidivism rate 13%

Source: Kirchner, Robert A., and Susan Greenough (September 2017) Success of Moral Reconciliation Therapy (MRT) in Kentucky Correctional Settings Under the Noa Counseling Model: Treating Mental Health Creating Behavioral Change.

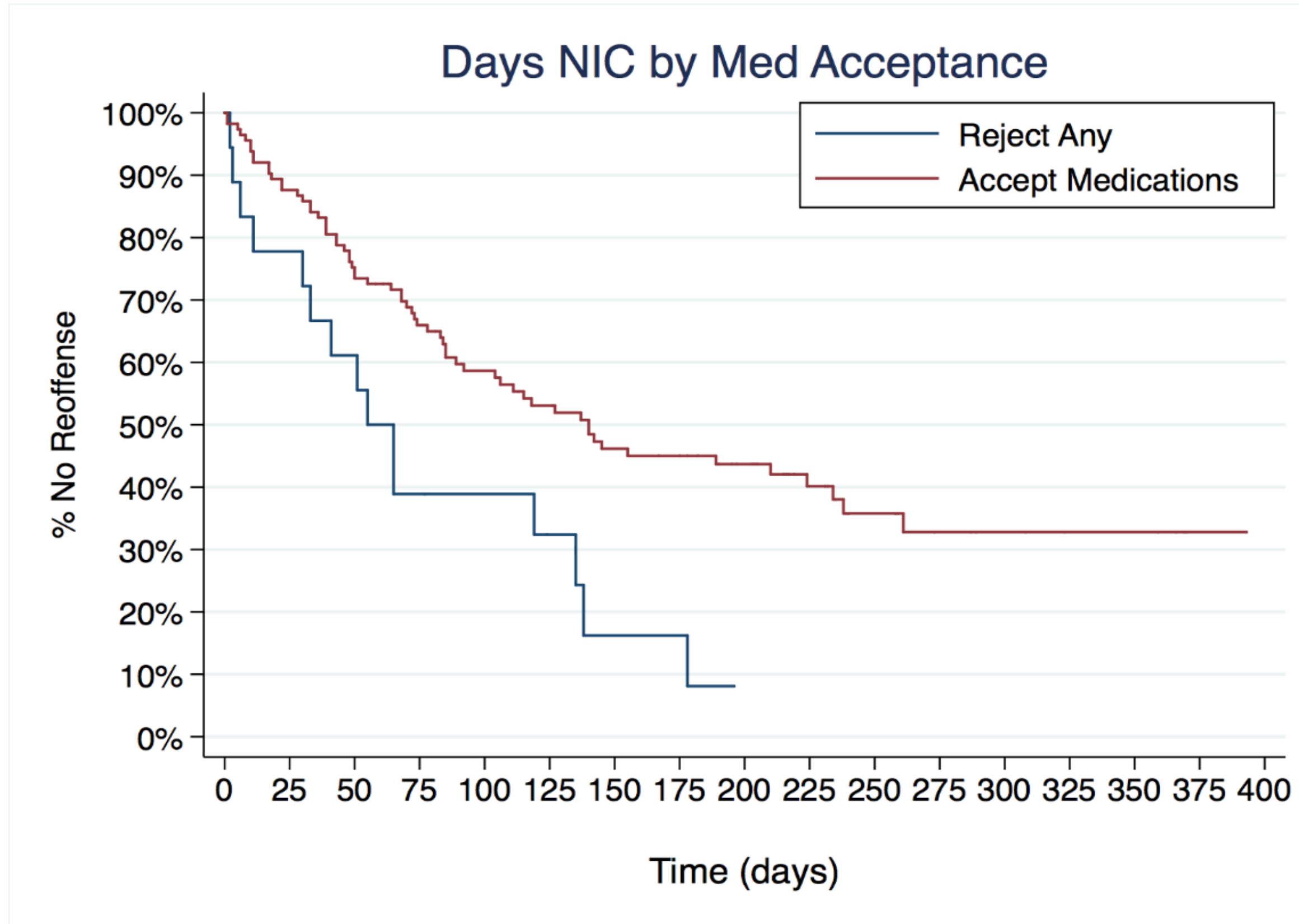
Bonneville County Mental Health Court

- Began in 2002
- 1 of 5 National Learning Sites
- 1st graduate was a drug court drop out
- 98% decrease in hospitalizations
- 85% decrease in jail days in 3 years
- 6 year outcome shows 75% arrest free

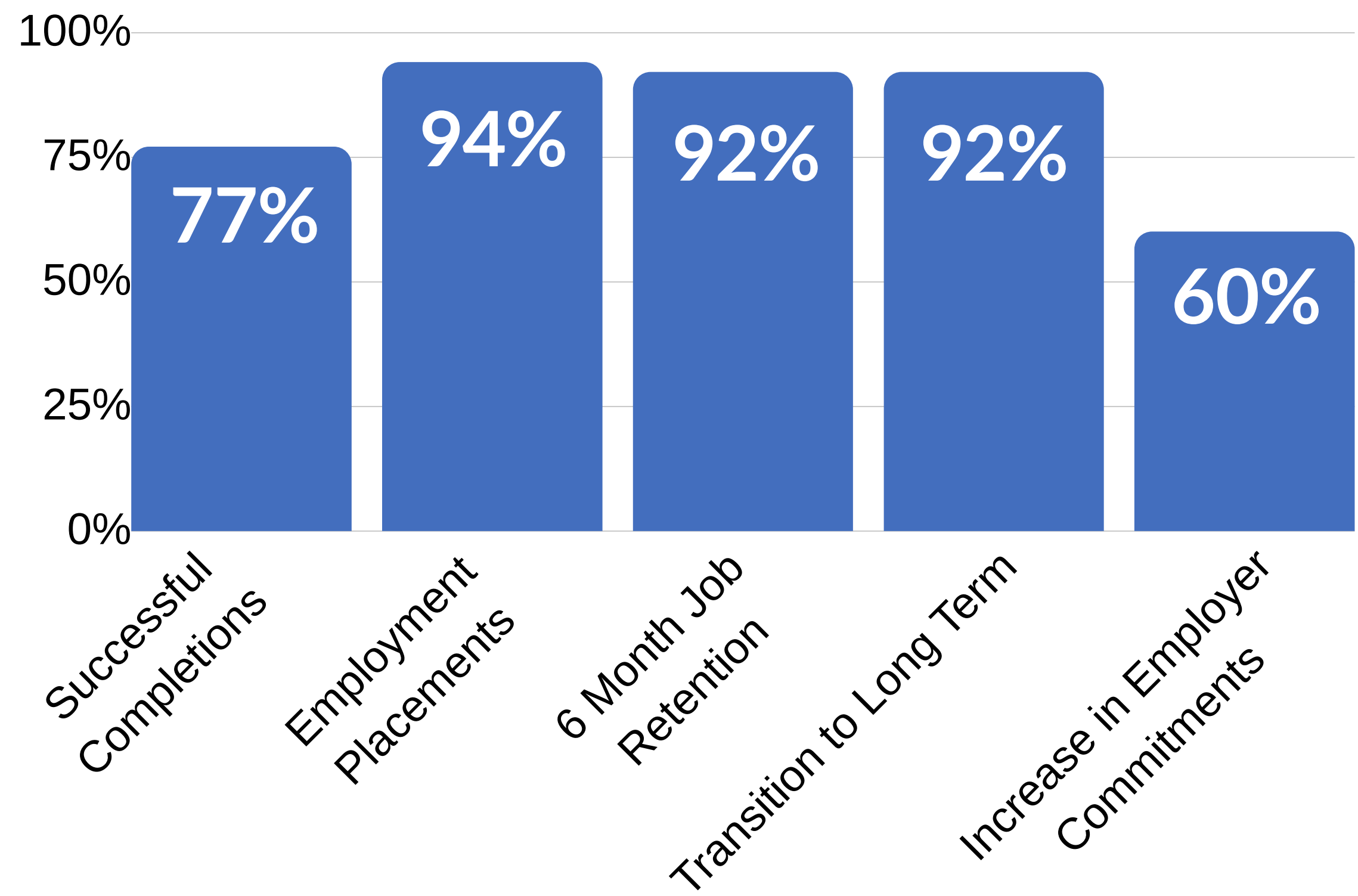
Jail Study with SMI Population

- Did the behavior of inmates participating in the MRT program change during and after their participation?
- How did the behavior of inmates participating in the MRT program compare to a similar group of inmates on the same units over a comparable period of time?
- As indicated in the data on the next slide:
- *The average number of incident reports for inmates prior to their participation in the program (2.73) decreased to 0.66 (a 76% decrease) during and after their participation in MRT.*
- The average number of incident reports for inmates on the same units over a comparable period of time who did not participate in MRT was 3.06 or a 78% difference compared to inmates who participated in MRT.

Jail Study with SMI Population



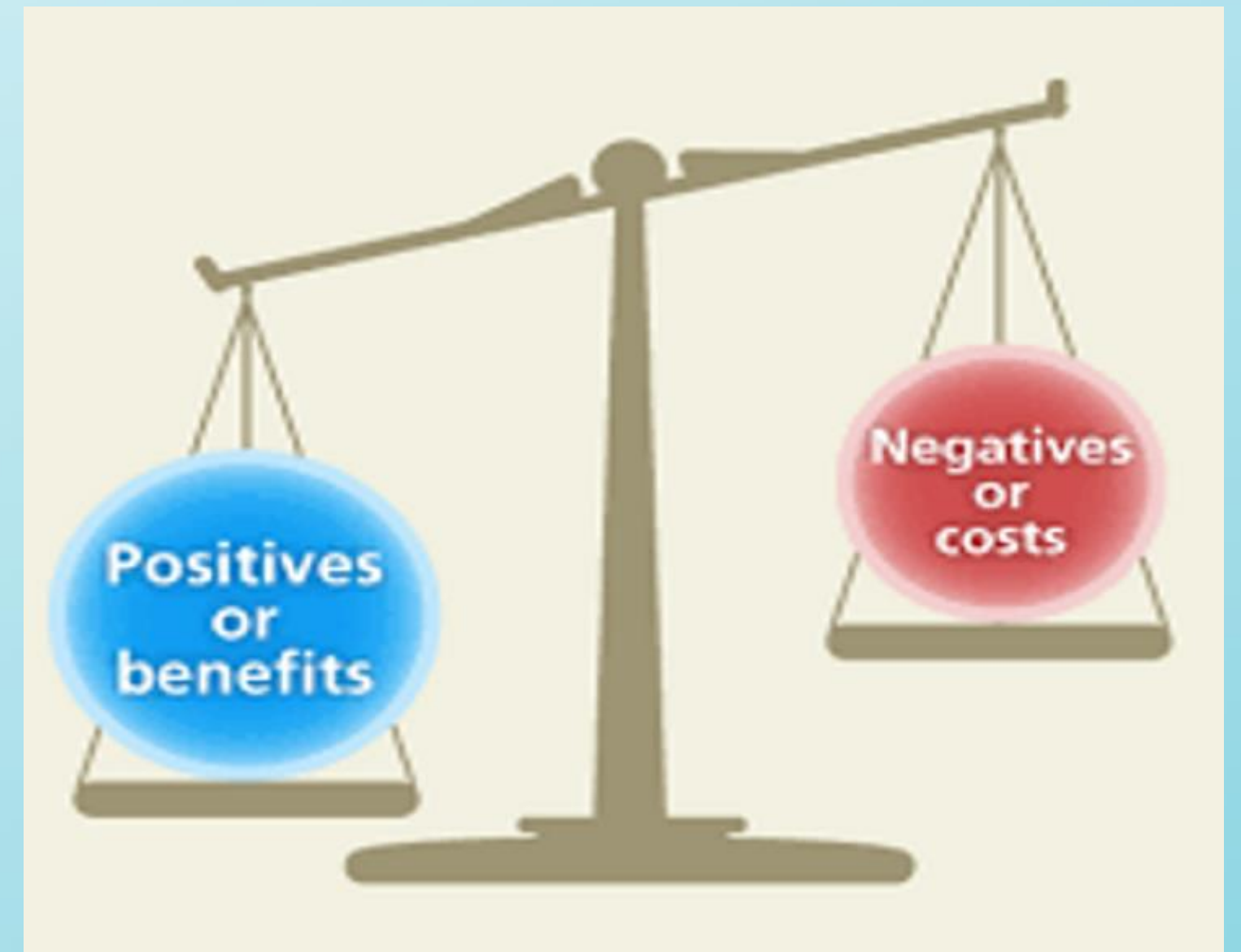
Tidewater Community College Outcome Results



Virginia Adult Drug Treatment Courts

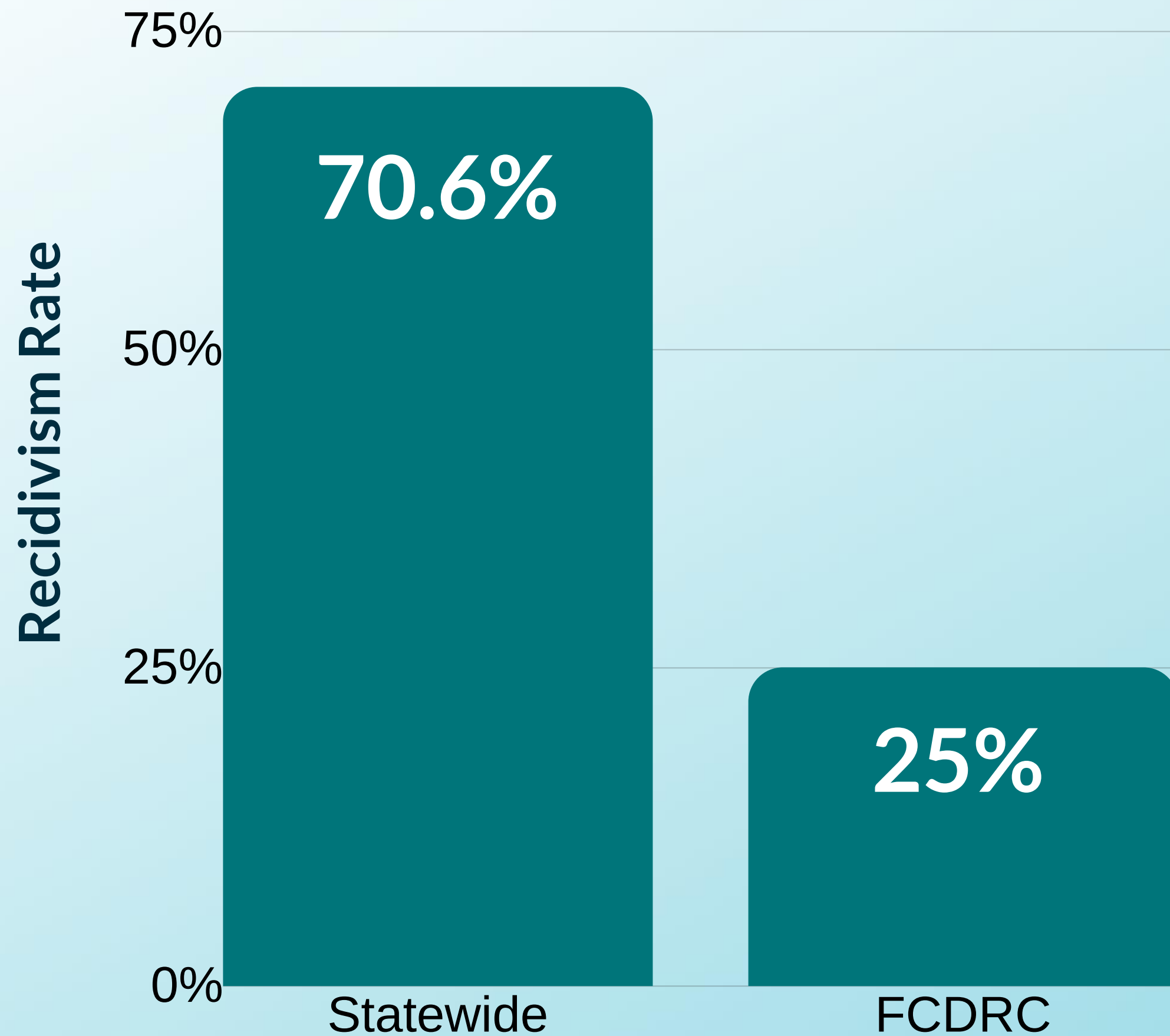
Cost Benefit Analysis

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.



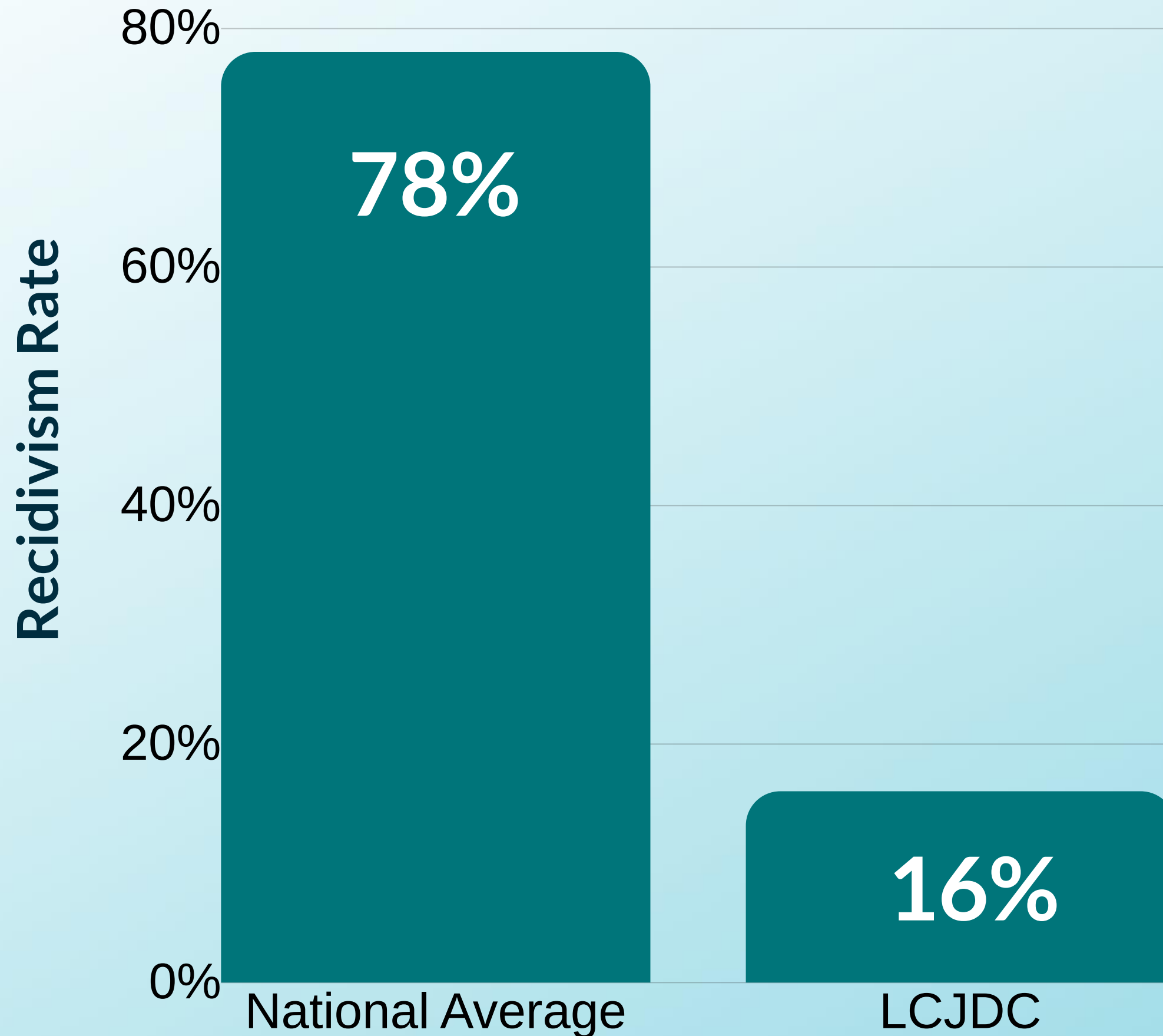
Success of MRT in the Day Reporting Center in Franklin County, PA (FCDRC): Cost Savings

As of 2017, a total of 267,300 days have been saved because participants have not resided in jail or prison. This has resulted in an approximate savings of \$12,028,500 to the county.



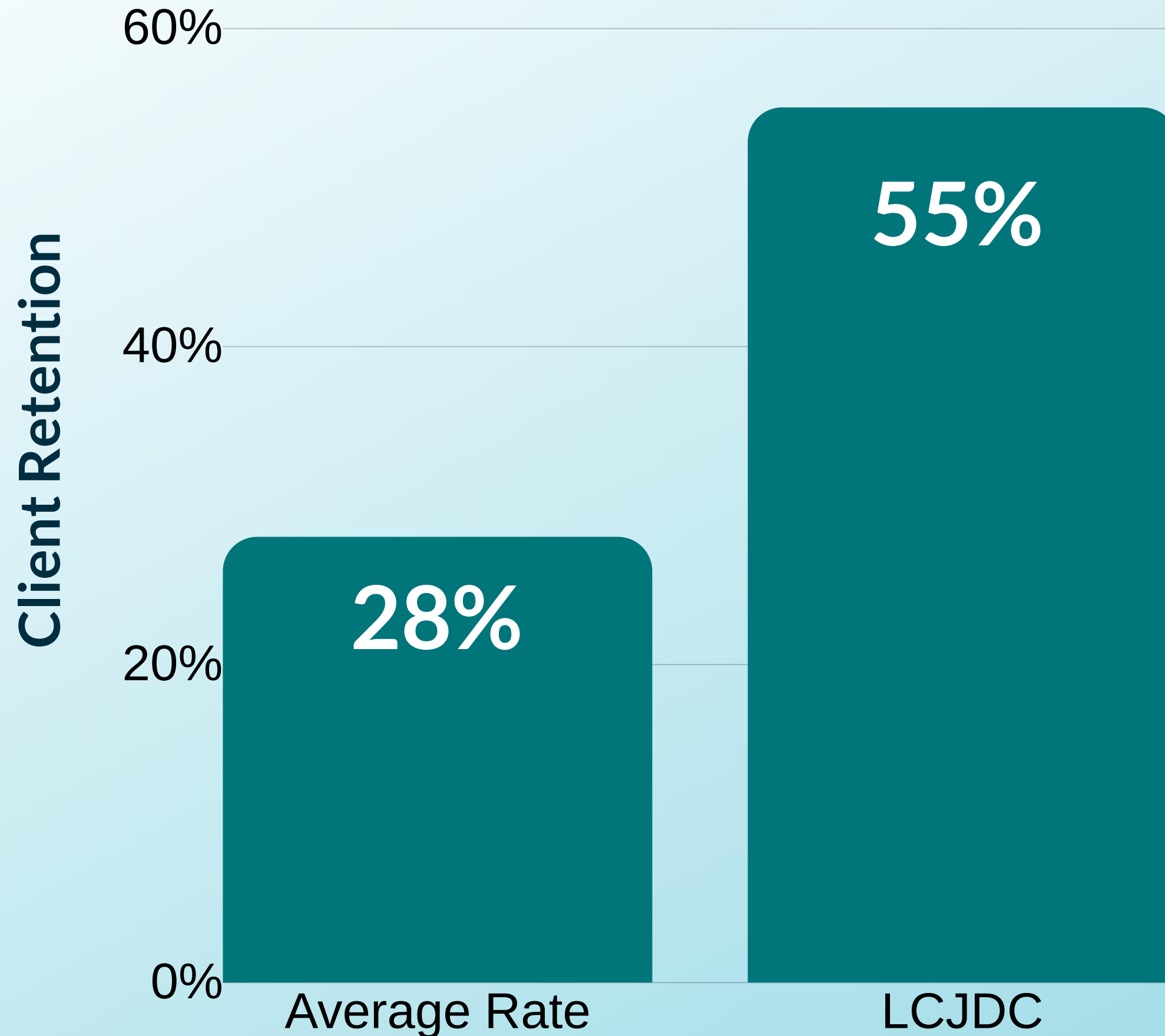
**Success of MRT in the
Day Reporting
Center in Franklin
County, PA (FCDRC):
Reduced Recidivism**
3 years after program completion

Lincoln County Juvenile Court: Recidivism



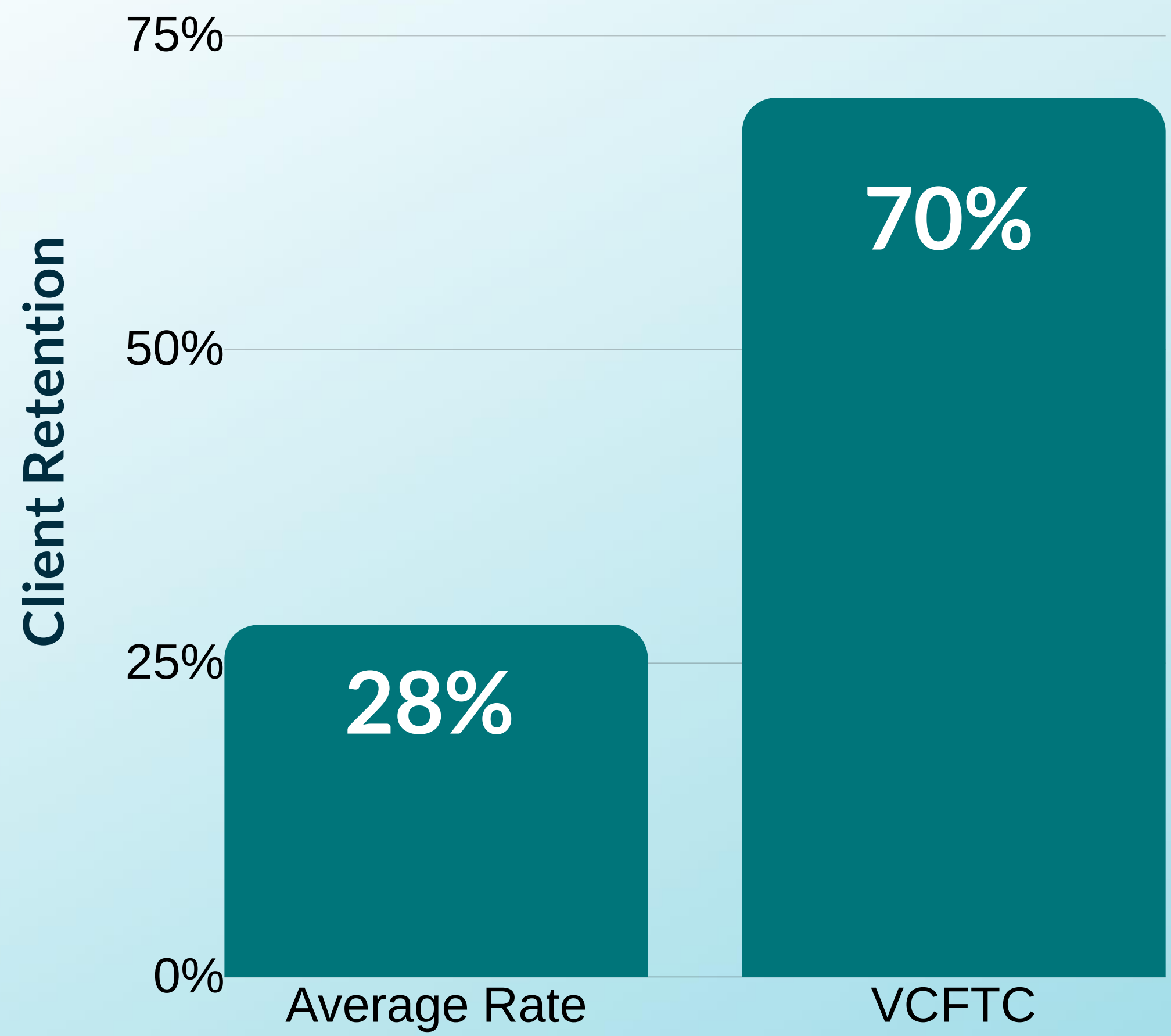
The re-offend rate through April 2009 is 16%, but this only reflects one participant re-offending, which far exceeds this objective of the program. Additionally, this result compares to the average juvenile drug offender re-offense of 78%.

Lincoln County Juvenile Court: Retention Rate



The positive outcome of producing a 55% Retention Rate continues to be met, which far exceeds the average of 28% reported in research for substance abuse treatment programs.

Volusia County Family Treatment Court: Retention Rate



The program is maintaining a 70% retention rate, which far exceeds the average of 28%, reported in research for substance abuse treatment programs.

From *What Works in Corrections* by Dr. Doris Layton MacKenzie

“The results for the MRT programs show stronger support for the effectiveness of the programs. Significant differences favoring the MRT treated groups were found in the studies of felony offenders, felony drug offenders, and in other settings. The effect sizes indicated that all of the effects favored the treated group, and the effects were significant in three of the studies. Overall, the mean effect was significant and favored the treated group.” (p.129)

CONTACT US

WE'D LOVE TO HEAR FROM YOU!

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