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Discovering Life: MRT for Mental Health

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The background consists of a dark teal color with a large, lighter teal curved shape on the left side. The text is white and bold, positioned on the right side of the image.

**Why do we put
clients into
programs?**

**To make them
successful...**

**What does
successful mean?**

Success is...

- Improved Decision Making
- Forming a Positive Identity
- Confronting Challenges & Developing a Plan of Action
- Implementing Goals
- Maintaining Housing & Employment

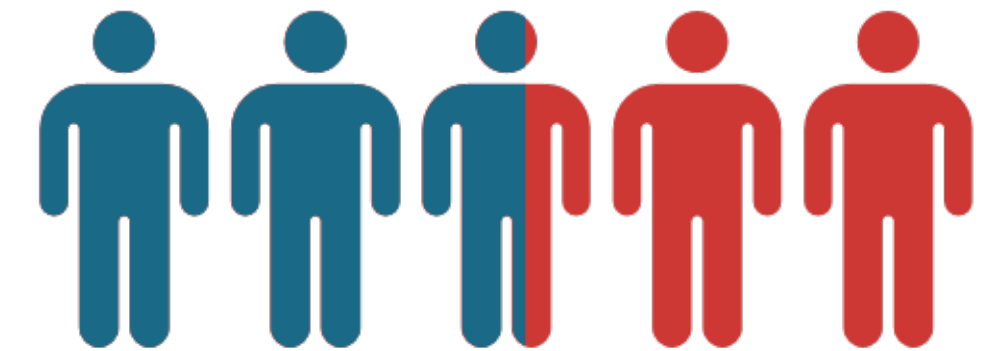
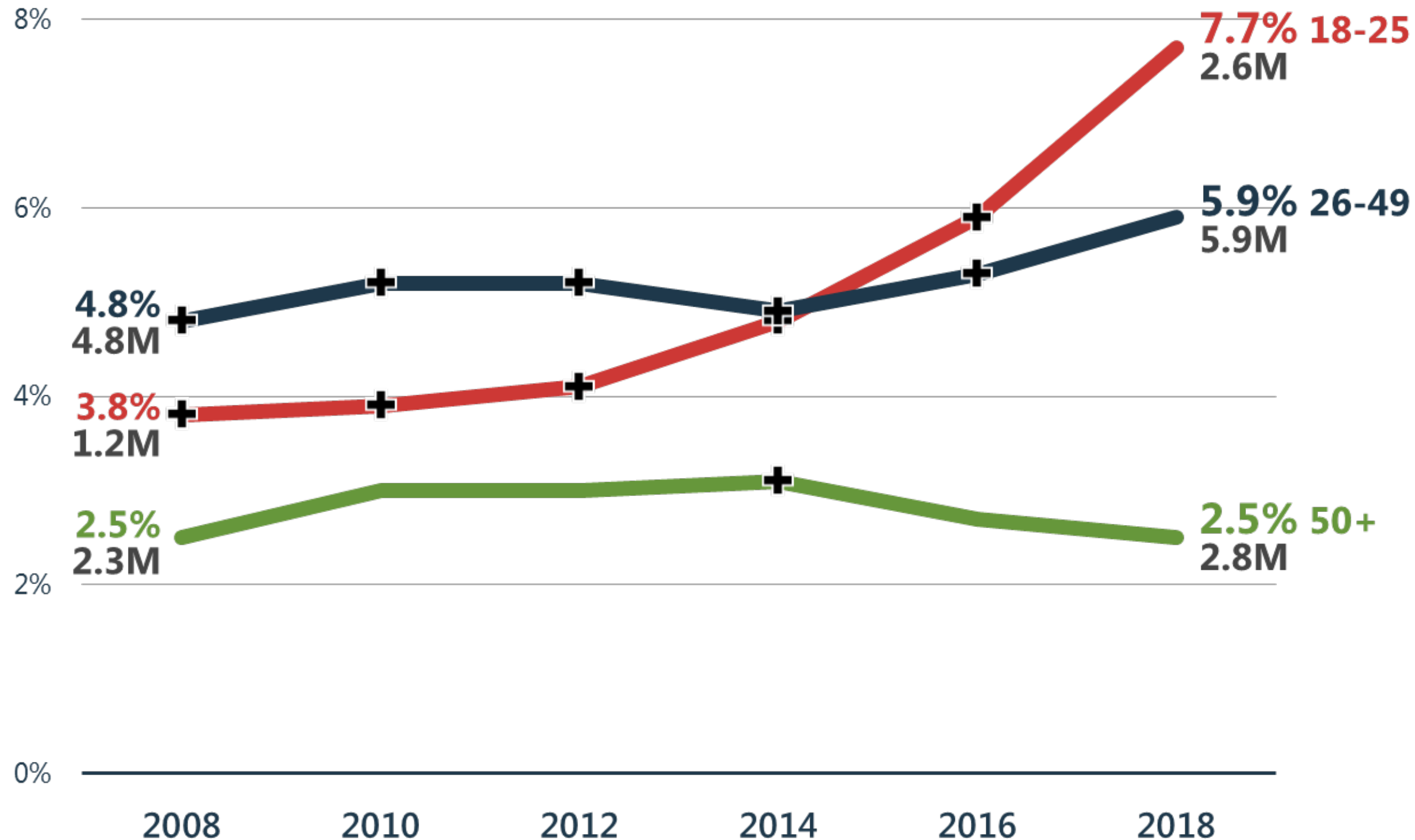
Why Diagnose?

"There is a purpose to psychiatric diagnosis.
It is to enable mental health professionals
to...communicate with each other...,
comprehend the pathological processes...,
and control psychiatric outcomes."

-Robert Spitzer

Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2008-2018 NSDUH, 18+



53.8%
1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018
46.2% got NO treatment

63.7%
3.8M adults (26-49 y.o.) with SMI received treatment;
36.3% got NO treatment

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

What is Anxiety?

- Anxiety Disorders (DSM-5): disorders that share features of excessive fear & related behavioral disturbances
- Fear is the emotional response to real or perceived imminent threat, and is associated with surges of autonomic arousal necessary for fight or flight (immediate danger, escape behavior).
- Anxiety is anticipation of future threat, and is associated with muscle tension & vigilance in preparation for future danger, and cautious or avoidant behaviors

Anxiety

According to NIMH

- Occasional anxiety is normal
- For people with Anxiety Disorders, anxiety doesn't go away on its own and can get worse over time
- The feelings can interfere with job performance, school, and relationships
- There are several types of Anxiety Disorders, including:
 - Generalized Anxiety Disorder
 - Panic Disorder
 - Social Anxiety

Source: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Generalized Anxiety Disorder: Signs & Symptoms

- Feeling restless, wound-up, or on-edge
- Being easily fatigued
- Having difficulty concentrating; mind going blank
- Being irritable
- Having muscle tension
- Difficulty controlling feelings of worry
- Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep

Source: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Social Anxiety: Signs & Symptoms

- Feeling highly anxious about being with other people and having a hard time talking to them
- Feeling very self-conscious in front of other people and worried about feeling humiliated, embarrassed, rejected, or fearful of offending others.
- Afraid others will judge them
- Having a hard time making and keeping friends
- Feeling nauseous when around other people

Source: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Panic Disorder: Signs & Symptoms

- Sudden & repeated attacks of intense fear
- Heart palpitations, a pounding heartbeat, or an accelerated heartrate
- Sweating, trembling, and/or shaking
- Sensations of shortness of breath, smothering, or
- choking Feelings of impending doom or of being out
- of control Intense worries about when the next attack
- will happen Fear or avoidance of places where panic attacks have occurred in the past

Source: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Anxiety Disorder Prevalence

Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year.

Source: <https://adaa.org/about-adaa/press-room/facts-statistics>

Anxiety Disorder Prevalence

- Generalized Anxiety Disorder affects 6.8 million adults, or 3.1% of the U.S. population, yet only 43.2% are receiving treatment.
- Panic Disorder affects 6 million adults, or 2.7% of the U.S. population.
- Social Anxiety Disorder affects 15 million adults, or 6.8% of the U.S. population.

Source: <https://adaa.org/about-adaa/press-room/facts-statistics>

Depression

According to NIMH

Major Depressive Disorder or Clinical Depression is a common but serious mood disorder causing severe symptoms that affect how you feel, think, and handle daily activities.

Source: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>

Depression Signs & Symptoms

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue

Source: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>

Depression Signs & Symptoms

- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping

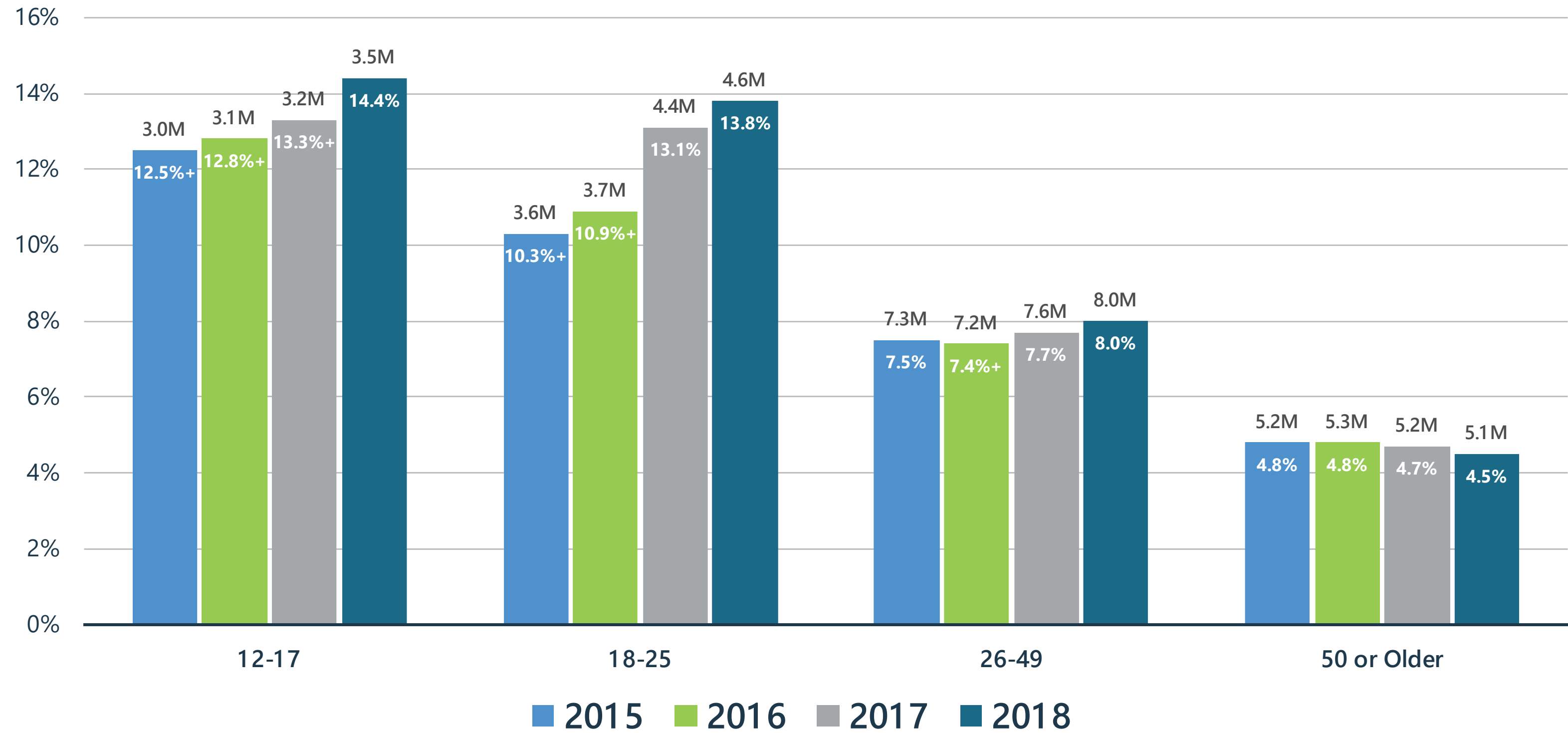
Source: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>

Depression Signs & Symptoms

- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Major Depressive Episodes

PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Note: The adult and youth MDE estimates are not directly comparable.

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>

Bipolar Disorder

According to NIMH

- Bipolar disorder (manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks.
- Changes in moods range from periods of extremely “up,” elated, irritable, or energized behavior (known as manic episodes) to very “down,” sad, indifferent, or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.
- An estimated 2.8% of US adults had bipolar disorder in the past year, and an estimated 4.4% of US adults experience bipolar disorder at some time in their lives.

Source: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

3 Types of Bipolar Disorder

According to NIMH

- Bipolar I Disorder: defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depressive symptoms and manic symptoms at the same time) are also possible.

3 Types of Bipolar Disorder

According to NIMH

- Bipolar II Disorder: defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes that are typical of Bipolar I Disorder.
- Cyclothymic Disorder (also called Cyclothymia): defined by periods of hypomanic symptoms as well as periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents).
However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.

Source: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

Manic Episode Signs & Symptoms May Include:

- Feeling very "up," "high," elated, or irritable or touchy
- Feeling "jumpy" or "wired"
- Having a decreased need for sleep and/or loss of appetite
- Talking very fast about a lot of different things
- Feeling like thoughts are racing
- Thinking they can do a lot of things at once
- Risky behaviors such as excessive drinking, spending money or reckless sex
- Feeling unusually important, talented, or powerful

Source: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

Depressive Episode Signs & Symptoms May Include:

- Feeling very sad, "down," empty, worried, or hopeless
- Feeling slowed down or restless
- Having trouble falling asleep, early waking or sleeping too much
- Increased appetite and/or weight gain
- Talking very slowly or feeling like they have nothing to say
- Having trouble concentrating or making decisions
- Feeling unable to complete even simple tasks
- Having little interest in activities, decreased sex drive or anhedonia
- Feeling hopeless or worthless, thinking about death/suicide

Source: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

Substance Use Disorder

Substance use disorder changes normal desires and priorities. It changes normal behaviors and interferes with the ability to work, go to school, and to have good relationships with friends and family.

Source: <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml>

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.

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2018 NSDUH, 18+

Among those with a substance use disorder:

3 IN 8 (38.3% or 7.4M) struggled with illicit drugs
3 IN 4 (74.5% or 14.4M) struggled with alcohol use
1 IN 8 (12.9% or 2.5M) struggled with illicit drugs and alcohol

7.8%
(19.3 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

3.7%
(9.2 MILLION)
People 18+ had
BOTH an SUD and
a mental illness

Among those with a mental illness:

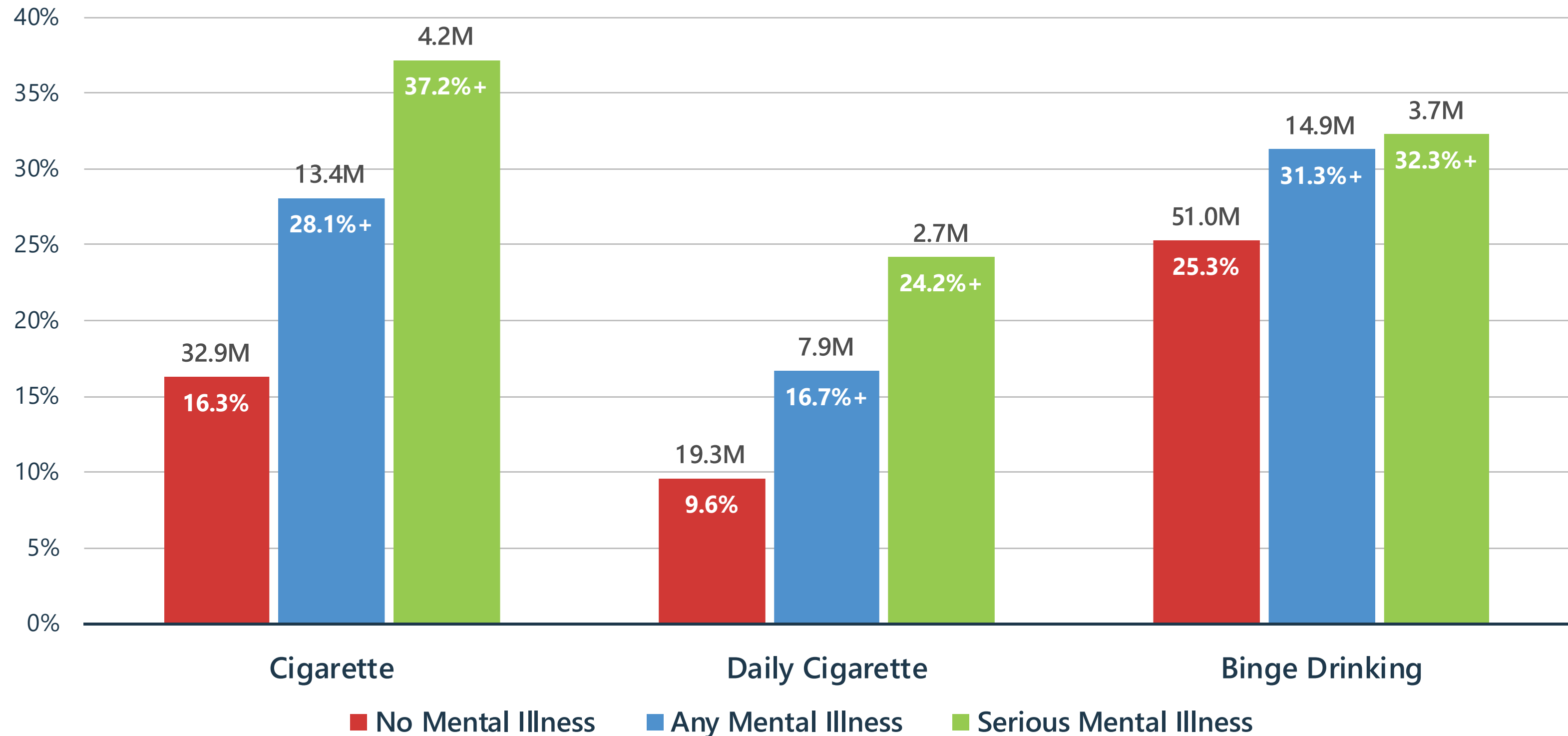
1 IN 4 (23.9% or 11.4M) had a serious mental illness

19.1%
(47.6 MILLION)
People aged 18
or older had a
mental illness

In 2018, **57.8M** Americans had a mental and/or substance use disorder.

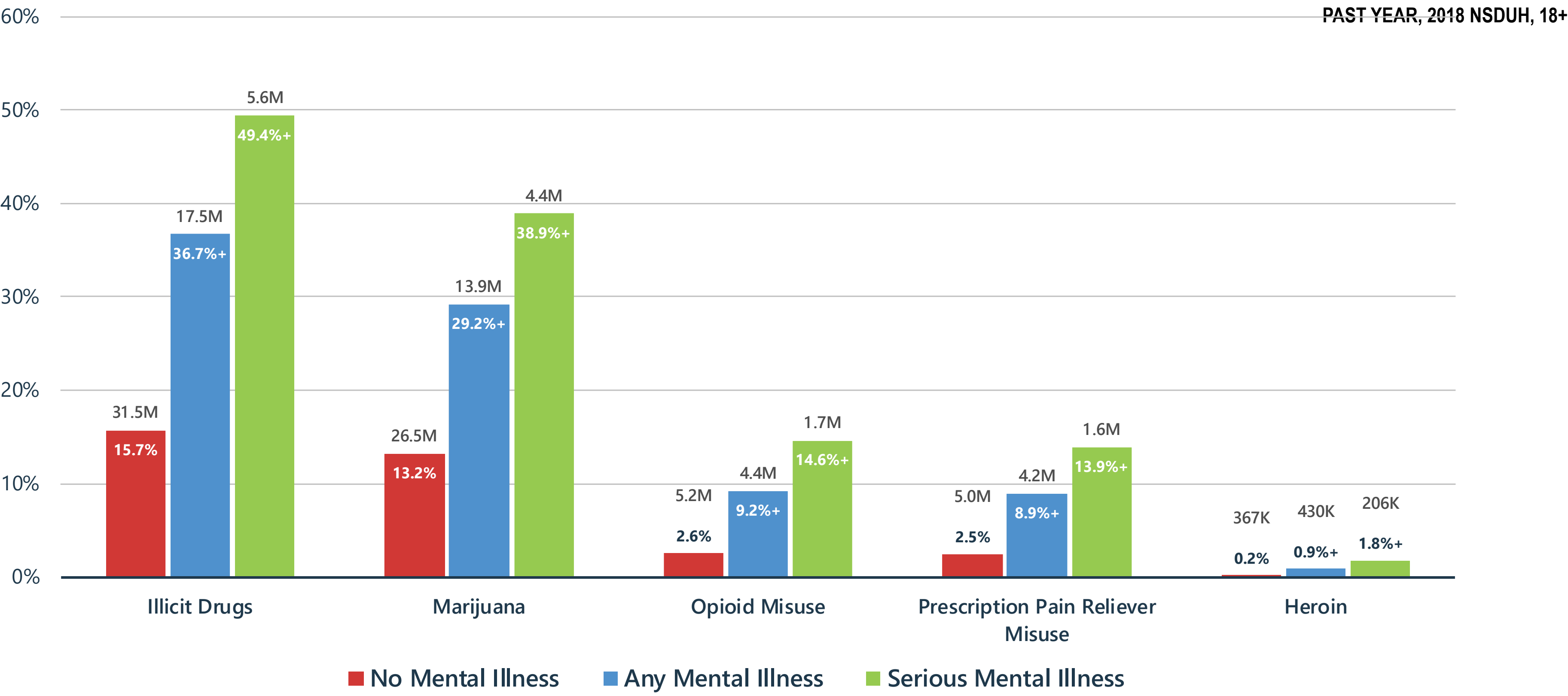
Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness

PAST MONTH, 2018 NSDUH, 18+



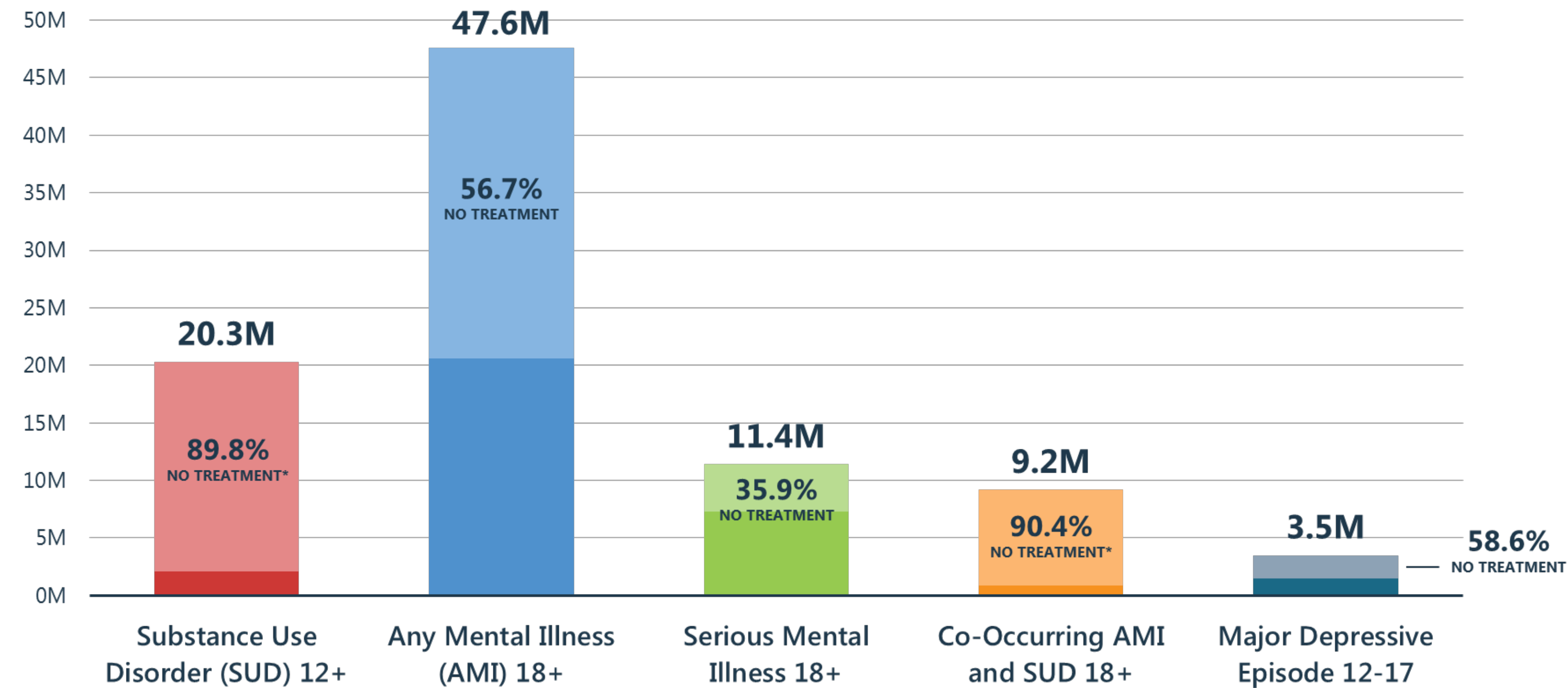
+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

Co-Occurring Issues: Substance Use Is More Frequent among Adults (≥18 y.o.) with Mental Illness



Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2018 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.

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%

Characteristics of CBT Treatment Strategies

- CBT approaches are based on scientific learning principles & focuses on changing how a client thinks and acts
- CBT interventions obviously & directly relate to the client's difficulties and problems
- CBT approaches are systematic
 - MRT & other CBT methods are done in a prescribed manner, at a prescribed time, & in a prescribed order
- CBT approaches are relatively short-term.
 - Some problems are addressed in 6 CBT sessions.
MRT typically takes 16-36 sessions to complete

Characteristics of CBT Treatment Strategies

- CBT approaches represent a blend of active client exercises, homework, tasks, and active skills development
 - MRT & other CBT approaches stress the active components of treatment, rather than sitting & talking, which is passive. All CBT activities directly relate to the client's current difficulties.

Reasoning Behind MRT

If an individual can increase life purpose and their level of moral reasoning could be raised, behaviors would change.

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 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

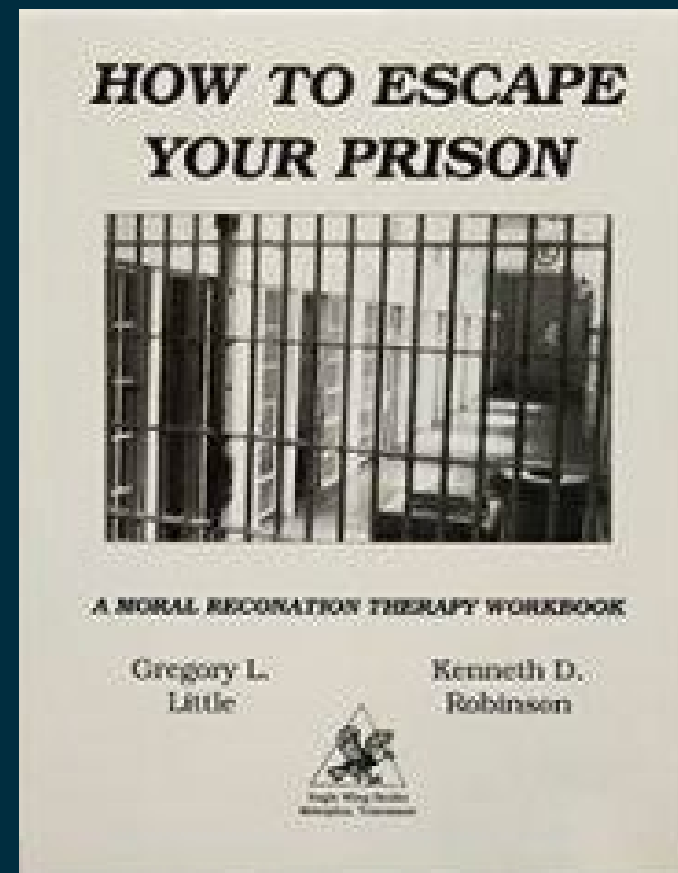
WHY MRT WORKS

- **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**

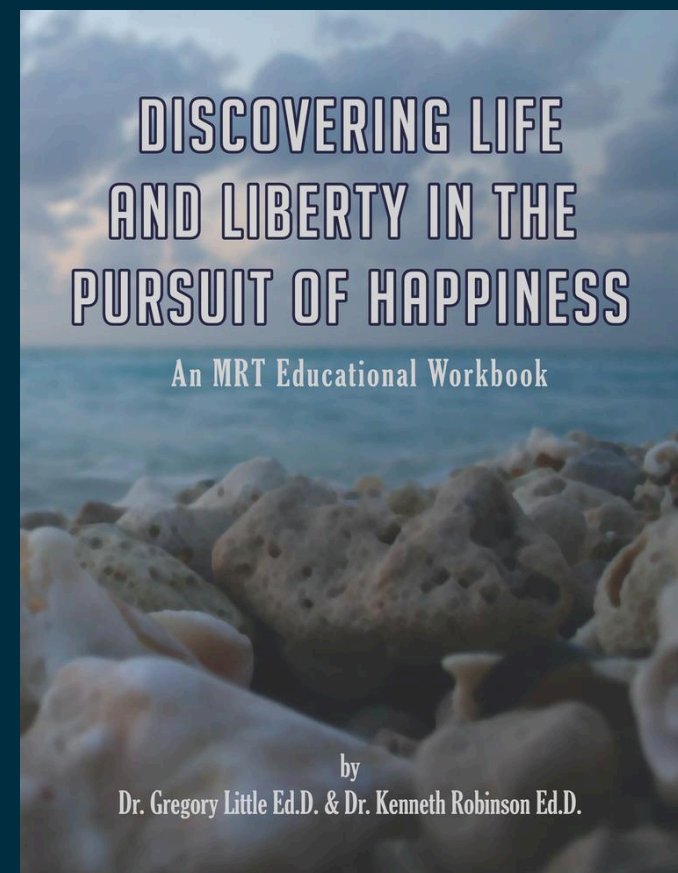
WHY MRT WORKS

- **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.**

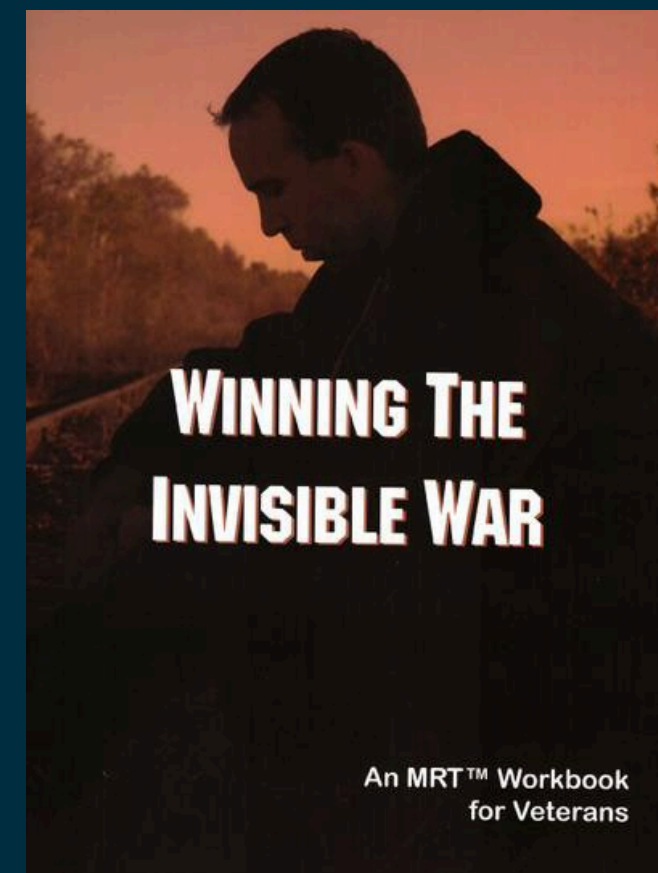
MRT Programs Available



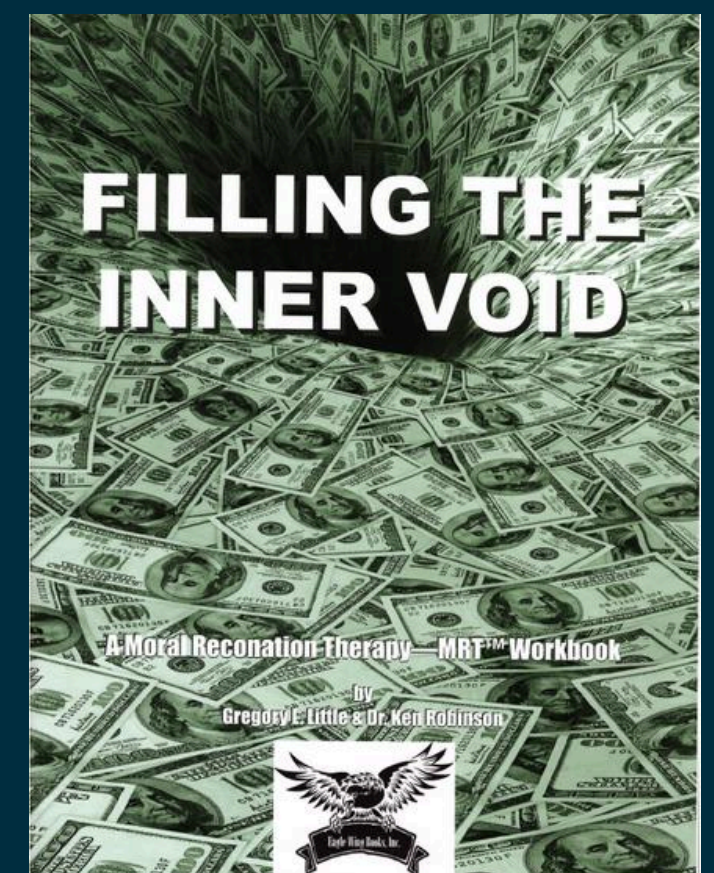
Criminal Justice
& Substance
Abuse



Mental Health



Veteran
Populations

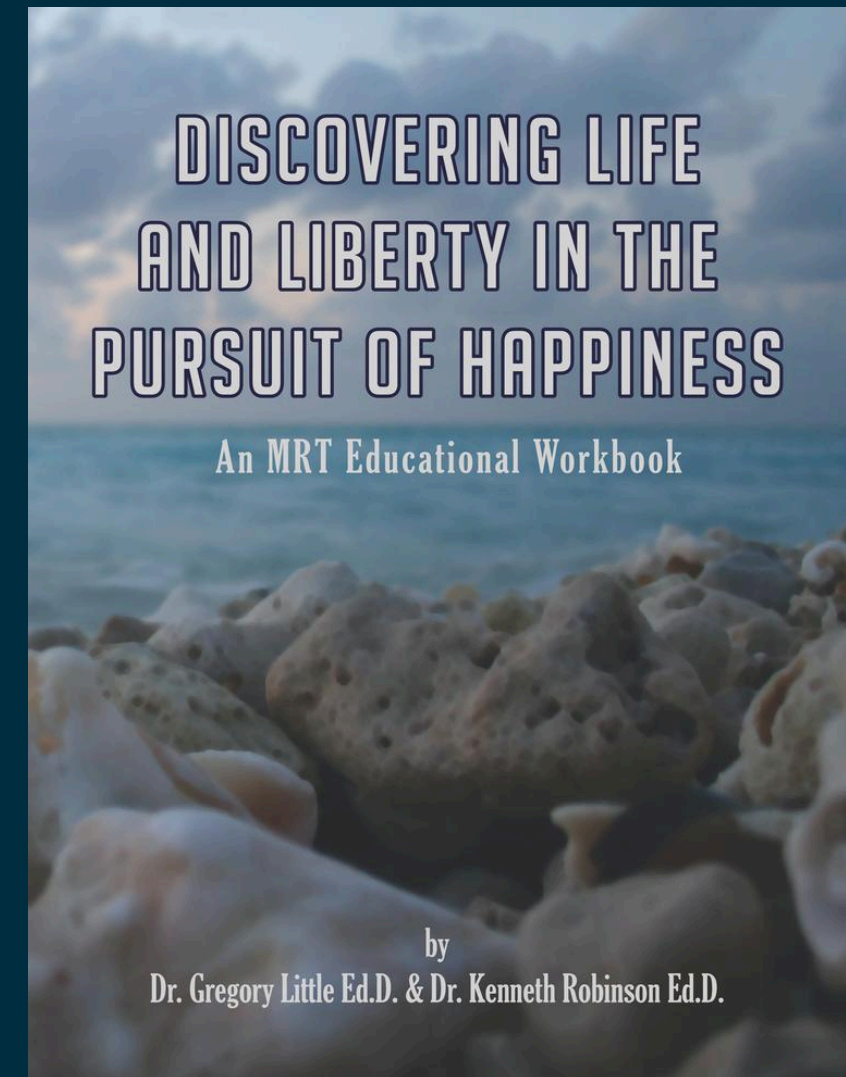


Substance
Abuse

Discovering Life & Liberty in the Pursuit of Happiness

MRT for Non-Offenders, for use in:

- All Types of Educational Settings
 - High Schools
 - Churches
 - Community Colleges
- Welfare-to-Work Initiatives
- Residential Treatment Settings
- Mental Health Settings



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%

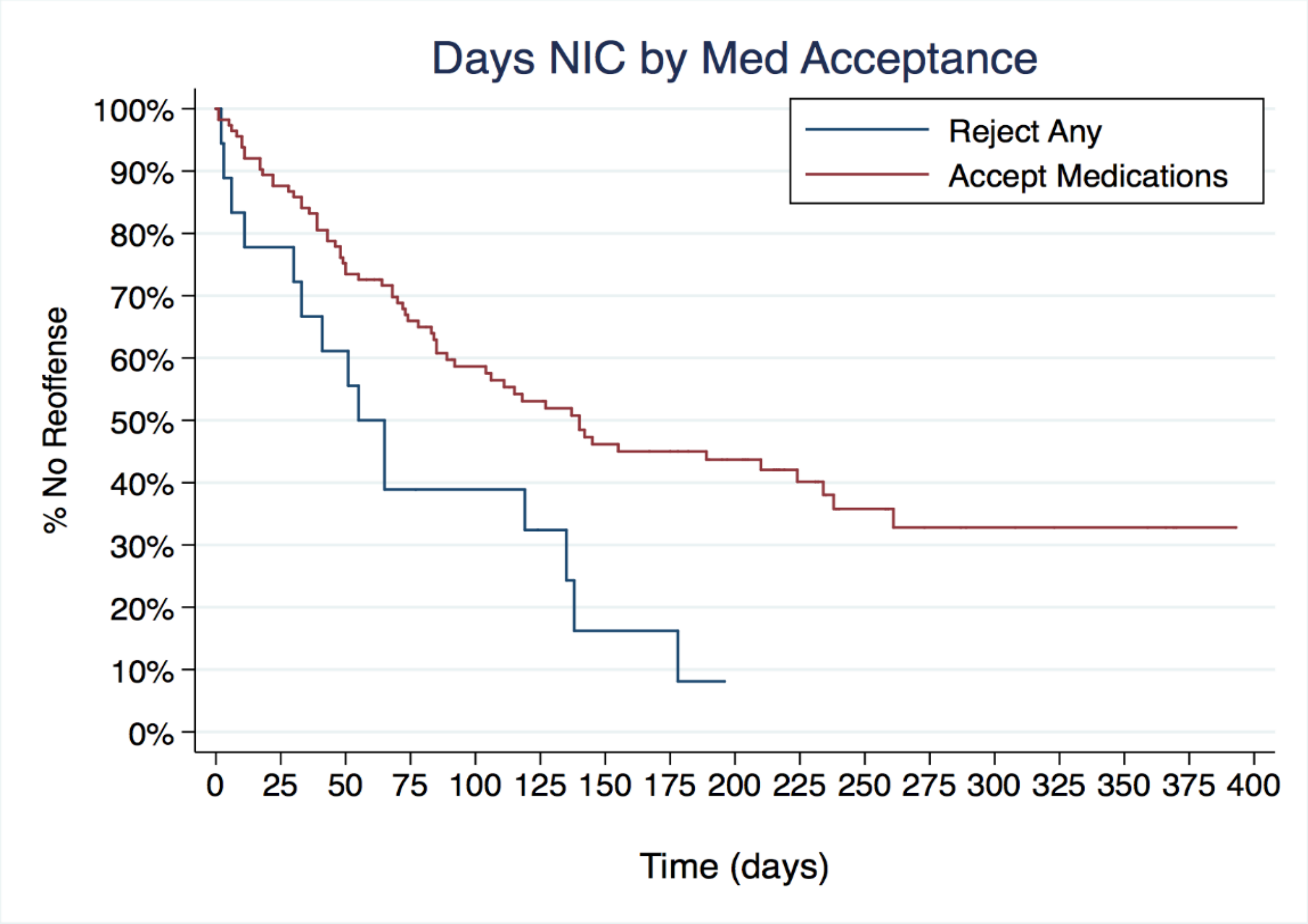
Bonneville County Mental Health Court

- **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**

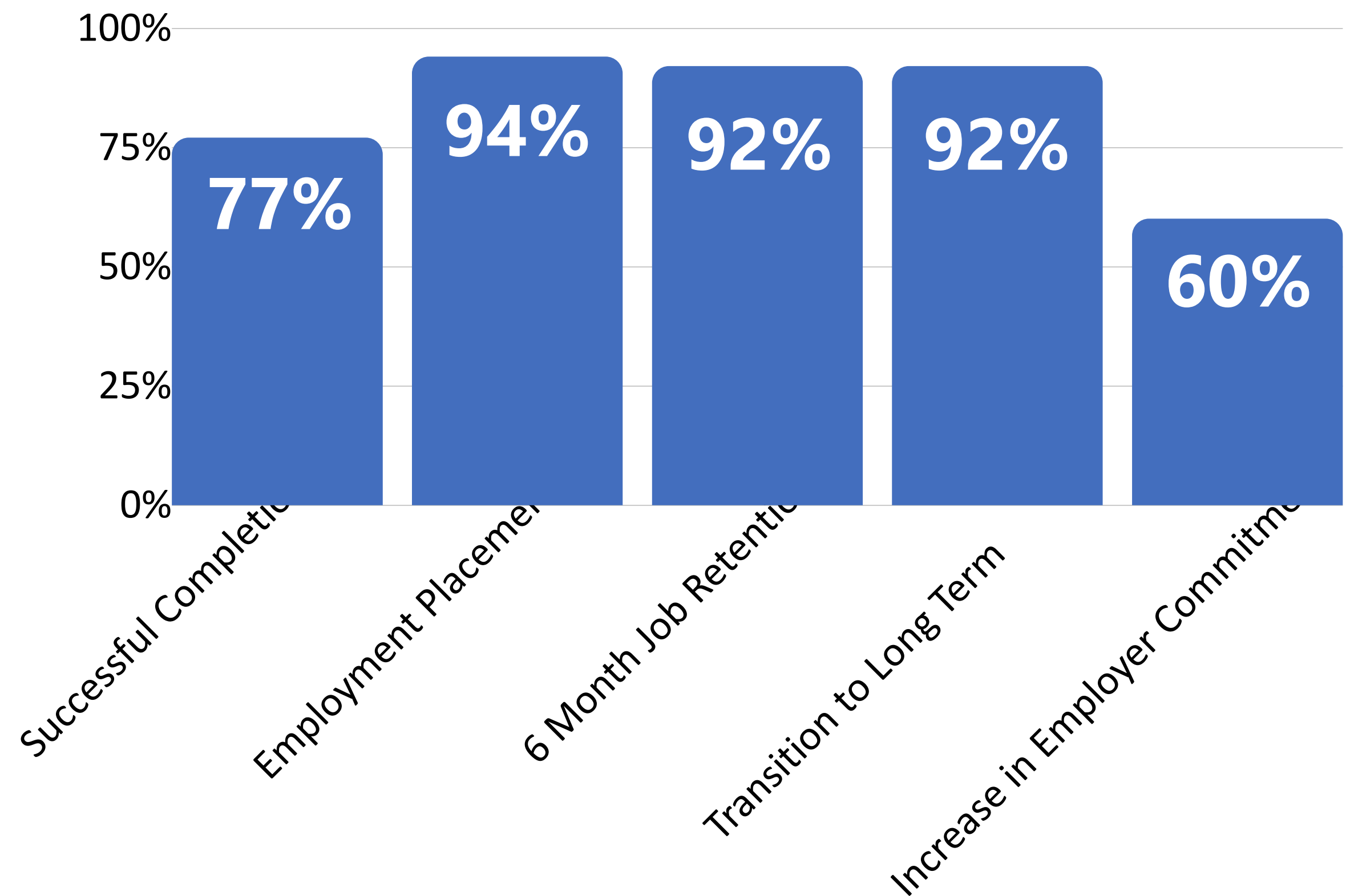
Jail Study with SMI Population

- 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.

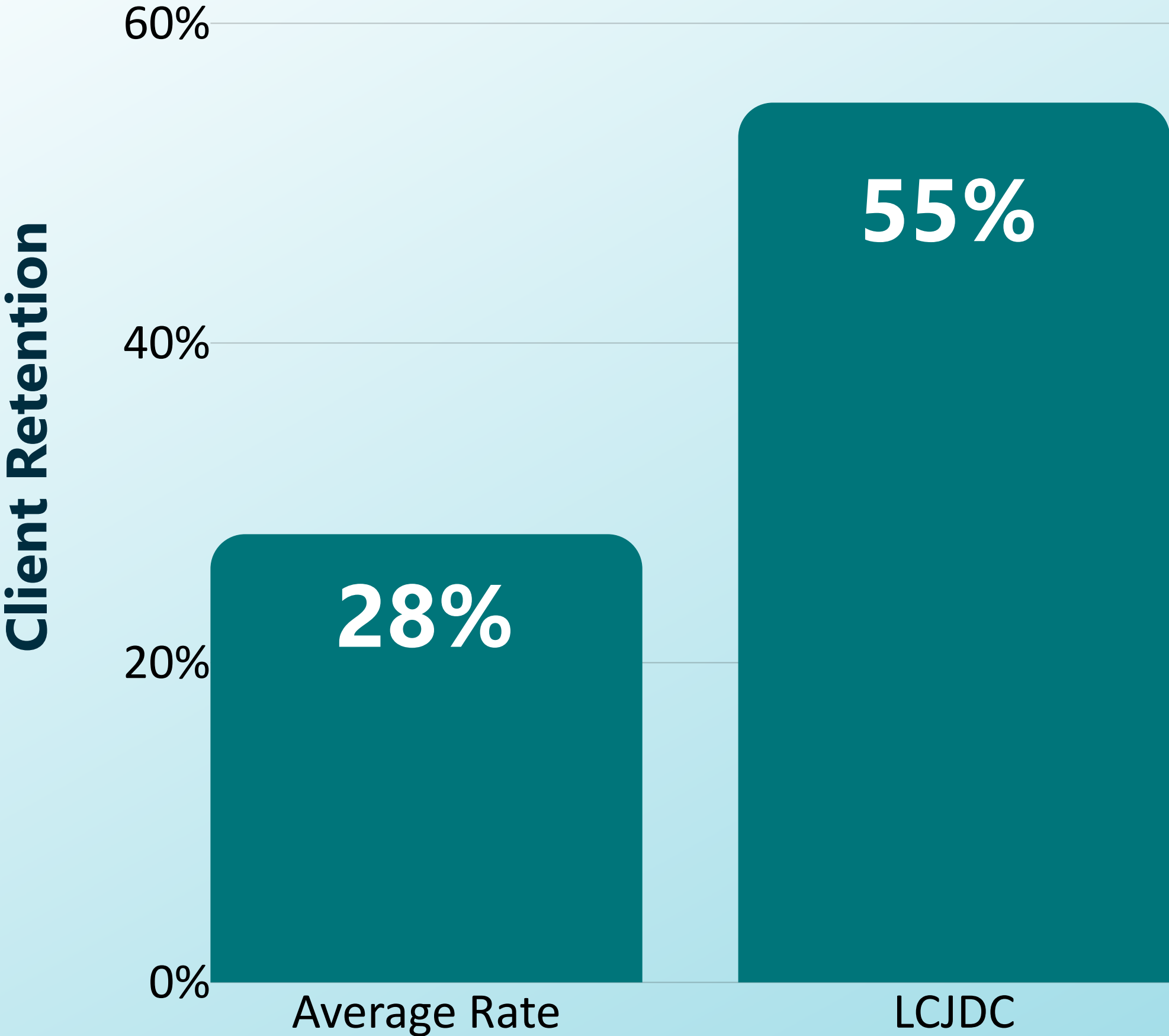
Jail Study with SMI Population



Tidewater Community College Outcome Results

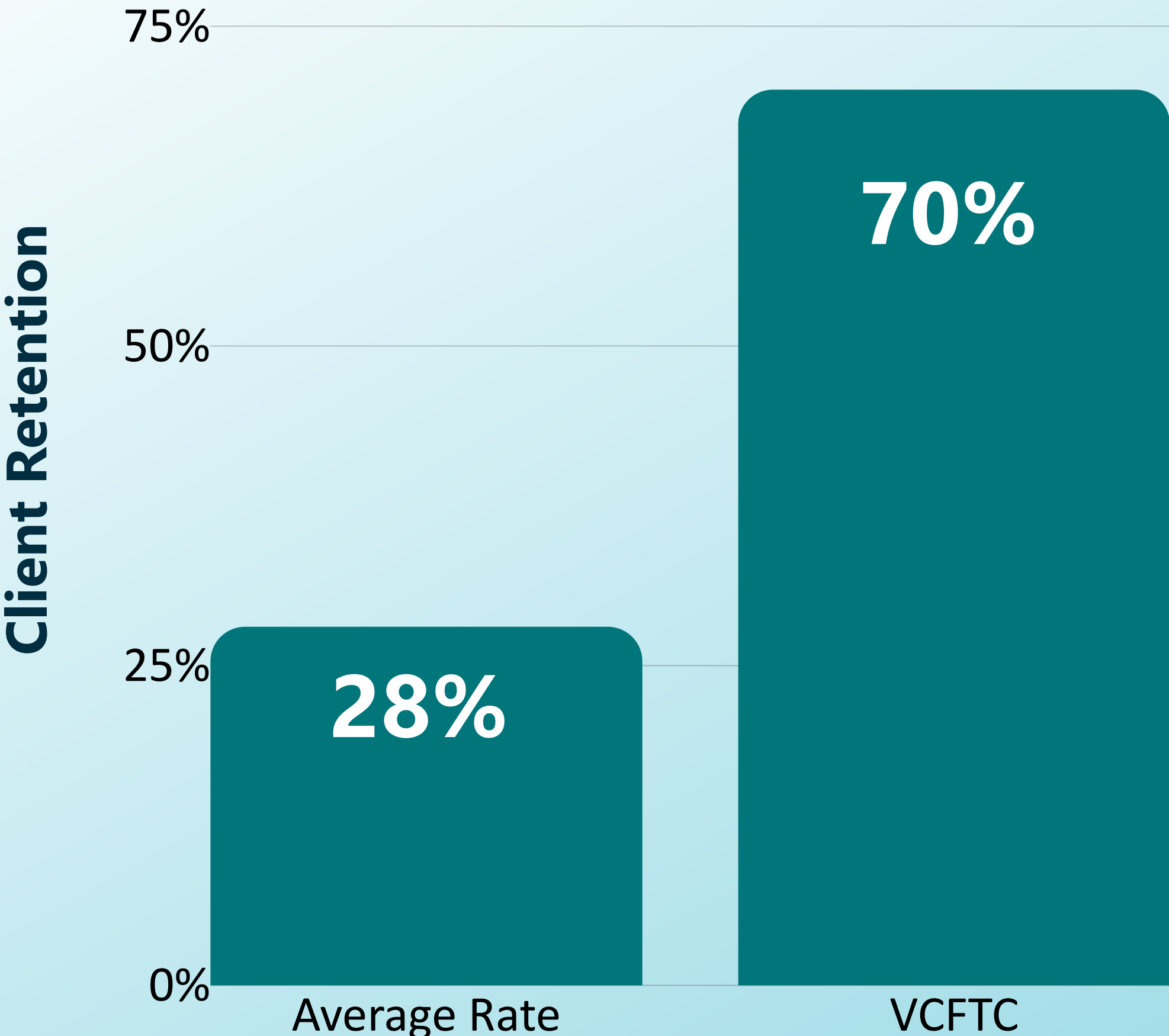


Lincoln County Juvenile Court: Retention Rate



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.

Questions?

CONTACT US

WE'D LOVE TO HEAR FROM YOU!

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