

# COGNITIVE BEHAVIORAL TREATMENT REVIEW

& Moral Reconciliation Therapy (MRT®) News  
Correctional Counseling, Inc.

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## Cognitive Behavioral Treatment Review

### & Moral Reconciliation Therapy (MRT®) News

3155 Hickory Hill • Suite 104  
Memphis, TN 38115

(901) 360-1564 • FAX (901) 365-6146  
email CCIMRT@aol.com

WEB SITES: [www.ccimrt.com](http://www.ccimrt.com)  
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Kenneth D. Robinson, Ed.D.  
*Executive Editor*

E. Stephen Swan, M.Ed.  
*Editor*

Katherine D. Burnette, M.S.  
*Associate Editor*

Gregory L. Little, Ed.D.  
*Associate Editor*

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## Evaluation of Reasoning & Rehabilitation Statewide Implementation Finds “Insignificant” Results

*Summary*—1155 parolees and 192 pre-release inmates in Georgia were randomly assigned into the *Reasoning and Rehabilitation* cognitive skills program or into a nontreatment control group. The mean age of participants was approximately 31 years with 65% of parolees and 59% of pre-release offenders African American. Parolees were all male with 51% of pre-release offenders female. Thirty percent of participants assigned to *Reasoning and Rehabilitation* did not complete the program. Prison return data for all participants was collected at a 30-month period. The difference in rates for the two groups, 3.3%, was not statistically significant. *Reasoning & Rehabilitation* participants showed a significantly higher rate of technical violations during the program as compared to nontreated controls. Employment rates for the treated and comparison groups were nearly identical, however, the nontreated group showed higher employment rates at a 3-month interval. Pre- and posttest comparisons showed no significant changes as a result of the program, however, on several posttest scales nontreated offenders showed more favorable results as compared to the *Reasoning & Rehabilitation* participants. Other results cited in the findings include that the program structure and delivery was adequate and appropriate. Larger class sizes fared better than smaller sizes in outcomes, in contradiction to the *Reasoning and Rehabilitation* training materials. *Reasoning & Rehabilitation* participants who were classified as neurotic by objective tests showed considerably higher recidivism rates than neurotic offenders in control groups. Finally, White offenders showed more favorable outcomes than racial minorities.

In 2003 the University of Cincinnati released final results from the “Cognitive Skills Experiment” implemented by the Georgia Board of Pardons and Paroles (Voorhis, et. al., 2003). The project was designed to assess the effectiveness of the cognitive skills program *Reasoning and Rehabilitation* (Ross & Fabiano, 1985) upon offenders randomly assigned to the program. The Georgia program hoped to “modify offenders’ impulsive, egocentric, illogical and rigid thinking patterns... Specific objectives of the R & R program include improving offenders’ interpersonal problem-solving, consequential thinking, means-end reasoning, social perspective-taking, critical and abstract reasoning, and creative thinking.

## Method

Between July 1998 to April 2000, 28 sites across Georgia’s parole districts participated in the project. Intensive training of Georgia staff was conducted by R & R staff and additional assistance was provided to facilitate consistency among sites. The sample of offenders came from two sources: released parolees and inmates in a pre-release program. A total of 1155 parolees were randomly assigned to R &

R ( $n = 574$ ) and a comparison group ( $n = 581$ ). A total of 192 pre-release inmates were randomly assigned into R & R ( $n = 104$ ) or a comparison group ( $n = 88$ ). Offenders selected for the treatment and comparison groups were derived from the larger pool of potential participants using the following criteria: IQ scores above 80; No sex offenders were included; No substance abusers with “severe” problems were included. Some participants and controls with IQs under 80 were included in the study.

### Participant Characteristics

Parole participants were all male with a mean age of 31.9 years. The majority of parolees were African American (65%). The study found that the parole samples (treatment and control groups) were similar in demographic characteristics and that random assignment had been achieved. Just over half (51%) of the prison pre-release sample was female with 59% African American. Thirty percent of the R & R participants did not finish the program.

### Outcome Measures

Numerous outcome measures were utilized in the study. Several intake assessment instruments were utilized including social and demographic characteristics, criminal history, personality assessments, and IQ scores. Various assessments were also taken from program facilitators (termed “coaches”) and program participants. Pre- and posttest scores were obtained on the *Pride in Delinquency Scale* and posttest scores on the *Colorado Offender Attitude Survey* were utilized. Finally, whether or not parolees returned to prison (recidivism) during a 30-month follow-up period was assessed from OTIS data. Rearrests, revocations, technical violations, and employment status were also evaluated.

### Recidivism Results

By the 30-month follow-up period, the recidivism rate (return to prison) for the R & R treated group was 41.7% compared to 45% for controls: “The difference in rates for the two groups, 3.3%, was not statistically significant. These

results were similar to those found for Phase I.... These results, along with those for Phase I, were in line with other R & R initiatives, one in Canada and another in Colorado. The Canadian study achieved a treatment effect of 5%, among parolees, and the Colorado study found an effect of 3%.”

Rearrest analysis was complicated by a variety of factors and the final analyses did not perform the desired comparisons. Control group parolees were rearrested (at a 12-month follow-up period) for felonies at a rate of 38% compared to 35.5% for the R & R group, “but the differences were not statistically significant.”

### Technical Violations Results

Technical violations were assessed at four intervals: during the program and 3, 6, and 12 months later. R & R participants showed a statistically significant higher rate of technical violations during the program (61%) as compared to controls (42%). During the other three technical violation data collection points, there were no statistically significant differences between the groups. However, the R & R group showed higher technical violation rates on two of the three time periods.

### Employment Results

Employment status was obtained for all program participants and controls at the same four time intervals that technical violations were assessed: during the program and 3, 6, and 12 months later. No significant group differences were found. Controls showed a slightly higher employment status at the 3-month period and identical employment status at the 12-month period.

### Test Results

Posttest scores for females on the *Colorado Offender Attitude Survey* were significantly related to risk measures. However, “no significant correlations between the COAS scales and risk were noted for male pre-release inmates. Several scales of the COAS were significantly related to rearrests or prison recidivism for females. These included criminal sentiments, and cognitive scales. However, with males, “On several scales, parolees in the comparison group achieved more favorable COAS test results than those who participated in the cognitive class. Pride in Delinquency changes from pretest to posttest were not significant, regardless of the sample.”

### Class Sizes

*Reasoning and Rehabilitation* training materials recommend having 4 to 8 participants in each class. “However, our study found that groups smaller than eight did not achieve the treatment gains that groups of eight or larger did.”

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**Drug Court Services • DWI Programming**  
**Criminal Justice Staff Training**

### Adherence to Program Design

The study found that the R & R implementation “employed the clinical dimensions dictated by their underlying cognitive-behavioral theory” and appeared to deliver the program as training and program manuals instructed. There were no correlations between the relevance of the program materials (as rated by participants) and offender outcomes.

### Racial Differences in Outcome

Parolees (males) “who achieved the most impressive treatment gains were: (a) white, and (b) between the ages of 28 and 32. Moreover, neurotic offenders classified by the *Jesness Inventory* who participated in the Cognitive Skills Program, had considerably higher recidivism rates than the comparison group who did not participate.... In addition, a race effect was detected for women pre-release offenders as well as parolees; white women offenders had much better posttest results than nonwhite offenders.”

### Summary

The University of Cincinnati study summarized the outcome results of the implementation of *Reasoning & Rehabilitation* with Georgia offenders succinctly: “In sum, a strict comparison between experimental and comparison group members found very few statistically significant differences.... The Cognitive Skills Program also showed no significant impact on post program recidivism.”

Note: *Reasoning & Rehabilitation*, described as a “cognitive skills program,” was developed in Canada around 1985.

### References

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## Male Juvenile Offenders Participating in MRT® Within A Therapeutic Community Program Continue to Show Positive Results

Katherine D. Burnette, E. Stephen Swan, Kenneth D. Robinson, Marilyn Woods-Robinson,  
*Correctional Counseling, Inc.*  
& Gregory L. Little  
*Advanced Training Associates*

*Summary*—An earlier study on the Woodland Hills Youth Development Center (WHYDC), a state of Tennessee Department of Children’s Services facility located in Nashville, evaluated 56 juvenile male offenders on a variety of outcomes. The program operates as a drug therapeutic community and utilizes Moral Reconciliation Therapy (MRT) as its cognitive-behavioral treatment component. The present study reports on an additional 29 male offenders who have participated in the program. Results from pre- and posttests showed that participants had a statistically significant increase on life purpose scores, a significant change toward internal locus of control, two significant increases in social support scales, significant declines in total problem areas, and a significant lowering in antisocial characteristics.

In September 1999, Correctional Counseling, Inc. (CCI) of Memphis, Tennessee implemented a drug treatment program for male juvenile offenders housed at the Woodland Hills Youth Development Center (WHYDC), a state of Tennessee Department of Children’s Services facility located in Nashville. The program was organized and developed as a drug therapeutic community, which utilizes Moral Reconciliation Therapy (MRT) as its cognitive-behavioral treatment component. It was designed to house 12 juveniles with each participant in the program for at least six months.

In February 2002, an outcome evaluation of the WHYDC Program was completed and published (Burnette, *et. al.*, 2003). That evaluation covered the period of September 1999 until January 30, 2002 and included findings from 56 male juvenile offenders who had entered the program. The average age of participants was 16.33 years. African-Americans comprised 50 percent of participants while 45 percent were White. The

current report updates program outcome results for a six-month period (2/1/02 to 7/1/03).

The prior evaluation on the program showed a 70 percent completion rate and reported on a variety of test scores. In summary, as a result of program participation, participants showed significantly enhanced internal locus of control, significantly higher purpose in life scores, significantly enhanced social support from three areas (family, friends, and significant other), and significantly lowered problem areas—all of which were measured by objective tests. These beneficial changes were observed in both program completers as well as dropouts.

### Client Characteristics

During the period between 2/1/02 and 7/1/03 a total of 17 juvenile offenders were discharged from the program with

another 12 clients actively participating in the program. Thus, over the time period of interest, a total of 29 juvenile offenders have participated in the program. Client characteristics (e.g., age, race) remained essentially the same as in the prior report (age = 16.3; 50% African-American). The mean days participating in the program of clients in the current report was 242.8 as compared to 151 days in the prior report. During the time period of the current report, a total of 34 drug usage screens were obtained from clients. The tests measured five categories of drug use: amphetamines, cocaine, marijuana, barbiturates, and narcotics. Not a single urine screen tested positive for drug usage.

### Tests Utilized

As reported previously, with juveniles, CCI utilizes a battery of six pre- and posttests to assess client changes over the course of programming. The six tests employed in the CCI therapeutic community are all research tests and are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability. These are:

1. The **Prison Locus of Control** (PLOC) is intended to measure the degree to which an individual believes he has control over his life (Pugh, 1994). The ideal is to show internal control, indicated by lower scores.

2. The **Life Purpose Questionnaire** (LPQ) is designed to assess the degree to which an individual perceives purpose or meaning in his life (Habeas & Hutzell, 1982). Ideally, program participants would develop more meaning in their lives as shown in higher scores.

3. The **Short Sensation-Seeking Scale** (SSS) is a 10-item questionnaire designed to assess risk-taking behaviors (Zuckerman, 1984). High scores are associated with risky behavior and antisocial tendencies.

4. The **Multidimensional Scale of Perceived Social Support** (PSS) is designed to assess the degree to which an individual believes he has social support from three different areas: *friends, family, and significant others* (Zimmet, et. al., 1988). Program participation would, ideally, result in stronger support in some areas of the individual's life.

5. The **Problem Oriented Screening Instrument for Teenagers** (POSIT) is a screening tool used to identify problem areas and was developed by the National Institute of Drug Abuse (NIDA). NIDA recommends that the test be used at both pre- and posttest to ensure that programming reduces participants' problems. Ideally, the total "problem score" on the test would decrease as a result of treatment.

6. The **Defining Issues Test** (DIT) is an objective measure of an individual's moral reasoning as defined by Kohlberg's stages of moral reasoning (Rest, 1986). There are five major moral reasoning scales measured. Ideally, participants would see declines in the lower levels of moral reasoning and increases in higher levels.

### Pre- to Posttest Results

A series of repeated measures *t*-tests were conducted on all pre- to posttest scores on clients who were discharged during this report period. Results showed six statistically significant results. Clients significantly increased scores on Life Purpose ( $t_{16} = 2.14$ ;  $p = .05$ ) from the pre- to posttest and showed a significant reduction in Locus of Control scores ( $t_{16} = 2.68$ ;  $p = .017$ ). Thus, program participants showed enhanced purpose in life and more internal locus of control over the course of program participation.

In addition, two social support scales increased significantly from pre- to posttest. The Support from Friends scale increased significantly ( $t_{16} = 2.32$ ;  $p = .03$ ) and the Support from Family scale also increased ( $t_{16} = 2.79$ ;  $p = .013$ ) indicating enhanced social support developing over the course of the program. Scores on the POSIT significantly decreased from the pre- to posttest ( $t_{16} = 3.16$ ;  $p = .006$ ) showing that clients reported less problems after program participation. Finally, scores on the sensation seeking scale decreased significantly from the pre- to posttest ( $t_{16} = 2.24$ ;  $p = .041$ ) showing that program participation is associated with a significant lowering in antisocial characteristics.

### Summary & Discussion

Given the relatively low number of pre- and posttests for evaluation, it is remarkable that statistical significance was achieved on so many measures. The significant increases in Life Purpose, the Support from Friends Scale, and Family Support Scale are highly desirable. These results are consistent with the earlier report and show that the program is enhancing participants' perceived purpose in life as well as enhancing their support structure. The significant shift toward a more internal locus of control indicates that clients feel more in control of their lives and the significant decline in problem areas (as shown in POSIT scores) shows that clients appear to be dealing with problem areas effectively. Finally, the change in sensation seeking scores over the course of the program, showing a lessening of antisocial tendencies, is quite significant.

MRT has been widely utilized with juvenile populations since the early 1990s. Over a dozen studies have now been published on the outcomes of MRT on juvenile populations (Little, 2002). All of these reports, with a single exception, have concluded that MRT results in a myriad of beneficial changes in participants. These changes include a host of desirable personality characteristics as well as lower recidivism.

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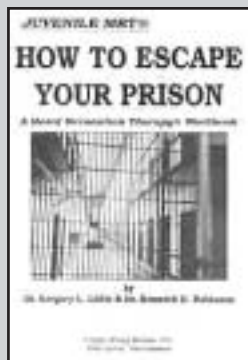
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## Cutting Edge Research Notes

**New Avenues of Research Explore Addiction's Disrupted and Destructive Decision Making** by Arnold Mann and Patrick Zickler. *NIDA Notes* (2003), 18 (4), 1, 6-7, 12.

A hallmark of addiction is compulsive drug-seeking and drug-use behavior despite increasing harmful consequences. While the making of increasingly self-destructive decisions seem incomprehensible to many people who observe the behavior, NIDA research has probed the underlying mechanisms. Decisions are made in the brain's frontal lobe where benefits are weighed and risks assessed followed by conscious choice. University of Iowa research is evaluating the process by using a computer controlled card game that involves conflict between short- and long-term gains or losses. The first study showed that the majority of substance-dependent participants made poor decisions. In general, these subjects chose high immediate gratification without regard for much higher future costs. The next study showed that most of these individuals were hypersensitive to reward meaning that they made choices without regard for punishment or harm. The next stage of the research combined decision-making games with brain imaging and was conducted at the University of California, San Diego. Results of the research on methamphetamine-addicts showed that they displayed a distinctive pattern of frontal brain activity. The pattern is associated with making decisions based on habits and compulsions where recognition of potential harmful consequences is disregarded. The pattern of brain activity that was found is similar to that observed in individuals who have suffered injury or disease to the ventromedial prefrontal cortex. Such people make decisions based only on the possibility of immediate reward. Future consequences—either good or bad—are disregarded. Overall, 23% of substance abusers show strong brain activity similar to those who have prefrontal damage. A larger group, 41%, makes decisions driven by hypersensitivity to rewards. One additional finding was notable. Methamphetamine-using subjects showed behavioral and brain imaging patterns indicating that their decisions are not made on the basis of assessing the probability of their success or failure in obtaining the reward. The possibility of immediate reward, regardless of the probability of obtaining it, was the overriding factor.

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•

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## Probation

### Does Probation Work? An analysis of the relationship between caseloads and crime rates in California Counties by John Worrall, Pamela Schram, Eric Hays, & Matthew Newman. *CICG Research Brief* (Sept. 2001).

Each year more offenders are sentenced to probation than to any other sanction in the criminal justice system. There are more offenders on probation than in prisons and jails combined. What's more, modern probation is no longer just reserved for misdemeanants or first-time low-level offenders. Today's probationers include many convicted of serious offenses. The reasons for the increasing use of probation are clear enough: probation can be provided at more than five times less cost than jail and nearly 19 times less cost than state prison.

In spite of the importance of probation programs, relatively little is known about their effectiveness. Existing research hints at a connection between better probation programs and reduced recidivism, but the academic jury has not yet delivered its final verdict on the effectiveness of probation programs. In order to start to address this important gap in the research, CICG sought to answer a fundamental question: does probation work? That is, we sought to determine if probation is effective in achieving one of its stated goals of protecting public safety. In order to answer this important question, we analyzed probation services in each county in California as measured by the probation caseload.

We compared the caseload data to crime rates reported by local law enforcement agencies. We then conducted a statistical analysis which allowed us to control for other factors known to influence the crime rate in order to isolate the impact of probation programs.

Our results confirm that lower probation caseloads are effective in reducing crime. We found a statistically significant relationship between the probation caseload and the property crime rate, indicating that as caseloads shrink, so does the crime rate. Our results also indicate that other law enforcement activities are important in reducing crime. We found a significant relationship between the overall level of law enforcement spending in a county and the crime rate, so that as spending increases, crime tends to decrease. Furthermore, we found that as the crime clearance rate (defined as the percentage of crimes for which an arrest is made) increases, the crime rate decreases. While additional research into the effectiveness of probation is clearly needed, the results of our analysis nevertheless indicate that improvements in public safety can be expected if probation services are expanded.

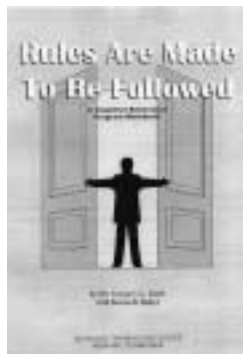
### Juveniles In Court By Melissa Sickmund. *Juvenile Offenders and Victims National Report Series Bulletin*, U.S. Dept. of Justice, OJP, OJJDP, June 2003.

In 1998, U.S. courts with juvenile jurisdictions handled an estimated 1.8 million cases in which the juvenile was charged with a delinquency offense—an offense for which an adult could be prosecuted in criminal court. In 1998, 84 percent of delinquency cases were referred to courts by law enforcement agencies. The overall delinquency caseload for females grew at an average rate of 7 percent per year between 1989 and 1998, compared with 3 percent for males. The result was an 83 percent overall increase for female cases, compared with a 35 percent increase for males. Overall, youth were detained in 19 percent of delinquency cases handled in 1998.

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## Juvenile Offenders

Highlights from **Prevalence and Development of Child Delinquency** By Howard N. Snyder, Rachele C. Espiritu, David Huizinga, Rolf Loeber, and David Petechuk. *Child Delinquency Bulletin Series*, U.S. Dept. of Justice, OJP, OJJDP, March 2003.

The number of child delinquents entering the juvenile justice system is increasing, as evidenced by rising arrest rates and court caseloads. Compared with adolescents who become involved in delinquency in their teens, child delinquents between the ages of 7 and 12 have a two- to threefold greater risk of becoming serious, violent, and chronic offenders.

To determine the prevalence of child delinquency, information about the types of delinquent acts committed, and how the juvenile justice system deals with child delinquency, the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Study Group on Young Offenders (the

Study Group) focused on two sources of data. The Study Group looked at a wide range of official reports. It also studied self-report data gathered from children and young adolescents.

According to National Juvenile Court Data Archive, an estimated 181,300 delinquency cases in 1997 involved offenders who were younger than 13 at the time of court intake. Between 1988 and 1997 the number of cases disposed by juvenile courts that involved child delinquents increased 33 percent. In 1997, 57 percent of cases involving child delinquents were property offenses, 29 percent were violent offenses or other offenses against a person, 12 percent were offenses against the public order, and 2 percent were drug law violations.

The proportion of female child delinquents rose from 17 percent in 1988 to 22 percent in 1997. In addition, the juvenile court referral rate for very young black juveniles in 1997 was approximately three times the referral rate for white juveniles.

# The Punishment Myth

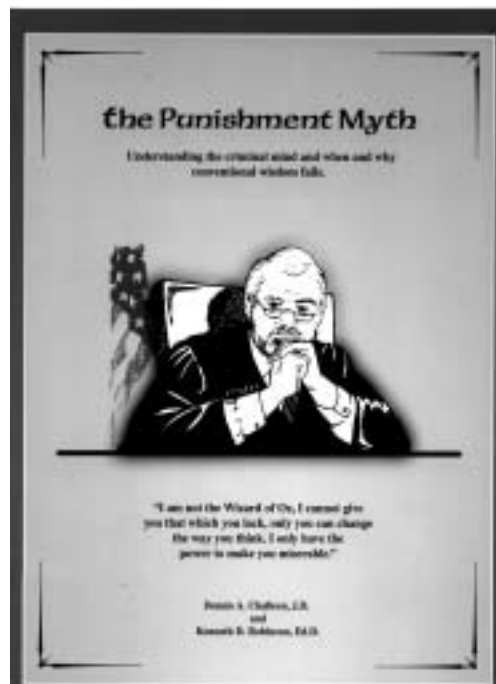
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## Correctional Education

**Education and Correctional Populations** by Caroline Wolf Harlow. *Bureau of Justice Statistics Special Report*, January 2003 (NCJ 195670).

About 41% of inmates in U.S. state and federal prisons and local jails in 1997—and 31% of probationers—had not completed high school or its equivalent. In comparison, 18% of the total population who are age 18 or older had not finished the 12<sup>th</sup> grade. Over 90% of state prisons provide educational programs to inmate populations and about 50% of inmates reported participation in an educational program during their current incarceration. Women incarcerated in state prisons are more likely to have received a high school

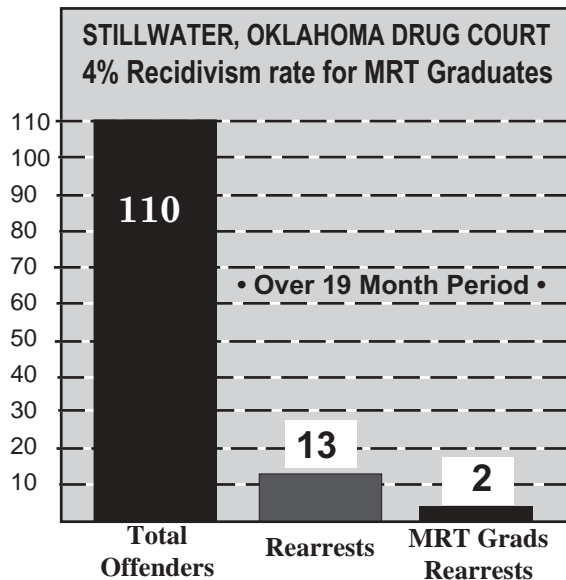
diploma: 36% of women inmates, as compared to 32% of males, had graduated from high school or attended a postsecondary institution. About 44% of African-American state inmates and 52% of Hispanics had not graduated from high school as compared to 27% of whites. Younger inmates are the least likely to have completed high school. Employment status at the time of prison entry is significantly related to educational attainment. The more educated an inmate is, the more likely he or she was employed. In addition, education level and recidivism are significantly related. The less educated offenders are, the more likely they are to recidivate.

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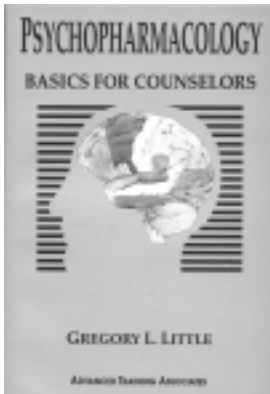


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## Parole & Juveniles

**The Effectiveness of Early Parole to Substance Abuse Treatment Facilities on 24-Month Criminal Recidivism** by D.A. Zanis, et.al. *Journal of Drug Issues* (2003), 33,1, 223-236.

This study examined the impact of early parole to a community-based treatment facility on the 24-month recidivism rates of 569 offenders incarcerated in an urban jail in the NE U.S. The subjects were primarily male (91%) and African-American (74%) averaging 31 years age and 11th grade. They had a mean of 3.6 prior convictions and cocaine (77%) and alcohol (51%) were the primary substances of abuse/dependence. All of the 569 offenders had a prior history of substance abuse with 495 of the offenders paroled to a state approved treatment facility while the remaining 74 were paroled directly to the community as a result of prison overcrowding without entering a treatment facility. The study compared the criminal history of each of the offenders twenty-four months after parole.

The authors found a statistically significant difference ( $X^2 = 4.57; p = .033$ ) between the two groups in recidivism. Those who participated in the state approved substance abuse programs were less likely to be convicted of a new crime (22%) as compared to 34% of subjects with standard parole who were convicted on new crimes. The findings of a significant difference in new conviction rates between the two groups are encouraging and support the efficacy of early

parole to treatment programs as a viable alternative to incarceration thereby reducing prison overcrowding.

**Juveniles In Court** By Melissa Sickmund. *Juvenile Offenders and Victims National Report Series Bulletin*, U.S. Dept. of Justice, OJP, OJJDP, June 2003.

In 1998, U.S. courts with juvenile jurisdictions handled an estimated 1.8 million cases in which the juvenile was charged with a delinquency offense—an offense for which an adult could be prosecuted in criminal court. In 1998, 84 percent of delinquency cases were referred to courts by law enforcement agencies. The overall delinquency caseload for females grew at an average rate of 7 percent per year between 1989 and 1998, compared with 3 percent for males. The result was an 83 percent overall increase for female cases, compared with a 35 percent increase for males. Overall, youth were detained in 19 percent of delinquency cases handled in 1998.

**State Juvenile Justice Profiles National Center for Juvenile Justice** (2003): *Juvenile Transfer Study*—A 5-year study in Florida tracked transfers from the juvenile justice system to adult systems and collected reoffending data on those who were transferred and those who were processed in juvenile courts. After turning age 18, almost 50% of the juveniles who were processed by adult criminal courts reoffended. In contrast, 37% of juveniles processed by juvenile courts reoffended over the same time period.

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CCI staff conduct each training session. Trainers may include Dr. Ken Robinson (a co-developer of MRT®), Kathy Burnette, M.S. (CCI's Vice President of Clinical & Field Services), E. Stephen Swan, M.Ed. (CCI's Vice President of Administrative Services), Patricia Brown, LADAC, or a regional CCI licensee. Dr. Robinson has over 25 years direct experience in criminal justice programming. Ms. Burnette has over 15 years direct criminal justice and substance abuse treatment experience and was involved in the initial implementation of MRT®. Mr. Swan has 30 years in counseling and correctional administration. Those interested in being licensed as exclusive providers of MRT® in regions should call Dr. Ken Robinson.

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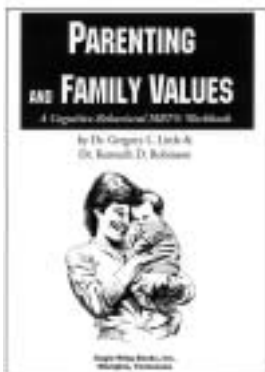
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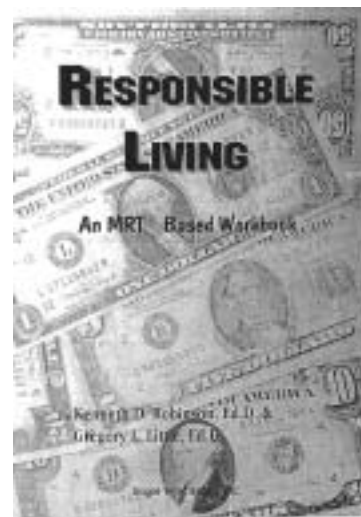
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**REPORT HIGHLIGHTS****Residential Substance Abuse Treatment for State Prisoners (RSAT): Implementation Lessons Learned**

by Lana D. Harrison and Steven S. Martin. U.S. Department of Justice, Office of Justice Programs, *National Institute of Justice* (April 2003), NCJ 195738.

These evaluations of the Residential Substance Abuse Treatment (RSAT) program critique a Federal effort to encourage States to develop substance treatment programs for incarcerated offenders. The Corrections Program Office within the Office of Justice Programs provided invaluable support for both the RSAT program and these evaluations. This publication offers program administrators the opportunity to modify or improve programs that are working well and adjust or discontinue programs that are not performing adequately. An evaluation may reveal that a program can achieve the goal it was designed to achieve with just a few modifications. It may also reveal that the program simply is not producing enough results to justify continued funding. With the advent of performance-based budgeting and increased accountability to taxpayers, substance abuse professionals must clearly articulate and demonstrate—with data—how treatment programs for offenders can be successful and cost effective to the government. Pilot programs can be set up so that their success or failure is measured through objective evaluation that will enable program administrators to learn which programs are producing the best results for the best price. Effective programs will prove themselves through data, and program administrators will no longer have to convince the general population and government that treatment works.

It is important to collect program data carefully so that the data truly represent the program reality. Only accurate data can contribute to an effective evaluation. Program administrators must continually improve both their programs and their data collection and management procedures. This publication will allow substance abuse professionals to share ideas. Those in one State can learn from another's successes or failures as they develop, implement, and evaluate programs. Increasing awareness of similar programs across the country will open new channels of communication. Objective program evaluation and open dialog within the treatment community—as well as publication of reports such as this—will enable RSAT participants to make new contacts, gather new ideas, and offer suggestions. This report represents a significant accomplishment—both for the programs reviewed and for the RSAT program creators—and will be a practical tool in future evaluation efforts—by **Richard Nimer** *Director of Program Services, Florida Department of Corrections*

**Preface**

The prison population is at a record high, and most of these inmates have substance abuse problems. With this problem in mind, Congress created the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program, which encourages States to develop substance abuse treatment programs for incarcerated offenders. Because of RSAT, intensive drug treatment programs have become the norm in correctional settings rather than the exception. Reductions in the costs of crime, criminal justice services, and health care services have shown that treatment is cost effective. This report summarizes the results of a National Evaluation of RSAT and process evaluations of 12 local sites across the country.

**Introduction**

The Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program was created by the Violent Crime Control and Law Enforcement Act of 1994 in response to the increasing number of incarcerated individuals in the United States with substance abuse problems. RSAT encourages States to develop substance abuse treatment programs for incarcerated offenders by providing funds for their development and implementation. RSAT grants may be used to establish or expand substance abuse treatment programs for inmates in residential facilities operated by State and local correctional agencies. To receive RSAT funding, programs must be 6 to 12 months in duration, provide residential facilities that are set apart from the general correctional population, be devoted to substance abuse treatment, teach inmates the social, behavioral, and vocational skills to resolve substance abuse problems, and require drug and alcohol testing. States are also required to give preference to programs that provide aftercare services. All of the Nation's 56 States and Territories have RSAT programs. By March 2001, more than 2,000 programs were in place.

To test RSAT's effectiveness, the National Institute of Justice (NIJ) and the Corrections Program Office (CPO) developed an evaluation program that includes a National Evaluation of RSAT and 37 process evaluations of the local RSAT programs. The National Evaluation and the first 12 process (or implementation) evaluations completed are discussed in the following pages. The complete background and findings of these evaluations may be found online at <http://www.ojp.usdoj.gov/nij/rsat>.

By the end of the 2-year evaluation, more than 13,000 inmates had been admitted to RSAT programs, 3,600 had graduated, and 7,700 were still actively involved. About 70 percent of operational programs were aimed at adult offenders; the remainder targeted juveniles. About 70 percent of RSAT programs were for men, 12 percent were for women, and the rest were for both sexes.

Evaluators found that at the outset, many RSAT programs experienced difficulties in locating and building facilities, recruiting trained staff, and contracting with treatment providers. Preexisting programs fared better in this regard, perhaps because they had overcome their startup difficulties before the evaluation. Unfortunately, administrative expediency and demands often took precedence over program operations. Programs were filled to capacity before sufficient staff were hired. Mistakes were made in referring inmates to the program and in matching treatment to their remaining sentences.

The pressures of overcrowding often meant that RSAT inmates could not be isolated from the general inmate population. Despite research that shows that aftercare leads to a reduction in recidivism, evaluators found that less than half of the RSAT programs included an aftercare component, in large part because RSAT funding could not be used for aftercare programs. The merging of different types of treatment was another concern. Most of the programs evaluated combined elements of one or more treatment types. Such combination treatments, however, have not been fully evaluated and may lead to a “watering down” of treatment. Evaluators also noted the need for treatment options in jail settings. Jail-based offenders with substance abuse problems are a significant group, as the Arrestee Drug Use Monitoring (ADAM) program studies make clear, but the transient nature of jail-based populations is not conducive to a lengthy, structured treatment program. Jails should consider incorporating short-term education and intervention rather than long-term, phased treatment. Such programs require further investigation, but their absence represents a neglected opportunity to reduce drug use and recidivism among offenders. Nevertheless, the evaluations showed that RSAT programs had made notable progress in overcoming their startup problems. Only a few programs seemed to be in serious trouble; established programs that used RSAT funds to expand their operations fared best. Thorough planning, a dedicated and experienced staff, and support from higher-level administrators were all seen as crucial to a program’s success.

### **Treatment Modalities**

The National Evaluation identified three primary treatment modalities in RSAT programs: therapeutic communities, cognitive-behavioral approaches, and such 12-step programs as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

About 60 percent of RSAT programs reported using some elements of the therapeutic-community approach. Some cognitive-behavioral approaches were reported by most programs, and 12-step programs also were nearly universal. Based on the responses to the evaluation’s mail surveys, the National Evaluation categorized 58 percent of the programs as combined or mixed modalities, 24 percent as primarily therapeutic communities, 13 percent as cognitive-behavioral approaches, and 5 percent as primarily 12-step programs.

About one-fifth of the National Evaluation final report reviews treatment approaches in general. In practice, however, none of the approaches exists in pure form. Even the strictest therapeutic community incorporates cognitive-behavioral group work and includes 12-step meetings, and many therapeutic-community techniques (e.g., group encounters, reward and punishment, and phased programming) are used in other programs.

The National Evaluation found that three-fourths of the RSAT programs were new; the remainder were existing programs whose capacity was expanded using RSAT funds. State officials unanimously reported that RSAT increased their State’s treatment capacity for substance abusing prison inmates.

## **TREATMENT MODALITIES AND THEIR IMPLICATIONS**

### *Therapeutic Community*

About 60 percent of RSAT programs were using at least some elements of the therapeutic-community approach at midpoint. A distinguishing feature of therapeutic communities is their use of the community as the primary method for facilitating an individual’s social and psychological change. Another hallmark of correctional therapeutic communities is their isolation from the general correctional population. (The RSAT RFP required that therapeutic-community programs be set apart.)

The therapeutic community houses the inmates assigned to the program, a few professional staff members from the treatment and mental health fields, and recovered addicts, who serve a mentoring and staffing role. Residents are involved in all aspects of governing the therapeutic community and its operations. The therapeutic community is organized hierarchically with a clear chain of command. New residents are assigned to the lowest level of jobs in the hierarchy and earn better work positions and privileges as they move up the chain of command. They take responsibility for their own treatment and that of others. Groups and meetings provide positive persuasion to change attitudes and behavior, and group members are confronted by peers when values or rules are violated. Therapeutic communities try to socialize individuals, helping them develop a sense of personal identity and the values, attitudes, and conduct consistent with “right living.” Most therapeutic communities today include additional services, such as family treatment and educational, vocational, medical, and mental health services.

### ***Cognitive-Behavioral Treatment***

Cognitive-behavioral treatment approaches are based on the social learning theory, which assumes that people are shaped by their environment. These approaches help offenders understand their motives, recognize the consequences of their actions, and develop new ways to control their behavior. Cognitive-behavioral programs are frequently augmented by training in problem solving, social skills development, and prosocial modeling with positive reinforcement. Although most evaluations of cognitive-behavioral therapy have been conducted with juveniles and young defenders, they consistently show substantial reductions in recidivism. Relapse-prevention techniques are generally part of cognitive-behavioral therapy and have been incorporated into all RSAT programs.

### ***12-Step Programs***

The 12-step approach, which views substance abuse as a spiritual and medical disease, began with Alcoholics Anonymous, but the principles have been applied to other drug and behavioral problems as well. Each program consists of 12 steps—specific graduated practices, beliefs, and traditions that progress from dealing with denial to sustaining a healthy, responsible, abstinent lifestyle. Although few **research** studies have evaluated the effectiveness of 12-step approaches with offender populations, they probably represent the most widespread treatment within the correctional system. This is partly due to their low cost, as they are typically operated by volunteers outside the prison. The National Evaluation found 12-step programs evident in

about one-third of RSAT programs, always in conjunction with other therapeutic approaches.

### **Merging of treatment components**

The National Evaluation also expressed concern over the merging of treatment components. RSAT programs are “intended to develop the inmate’s cognitive, behavioral, social, vocational, and other skills,” which lends itself to a multifaceted approach. Yet the evaluators pointed out that therapeutic communities, and 12-step programs in particular, are based on different theories and practices. The 12-step programs are spiritually based, which is different from professional therapy. Nevertheless, 12-step programs have worked in conjunction with therapeutic communities for many years. The National Evaluation accurately pointed out that combination treatments have not been fully evaluated and that many combinations may result in watered-down components, leading to less effective treatment.

### **Other problems**

The National Evaluation showed that 55 percent of the RSAT programs lacked one or more operational treatment components, and 53 percent of program directors still considered their programs to be in the “shakedown” phase rather than stabilized at the RSAT midpoint. Programs had difficulty recruiting staff trained in the therapeutic-community and/or cognitive-behavioral methods as suggested in the RSAT RFP.

—This is Part 1 of 2 Parts—

NOTE: CCI can assist RSAT programs.

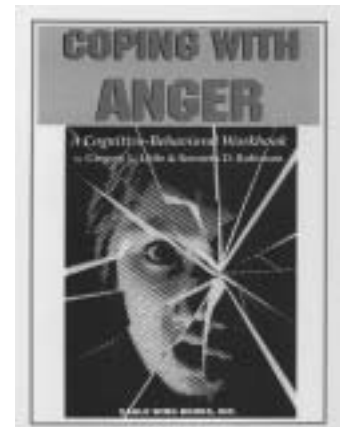
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## Domestic Violence

**Moving Beyond the Individual: Examining the Effects of Domestic Violence Policies on Social Norms** by L. F. Salazar, C. K. Baker, A. W. Price & K. Carlin. *American Journal of Community Psychology* (2003), 32, 3/4, 253-264.

This study sought to examine whether certain domestic violence social norms (for example, men should be arrested for domestic violence, or shouldn't be held responsible in certain situations) are affected either directly or indirectly by public perceptions of domestic violence policies of the criminal justice system. A random sample was taken in four counties in Georgia. Two separate samples of 973 and 968 randomly selected adults were surveyed by phone. The survey included three measures: victim blaming attitudes, attitudes toward criminal justice response and perception of criminal justice policies. The authors used a correlation matrix of polychoric correlations for ordinal variables and Pearson correlations for continuous variables to analyze the data.

With the exception of the path between perceptions of criminal justice system policies and victim-blaming attitudes, all the other hypothesized pathways were found to be statistically significant. The authors determined that "the results indicate that attitudes supportive of criminal justice system response are directly influenced by the perception that the criminal justice system actively intervenes and provides punitive sanctions...it is clear that if a legitimate authority, such as the criminal justice system does not condone, but rather condemns domestic violence, then community norms may change so as to be aligned with the views of the system."

**Test of the Efficacy of Court-Mandated Counseling for Domestic Violence Offenders: The Broward Experiment** By L. Feder & D. R. Forde. NIJ (2000), NCJ 184752.

Examined if court-mandated counseling reduced repeat violence in men convicted of misdemeanor violence. 404 men convicted of this offense in the Broward CO. (Fla.) between 5/1 and 9/30, 1997 were studied. Participants were randomly assigned into a treatment group, which received 1 yr. of probation and 6 mo. of court-mandated counseling, or a control group, which received 1 year of probation only. The study followed subjects for 12 months. Data came from a host of sources including probation violations and rearrests. The analysis considered two conditions: treatment assigned and treatment received. This was because participant could be assigned to treatment—and not go—or not be assigned to counseling—yet attend. Results showed no significant differences between the groups in their attitudes, beliefs, and behaviors regarding domestic assault. The groups were equally likely to engage in both minor and severe partner abuse, according to both offender self-reports and victim reports. In addition, no significant differences were found between the two groups in official measures of recidivism such as probation violations and rearrests. Completion of the batterers' program reduced the likelihood of probation violations and rearrests for both those in the experimental and control conditions. However, this gain was offset by the increased likelihood of violation of probation and arrests that were associated with assignment into the counseling group.

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# COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order go online at [www.ccimrt.com](http://www.ccimrt.com) or use the coupon on the following page.

**The Punishment Myth**—Understanding the criminal mind and when and why conventional wisdom fails. 8.5 x 11 softcover by Dennis A. Challeen, J. D. and Ken Robinson. \$20.00.

**Rules Are Made to be Followed**—16 page, 4-session workbook designed to be used with underage drinkers and false ID users.\$10.00.

**Rules Are Made to be Followed Facilitator's Guide**—2 page guide for starting and operating underage drinkers and false ID program.\$5.00.

**Understanding & Treating Antisocial Personality Disorder: Criminals, Chemical Abusers, & Batterers** — 65-page updated softcover text by Drs. Greg Little and Ken Robinson. Covers the gamut of treating the most resistant of clients. With 93 refs.; \$10.00.

**CBT Applied To Substance Abusers** — a 29-page monograph reviews primary characteristics of CBT interventions and research with substance abusers; \$6.00.

**Crisis Intervention Strategies for Chemical Abusers & Offenders** — 61-page text covering crisis intervention techniques; \$10.00.

**Five-Minute Stress Manager** — cassette tape of three, 5-minute relaxation segments used in MRT® and Domestic Violence; \$8.95.

**Parenting and Family Values** — 75 page, 12 session MRT® group workbook designed to be used with parents of children experiencing problems; \$15.00.

**Imaginary Future** — 15 minute cassette tape used in Step 7 of MRT® to assist clients in visualizing appropriate goals; \$8.95.

**Imaginary Time Out** — 15 minute cassette tape used in MRT® domestic violence to assist clients in visualizing appropriate time out strategies; \$8.95.

**Family Support** — 26 page (8.5 X 11 softcover) CBT workbook used in groups with clients who fail to pay child and family support. Exercises for group work; \$9.00.

**Job Readiness** — 26 page (8.5 X 11 softcover) CBT workbook designed for use in groups with clients who have faulty beliefs about the work world; \$9.00.

**Simply Spiritual book & Workbook set** — 64-page softcover book by Father Bill Stelling describing the 7 spirituality building blocks and 6 common stumbling blocks. A powerful and useful treatment program aid. Makes the mystery of spirituality understandable to those in recovery with 38-page CBT workbook designed to accompany *Simply Spiritual* for use in groups. Workbook exercises follow text of book; \$15.95 for set of books.

**Spiritual Reflections book & tape set** — 167-page softcover book by Father Bill Stelling with 54 chapters, each on various issues. Relevant to offenders and those in recovery; comes with 90-minute cassette tape of Father Bill addressing specific questions; \$18.95 for both.

**You Can Get There From Here** — 85-page softcover book by Father Bill Stelling telling how addictions can be changed. A priest tells how he overcame alcoholism; \$8.95

**A Guest House Journal** — 181-page softcover book by Father Bill Stelling detailing his personal day-by-day journal during alcoholism recovery at Guest House. A stunningly honest portrayal of how a priest participated in inpatient alcoholism treatment; \$14.95

**An Introduction To Spirituality** — 100-page softcover book by corrections' counselor/minister Steve Sanders can be used as an excellent source for those in recovery or interested in spiritual growth. Offers a health/wellness plan; \$12.00

**The Joy of Journaling** — 110-page softcover by Drs. Pat & Paul D'Encarnacao covers the hows and whys of journaling. Shows how counselors can use journaling as a CBT method of aligning clients' beliefs and behavior; \$11.95.

**PSYCHOPHARMACOLOGY: Basics for Counselors** — 279 page softcover text covering the basics of the field - up-to-date and comprehensive; \$24.95.

**Coping With Anger**— 49-page anger management cognitive behavioral workbook. Designed for use in 8 group sessions; \$10.00

**Facilitator's Guide for Coping With Anger** — 8 page how-to guide for implementing the *Coping With Anger* anger management groups; \$5.00.

**Making Changes for Good**— 56-page workbook designed for sex offender relapse prevention group program; \$18.00.

**Facilitator's Guide for Making Changes for Good - 12** page how-to guide for implementing the sex offender relapse prevention program; \$10.00.

**Untangling Relationships: Coping With Codependent Relationships Using The MRT Model** — 28-page workbook for use with those who have codependent issues; \$10.00

**Staying Quit: A Cognitive-Behavioral Approach to Relapse Prevention** — 40-pg client workbook for relapse prevention groups. 8 program modules; \$10.00.

**Facilitator's Guide to Staying Quit** — 8 page how-to guide for implementing *Staying Quit* relapse prevention groups; \$5.00.

**Audiotape set for Staying Quit** — 3 boxed cassette audiotapes with the *Staying Quit* workbook on tape, basic relaxation, progressive muscle relaxation, clean & sober visualization, and desensitization; \$50.00.

**Staying Quit Group Starter Kit** — 11 client workbooks, 1 Facilitator's Guide, review article, and audiotape set; \$140.00.

**Responsible Living** — 26-page client workbook with 8 group sessions designed for "bad check" writers, shoplifters, and petty crime misdemeanants; \$10.00.

**Thinking For Good** — Group workbook directly addressing criminal thinking, behaviors, and beliefs from MRT personality stages. 10 sessions — Samenow's criminal thoughts are disputed; \$10.00.

**Thinking For Good Facilitator's Guide** — A simple, easy-to-follow facilitator's guide for implementing Thinking For Good; \$5.00.

**Character Development Through Will Power & Self-Discipline** — CBT group exercise workbook for use with probationers, parolees, and juveniles. Designed for 16 group sessions with scenarios discussed in group; \$20.00.

**Character Development Facilitator's Guide** — 54-page counselor's guide to Character Development; \$20.00.

**RAPPORT test package** - 25/\$25; 100/\$85; 500/\$375.

**Objective Tests & Measures Vol. 1** — 35 copyright free tests; \$105.

Only those trained in MRT® may order the following materials

**MRT® Counselor's Handbook** — Bound 8.5 X 11, 20-page book giving the objective criteria for each MRT® step. Includes sections on group processes, rules, dynamics, hints, and instructions for starting an ongoing MRT® group; \$10.00.

**MRT® Freedom Ladder Poster** — large white paper poster of MRT® stages, steps, and personality descriptions; \$10.00.

**How To Escape Your Prison Cassette Tape Set** — Three cassette tapes (3.5 hours in length) with the complete text of the MRT® workbook, *How To Escape Your Prison*, containing brief explanations by Dr. Little of exercises and tasks. For use with clients in groups where reading assistance is not present. Boxed in a vinyl tape book with color coded tapes for easy reference to steps; \$59.95.

**How To Escape Your Prison** — The MRT® workbook used in criminal justice, 138 pages, 8.5 X 11 perfect bound format, with all relevant exercises — by Drs. Greg Little & Ken Robinson; \$25.00.

**How To Escape Your Prison in Spanish** — The Spanish MRT® workbook used in criminal justice, 138 pages, 8.5 X 11 perfect bound format, identical to English version — by Drs. Greg Little & Ken Robinson; \$25.00.

**How To Escape Your Prison Audiotope Set in Spanish** — The Spanish MRT® workbook on three cassette tapes - boxed.; \$59.95.

**Juvenile MRT® How To Escape Your Prison** — MRT workbook for juvenile offenders, 8.5 X 11 perfect bound format, with all exercises.; \$25.00.

**Domestic Violence Workbook** — 119 pages in 8.5 X 11 format, titled, *Bringing Peace To Relationships*, for use with perpetrators of domestic violence. The MRT® format used on violent perpetrators, contains dozens of exercises specifically designed to focus on CBT issues of faulty beliefs, attitudes, and behaviors leading to violence in relationships; \$25.00. (Must be trained in Dom. Vio. to order.)

**Domestic Violence Facilitator's Guide** — 21 pg. how-to facilitator's guide to *Bringing Peace To Relationships* domestic violence groups; \$10.00.

**Filling The Inner Void** — MRT® workbook, 120-page spiral bound, used with juveniles, in schools - by Drs. Little & Robinson. Discusses the "Inner Enemy" (the Shadow in Jungian psychology), projection, and how we try to fill basic needs; \$25.00.

**Discovering Life & Liberty in the Pursuit of Happiness** — MRT® workbook for youth and others not in criminal justice; \$25.00.

# CBT Materials Order Form

Item	Price Each	# Ordered	Subtotal
The Punishment Myth	\$20.00		
Rules Are Made to be Followed (Workbook)	\$10.00		
Facilitator's Guide for Rules workbook	\$5.00		
Understanding & Treating APD	\$10.00		
Effective Counseling Approaches text	\$12.00		
Crisis Intervention text	\$10.00		
Five-Minute Stress Manager (audio cassette)	\$8.95		
Parenting and Family Values	\$15.00		
Imaginary Future (audio cassette)	\$8.95		
Imaginary Time Out (audio cassette)	\$8.95		
Family Support (CBT workbook)	\$9.00		
Job Readiness (CBT workbook)	\$9.00		
Simply Spiritual Book + Workbook	\$15.95		
Spiritual Reflections Book + Tape	\$18.95		
You Can Get There From Here	\$8.95		
A Guest House Journal	\$14.95		
An Introduction To Spirituality book	\$12.00		
The Joy Of Journaling	\$11.95		
Psychopharmacology: Basics for Couns.	\$24.95		
Coping With Anger (workbook)	\$10.00		
Coping With Anger Facilitator Guide	\$5.00		
Making Changes Sex Offender Workbook	\$18.00		
Making Changes Facilitator Guide	\$10.00		
Untangling Relationships Workbook	\$10.00		
Staying Quit (workbook)	\$10.00		
Staying Quit Facilitator Guide	\$5.00		
Staying Quit Audiotape Set	\$50.00		
Staying Quit Group Starter Kit	\$140.00		
Responsible Living workbook	\$10.00		
Thinking For Good workbook	\$10.00		
Thinking For Good Facilitator Guide	\$5.00		
Character Development	\$20.00		
Character Development Facilitator's Guide	\$20.00		
RAPPORT	\$25/\$85/\$375		
Objective Tests & Measures - I	\$105.00		
<b>MRT Materials below can only be ordered by trained MRT facilitators</b>			
MRT Counselor's Handbook	\$10.00		
MRT Poster (Freedom Ladder)	\$10.00		
How To Escape Your Prison (cassette tapes)	\$59.95		
How To Escape Your Prison	\$25.00		
How To Escape Your Prison (In Spanish)	\$25.00		
How To Escape Spanish (cassette tapes)	\$59.95		
Juvenile MRT® - How To Escape Your Prison	\$25.00		
Domestic Violence (Must take Dom. Vio.)	\$25.00		
Domestic Violence <i>Facilitator's Guide</i>	\$10.00		
Filling The Inner Void	\$25.00		
Discovering Life & Liberty...	\$25.00		



You can now order online! See our web site at [www.ccimrt.com](http://www.ccimrt.com) for additional information.

## Ordering Instructions

To order materials, clip or copy coupon and send with check, money order, or purchase order. All orders are shipped by UPS — no post office box delivery. There is a \$5.00 shipping fee for all orders of a single item. If you order more than one item, you should call CCI at (901) 360-1564 for UPS shipping, insurance, and handling charges. Orders are typically shipped within 5 working days of receipt.

Materials below the line stating "MRT Materials..." can only be ordered by persons or agencies with trained MRT® facilitators. Call for details if you have any questions.

**CREDIT CARD ORDERS:**  
**(901) 360-1564**

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Your Name and Shipping Address:

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Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Send form and payment to:  
Correctional Counseling, Inc.  
3155 Hickory Hill • Suite 104  
Memphis, TN 38115

\_\_\_\_\_ = TOTAL ORDER

\_\_\_\_\_ = (call for )Shipping

\_\_\_\_\_ = Grand Total

**COGNITIVE-BEHAVIORAL  
TREATMENT REVIEW**

3155 Hickory Hill • Suite 104  
Memphis, TN 38115

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# COGNITIVE-BEHAVIORAL TREATMENT REVIEW

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**INSIDE:**

Evaluation of *Reasoning & Rehabilitation*  
Statewide Implementation Finds Insignificant Results  
Male Juvenile Offenders Participating in MRT Within a Therapeutic  
Community Program Continue to Show Positive Results

**• Cutting Edge Research Notes • Probation Reports • Juvenile Reports • Correctional Education •  
Parole Reports • Domestic Violence Reports • RSAT Lessons Learned • CBT Literature Reviews**

## **2004 MRT® and Domestic Violence Trainings**

Tuesday, February 10, 2004 to Friday, February 13, 2004 - MRT in Texarkana, TX  
Tuesday, February 17, 2004 to Friday, February 20, 2004 - MRT in Lima, OH  
Monday, March 22, 2004 to Friday, March 26, 2004 - MRT in Memphis, TN  
Monday, April 19, 2004 to Friday, April 23, 2004 - MRT in Memphis, TN

### **DOMESTIC VIOLENCE TRAININGS:**

Monday, February 23, 2004 to Friday, February 27, 2004 - Domestic Violence MRT in Memphis, TN  
Monday, March 1, 2004 to Thursday, March 4, 2004 - Domestic Violence MRT in Olympia, WA  
Tuesday, March 30, 2004 to Friday, April 2, 2004 - Domestic Violence MRT in Hobbs, NM

### **MRT® ADVANCED TRAININGS:**

Friday, March 5, 2004 to Saturday, March 6, 2004 - Advanced MRT in Olympia, WA  
Thursday, April 29, 2004 to Friday, April 30, 2004 - Advanced MRT in Memphis, TN