

MORAL RECONATION THERAPY—MRT®

News & Views

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Welcome to MRT News & Views

By Dr. Gregory Little

In this quarterly newsletter I hope to provide MRT news, summaries of evaluation reports, and comments on a routine basis. If you Google “Moral Reconciliation Therapy™” you’ll get, as of now, 27,200 results. If you do the same on “Google Scholar” you’ll get 494 results with journal articles, published evaluations, and government research on MRT. MRT is now in all 50 states and is in use in England, the Bahamas, Sweden, Mexico, New Zealand, Australia, Bermuda, and Canada.

MRT Trademarks

Moral Reconciliation Therapy—MRT® is a registered federal trademark. In addition, Moral Reconciliation Therapy™ is a registered state trademark and Moral Reconciliation Trainingsm is a registered state service mark.

Moral Reconciliation Therapy—MRT® on YouTube

Currently there are 77 videos about MRT on YouTube. Our own [MRT Channel](#) presently has 24 videos. In 2017 we’ll be adding

many more including videos especially targeting implementation issues. If there is something specific you would like to see drop an email to: atagreg@bellsouth.net In addition, if you have something you’d like us to post on YouTube, let us know.

The Term Reconciliation & False Scientology Allegation

As trained MRT facilitators know, the word “reconciliation” is derived from the archaic psychological term “conation.” Conation referred to the conscious, decision-making process and was replaced by Freud’s term “ego” in the 1930s. In 1974, Drs. Robert Wood and Richard Sweet first used the term “reconciliation” in print as a way to describe what they were trying to do in a specialized prison-based therapeutic community. In 1976 I became Director of that program and, in 1985, Dr. Ken Robinson and I decided to overlay our newly developed cognitive-behavioral component in that program. We added the word “moral” to reconciliation because we wanted to stress the development of higher stages of reasoning.

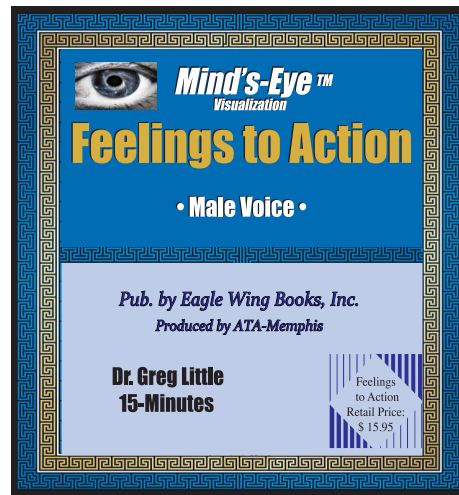
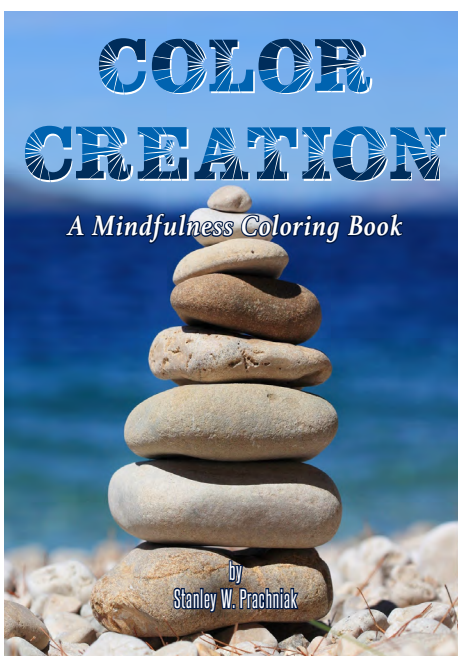
In 2016 a couple obscure internet articles wrote that Robinson and I claimed that we coined the term “reconciliation.” That’s

completely false. Oddly, the writers never contacted me nor apparently even tried to do so. The articles also (wrongly) asserted that I was then (in the late 70s) working in the mental health unit while Robinson was the drug program’s Director. The exact opposite is true. They also asserted that Robinson and I met in the 1960s in the counseling department of the University of Memphis. That’s also false. I was in high school in the 1960s and entered Memphis State in 1969. We first met in 1971 in a psychology class. Our first classes in counseling came in 1978 after we both obtained masters degrees in experimental psychology. There are too many other factual errors to address from these articles, however, the most egregious falsehood was the allegation that MRT is somehow a scientology-based program. The articles’ false attempts to date us to the 1960s appears to be a way to try to link us to scientology or other movements taking place then. Neither Robinson nor I knew anything whatsoever about scientology and the terminology we employed for MRT’s stages was first used by Carl Jung—long before scientology existed. Details on the [history of MRT](#) are widely available. The underlying purpose behind the false articles is unclear, but it might be tied to those arguing for the full legalization of all

drugs and making all drugs freely available.

MRT & Other Trainings Available—New Workbooks for Trauma, Treatment Audio CDs, Coloring Books, & More

[MRT training](#) is conducted by CCI under a long-running sole provider contract. CCI conducts around 150 4-day MRT trainings around the country. In addition, there is an MRT-based Domestic Violence training available. In 2016 we added a series of trauma workbooks and [trauma trainings](#). There are specialized programs for [Veteran's trauma](#) and [general trauma](#). In 2016 we also issued a [mindfulness](#) coloring book, a coloring book for [children](#), and a series of [audio CDs](#) (Minds Eye™) for use in trauma treatment. A complete, up-to-date catalog of available treatment products can be downloaded [here](#).



Research Briefs

Virginia Drug Court Evaluation

A 2016 [article](#) in Alcoholism Treatment Quarterly presented the full evaluation of Virginia's Drug Courts. The evaluation compared the recidivism of drug courts to matched groups of "business as usual" probationers and, interestingly, to each other in order to identify the court processes and programs yielding the best results. The article concluded that each drug court participant saved taxpayers an average of \$20,000. In addition, the article related that, "programs employing Moral Reconciliation Therapy (MRT) produced significantly lower probabilities of recidivism."

Idaho's Jail to Community Initiative

A 2016 [report](#) by the Urban Institute evaluated the Ada County, Idaho recidivism reduction program. One interesting aspect of the report relates that the staff resisted changing from Moral Reconciliation Therapy (MRT) to the NIC cognitive program (T4C)

because of "the overwhelming success they've experienced with the [MRT] program... (p. 16).

Kentucky DOC SMART Program

In November 2013, the Kentucky Department of Corrections (KDOC) issued a report on their implementation of the SMART Probation Program (Kentucky Supervision, Monitoring, Accountability, Responsibility, and Treatment). The report covered the initial year of implementation and can be downloaded [here](#).

The program included drug use screening, more frequent probation meetings, substance abuse treatment, mental health, and Moral Reconciliation Therapy (MRT).

The evaluation looked at a group of 307 SMART participants and compared them to 300 matched controls who were on regular probation. Data were collected on offenders who were on probation between July 1, 2012 and June 30, 2013. An initial evaluation examined the level of need and risk as indicated by the Level of Service/Case Management Inventory (LS/CMI). In general, the SMART participants showed a significantly higher need and risk level as compared to controls. Drug screening results showed that SMART participants showed significantly lower numbers of "dirty" screens, in particular in marijuana and oxycontin usage. Program violation rates were significantly lower for SMART participants in substance use, new charges and technical parole/probation violations.