

# THE COMMERCIAL APPEAL

Monday, June 8, 2009

## Right vs. wrong: Offenders' decisions at heart of therapy

By Michael Lollar  
*The Commercial Appeal*

Jeff Smith was an alcoholic when he tried heroin for the first time at age 17.

"It used to take me three hours to get high when I drank. I could do the heroin and be there in three minutes," he says.

Most of his decisions were made using the same kind of reasoning. His moral and ethical choices were based on the fastest route to pleasure, even if it meant lying, cheating or, eventually, forgery.

Smith was serving time at the Shelby County Correction Center for forgery in 1987 when he took part in a relatively new program called MRT, moral reconnection therapy.

"I had no idea what they were talking about," said Smith. "I thought, 'OK, I get the moral part,' but I didn't know what reconnection was. I thought maybe they were going to give me electroshock therapy or something like that."

Smith says the MRT program was no match for his drug habit. When he was released on parole, his parents changed their locks to shut him and his rekindled habit out of their lives. But while he relapsed, the MRT program was slowly growing and being refined from a pilot program in Shelby County to one now used in 47 states and eight countries.

It was developed by Memphis psychologists Dr. Greg Little and Dr. Kenneth Robinson and first used in 1985 as part of the Shelby County Correction Center's drug abuse program. Robinson says it is now the most widely used inmate rehabilitation program in the world.

As they refined their approach, the psychologists turned it into a formal treatment method in 1987, with workbooks and group therapy sessions.

They borrowed from theories by psychologists including Carl Jung, Jean Piaget and Lawrence Kohlberg, looking for ways to make inmates stop and think about how they make decisions. They formed a company, Correctional Counseling Inc., and, on their Web site, ccimrt.com, explain that MRT "seeks to

move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important."

No one says it's easy. For starters, up to 5 percent of men and 1 percent of women are criminals, says Little.

"Logic doesn't apply to offenders. They can appear very normal, but they're not. The bulk of offenders, 60 to 90 percent, have diagnosable antisocial personality disorders, and most people with antisocial personality disorders abuse alcohol or drugs."

Robinson says most people who experiment with alcohol and drugs are like

Jeff Smith, who began in adolescence. It is a time when the brain is still changing, and drugs and alcohol alter the brain. "You see those people making poor decisions. It changes your ability to live."

Smith, now 53, says he was a good example. While on parole, he worked, but primarily to support his drug use. "I made decisions to do what I wanted to do regardless of consequences. I lost several jobs because of alcohol and drugs." He got a two-year degree in accounting, but quit to work as a carpenter. "I never committed to anything for very long."

He was a prime candidate for MRT. The "reconnection" in the name comes from the archaic term conation, which was replaced in the 1930s by the word "ego." Conation was used to refer to the conscious decision-making part of the personality. So, Little and Robinson say, "reconnection" means getting offenders to re-evaluate their decisions.



Jeff Smith, a carpenter for the Salvation Army, attributes his success to the MRT treatment program he took part in after serving time for forgery at the Shelby County Correction Center.

Photos by Jim Weber/  
The Commercial Appeal

continued ...

“MRT is very easy in the beginning. We ask them to buy into the program. Soon, they are slowly swimming upstream,” says Little. As in a 12-step drug or alcohol program, inmates have to start by admitting their weaknesses. “We ask them to stand up and tell what they know is the absolute truth. ... It’s that they are liars. We try to have them clear the air by telling us they’re liars.”

In workbooks and group therapy, inmates are confronted with choices, which grow more and more complex. Is it right to steal if you can’t afford a prescription for a sick wife who might die without the medication? As they debate the choices, inmates have to think about how they make decisions.

Little and Robinson developed a scale called the “MRT Freedom Ladder” with 16 levels. At the first level, morals and behavior are based on lying, cheating, stealing and



Memphis psychologists Dr. Greg Little (left) and Dr. Ken Robinson designed the drug treatment program, “Moral Reconciliation Therapy,” which they say is now the most widely used inmate rehabilitation program in the world.

betrayal as a way of life. Few reach the top level, “grace,” where people ideally see others as an extension of themselves and commit to causes dedicated to justice, dignity and freedom. Gandhi, Dr. Martin Luther King Jr. and Mother Teresa are examples of that level, according to the Freedom Ladder.

Shelby County Sheriff Mark Luttrell, former head of the Shelby County Correction Center and previously warden at the Federal Correctional Institute and two other federal prisons, says the MRT program works, but does not perform miracles. Standard rates for repeat offenders in the United States are in the 65 percent to 68 percent range. The jail recidivism rate in Shelby County is in the 85 percent range, he says. Little says MRT fares better nationally, cutting recidivism up to 60 percent in the short term with rates leveling off at about 20 percent after 10 years.

Luttrell’s chief jailer in charge of programs, Rod Bowers, says there are no “silver bullets in this kind of work,” but he says research has shown that MRT works. A 1998 Oregon study showed a 21 percent re-arrest rate for those without treatment compared with 9 percent for those with MRT therapy after six months. And MRT can be customized for a wide range of offenders from drug and alcohol abusers to sex offenders. “It’s not like some epiphany. It’s like hard work. You get out of it what you put into it. ... We consider MRT to be our primary treatment tool.”

Jeff Smith was among those re-arrested in Shelby County. He was charged with aggravated assault, forgery and theft of property. Because he violated parole, he wound up with a 13-year sentence. After 6 1/2 years, he was released. That was two years ago. Smith then made his way to the Salvation Army Adult Rehabilitation Center and enrolled in MRT group therapy.

“I missed out on 35 years of my life with my family. I had always known the difference in right and wrong, but I didn’t always do right. MRT helps you realize those things are conscious decisions.”

When he completed the therapy, Smith agreed to become an MRT trainer. He now works as a carpenter, furniture refinisher and antique pricer for the Salvation Army and is living with and helping care for his aging parents.

He rides a city bus to and from work each day and has learned to avoid the former friends who shared his drug and alcohol habits. “I learned that if you go to a barber shop often enough, you’re going to end up with a haircut,” he says.

### **What is MRT?**

- Moral reconnection therapy is an inmate rehabilitation program.
- Developed by Memphis psychologists Dr. Greg Little and Dr. Kenneth Robinson.
- First used in 1985 as part of the Shelby County Correction Center’s drug abuse program.
- Program has grown from a local pilot program to one used in 47 states and eight countries.