

Moral Reconciliation Therapy: Incompatible with Council on Social Work Education Competencies?

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Abstract: *Moral Reconciliation Therapy (MRT) is a manualized treatment commonly used in correctional settings to address perceived moral failing and associated problematic behaviors (e.g., substance use and criminal conduct). Many social work students are introduced to MRT as a treatment modality during field placements in correctional contexts. As a group modality that draws from cognitive-behavioral interventions and 12-step recovery programs, MRT has been touted as a cost-effective and evidence-based intervention. However, there are substantial reasons to question MRT's appropriateness as an intervention taught to social work practicum students. Using several of the CSWE EPAS standards as guideposts, this paper addresses several key areas of concern with regard to the role of MRT in the training of social work students. Through our analysis of MRT's curriculum, we identify areas of concern with regard to MRT's ability to teach social work students how to ethically practice, engage diversity and difference in practice, or utilize research to inform practice. Despite the widespread use of MRT in correctional counseling contexts, we conclude that MRT is unsuitable for use in accredited social work field placements. Educators and accreditation agencies should critically evaluate the treatment models social work students learn and practice in field placements.*

Keywords: *Evidence-based practice, social work field education, ethics, EPAS, Moral Reconciliation Therapy*

Moral Reconciliation Therapy (MRT) is a treatment program owned by Correctional Counseling, Inc. (CCI), with workbooks and materials published by Eagle Wing Books. CCI co-founder and Eagle Wing Books President Dr. Kenneth Robinson and colleague Dr. Gregory Little developed MRT as an intervention to “enhance ego, social, moral, and positive behavioral growth” among “traditionally ‘resistant’ population groups” (Little & Robinson, 1988, p. 135). Robinson has a doctorate in educational psychology and a graduate degree in psychology, and Little has a doctorate in counseling and a graduate degree in psychology. MRT facilitators seek to “reeducate clients socially, morally, and behaviorally and to instill appropriate goals, motivation, and values” (p. 135). The model was initially employed in correctional settings in 1987 and is now delivered across a wide range of correctional settings - including jails, substance use disorder treatment programs, and medical facilities - in every US state and nine countries, with the intention of reducing

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recidivism (Correctional Counseling, Inc., 1998-2022b). According to CCI's website, over 50,000 people have been trained to facilitate MRT and over two million have gone through the MRT curriculum (MRT, n.d.a).

Despite CCI's claims to a strong empirical evidence base to support the intervention, very little independent peer-reviewed research has been conducted to assess MRT (Harrell et al., 2022; Jarldon, 2020). Still, the program is widely applied in social work practice settings such as substance use disorder treatment, diversion programs, residential and community corrections programs across the United States. This paper examines the relationship between MRT and the Council on Social Work Education (CSWE) Educational Policy and Accreditation Standards (EPAS), exploring the intervention's compatibility with those standards related to ethical conduct, diversity and difference in practice, and research-informed practice.

Background and Significance to Social Work Education

CCI describes MRT as “a cognitive-behavioral treatment system that leads to enhanced moral reasoning, better decision-making, and more appropriate behavior” (MRT, n.d.a, para. 3). The MRT model asserts that participants who engage in problematic behavior (e.g., drug use, illegal activity) do so at least in part due to compromised moral reasoning and moral behavior. The intervention identifies these participants as possessing “low levels of moral development, strong narcissism, low ego/identity strength, poor self-concept, low self-esteem, inability to delay gratification, relatively strong defense mechanisms, and relatively strong resistance to change and treatment” (Little & Robinson, 1988, p. 135). This notion of criminal thinking and moral underdevelopment from Little and Robinson resonated with public and academic discourse at the time, as reflected in books like Yochelson and Samenow's (1976) *The Criminal Personality*. Through a series of workbook-guided exercises, a CCI-certified MRT facilitator directs a group of participants through 12-16 lessons, with the intention of moral reeducation and decreased recidivism.

Ideas of morality and cognition are central to MRT. “Moral” is a reference to Kohlberg's (1984) levels of cognitive reasoning. “Reconation” comes from the psychological terms “conative” and “conation,” which both reference cognitive decision-making (MRT, n.d.b, para. 1). The two concepts converge in what Little and Robinson (1988) describe as a “simplified personality theory,” blending features of Erikson's ego and identity stages, Maslow's hierarchy of needs, moral development stages from Kohlberg and Piaget, and features of Jungian theory. Put together, their theory posits nine personality and behavioral stages (p. 139). Participants are sorted “depending upon the individual's moral level and identity” into one or more stages, and then guided through exercises meant to recalibrate their moral compasses and allow movement to more advanced stages (Little & Robinson, 1988, p. 140). All participants are understood to enter the program as immoral, selfish, manipulative, and unaccountable, as indicated by the descriptors associated with their identified moral stages upon admission. The MRT facilitator shepherds these participants through a 16-step “Freedom Ladder” that begins with the stage of “disloyalty” and culminates in “grace” (see Table 1), working through cognitive exercises emphasizing personal responsibility, moral judgment, and deference to authority.

Table 1. *MRT Freedom Ladder* (adapted from Little & Robinson, 2006)

Stage	Step(s)	Addresses participant...
Grace	13-16	Relationships between “inner self” & personality
Normal	12	Moral goals
Emergence	11	Moral commitments
Danger	10	Maintenance of positive change
	9	Commitment to change
Non-Existence	8	Short-term goals & consistency
	7	Long-term goals & identity
Injury	6	Assistance of others
	5	Healing of damaged relationships
Uncertainty	4	Awareness
Opposition	3	Acceptance
Disloyalty	2	Trust
	1	Honesty

Social Work and Correctional Contexts

While Schools of Social Work are not required by CSWE to report exact numbers of social work students completing field placements in correctional settings, Epperson et al. (2013) found that 18 percent of all CSWE-accredited MSW programs in the US featured dual degree options with criminal-legal system affiliated programs. Further, Scheyett et al. (2012) reported that across 63 MSW field programs, 7.73 percent of all field placements were connected to criminal justice. According to this article, criminal justice field placements included: prison, jail, community corrections, mental health or drug courts, criminal justice halfway house, juvenile court, juvenile detention center, secure care residential facility, probation/intensive supervision, juvenile justice aftercare house, and "other" categories for adult and juvenile settings such as diversion programs, reentry programs, victim services, etc. These findings, coupled with our own experience and the ubiquity of MRT in corrections and other involuntary treatment settings, suggest that social work students may be exposed to and in some cases required to participate in, receive training in, and even facilitate MRT groups, in field placements and sometimes in the classroom. In doing so, schools of social work place students in direct tension with a number of the profession's guiding documents, including the *Grand Challenges for Social Work*.

In 2013, the American Academy of Social Work and Social Welfare (AASWSW) launched the *Grand Challenges for Social Work*, a call-to-action to address a series of national challenges. Among these is a challenge to “promote smart decarceration” that calls on social workers to create proactive, collaborative, and evidence-based approaches to reduce the size of the US prison and jail system; redress social disparities across the criminal-legal system; and shift public ideas about imprisonment and safety (AASWSW, 2018, p. 1). CCI promotes MRT as an evidence-based approach to reducing recidivism. This intervention, purportedly addressing one of the AASWSW's smart decarceration objectives, is commonplace in social service settings where social workers supervise

student interns, despite its fundamentally deficit-based characterization of clients and participants. This approach contrasts the strengths-based approach taught to many social work students in practice courses (Hepworth et al., 2009). Many involuntary treatment contexts, including incarceration, drug and alcohol treatment, drug court, and juvenile corrections feature MRT as a cardinal intervention.

As social service providers and educators, the authors have encountered MRT in various court-ordered chemical dependency, diversion, and community mental health settings across the Northeast, Midwest, and Pacific Northwest: all authors have worked with clients who were mandated to participate in MRT, one author shadowed MRT in their MSW practicum, and one author was certified as an MRT facilitator in their MSW practicum. These collective experiences have led us to interrogate the use of MRT as an intervention approach in MSW field placements. Using the CSWE EPAS, we argue that social work programs' engagement with and tacit endorsement of pseudo-therapeutic interventions like MRT not only fail to address social work's call for smart decarceration, but also perpetuate a deep contradiction in terms of the profession's ethics and standards.

Given that our analysis focuses specifically on social work education, these sections will refer primarily to CSWE competencies rather than referring to corresponding sections of the NASW Code of Ethics. The EPAS, used to accredit undergraduate and master's level social work programs, considers field education the signature pedagogical tool of social work (CSWE, 2022). Since 2008, the EPAS has used a competency-based education framework, requiring accredited schools to assess practicum students according to learning outcomes based on nine EPAS competencies (CSWE, 2022). Programs may add to, but not replace or retract, the existing competencies. Each competency includes a set of observable behaviors that students are expected to demonstrate. In light of the application of MRT in practice settings employing or educating social workers, we use the CSWE EPAS to explore contradictions and tension that MRT raises for social work education. Specifically, we ask: is MRT compatible with EPAS competencies 1 (Demonstrate Ethical and Professional Behavior); 2 (Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice); and 4 (Engage in Practice-informed Research and Research-informed Practice) in social work field placements?

Ethical and Professional Behavior

The CSWE's (2022) first EPAS competency, "Demonstrate Ethical and Professional Behavior," (p. 8) commits educators and accredited educational institutions to instruct social work students in ethical behavior. Among these instructions is a mandate to apply the ethical standards of the profession set forth by the National Association of Social Workers (NASW) Code of Ethics. Below, we describe how fundamental principles of MRT contradict key features of the NASW Code of Ethics, including social workers' obligations to 1) "respect the inherent dignity and worth of the person" by promoting their self-determination; 2) "recognize the central importance of human relationships;" and 3) "behave in a trustworthy manner" (NASW, 2021, Section 3).

Respect Dignity and Promote Self-Determination

First, the NASW (2021) principle that “social workers respect the inherent dignity and worth of the person” is incongruous with the norms of MRT. The MRT participant workbook tells the participant that they have “immoral, unethical, evil, negative traits” and a “screwed-up personality” (Little & Robinson, 2006, p. 37). Facilitators prohibit clients from discussing societal inequity, instead insisting that they “accept reality” (as defined by CCI; Little & Robinson, 2009, p. 5). They are instructed to ignore individual differences and diversity, including the impact of structural oppression, intersectionality, and trauma. MRT disregards the dignity and worth of participants by imposing totalizing and deficit-based labels.

MRT undermines a client’s self-determination in part by enforcing a rigid curriculum without consideration for individual literacy and learning-style differences. The involuntary or mandated nature of treatment does not absolve social workers of the ethical obligation to recognize clients’ right to self-determination (NASW, 2021). Writing about work with involuntary clients, Trotter et al. (2020) re-emphasize social work’s objective to “start where the client is and to work with the client’s goals” and caution against social work interventions that “dispense with the goals of the client and ... work with goals set by organizations and social workers” (p. 264). By contrast, MRT tells participants exactly who they are, what they have experienced, and what they think and feel. Consider the following examples from the MRT participant workbook:

What we want you to do is to think about how happy you were before you came into this crummy, awful place. You had your ups and downs, but were you really happy? You probably had your share of fun but some unhappiness is to be expected in life, right? Suffering and unhappiness are to be expected sometimes, right? WRONG. Unhappiness was and is a part of your life because you chose it. (Little & Robinson, 2006, p. 2, emphasis in original)

Little and Robinson (2006) go on to explain that as an infant, participants develop self-serving behaviors to manipulate others into giving them what they “think” they “need” to be happy (p. 4). Unhappiness, they explain, became a “permanent part” of the participant’s personality in order to manipulate others (p. 4).

The MRT facilitator’s handbook encourages practitioners to be skeptical of participants. When participants express their own insights, facilitators are instructed to say that “true insight is shown through a change in behavior and understanding” (Little & Robinson, 2009, p. 6). While disputed, MRT is sometimes categorized as a type of cognitive-behavioral therapy program. Despite the cognitive framing of moral reconation, MRT requires group members to discuss “what they are doing rather than thinking” and claims this helps them focus on true insight in understanding and behavior change (Little & Robinson, 2009, p. 6). Put differently, the model explicitly negates and invalidates participants’ potential insights from their own lived experience, suggesting instead that these insights are simply manipulative.

Recognize the Importance of Human Relationships

Second, MRT conflicts with the NASW (2021) principle that calls on social workers to “recognize the central importance of human relationships” (Section 3). This principle asks social workers to engage individuals as partners and work to strengthen relationships among people. Insofar as MRT encourages facilitators to cultivate human relationships at all, it requires relationships to be solely oriented toward compliance and program completion. Little and Robinson (2009) describe four stages of the MRT group “life cycle”: 1) formation and orientation, 2) conflict, power, and rebellion, 3) cohesiveness, and 4) continuation, staleness, or cessation. Stage two prepares facilitators for a power struggle between the group members. The facilitator may emerge as a result of “everyone jockeying to gain control in the group” (p. 7). By enforcing compliance, Little and Robinson (2009) claim that participants will “resent” facilitators’ power and “belittle” them (p. 7). They instruct facilitators to remind participants that change is “occasionally unpleasant” and to disallow them to “scapegoat anyone” (Little & Robinson, 2009, p. 7).

In alignment with its strict instructions to control undesirable behaviors in groups, CCI expects facilitators to enforce the completion of MRT steps at the expense of building rapport with participants. In stage three, Little and Robinson (2009) advise facilitators that clients will be inclined to tell the group the “real reason” for their problems (p. 7). They remind facilitators to focus on the exercises rather than allow clients to discuss what they are thinking or have experienced. Participants should refrain from sharing personal information or histories. Lived experiences are framed as unwanted detours on the path to successful program completion. When participants do not comply with MRT's rules, CCI expects facilitators to “discipline” them (p. 2). Little and Robinson do not suggest what form this discipline should take. This orientation to group work decenters human relationships in favor of top-down power dynamics.

Model Integrity Through Trustworthy Behavior

Third, MRT conflicts with the NASW (2021) principle that social workers should “behave in a trustworthy manner” (Section 3). When facilitating MRT, practitioners are expected to simultaneously employ and detect deception. Take, for example, the facilitation instructions for the “Testimony,” a verbal group share necessary to advance the MRT Freedom Ladder:

In MRT testimonies, clients performing the testimony have to stand. Why? As far as clients are concerned it doesn't matter. That's the rule and that's all they need to know. If you are interested in why, we'll share this with you. Most of your clients will be uncomfortable when they stand in front of the group and speak about such things as their honesty and dishonesty. That discomfort will make it more difficult for them to lie in a smooth or slick way. It will make their attempts at deception easier to spot and easier to confront. But keep in mind the clients do not need to know this. (Little & Robinson, 2009, p. 15)

This excerpt raises serious questions related to the principle of trustworthiness.

Co-author Constance Johnson struggled with the expectation to act “honestly and responsibly” and promote “ethical practices” (NASW, 2021) when they were required to become certified as an MRT Facilitator in their MSW practicum at a CSWE-accredited institution. The MRT trainer instructed them to treat participants in an MRT setting differently than even those same participants in other social work settings (e.g., individual therapy). Johnson and their MSW student peers were told to disregard best practices and ethical standards to facilitate MRT with fidelity to the facilitator handbook. This places the student-as-MRT-facilitator in a position to behave differently towards the same individuals based on the setting. This encouragement of differential treatment directly conflicts with the NASW Code of Ethics and its emphasis on trustworthiness.

Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

The CSWE’s second EPAS competency, “Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice,” expects social work programs to impart information and concrete skills pertaining to human diversity and difference in the field placements and coursework offered to social work students (CSWE, 2022, p. 9). As Mehrotra and colleagues (2017) illustrate, this often translates to coursework focused on privilege, oppression, and identity. In a social work field placement context, the most pertinent behavior associated with this competency is that “social workers...demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences” (CSWE, 2022, p. 10). This particular behavior requires social work students to develop an approach to micro, mezzo, and macro practice that is grounded in intercultural humility (Bibus & Koh, 2021). Overall, the second EPAS competency requires social work programs to provide students with sufficient skills to understand and respect the ways diversity and difference shape the experiences of clients.

Presumed Participant Identities and Attitudes

MRT requires facilitators to make deficit-based presumptions about participant identities and to ignore diversity and difference in their practice. For example, Little and Robinson (2009) tell facilitators that “the vast majority of MRT participants are in the groups simply because they don’t like to follow rules” (p. 14). MRT focuses on remedying the moral deficits of participants (Ferguson & Wormith, 2013, p. 1079). Given this focal point of treatment, MRT facilitators are implicitly and explicitly encouraged to view participants as deficient and “hedonistic” (Allen et al., 2001, p. 499). Additionally, MRT facilitators are encouraged to see participants as self-centered due to stagnated moral growth, and to work on promoting moral reasoning as a primary objective of treatment (Ferguson & Wormith, 2013, p. 1078). Regardless of differences in identity and personal history, all MRT participants are assumed to lack the moral insight required to contribute positively to society.

Through generalization about participants’ moral capacities and deficits, MRT effectively forecloses any possibility of exploring and productively engaging with difference in treatment. This rigid construction of the participant may account for MRT

creators' initial research findings that reveal a significant gap in successful treatment completion between Black and White participants (Little & Robinson, 1988, p. 148). Whereas other modalities may take into consideration the role of structural forces like racism and sexism, MRT operates on the assumption that individual traits or attitudes can account for participants' carceral entanglement. With this individualistic assumption at the forefront, MRT fails to engage critically with the ways racism may influence the attitudes and traits of individuals. Thus, the racial disparities reflected in other areas of the carceral system are reproduced (Alexander, 2012).

In field placements, students must demonstrate their ability to treat clients as experts of their own lives (CSWE, 2022). The design of MRT precludes this possibility, instead presuming that facilitators will correct participants' presumed moral deficiencies. This top-down approach results in tensions for social work students navigating between CSWE's recognition of client expertise and MRT's authoritative facilitation style. For example, facilitators are instructed to avoid arguing with clients about their experiences of the world:

The world appears to be unfair to everyone, but the phrase that we try to teach in MRT about it is this: The key to dealing with the world is learning how to live a just life in an unjust world. Learn this phrase and tell it to clients. (Little & Robinson, 2009, pp. 5-6)

Similarly, facilitators are instructed to prioritize MRT's instructions over participants' concerns or "rebellion" by enforcing MRT's procedures: "tell clients that you didn't make up the rules, but you believe in them and have to enforce them" (Little & Robinson, 2009, p. 3). Whereas MRT deploys a one-size-fits-all approach to correcting moral reasoning and development, this EPAS standard promotes culturally-humble approaches to working with participants whose worldviews may differ from those held by social work students or practitioners. As a treatment modality, MRT is discordant with the CSWE EPAS standard regarding diversity and difference.

Practice-Informed Research and Research-Informed Practice

The CSWE's fourth EPAS competency, "Engage in Practice-informed Research and Research-informed Practice," requires accredited social work programs to teach the methods, logic, and ethics of research to students, demonstrating how and why research and practice should inform one another (CSWE, 2022, p. 10). CSWE (2022) states that when meeting this competency, social workers "critically evaluate and critique current, empirically sound research to inform decisions pertaining to practice, policy, and programs" (p. 10). Students who engage with MRT in field placements face unique challenges in operationalizing this EPAS competency.

CCI advertises MRT as a "SAMHSA NREPP Registered Program" (MRT, n.d.a). The National Register of Evidence-Based Programs (NREPP), a program registered by the Substance Abuse and Mental Health Services Administration (SAMHSA), cataloged hundreds of mental health and substance use disorder treatment programs judged as scientifically sound by an independent contractor (Sun & Eilperin, 2018). MRT received this NREPP designation in 2008 (Correctional Counseling, Inc. , 2008, p. 1). A rating of

3.0-4.0 was considered “effective,” 2.0 - 2.9 “promising,” and 0.0-1.9 “ineffective” or “inconclusive.” NREPP’s archived database shows that MRT received a clearinghouse rating of 2.2 out of four for correctional settings with ages 13-55 for outcomes related to recidivism and personality functioning, meaning the program had a “positive impact based on high-quality evidence” (Pew Charitable Trusts, 2021). This ruling was based on five quasi-experimental sources: one unpublished master’s thesis, one psychological report authored by MRT’s creators, one evaluation of a county drug program, and three articles in CCI’s company newsletter. The methodology used to determine this rating is no longer supported by SAMHSA (Amanda Doreson, SAMHSA, email communication, November 19, 2021). The NREPP was frozen in 2017 and indefinitely suspended in 2018 when funding was pulled (Peter G. Dodge Foundation, 2018). SAMHSA’s Assistant Secretary Dr. Elinore F. McCance-Katz wrote in a 2018 statement that the NREPP used a “poor approach to the determination of EBPs” and represented a “biased, self-selected series of interventions” (para. 7). Today, SAMHSA “no longer classifies programs as evidence-based or not” (email communication, November 19, 2021).

Despite the outdated and methodologically disputed nature of MRT’s SAMHSA designation, programs today—including the Nineteenth Judicial Circuit Court of Illinois (n.d.), Minnesota’s Great North Counseling Services, LLC (2016), Florida’s Coalition Recovery (2022), and the Council of Accountability Court Judges of Georgia (2021)—still promote MRT as a SAMHSA-approved evidence-based program. Without further investigation, an outdated SAMHSA stamp of approval may lead students and practitioners alike to accept MRT as scientifically sound.

What happens when students and practitioners do investigate MRT’s research base? Blonigen et al. (2022) recently published findings on the first-ever randomized control trial of MRT. Their study of 341, mostly male justice-involved patients of three mental health residential treatment programs, found no difference in the risk of recidivism between patients who received usual care and patients who received usual care plus MRT. The most recent meta-analysis of MRT published in a peer-reviewed journal appears in the *International Journal of Offender Therapy and Comparative Criminology*. Cited 91 times, this meta-analysis by Ferguson and Wormith (2013) calculated an “overall effect size measured by the correlation across 33 studies” and found that MRT had a “small but important effect on recidivism” (p. 1076). We share this finding cautiously. Consulting with a Social Work and Social Sciences Librarian, we reviewed the methods and findings of this meta-analysis to assess the integrity of the research evidence’s translation into practice. We found two significant issues with Ferguson and Wormith’s meta-analysis design: replicability and publication source.

Replicability

The authors’ description of their search protocol does not allow for replicability. Ferguson and Wormith (2013) searched “relevant journals and databases,” providing examples of but no complete list of journals and databases searched (p. 1080). Ferguson and Wormith contacted CCI to obtain additional studies and unpublished documents. CCI directed Ferguson and Wormith to the MRT website and CCI’s company newsletter, which

Ferguson and Wormith erroneously classify as a journal. In the end, the authors included nine company newsletters that are not publicly accessible. In total, the authors do not provide enough detail to allow for replicability of their search protocol, compromising the reliability of the findings.

Publication Source

Ferguson and Wormith (2013) acknowledge that over half (59%) of the effect sizes used in the analysis come from CCI reports that “may *not* have been vetted by independent peer-reviewed journals” (p. 1080, emphasis in original). They report that most of the data from CCI come from reviews of studies reported by CCI without detailed information about methods or participants. Despite these disclaimers, the authors refer to all sources as “studies” equally throughout their article, conflating peer-reviewed studies, non-peer-reviewed reports, program evaluations, and company newsletter columns.

Ferguson and Wormith’s (2013) meta-analysis included only one peer-reviewed, full-length journal article describing an empirical study of MRT: an Armstrong (2003) study comparing the risk of recidivism between a randomized treatment and control group of 256 youth receiving MRT from correctional personnel in a county jail in Maryland in the 1990s. Armstrong found no significant difference in recidivism rates between groups and cautioned that the primary “empirical justification for [MRT’s] widespread implementation” was based on studies by MRT’s creators (p. 673). Upon investigation, Ferguson and Wormith’s meta-analysis appears to confirm this cautionary note.

The meta-analysis relies heavily on “gray literature” or “forms of evidence not controlled by commercial publishers” (e.g., government documents, annual reports, dissertations; Boland et al., 2017, p. 65). Among their sources were two unpublished master’s theses, 15 CCI company newsletter columns, four brief reports from *Psychological Reports*, two annual reports for a now-closed Oregon company that delivered MRT, and four reports from government-sponsored evaluations. It is worth noting that CCI’s newsletter is titled, “Cognitive Behavioral Treatment Review and Moral Reconciliation Therapy™ (MRT) News” and its citations look, on the surface, like any journal article citation (cited as “Cognitive Behavioral Treatment Review,” followed by a volume and issue number). The newsletter is devoted exclusively to the promotion of evaluations, advertisements, and trainings related to CCI products.

Teaching MRT and Research-Informed Practice to Social Work Students

What contradictions and tensions does MRT’s evidence base raise for social work education? While the movement toward evidence-based practice (EBP) has made significant strides in articulating the importance of research-based competencies (e.g., CSWE, NASW), the profession’s uptake of these principles has been sparse. Practicum students are likely to enter organizations where staff consult the professional literature rarely, if at all (Sichling & O’Brien, 2020). Edmond and colleagues’ (2006) survey of 283 field instructors found that they considered EBP useful but infrequently implemented. Similar conclusions were drawn in Wiechelt and Ting’s (2012) focus groups with 17 BSW

field instructors. In social work programs where student interns are expected to facilitate MRT, several tensions and contradictions around research-informed practice arise.

The body of rigorous, peer-reviewed research underlying MRT is small, and the information presented to trainees (e.g., company newsletters, Psychological Reports, annual reports) may be misleading. The available literature on MRT poses unique challenges to social work students trying to assess the validity and reliability of research on this intervention. Social work practicum students are likely to come across dozens of citations for quasi-experimental studies or evaluations conducted by MRT co-founders and employees, without peer-review and disclosures of conflicts of interest. Along with an outdated SAMHSA label still promoted by public and private organizations, these reports have the potential to mislead students about the evidence base underpinning MRT.

Without sound evidence, practicum students may attempt to conduct their own evaluative research on MRT. Any efforts of student or even practitioner-led research would be significantly limited by an agreement that all MRT facilitation trainees must sign: "I will not directly use the copyrighted Moral Reconciliation Therapy materials, training and methods in a manner which would be detrimental to Correctional Counseling, Inc." (Correctional Counseling, Inc., 1998-2022a, para. 3). Considering that the only peer-reviewed, empirical study of MRT does not support its advertised efficacy, it is possible, if not likely, that a student research project would produce research findings detrimental to CCI. Such outcomes risk placing the student in violation of the MRT training contract and in tension with their practicum site, who may be financially contracted to facilitate CCI's program.

Implications for Social Work

Many social work students consistently identify their field placement as the site of their most impactful learning (Smith et al., 2015). Field placements are valued experiences, essential to creating competent and informed social workers (CSWE, 2022). These placements grant social work students a means through which they can apply their theoretical knowledge and coursework into practice (Bogo, 2015). Given the importance of field experiences and their impact on future practice behaviors, it is vital to ensure that the opportunities presented to students during their field placements do not contradict the accreditation standards curated by the CSWE. If activities such as MRT, incongruent with the EPAS, are permitted to influence students as they develop their practice, the integrity of the competencies themselves are fundamentally compromised.

Student engagement with MRT poses a negative impact to social work practice development and could be counterproductive to the efforts of the organizations and educators that support students on their academic and clinical journeys. Bogo (2015) describes how field instructors must "draw attention not only to interventions with the client, but also relate those interventions to students' understanding of theory and evidence, and of professional use of self" (p. 318). Field instructors and site supervisors have a strong influence over what social work students come to identify as "best practice." If MSW students shadow practitioners facilitating MRT with high fidelity, they are likely to infer that participants are morally depraved and that clinicians should reject participant

statements related to diverse individual experiences, identities, and culture. When students engage with MRT in their field placement, supervisors and liaisons are asking that their students “unlearn” the ethical principles they are trained to uphold. Given the incongruency of MRT with social work values and the influence of field placements on the development of social work practice, it is important that educators and accreditation agencies carefully consider and critically analyze the treatment models with which students engage in practice settings.

Conclusion

MRT, used widely throughout correctional and other involuntary treatment settings, poses unique challenges to social work programs and practicum students who aim to adhere to the CSWE EPAS. In this article, we evaluated MRT’s compatibility with three of the nine EPAS competencies. We argue that when facilitating MRT with fidelity, social work practitioners and students are unable to (1) demonstrate ethical and professional behavior, (2) engage anti-racism, diversity, equity, and inclusion in practice, and (4) engage in practice-informed research and research-informed practice.

We also argue that the facilitation of MRT is poorly aligned with the NASW Code of Ethics. MRT’s deficit-based conception of participants denies their inherent dignity and worth (NASW, 2021). The program undermines the right to self-determination by imposing rigid explanations and remedies for their current state, discouraging participants from asserting their unique insight or alternative self-concept. The MRT facilitator handbook pits facilitators against participants, compromising their ability to recognize the importance of human relationships (NASW, 2021). MRT denies diversity and difference, requiring participants to remedy their moral deficits through a one-size-fits-all program. Facilitators are expected to remain faithful to the text and ignore structural oppression and cultural humility.

Despite CCI’s claims of a large evidence base supporting MRT, most of the research supporting MRT’s efficacy is not peer-reviewed, and conflicts of interest are of concern in the case of studies funded by the program creators. The assertion that MRT is an evidence-based practice is misleading, as it relies on an outdated NREPP classification that is no longer used or supported by SAMHSA. Ferguson and Wormith’s (2013) commonly-cited, peer-reviewed meta-analysis suffers from poor replicability and non-rigorous publication sources. Further, a recent scoping review found no additional peer-reviewed outcome studies have been published on MRT since 2011 (Harrell et al., 2022). Additional assessment of the purported research base supporting MRT is necessary.

At the top of MRT’s website is an image of a rotating silver medallion. The words curving around the top edge read, “Do the right thing” and the bottom edge, “Moral Reconciliation Therapy.” As the image rotates, the text in the center switches between “MRT” and the statement “It works!” Unfortunately, critical examination of the intervention with regard to social work’s competency standards and ethical principles calls this claim into question on at least two counts. First, the claim itself lacks evidence. Second, even if the intervention were effective, such effectiveness would come at a cost to the dignity and worth of the participants and the integrity of the social work profession.

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