

# COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

CORRECTIONAL COUNSELING INC. • MEMPHIS, TENNESSEE • VOLUME 15, #2 • SECOND QUARTER 2006

## Table of Contents

<i>MRT in Drug Courts Review</i> .....	1
<i>MRT as an Evidence-Based Practice...</i>	7
Upcoming Training Dates for MRT, Domestic Violence & Adv. MRT .....	13
<i>Recidivism Outcome Research on Moral Reconciliation Therapy in Prison- Based Therapeutic Communities: A Comprehensive Review</i> .....	14
<i>Cognitive-Behavioral Treatment Materials</i> .....	18

## 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](mailto:CCIMRT@aol.com)  
WEB SITES: [www.ccimrt.com](http://www.ccimrt.com)  
[www.moral-reconciliation-therapy.com](http://www.moral-reconciliation-therapy.com)

---

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*

---

Kimberly J. Prachniak, M.S.  
*Associate Editor*

CBTR is a quarterly publication focusing on enhancing and improving treatment outcomes for offenders, substance abusers, at-risk youth, domestic violence perpetrators, and others with resistant personalities. Article submissions are encouraged. Copyright © 2006 by CCI. All rights reserved.

## MRT® in Drug Courts: A Comprehensive Review of Recidivism Outcomes

By Gregory L. Little, Ed.D.

Moral Reconciliation Therapy (MRT®) was developed as a systematic cognitive-behavioral approach for substance-abusing offenders in 1986 (Little & Robinson, 1988). It is a workbook-based program that utilizes a series of group exercises and prescribed homework tasks participants must complete. The program is typically employed in weekly groups serving as the primary cognitive component for offender programs. MRT

was first implemented within a prison-based drug therapeutic community and was expanded to general inmate populations within a year and then to aftercare support services for offenders on probation and parole. A hospital-based MRT program followed, accompanied with widespread implementation in a youth services

—continued on next page—



program in Puerto Rico in 1989. The approach was then adapted by a host of prisons, community corrections, and parole and probation sites throughout the United States and several other countries. Over 130 outcome studies have been published on MRT results.

The initial implementation of MRT within drug court programs occurred in Oklahoma in the mid-1990s. Since that time, MRT has been employed in numerous drug courts. *The Ten Guiding Principles of DWI Courts*, published by the National Drug Court Institute (2005) specifically lists MRT as one of the recommended cognitive-behavioral approaches for Drug Courts.

The present article is a comprehensive review of recidivism outcome studies reporting on the effects of MRT in drug court operations. Outcomes from 18 MRT-based adult drug courts are summarized along with 11 studies from juvenile drug courts. Conclusions in the present report are limited by several factors. First, some of the drug court programs utilized MRT on all program participants, however, various other treatment components were also employed. Teasing out the effects of MRT from various court sanctions and procedures, drug usage testing, and other treatment methods is not feasible given the nature of data reporting. Second, while all the drug court programs included in this report utilized MRT, some of them used MRT only on the highest-risk clients who participated in their treatment. Results from these programs did not specify outcomes in MRT-treated participants as opposed to non MRT-treated participants. The drug courts under study were primarily interested in analyzing overall effects (recidivism and completion rates) and did not attempt to discern the effects of any specific program elements. In addition, not all drug courts present recidivism data from comparable time periods or using the same definition of recidivism. A few programs report rearrests during active program participation while others reported rearrests for specified time period following program completion. The range of reporting periods is wide—from 6 months to five years. In some studies, recidivism is reported only for program graduates while others report the combined recidivism of all program participants—graduates and dropouts. Finally, some programs report only felony and “serious” misdemeanor arrests while others report all arrests. Despite these

limitations, it is reasonable to assume that over the results of the 29 studies included herein, a rough comparison of MRT-based drug court programs can be made to non-MRT based drug court programs.

### Adult Drug Courts & MRT

Three outcome studies were published on the initial drug court in Oklahoma that utilized MRT. This program was cited as one of the National Drug Court Association’s first *Exemplary Programs*. Anderson (1995) summarized preliminary data on the Payne County (OK) drug court program’s implementation. During the court’s first 18 months of operation, none of the 13 graduates reoffended. Huddleston (1996; 1997) reported on an independent study by the Oklahoma State Bureau of Investigation on the Payne County Drug Court’s first 48 program graduates. Only 4% of those MRT participants were rearrested and reconvicted during the 18-month post-program period. This early drug court was rigorously operated and employed MRT with all clients as the fundamental drug treatment approach.

The Hennepin County Drug Court (MN) began in the mid-1990s and utilizes MRT. Erickson, Welter, & Johnson (1999) evaluated outcomes on 584 drug court clients from the program. Seventy-two percent of the clients were male and 66.5 percent were minorities. Of clients assigned to inpatient treatment, 95.8 percent completed treatment, while 50 percent of those assigned to outpatient programs completed treatment. Of all drug court clients who completed the treatment, 82 percent were not readmitted to any other treatment programs during the 18-month follow-up period. Criminal recidivism (felony and “gross” misdemeanor charges or convictions) was calculated for the nine-month period following drug court completion. After 9 months, 21.5 percent of drug court completers were recidivists (both misdemeanor and felony arrests were collected). Only 8.2 percent of drug court completers had new drug offenses. Drug Court graduates showed a felony recidivism rate of 12.2 percent.

Fuller (2003) reported on the outcomes on a drug court operation in middle Tennessee that began in 2002. A total of 99 individuals entered the program between December 2002 and July 15, 2003. The program’s retention rate was 67 percent during the period of study. Of all 99 participants, 21 percent were rearrested during this period. Of the programs graduates (n = 36), only 8 percent were rearrested.

Guin & Edwards (2002) reported on outcomes of the MRT-based drug court in Jefferson Parish, Louisiana. Since the program’s inception in 1997 until 2002, a total of 557 individuals participated in the program. The program’s retention rate is 71 percent. Recidivism (rearrests) for the 146 program graduates was 0 percent as of 2002. The average cost per participant was \$3,339 annually, but no recidivism data was presented for program dropouts.

Olson (2004) summarized the Thurston County (Washington) Drug Court, which utilizes MRT. While participant numbers were not cited, the overall recidivism rate (rearrests) for Thurston County Drug Court participants was 6 percent.

Huffman (2005) summarized the outcomes of the Butler County, Missouri Drug Court, which started in 1999 and has

*Cognitive Behavioral Treatment Review (CBTR)* is a quarterly publication published by Correctional Counseling, Inc. © 2006 — All rights reserved. Correctional Counseling, Inc. provides a wide range of services and products and specializes in cognitive-behavioral interventions. Our major service areas are:

**Cognitive-Behavioral Training and Materials**  
**Moral Reconciliation Therapy® Training and Materials**  
**Domestic Violence Treatment & Materials**  
**Relapse Prevention**  
**Drug Treatment Programming**  
**Drug Court Services • DWI Programming**  
**Specialized Probation/Parole Programs**  
**Criminal Justice Staff Training**  
**Therapeutic Community Programs**

utilized MRT. The program was especially focused on methamphetamine offenders. Between May 1999 until 2005, the program entered 92 participants. Of those, 64.9 percent graduated the program and an additional 17 percent are still in the program. Over 85 percent of the graduates have maintained employment. Only 6.25 percent of program graduates have had felony rearrests and 4.15 percent have had misdemeanor rearrests.

“Wellness Courts” are an offspring of drug courts typically targeted to Native American groups and operated under tribal governance. Employing MRT as its cognitive program, the Anchorage, Alaska Wellness Court began operation in 2001 and had 79 participants in 2001-2002 (De Long, 2003). Approximately 67 percent of program participants were Native Alaskans. Rearrest rates for 2001 participants ( $n = 34$ ) was 35 percent while the rearrest rate for 2002 participants ( $n = 45$ ) was 20 percent. A matched comparison group showed a rearrest rate of 63 percent.

The Spokane Tribe implemented the Strong Heart Wellness Court Program utilizing MRT in 1999 (Byrnes & Kirchner, 2003). The program graduation rate is 58 percent. The reoffending rate, defined as a rearrest during program participation, was calculated for all clients and was 19 percent. Whitehead (2003) reported on outcomes of the Las Cruces, NM Drug (DUI) Court, which began in 1995 and employs MRT. In 2002, the District Attorney of the Third Judicial District scanned national, state, and local arrest databases to obtain the recidivism of the 146 program graduates. The recidivism time period covered 18 months following treatment. Drug court graduates showed a 15.7 percent rearrest rate. Of program graduates who had been released for 45-months, only 11 percent had been rearrested.

Shaw & Robinson (2000) reported on outcomes of the Volusia County (FL) Drug Court, which utilized MRT since its inception in 1997. From 1997 to the end of 1998, 168 clients participated in the program with a retention rate of 57.1 percent, but no recidivism data was cited.

Sandhu (1999) evaluated the Creek County (OK) Drug Court, which began in 1997 and utilized MRT. From 1997 until mid-1998 the program served 367 clients. The program’s retention rate was 52 percent. Pre- to posttest personality tests were administered to assess changes in several variables. Purpose in Life and Self-Esteem scores improved significantly over the course of treatment. Drug urine testing both during and after participation was utilized to assess drug usage. Results showed that 3.46 percent of 500 specimens were “dirty” or positive for drug usage. None of the graduates from the first year of the program had been rearrested during a yearlong treatment period.

The Anne Arundel County, MD Adult Drug Court began in 1997 and between 1997-1998 had 53 individuals participate (Crumpton, Brekhus, Weller, & Finigan, 2004). A 2004 cost-benefit analysis reported on the recidivism of the programs first 53 participants for a period of four years. The program had a 54.7 percent completion rate. A random sample of 53 individuals was formed from a pool of drug court eligible offenders as a

comparison group. Over the 48-month recidivism period, the drug court participants showed 12.3 percent fewer arrests. The cost-benefit analysis indicated that for every dollar spent on drug court participants, \$1.74 was saved in future costs.

Wyoming has 15 drug courts with 8 of those adult courts. Four of Wyoming’s adult drug courts utilize MRT. An analysis of all 15 Wyoming drug courts (West & Cook, 2004) provided recidivism rates for each court based on a sample of 216 participants chosen from the total of 375 clients from all 15 programs. The four MRT-based drug courts (Fremont County, Natrona County, Park County, and Uinta County) had an average reported recidivism rate (rearrests) of 17.25 percent. The four non-MRT drug courts had an average reported recidivism rate of 19.25 percent over comparable time periods.

*MRT-Based Adult Drug Court Outcomes—Summary.* The adult drug court studies summarized above reported a total of 15 recidivism rates on program graduates. The overall average recidivism rate from these 15 studies is 12.81 percent over an average time period of 32 months. The cumulative average of the program completion rates is 63.4 percent. As a general comparison, the US Department of Justice (Roman, Townsend, & Bhati, 2003) conducted a recidivism survey from 85 drug court evaluations including 17,000 drug court graduates. The report concluded that “within one year after graduation, 16.4 percent of drug court graduates had been arrested and charged with a serious offense. Within two years, the percentage rises to 27.5 percent.” The 32-month 12.81 percent recidivism rate in MRT-based drug court graduates is highly favorable.

### MRT in Juvenile Drug Courts

MRT has been implemented in dozens of juvenile drug courts, however, relatively few data analyses and outcome studies have been published. A process evaluation of the Delaware County Juvenile Drug Court (which utilizes MRT) was published in late 2002 (Shaffer & Latessa, 2002). The program began in June 2000 and targets juveniles between 14 and 17 years of age. From the program’s initiation until July 2002, 41 youth entered the drug court and another 73 entered a specialized risk reduction program. Results showed that 61% of drug court participants completed the program but the recidivism of participants was not studied.

A 2006 report on the Anne Arundel County, MD Juvenile Treatment Court Program (Kirchner & Kirchner, 2006) cited total recidivism of the program at 9 percent. The program had a 75 percent retention rate.

Idaho also utilizes MRT in five of its seven drug court districts (including several juvenile courts). A 2004 report stated, “Our MRT has proven to be so popular that four probationers not in drug court came in and asked to be allowed to participate in MRT groups” (Idaho Supreme Court, 2004). A more recent report (Report to Governor, 2005) on Idaho’s juvenile drug courts related that the programs had 175 graduates and supervised 248 juvenile offenders in 2004, however, recidivism data was not cited.

Wallace (2000) reported on the implementation effects of MRT in a juvenile drug court in Las Cruces, NM. The drug court's adult program reported that their success in treating 56 adults spurred an effort to implement MRT with juveniles. While no comparative data was cited, the report stated that 21 juveniles had completed their program. In a follow-up study, Wallace (2001) reported a 17.5 percent rearrest rate in the 40 graduates treated with MRT from the Las Cruces Drug Court compared to a rearrest rate of 44 percent in 39 graduates who participated in the same program prior to the implementation of MRT. The difference was statistically significant.

A process evaluation on the Albuquerque, NM juvenile drug court by the Institute for Social Research of the University of New Mexico (Guerin, 2001) compared 34 MRT program participants to 33 matched controls who did not participate in MRT. Results showed the MRT-treated group had a 35 percent new court referral rate as compared to 61 percent in controls, indicating that the MRT-treated group had a significantly lower referral rate. In addition, the average time to a new charge (called a referral) was significantly longer for the MRT-treated participants. McCracken, Hearn, & Stuckey (2003) reported that the Albuquerque juvenile drug court program had served nearly 100 juveniles since its inception in 1998 and that a lower rearrest rate was also present in MRT participants who failed to complete the program as compared to controls.

Lasater (2003) briefly reported on the outcome of a juvenile drug court's probation service in Durango, CO. Between July 2001 to the beginning of 2003, 63 youthful offenders had participated in the MRT-based program. During that time period, only 7.9 percent committed a new offense.

The Valencia County, NM Juvenile Drug Court began in 2002 (Kirchner & Byrnes, 2005). The program has a 68 percent completion rate and an 81 percent retention rate. The program's one-year recidivism rate is 0 percent, however, the second year recidivism rate is 25 percent.

West & Cook's (2004) analysis of Wyoming drug courts contained recidivism for two MRT-based juvenile programs. The Big Horn County Juvenile Drug Court reported an 18 percent rearrest rate while the Fremont County Juvenile Drug Court reported a 31 percent rearrest rate within 6-months following program completion.

*MRT-Based Juvenile Drug Court Outcomes—Summary.* Seven recidivism rates from MRT-based juvenile drug courts have been reported, with a cumulative average of 20.5 percent of rearrests or referral back to the court. The time frame utilized in these studies varies widely and few comparisons are possible. However, a 2006 report by the Bureau of Justice (BJA, 2006) reported comparable recidivism rates from 6 non-MRT juvenile drug courts. The overall mean recidivism rate (rearrests)—over varying periods of time, but generally one-year or less—for these programs was 39.6 percent.

### Discussion

The drug court movement has been one of the most rapid criminal justice based treatment implementations in history.

Considerable attention has been given to court procedures, client selection, sanctions and incentives, and a variety of other factors involved with engaging and retaining clients. However, drug court treatment providers have given remarkably little attention to the specific treatment methodologies employed. The assumption by many drug courts often appears to be that all treatments are essentially the same. Treatment programs' approaches to their clients are often dictated by ongoing philosophy and religious beliefs as well as a tendency to maintain the status quo. In addition, national drug court support associations often equate treatments that have similar advertised qualities. Specifically, cognitive programs are often lumped together as being equal in research support and effectiveness. For example, the NIC's cognitive program, "Thinking for a Change," is listed as a suitable cognitive program for drug courts, along with MRT. But the *Thinking for a Change* program has had *only one* published outcome report in its entire history, and that was with adult offenders. A comparison of the results of the only outcome study of the *Thinking for a Change* program to MRT results from three independent evaluations on similar offenders over an identical time period showed that MRT lead to significantly better outcomes (Little, 2003). *Thinking for a Change* participants showed 24.5 percent fewer rearrests than comparison groups while MRT participants showed 69 percent fewer rearrests.

In general, cost-benefit analyses have consistently indicated that America's drug courts save considerable sums of taxpayer money in decreased incarceration costs, lower rearrests, and victim costs. MRT has been the subject of several independent cost-benefit analyses. In a 1999 report (Aos, Phipps, Barnoski, & Lieb, 1999) the Washington State Institute for Public Policy found that MRT was the most cost-effective of all cognitive-behavioral programs reporting that each dollar spent on MRT returned \$11.48 in eventual savings. A 2001 revision of the analysis (recalculated on a per participant cost) reported that each offender who participated in MRT eventually saved the state between \$2471 to \$7797—the highest savings of any cognitive-behavioral program. A recent cost-benefit analysis by Utah (Fowles, Byrnes, & Hickert, 2005) indicated that each participant in MRT cost \$327 in service costs, but returned \$7611 in eventual savings to taxpayers (\$2592) and victims (\$5019).

Drug court programs remain a viable and effective approach to treat a subpopulation of offenders at both the adult and juvenile level. Aside from the obvious benefits of reducing recidivism and providing benefits to taxpayers, they are a humane and noble effort to confront drug problems on a more personal and more effective basis. While research on drug courts remains in its infancy, it is clear that some courts work better than others, but precisely what approaches are most effective remains unstudied. The specific components of drug treatment within various courts is a most promising avenue of inquiry.

### References

- Anderson, P. (1995) Alternative training, treatment, and correction (ATTAC) and drug court program. In: *Innovative Courts Programs*. Washington, DC: Justice Research and Statistics Association.

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (1999; Version 3) *The comparative costs and benefits of programs to reduce crime: a review of national research findings with implications for Washington State*. Olympia, WA: Washington State Institute for Public Policy.

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001; Version 4) *The comparative costs and benefits of programs to reduce crime: a review of national research findings with implications for Washington State*. Olympia, WA: Washington State Institute for Public Policy.

BJA (2006) *Recidivism and other findings reported in selected evaluations of juvenile drug court programs: 2000-present*. BJA Drug Court Clearinghouse Project; American University, School of Public Affairs.

Byrnes, E. C., & Kirchner, R. A. (May 2003) *Implementation evaluation of the Spokane Tribe of Indians' Strong Heart Wellness Court Program*. Annapolis, MD: Glacier Consulting, Inc.

Crumpton, D., Brekhus, J., Weller, J., & Finigan, M. (2004) *Cost analysis of Anne Arundel County, Maryland Drug Court*. NPC Research for Office of the Courts of Maryland and Baltimore Substance Abuse Systems.

De Long, T. (2003) *Anchorage Wellness Court: 2001-2002 summary of facts*. Anchorage, AK: University of Alaska.

Erickson, R., Welter, S., & Johnson, T. J. (May 1999) *Evaluation of The Hennepin County Drug Court*. Minneapolis, MN: Minnesota Citizens Council on Crime & Justice.

Fowles, R., Byrnes, E. C., & Hickert, A. O. (2005) *The cost of crime: a cost/benefit tool for analyzing Utah criminal justice program effectiveness*. University of Utah: Commission on Criminal and Juvenile Justice & Criminal & Juvenile Justice Consortium.

Fuller, D. K. (July 2003) *The 16<sup>th</sup> Judicial District of Tennessee Drug Court Program 2003 Process Evaluation*. U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office.

Guerin, P. (2001) *Evaluation of the Second Judicial District Court County Juvenile Drug Court*. University of New Mexico: The Institute for Social Research.

Guin, C. C., & Edwards, M. F. Jefferson Parish Example: Community Based Alternatives. Paper presented at Criminal Justice Issues in Louisiana: September 20, 2002.

Huddleston, W. (1996) CBTI Payne and Logan County, Oklahoma drug court - 18 month recidivism study of graduates and ATTAC program: 3 year recidivism study of graduates. *Cognitive Behavioral Treatment Review*, 5 (3/4), 9.

Huddleston, W. (1997) Summary of drug court evaluation: recidivism study. *Cognitive Behavioral Treatment Review*, 6 (1/2), 16-17.

Huffman, J. (2005) Butler County, Missouri Drug Court demonstrates success in treating methamphetamine abusers. *Cognitive-Behavioral Treatment Review*, 14 (3), 15.

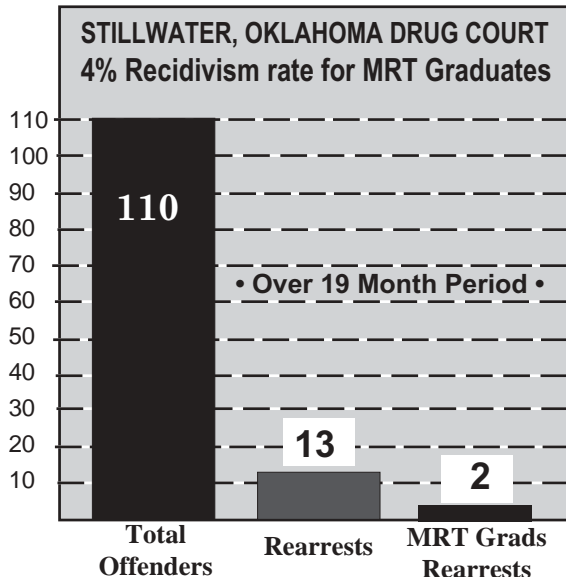
—References continued on next page—

# What Do Drug Court Professionals Know That You Should Know?



## MRT WORKS! Research Shows...

Substantial research has been generated and published from programs utilizing MRT. Recidivism research covering 10 years after participants' treatment with MRT have shown consistently lower recidivism rates (25-60%) for those treated with MRT as compared to appropriate control groups. A 1996 evaluation of the Stillwater, Oklahoma Drug Court utilizing MRT as its primary treatment modality showed only a 4% recidivism rate of program participants nineteen months after graduation. Other data analyses have focused on treatment effectiveness (recidivism and re-arrests), effects upon personality variables, effects on moral reasoning, life purpose, sensation seeking, and program completion. MRT has been implemented state-wide in numerous states in various settings including community programs and drug courts. Almost 100 research evaluations have been conducted on MRT and published. These evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less reinvolvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.



- Nationally recognized cognitive-behavioral counseling approach.
- Open-ended program with flexible client participation and pre-printed materials.
- History of successful corporate performance for over 10 years.
- Record of effective implementation at multiple sites.
- Comprehensive, proven training.
- Competitive costs.

For information on implementing MRT in your drug court, call **Dr. Kenneth D. Robinson** or **Steve Swan** at **901-360-1564**



Idaho Supreme Court (2004) *Evaluating the effectiveness of drug courts in Idaho: Report to Governor Dirk Kempthorne and The Second Regular Session of the 57th Idaho Legislature.*

Kirchner, R. A., & Brynes, E. C. (February 2005) *Model community-based juvenile drug court: program success and enhancement in Valencia County, New Mexico.* Annapolis, MD: Glacier Consulting, Inc.

Kirchner, R. A., & Kirchner, T. R. (January 2006) *Improving the Criminal Justice System of Anne Arundel County, MD: Juvenile Treatment Court Program.* Annapolis, MD: Glacier Consulting, Inc.

Lasater, L. (2003) Durango, Colorado results with at-risk youth using SRT and MRT. *Cognitive-Behavioral Treatment Review*, 12 (3), 8.

Lasater, L., & Robinson, K. D. (2001) Montana pilot project results: using Moral Reconciliation Therapy for at-risk youth at Billings Senior High School. *Cognitive-Behavioral Treatment Review*, 10, 1/2, 1-6.

Little, G. L. (2003) Comparison of post-treatment recidivism rates between the NIC's Thinking for a Change Program and MRT. *Cognitive-Behavioral Treatment Review*, 12 (2), 8-9.

Little, G. L., & Robinson, K. D. (1988) Moral Reconciliation Therapy: a systematic, step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.

McCracken, L., Hearn, C., & Stuckey, S. (2003) Juvenile DWI/Drug Court, Albuquerque, NM. *Cognitive-Behavioral Treatment Review*, 12, (1), 8-9.

NPC Research (February 2006) *Maryland Drug Treatment Courts: Interim report on the effectiveness of juvenile drug courts.* Annapolis, MD: Drug Treatment Court Commission of Maryland.

Olson, D. (2004) *Drug Court Observations on Restorative and Rehabilitative Justice.* Evergreen State College: Visions of Justice Program.

*Report to Governor Dick Kempthorne and the Second Regular Session of the 58th Idaho Legislature* (2005) Idaho Drug Courts & Mental Health Courts, 2005.

Roman, J., Townsend, W., & Bhati, A. S. (July 2003) *Recidivism rates for drug court graduates: Nationally based estimates, final report.* U.S. Department of Justice, OJP-99-C-010.

Sandhu, H. S. (1999) An evaluation of the effectiveness of services provided by the CBTI, Freedom Ranch, Inc. to the Creek County Drug Court. *Cognitive-Behavioral Treatment Review*, 8 (2), 8-10.

Shaffer, D. K., & Latessa, E. J. (November 2002) *Delaware County Juvenile Drug Court Process Evaluation.* University of Cincinnati: Center for Criminal Justice Evaluation.

Shaw, M., & Robinson, K. (2000) An evaluation of the Volusia County, Florida Drug Court. *Cognitive-Behavioral Treatment Review*, 9 (1), 14-15.

Swann, B. (2002) School-based MRT—signs of success in a rural Louisiana high school. *Cognitive-Behavioral Treatment Review*, 11 (1/2), 1-2.

Wallace, A. (2000) Youth and parents benefit from Las Cruces, NM juvenile drug court program. *Cognitive-Behavioral Treatment Review*, 9 (2), 12-13.

Wallace, A. (2001) Results of Moral Reconciliation Therapy (MRT) utilization in the Las Cruces, New Mexico juvenile drug court. *Cognitive-Behavioral Treatment Review*, 10 (3/4), 1-2.

West, L. P., & Cook, T. C. (October 2004) *Drug courts in the State of Wyoming: a process & outcome evaluation.* Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming, WYSAC Report # CJC-401.

Whitehead, M. L. (2003) Outcome data for the Adult Drug Court in Las Cruces, NM. *Cognitive-Behavioral Treatment Review*, 12 (2), 10-11.

## What is MRT®?

Moral Reconciliation Therapy® is a systematic, step-by-step cognitive-behavioral treatment system initially designed for offender populations. MRT is designed to alter how offenders think and how they make decisions about right and wrong. MRT:

- Addresses the unique needs of offender populations including criminologic factors, values, beliefs, behaviors, and attitudes.
- Enhances ego, social, and moral growth in a step-by-step fashion.
- Develops a strong sense of personal identity with behavior and relationships based upon higher levels of moral judgment.
- Reeducates clients socially, morally, and behaviorally to instill appropriate goals, motivation, and values.
- Is easy to implement in ongoing, open-ended groups with staff trained in the method.

Your staff can be trained in MRT in a week-long, state-of-the-art training. Once training is complete, your staff can implement the groups by obtaining copies of the appropriate MRT workbook for clients. Many drug courts require clients to bear the costs of workbooks and groups.

**Questions? Call—**

**Dr. Ken Robinson, President  
Stephen Swan, Vice President  
901-360-1564**

# WHY is MRT® the Best Choice for Your RSAT or Drug Court Treatment Needs?

*Because MRT Really Works!* Research published over the past 15 years shows that MRT-treated offenders have a 25-60% lower recidivism rate than appropriate controls. MRT can easily be adapted for use in any program. Call Steve Swan at (901) 360-1564 for details.

☞ **Nationally recognized cognitive-behavioral counseling approach.**

☞ **Open-ended program with flexible client participation and pre-printed materials.**

☞ **History of successful corporate performance for over 10 years.**

☞ **Record of effective implementation at multiple sites.**

☞ **Comprehensive, proven training.**

☞ **Competitive costs.**

**See our website at [www.ccimrt.com](http://www.ccimrt.com) for more information about MRT®.**

## MRT® as an “Evidence Based Practice”

MRT has been recognized as an “Evidence-Based Practice,” a “Best Practice,” “Innovative Practice,” and “Cost Effective Practice to Reduce Recidivism” by the following:

2005 — MRT cited as **Evidence-Based Practice** with female juvenile offenders.

Source: Florida Department of Juvenile Justice (November 2005) *Moderate- and High-Risk Residential Programming for Girls*.

2005 — MRT cited as **Evidence-Based Practice** in probation.

Source: State of Connecticut—Judicial Branch (April 2005) *Re-Engineering Probation Towards Greater Public Safety: A Framework for Recidivism Reduction Through Evidence-based Practice*.

2005 — MRT cited as **Proven to Reduce Recidivism** in DWI courts.

Source: National Drug Court Institute (2005) *The Ten Guiding Principles of DWI Courts*.

2004 — MRT cited as **Evidence-Based Practice** in probation and parole.

Source: State of Connecticut, Judicial Branch, Court Support Services Division.

Ref: White, T. F. (February 2004) *A Framework for implementing evidence-based practice in probation and parole*. State of Connecticut, Judicial Branch, Court Support Services Division.

2002 — MRT cited as **Cost Effective** and **Proven to Reduce Recidivism**.

Source: Citizens Crime Commission of Portland, Oregon.

Ref: *A report of the recidivism reduction committee of the Citizens Crime Commission of Portland, Oregon* (May 2002).

2002 — MRT cited as **Evidence-Based Practice** with Adults and **Promising Practice** with Juveniles.

Source: SAMHSA - Appendix II: *Examples of Evidence-Based Programs, Guidelines for Building Mentally Healthy Communities*.

2002 — MRT cited as a **Best Practice** for offender substance abuse treatment.

Source: North Carolina Department of Correction.

Ref: Pearce, S. C., & Halbrook, D. (August 2002) *Research findings and best practices in substance abuse treatment for offenders*. North Carolina Department of Correction, Office of Research and Planning.

2001 — MRT cited as one of few programs that actually **Reduces Recidivism**.

Source: *United Nations Programme Network Institutes*.

Ref: MacKenzie, D. L. (2001) *United Nations Programme Network Institutes Technical Assistance Workshop*; Vienna, Austria, May 10, 2001: *Sentencing and Corrections in the 21st Century: Setting the Stage for the Future*. National Institute of Justice.

2001 — MRT cited as **Successful Approach** to reduce recidivism.

Source: University of Maryland research

Ref: Allen, L. C., MacKenzie, D. L., & Hickman, L. J. (2001) The effectiveness of cognitive behavioral treatment for adult offenders: a methodological, quality based review. *International Journal of Offender Therapy and Comparative Criminology*, 45, 498-515.

2001 — MRT cited as a **Proven Treatment** to reduce recidivism.

Source: Oregon Office of Alcohol and Drug Abuse Programs

Ref: *What works for offenders in substance abuse treatment?* (January 2001). Oregon Office of Alcohol and Drug Abuse Programs.

2000 — MRT cited as **Effective Approach** for ex-offender employment.

Source: Buck, M. L. (2000) *Getting Back To Work: Employment Programs For Ex-Offenders*. Field Report Series, Public/Private Ventures, Fall.

1999 — MRT cited as a **Program That Works** to reduce juvenile violence.

Source: Seifert, K. (1999) The violent child: profiles, assessment and treatment. *Paradigm*, Fall, 7-9.

1998 — MRT cited as an **Innovative Practice** in the Adult and Juvenile criminal justice systems.

Source: Koch Crime Institute, a private, non-profit organization devoted to improving criminal justice. Ref: Koch Crime Institute (1998) *Innovative Practices in the Criminal and Juvenile Justice Systems*. Topeka, KS: Koch Crime Institute.

### Cognitive-Behavioral Treatment Review

is available online with back issues, meta-analyses, and review articles on MRT also posted for free downloads in pdf format.

Visit our websites:

[www.ccimrt.com](http://www.ccimrt.com)

[www.moral-reconation-therapy.com](http://www.moral-reconation-therapy.com)

[www.ccimrt.com](http://www.ccimrt.com)

[www.moral-reconation-therapy.com](http://www.moral-reconation-therapy.com)

# DRIVING THE RIGHT WAY

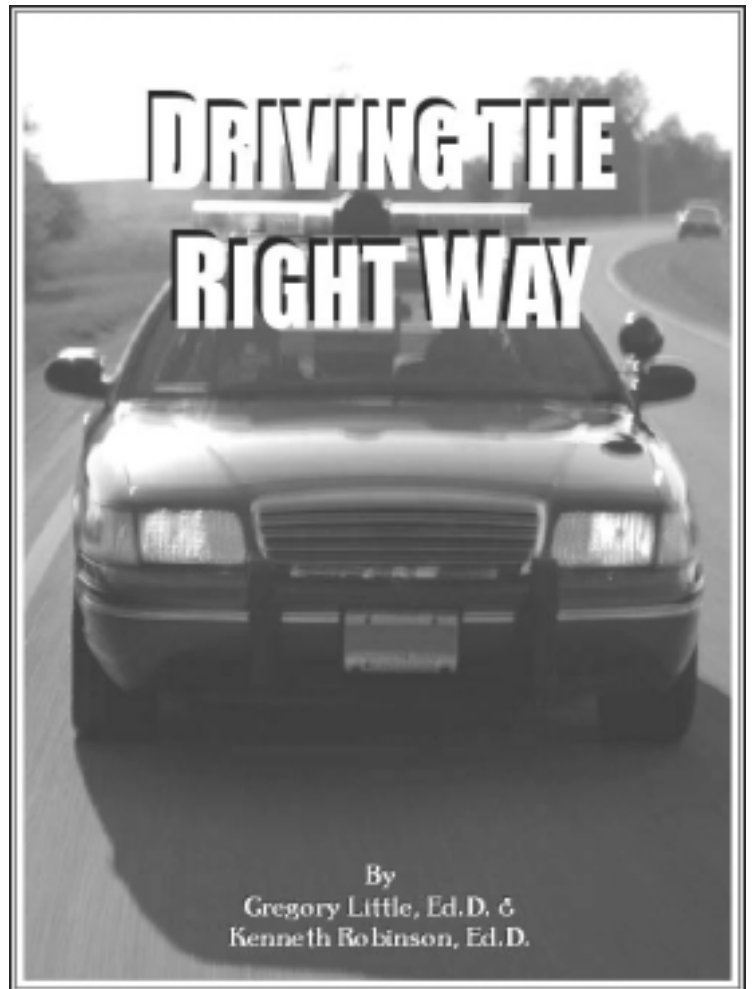
## A New Cognitive-Behavioral Program for DUI/DWI Offenders by Dr. Gregory L. Little & Dr. Kenneth D. Robinson

Traditional educational programs for DWI and DUI offenders have been utilized for nearly 40 years, but research consistently shows that these programs do not impact subsequent offending. Cognitive-behavioral interventions—changing how offenders think and make decisions—are the preferred, state-of-the-art treatment approaches for offenders. The new *Driving the Right Way* program consists of four sessions, focused on changing thinking and decision-making. Developed by the premiere names in the field of criminal justice treatment, the program is implemented in ongoing, open-ended groups. A simple facilitator's guide is available as well as the program on cassette tape. CCI has also developed a one-day training to assist in program implementation.

In addition, CCI can customize workbooks for your state!

The workbook is \$10 with discounts available for bulk purchases. The *Facilitator's Guide* is free with workbook purchase.

For information on this and other cognitive-behavioral programs, call CCI at 901-360-1564.



**Correctional Counseling, Inc.**  
**3155 Hickory Hill • Suite 104**  
**Memphis, TN 38115**  
**901-360-1564**

[www.ccimrt.com](http://www.ccimrt.com)  
[www.moral-reconation-therapy.com](http://www.moral-reconation-therapy.com)

**View our promotional video online.**  
**Research & training services available.**

## MRT® Group Quality Assurance Services Available by Video

1. Send a **VHS** or dvd of your MRT group to Kathy Burnette, CCI, 3155 Hickory Hill Ste. 104, Memphis, TN 38115.
2. An MRT trainer will review the video.
3. A CCI-MRT trainer will call you and provide phone consultation about the group.
4. You will receive a comprehensive written report concerning the group.
5. CCI will return the video.

**Cost: \$150**

For details or more information, call Sharron Johnson or Kathy Burnette at: (901) 360-1564

## GLACIER CONSULTING, INC.

### EVALUATION & RESEARCH SERVICES AVAILABLE FOR STATE CRIMINAL JUSTICE PLANNING AGENCIES & DRUG COURTS

**GCI offers practical, cost-effective evaluation and research services for drug courts, treatment programs, facilities, and departments within the criminal justice and corrections system. GCI will design data collection systems for your agency and interpret the data for evaluation. GCI's research team has many years of research experience evaluating program effectiveness. Call Robert Kirchner, Ph.D., Research Director, at (901)360-1564 for additional information.**

## MAKING CHANGES FOR GOOD

A Cognitive-Behavioral Approach for Sex Offender Relapse Prevention

*Making Changes for Good* is a 56 page, 10 session workbook designed for sex offender relapse prevention. It is designed to be used in open-ended groups where offenders can enter ongoing groups at any time. Clients read each module prior to coming to group and complete structured exercises. Helps clients identify risky behaviors and thoughts and make plans to cope.

**Designed for:**

Parole/Probation Supervision  
Sex Offender Programs  
Institutional Programs

*Making Changes for Good* is \$18.00 The 12-page *Facilitator's Guide* is \$10.00

**Cognitive-Behavioral Treatment Materials—See Page 18 for a complete Listing.**

## The Punishment Myth

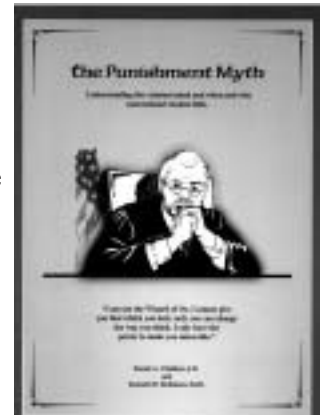
Understanding the criminal mind and when and why conventional wisdom fails.

By Dennis A. Challeen, J.D. and Kenneth D. Robinson, Ed.D.

Have you wondered why some criminals never seem to learn?

Our criminal system is based on punishment...law abiding responsible people inherently know punishment works...it works on them...they use it on their children...they use it on their pets...they vote for politicians that promise to get "tough on crime."

Is it possible that punishment works best on people who don't cause problems and the least on those who do? If so, what works on criminals?



In this compelling book, the observations of a criminal court judge with four decades of experience are presented with those of a psychologist with three decades of experience with criminal populations.

The result is a penetrating insight into why our justice system is often part of the problem.

The insights may anger you, but you may also think about the problem in ways you've never before considered.

**Published 2003 • 101 pages • 8.5 x 11 • \$20**

# SRT® School Curriculum Training

CCI now offers school curricula for at risk youth, parents and families entitled Social Responsibility Training (SRT®). SRT® has been extensively field tested since 2001, and has demonstrated significant positive behavior impact and reduction in school dropouts for both regular and special education students in many districts. SRT® is now being used in nine states. SRT® workbooks at the 6<sup>th</sup>, 4<sup>th</sup> and 3<sup>rd</sup> grade reading levels are available for delivery by classroom teachers to elementary, middle, and high school youth. A parallel curriculum for parents entitled *Personal Responsibility Parenting* (PRP) is now available. This workbook allows parents (and guardians) to learn skills similar to those their children learn in school. PRP is available in both correctional and non-correctional versions, and the non-correctional version is now available in Spanish.

As are MRT® classes, Social Responsibility Training classes are open-ended, so students or parents can enter these programs at any point during the semester or school year and work at their own pace. During the school year, students set specific behavioral change goals, learn to change problem habits, complete public service projects, learn communication skills, and receive support for resolving both school and family behavior problems that interfere with school success. SRT has the following objectives:

1. Direct personal behavior in alignment with goals
2. Take full responsibility for behavior and adjustment in school
3. Understand how problem habits develop and how to change these patterns
4. Practice honesty, trust, and following the rules in school and community
5. Use communication skills to develop positive relationships
6. Practice skills in leadership, teaching, and helping others
7. Understand one's unique goals and abilities, and put these into positive action planning

## (SRT®) Facilitator Training

Educators and other human service professionals can utilize all SRT® curricula upon completion of a three-day SRT® training covering all aspects of the curricula and implementation. Trainees receive an SRT® high school, middle school, and elementary workbook and facilitator guides, as well as class evaluation tools. Cost of the three day training is \$550 (this price includes facilitator travel expenses). School or agency administrators attend SRT® Facilitator Training without charge. Persons who have completed MRT® facilitator training can utilize SRT® parent and family curricula without completing additional training.

Visit the SRT® website at [www.characterdevelopmentsystems.com](http://www.characterdevelopmentsystems.com)  
or call 303-449-2829 for further information.

### One-Day MRT® Review Training for Trained & Certified MRT Facilitators

MRT Review Training is a one-day (8-hour) workshop designed to enhance MRT facilitators' knowledge of MRT, develop additional group facilitation skills, and review the objective criteria for operating MRT groups. This workshop is a refresher course intended for those individuals who have already completed basic MRT training. A certificate of completion is awarded to all attendees. The workshop:

- Reviews each MRT step
- Reviews the purpose of each step
- Reviews objective criteria for each exercise
- Reviews Kohlberg's moral reasoning theory
- Provides solutions to step-related difficulties
- Provides problem solving

- Provides an update on MRT research

This One-Day MRT Review Training will be held periodically in Memphis and can also be arranged on-site. The basic cost is \$150 per person. For more information call Sharron Johnson at 901-360-1564.

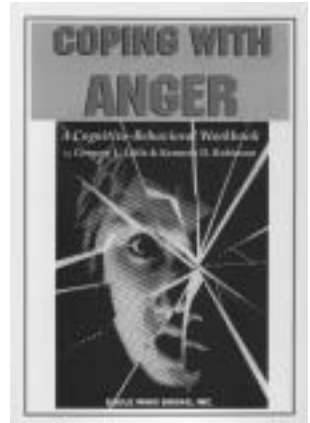
# ANGER MANAGEMENT Group Starter Kit with Training DVD & Book on Tape

~NEW~

## COPING WITH ANGER

### A Cognitive-Behavioral Workbook

*Coping With Anger* is a 49 page cognitive-behavioral MRT® workbook designed for eight (8) group sessions and is one of CCI's most popular programs. Used in probation & parole, prisons, community corrections, and other treatment sites, *Coping With Anger* is ideal for use with violent offenders, argumentative or oppositional clients, and with those who have trouble expressing feelings of anger.



**Training DVD Now Available!** A 1.5 hour DVD has been created to assist programs and counselors who want to observe how the anger management program is conducted. The DVD shows how clients should complete homework for each of the program's 8 modules and how the homework in each module is presented in group. It is available in a newly packaged, discounted Group Starter Kit or can be purchased individually. A FREE CD with the training on a Quicktime file is included in the Group Starter Kit (for use on computers).

### ***Coping With Anger*, on cassette tape, also included in Starter Kit!**

The entire *Coping With Anger* workbook is now available on audio cassette for use with clients who have problems reading. The tape has Dr. Greg Little reading the text and explaining the exercises.

**Group Starter Kit, a \$360 value, is only \$245!  
A 32% Discount**

## Anger Management Group Starter Kit contains:

- 15 *Coping With Anger* workbooks
- 2 *Facilitator Guides*
- 2 *5-Minute Stress Manager* cassette tapes
- 2 *Relaxation/Progressive Muscle Relaxation* tapes
- 1 *Anger Management Training DVD*
- 1 *FREE Anger Management Training Quicktime CD*
- 1 *Coping With Anger* on cassette tape

### ITEM PRICES

- Group Starter Kit— \$245
- Training DVD— \$100
- Book on Cassette Tape—\$65
- Coping With Anger* workbook— \$10
- Facilitator's Guide— \$5
- 5-Minute Stress Manager  
Tape— \$8.95
- Basic Relaxation/Muscle Relaxation  
Tape—\$8.95

**Call  
901-360-1564  
to order**

## COGNITIVE-BEHAVIORAL TRAINING IN BASIC MRT® & MRT® DOMESTIC VIOLENCE PROGRAMMING

### How MRT® Is Implemented:

MRT® is a trademarked and copyrighted cognitive-behavioral treatment system for offenders, juveniles, substance abusers, and others with resistant personalities. The system was developed in the mid-1980s and has had substantial outcome research published in the scientific literature showing that recidivism is significantly lowered for ten years following treatment. MRT® is performed in open-ended groups typically meeting once or twice per week. Clients complete tasks and exercises outside of group and present their work in group. The MRT-trained facilitator passes clients' work according to objective guidelines and criteria outlined in training. *Programs using MRT® must supply clients with a copy of an MRT® workbook that are purchased from CCI for \$25 per copy.* MRT® formats are in use for general offenders, juveniles, perpetrators of domestic violence, and others. MRT® trainings are held routinely across the United States and monthly in Memphis. Accredited CEUs for MRT training are offered from Louisiana State University at Shreveport for participants who complete training. Training dates and a registration form can be found below. Feel free to call or write for more details.

### — MRT® Trainers —

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), Laura Gilreath, Kimberly Prachniak, M.S., 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.

### CCI's DOMESTIC VIOLENCE PROGRAM:

- 24 Sessions
- Printed Formats & Manual
- Objective Cognitive Behavioral Criteria
- Meets State's Requirements on Power & Control Model
- CEUs Offered

For Information  
call or write CCI:

Dr. Ken Robinson, Pres.  
or Steve Swan, V.P.  
3155 Hickory Hill • Suite 104  
Memphis, TN 38115

(901) 360-1564  
e-mail ccimrt@aol.com

## MRT® OR DOMESTIC VIOLENCE TRAINING REGISTRATION FORM

Please register the following persons for MRT or Domestic Violence Training:	COST
NAME 1 _____	\$600
NAME 2 _____	\$500
NAME 3 _____	\$500
NAME 4 _____	\$500



CREDIT CARD  
ORDERS  
CALL  
(901) 360-1564

AGENCY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

TRAINING DATES SELECTED: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**Mail form with payment to: CCI • 3155 Hickory Hill • Suite 104 • Memphis, TN 38115**

**Payment Enclosed (please check one):**  Check  Money Order  Purchase Order (attached)

Be sure to check that your training dates correspond to the training for which you are registering (e.g. MRT or Domestic Violence). A \$50 processing fee will be assessed on refunds due to participant cancellation 10 days or less before training. Note that some training dates have limited availability of open slots. CCI reserves the right to cancel training dates if insufficient participants have enrolled.

# Upcoming Trainings In MRT® & Domestic Violence

June 12, 2006—June 16 - MRT in Memphis, TN  
 June 12, 2006—June 15 - MRT in Syracuse, NY  
 June 19, 2006—June 22 - MRT in Syracuse, NY  
 June 20, 2006—June 23 - MRT in Ann Arbor, MI  
 June 27, 2006—June 30 - MRT in Prescott, AZ  
 June 27, 2006—June 30 - MRT in Greybull, WY  
 July 11, 2006—July 14 - MRT in Albany, NY  
 July 17, 2006—July 20 - MRT in Albany, NY  
 July 17, 2006 — July 21 - MRT in Memphis, TN  
 July 25, 2006—July 28 - MRT in Seattle, WA  
 August 1, 2006—August 4 - MRT in Wooster, OH  
 September 11, 2006 — Sept. 15 - MRT in Memphis, TN  
 September 19, 2006—Sept. 22 - MRT in New York City, NY  
 September 25, 2006—Sept. 28 - MRT in New York City, NY  
 October 16, 2006—October 20 - MRT in Memphis, TN

## DOMESTIC VIOLENCE TRAINING:

August 7, 2006 — August 11 - Domestic Violence in Memphis, TN

## ADVANCED MRT TRAINING:

August 17, 2006 — August 18 - Advanced MRT in Memphis, TN

**Note:** Additional trainings will be scheduled in various locations in the US. See our website at [www.ccmrt.com](http://www.ccmrt.com) or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

## Parole/Probation Program

## Shoplifting Program

## Something for Nothing

This program recently gained highly positive media attention in Nashville, TN where 70 shoplifters completed the program at one time in a private probation service. Participants' comments, which were unexpectedly insightful and remorseful, were reported in the news. *Something for Nothing* is an eight-hour, 17-page CBT workbook designed to be utilized in weekend or weekly groups with shoplifters—by Greg Little. Easy to implement, easy to follow workbook, shows virtually 100% completion rate with initial offenders in program. Also available in Spanish!

### *Something For Nothing*

English & Spanish versions: \$10 each.

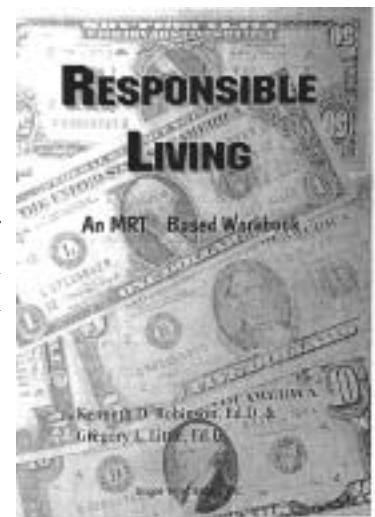
Also Available: *Something For Nothing* Audio-tape (English): \$50

## RESPONSIBLE LIVING:

An MRT® Based Workbook

An MRT® based, 8 session, open-ended, group workbook primarily for misde-meanants in brief programming.

Includes modules on rules, relationships, feelings for others, personal exploration of values, goal setting, and making commitments.



\$10.00, 26 pp., 8 modules.

Order online at [www.ccmrt.com](http://www.ccmrt.com) or use form on p. 19.

**Bad Checks  
Repeat Traffic  
Offenders  
Shoplifters  
Petty Larceny  
Theft  
Petty Crime  
Restitution**

## Recidivism Outcome Research On Moral Reconciliation Therapy® In Prison-Based Therapeutic Communities: A Comprehensive Review

By Gregory L. Little, Ed.D. & Kenneth D. Robinson, Ed.D.

Moral Reconciliation Therapy (MRT®) was initially employed within an established prison-based Therapeutic Community (TC) in 1986 at the Shelby County Correction Center (SCCC) in Memphis, Tennessee. The TC began in 1972 as a self-contained drug treatment Therapeutic Community separated from the main prison complex. The program was patterned after the early Federal Prison TC at Danbury, Connecticut and employed a former Danbury resident as a consultant. The program initially housed 24 male misdemeanor and felony offenders with sentences of approximately one-year.

The first (pre-MRT) outcome report on the program (Wood & Sweet, 1974) indicated that after two years of program existence, 67 percent of released program graduates had not been reincarcerated, but rearrests were not evaluated or reported. In addition, the rate of program completion was low.

A more comprehensive report was issued two years later (Sweet, Little, Wood, & Harrison, 1977). Only 43 percent of the 254 offenders who entered the program completed treatment. Recidivism data showed that by the third year after release, 53.5 percent of program graduates had not been reincarcerated. The regimented behavior-modification approach of the TC was then termed “Reconciliation Therapy” (Wood & Sweet, 1974).

### MRT Implementation Background

In 1985, the TC drug program at the SCCC became the focal point of the present authors, and because of program problems (high dropout rate and high recidivism), the new approach, called “Moral Reconciliation Therapy,” was added to the treatment regimen in early 1986. The program was designed to incorporate cognitive elements into the behavioral program—especially moral reasoning components. The major intention was to impact three outcomes: increase the completion rate; increase minority participation; and lower recidivism. In fact, in the four years prior to MRT implementation, the rate of graduation was only 30 percent and only 25 percent of participants were minorities.

While earlier research had delineated some of the reasons for TC dropouts (Little, 1981; Little & Robinson, 1987; Robinson & Little, 1982), another factor was found to be low morale among staff (Welch & Little, 1983). Counselors were spending much less than half of their time in “counseling” functions. Internal research also showed that counselors substantially spent more time with specific participants within

the program—generally with clients of similar ethnic backgrounds and interests. When an analysis was made of how clients actually completed the program, the greatest factor was found to be twofold: staff judgments made on each participant (done in client staffing) and time participants spent in the behavioral TC program. Another intriguing finding was that



the vast majority of program graduates who were deemed by staff to have a high probability of success after release—actually became recidivists. Oddly, it appeared that the higher a program participant was rated by program staff, the greater the odds of quick recidivism. Because the institution administered MMPI and intelligence tests to all inmates, we were able to determine that the participants who garnered the most support by staff were

generally high in psychopathic deviation and intelligence. We surmised that the staff was subtly manipulated and conned by these inmates. MRT was designed in ways to specifically address all of these factors.

### How MRT Was Implemented

The TC’s behavioral structure, program elements, and overall activities were essentially unchanged with the addition of MRT. MRT simply became a new group that was held twice a week with several other times during the week allotted for homework. But MRT was immediately integrated into the TC program’s entire framework. First, MRT was made the prime method of determining program completion. Clients entering the program were given MRT program materials and told that when they completed Step 12 they would graduate the program. This gave us an objective means to assess progress and make nonjudgmental reports to parole, probation, and judicial authorities. It also gave clients a way to easily assess their own progress.

Secondly, MRT alleviated many of the subjective judgments from the counseling staff. Staff judgment was no longer the primary determinant of client completion. MRT was established with clearly delineated tasks and objectives, which clients had to complete at each of the program’s steps. More specifically, a step was either completed correctly or it wasn’t. Program counselors (and on some steps, clients) determined if the work was completed successfully. The program also instituted two levels of appeal on all steps for participants—to ensure that clients were treated fairly. Over 5 years, only two appeals were made. This is partly because routine evaluations of clients’ step

materials were made by the Program Director and Assistant Director. This objective process simply evaluated whether or not what a counselor approved or rejected on each client's work followed the guidelines. This method became a major tool for evaluating counselor behavior and was effective in managing counselor activities and ensuring fundamental fairness. In addition, it greatly reduced many of the unconscious biases that were sometimes observed in counselor-client relationships prior to MRT. Because of MRT requirements, counselors had to spend time with all clients. In each MRT group, each group member becomes a focus of attention. In addition, the requirements of several MRT steps forced all program clients to interact with all other clients in the program, breaking down previously observed ethnic barriers. The results were almost immediately apparent.

During the 4-year period preceding MRT implementation, the TC program's completion rate for all participants ( $N = 424$ ) was 30 percent. The program completion rate ( $N = 180$ ) during the first 2-years after MRT's use in the program was 50 percent. During this time period the completion rate for minority participants doubled from the prior rate (Freeman, Little, Robinson, & Swan, 1990; Little & Robinson, 1988). These results were largely responsible for the SCCC expanding the TC program to 40 beds and adding a 40-bed TC devoted to DWI offenders.

Since the initial implementation of MRT in the SCCC program, the cognitive-behavioral approach has been utilized in hundreds of programs. Previous reports have summarized results from parole and probation, community corrections, and prison implementations. However, none of our reports have summarized results of implementations of MRT in prison-based TCs. The present report summarizes recidivism outcome results from 29 studies. However, it should be noted that the majority of MRT based recidivism research has evaluated all program participants (graduates and dropouts) and also includes all arrests for misdemeanors as well as felonies.

### Outcome Results From The SCCC TCs

*SCCC Drug Program TC.* A series of 14 recidivism outcome studies were published from the drug TC original implementation site—the SCCC. These results covered a full 10 years after program participants were treated and released into the free world.

These studies reported on the rearrests, reincarcerations, and days of additional sentence in 1,052 MRT-treated male offenders—regardless of whether or not participants completed the program. The initial 70 felony offenders treated with MRT while participating in the prison's TC have been studied separately over their 10 years of release because a specialized experimental control group was formed. This series of reports most closely approximates an experiment with randomly assigned treatment and control groups. Results from these studies include reincarcerations for all offenses *including* misdemeanors and felonies.

MRT-treated offenders showed a statistically significant lower reincarceration rate at each year of data collection. In general, MRT-treated offenders showed a relative reincarceration

rate 25%-35% lower than nontreated controls at each data collection point from 2-10 years post-release.

In the initial year of release, MRT-treated offenders from the SCCC TC showed a relative reincarceration rate 75% lower than controls. Other data collected on these groups have shown that treated offenders have a significantly higher rate of "clean records" (no rearrests for any offense), lower mean numbers of rearrests, and fewer days of additional sentence in those who are reconvicted of a new offense. Thus, even with MRT-treated offenders who do eventually recidivate, it is likely that their severity of new offenses is lessened.

In a recent report (Little, 2006), 32 published reports on prison-based MRT implementations with adult felony offenders have confirmed the initial observations of the SCCC implementation. The one-year recidivism rate of 3,373 MRT-treated felons was 11 percent compared to a 37 percent recidivism rate in 12,665 controls.

*SCCC DWI Program TC.* Because of the success of MRT in the drug offender TC, the SCCC began a specialized, 40-bed TC for multiple-DWI/DUI offenders in 1989. MRT served as the keystone of the program. A series of 15 studies were published on DWI offender recidivism following MRT treatment in the program. Little & Robinson (1989a; 1989b; 1989c) initially reported a 0% rearrest rate in the first 18 released offenders after an average of 6 months of release. When the initial 115 MRT participants had been released for 6 months, a 20% rearrest rate (for any offense) was found in the treated group compared to a 27.6% rearrest rate in 65 appropriate controls. Alcohol-related charges (including public intoxication) were found in 8.7% of treated clients and 10.8% of controls. Several subsequent reports presented various aspects of this recidivism data and tracked these 115 MRT-treated DWI offenders and nontreated controls for a 10-year period after release. Little, Robinson, & Burnette (1990) reported a 13.9% reincarceration rate for treated offenders after 18 months of release as compared to 21.5% in controls. During this time period, 61% of treated subjects showed no arrests as compared to 54% in controls. The treated group showed a 4.2% rearrest rate for new DWI offenses as compared to 15.4% in controls.

After 30 months of release (Little, Robinson, & Burnette, 1991a) the MRT-treated group showed a 22.6% reincarceration rate, a 45.2% rearrest rate, and an 18.3% rearrest rate for DWI. By comparison, controls showed a 36.9% reincarceration rate, 61.5% rearrest rate, and 16.9% rearrest rate for DWI.

Additional studies tracked the recidivism of these groups at 42 months (Little, Robinson, & Burnette, 1992; Correctional Counseling, Inc., 1993c) and for 5 years (Little, Robinson, Burnette, & Swan, 1995). Reincarceration rates for the MRT-treated DWI offenders were consistently lower than controls in all categories *except* DWI offenses. At all subsequent data collection points, the treated and control group's *DWI rearrest rates* were essentially equal while overall rearrests and reincarcerations were lower in the MRT-treated group as compared to controls. Thus, MRT treatment lowered rearrests and reincarcerations for all offenses except DWI.

Ten-year recidivism outcome data on the initial 115 MRT-treated DWI offenders (Little, Robinson, Burnette, & Swan 1999b) showed that the treated group had a significantly lower reincarceration rate (44.35% to 61.54%), a significantly higher percentage of “clean records” — no rearrests for any offense (25.2% to 13.8%), a lower rearrest rate for non-DWI offenses (66.1% to 73.1%), but virtually identical DWI rearrest rates (37.4% to 36.9%).

### MRT Outcomes In Other Male TC’s

The Charles E. “Bill” Johnson Correctional Center in Oklahoma has utilized MRT within a specialized drug TC since 1999. By 2003, 926 male felony offenders had participated in the program with an 82 percent completion rate (Pourett, 2004). Recidivism (reincarceration for a new offense) rates were established for 638 participants who had been released for periods of one-to-four years. The one-to-four year rates, respectively, were 6, 11.6, 11.7, and 11.4 percent. The overall three-year recidivism rate (11.6 percent) was compared to the overall 26 percent three-year reincarceration rate established by the Oklahoma Department of Corrections.

Tennessee’s Northwest Correctional Center Complex has had an MRT-based prison TC since 2000. A 2005 report (Burnette, Prachniak, Swan, Robinson, Lester, & Little) indicated that the program completion rate was an overall 80 percent during the program’s operation. Recidivism (reincarceration) on 135 program graduates was collected over an average time period of 21.5 months of release. Only 6 percent were reincarcerated for a new offense, but an additional 20.6 percent were reincarcerated for technical parole violations. The total recidivism rate was 27.5 percent. By comparison, the Tennessee DOC 24-month reincarceration rate is 33.7 percent.

### MRT Outcomes In Female TC’s

MRT has been used in several female prison-based TCs. The Tennessee Prison For Women (TPW) has had 912 participants in their TC, with 759 participants paroled between 1998 and 2005 (Burnette, Prachniak, Leonard, Robinson, Swan, & Little, 2005). Yearly program completion rates have varied between 72 and 82 percent. After an average of 33 months of release, 34.9 percent of 579 released participants had been rearrested. An additional 180 participants had been released for an average of 21 months and showed a 15.5 percent rearrest rate. By contrast, all female felons in Tennessee show a 49.9 percent rearrest rate after 24 months of release.

Since 1999, MRT has also been utilized in the felony female TC at the Mark Luttrell Correctional Center (TN). The first outcome evaluation (Burnette, Brown, Jackson, Thomas-Ottino, Robinson, & Little, 2003) reported that 174 female felons had participated in the program with a 50 percent completion rate. A host of pre- and posttest results indicated that the program was beneficially impacting program participants. A recidivism report on the program (Burnette, 2005) covered 59 program participants released between 2000-2005, with an average of 26.5 months of release. Results showed that 20.3 percent had

been rearrested during their release as compared to the 49.9 percent overall female offender recidivism rate for Tennessee.

### MRT Outcomes In Juvenile Offender TCs

MRT is utilized in numerous juvenile programs including boot camps, alternative programs, and probation. However, only three major reports have been published on the use of MRT within specialized TC’s for juveniles. Numerous pre- and posttests were utilized to assess changes in participants and the first reports focused on the many beneficial changes observed in participants (Burnette, Swan, Robinson, Woods-Robinson, & Little, 2003; Burnette, et. al., 2004). The program showed a consistent 70 percent completion rate. One study (Burnette, et. al, 2004 a) investigated participant recidivism. Results showed that, after an average of 6 months of release, program completers showed a 13.3 percent recidivism rate. After an average of two-years of release, program completers showed a 30.4 percent recidivism rate. By contrast, juvenile recidivism after 24 months averages 44 percent.

### Conclusion

The use of MRT in therapeutic community programs has been successfully demonstrated since 1986. At least 29 published reports have appeared documenting lower recidivism, improved completion rates, and beneficial changes in personality variables as a result of MRT. Traditional TCs employ AA 12-step programs, behavior management, and a variety of groups. However, the addition of a cognitive component, such as MRT, appears to lead to enhanced outcomes in all relevant and important measures.

### References

- Burnette, K. D. (2005) Mark Luttrell Correctional Center, Tennessee Department of Correction, therapeutic community program annual report.
- Burnette, K. D., Brown, P. S., Jackson, J., Thomas-Ottino, B. N., Robinson, K. D., & Little, G. L. (2003) Effects of Moral Reconciliation Therapy on female offenders in a prison-based therapeutic community. *Cognitive-Behavioral Treatment Review*, 12 (1), 1-5.
- Burnette, K. D., Prachniak, K., Leonard, A., Robinson, K. D., Swan, E. S., & Little, G. L. (2005) Effects of Moral Reconciliation Therapy on female offenders in a prison-based therapeutic community. *Cognitive-Behavioral Treatment Review*, 14 (3), 1-4.
- Burnette, K. D., Prachniak, K., Swan, E. S., Robinson, K. D., Lester, D., & Little, G. L. (2005) Recidivism of MRT-treated male offenders in a prison-based therapeutic community. *Cognitive-Behavioral Treatment Review*, 14 (3), 10.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M, & Little, G. L. (2003) Effects of MRT on male juvenile offenders participating in a therapeutic community program. *Cognitive-Behavioral Treatment Review*, 12 (2), 2-5.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M, & Little, G. L. (2004) Male juvenile offenders participating in Moral Reconciliation Therapy within a therapeutic community program. *Cognitive-Behavioral Treatment Review*, 13 (1), 3-5.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M, & Little, G. L. (2004a) Treating youthful offenders with Moral Reconciliation Therapy: A recidivism and pre- posttest analysis. *Cognitive-Behavioral Treatment Review*, 13 (3/4), 14-15.
- Freeman, E. B., Little, G. L., Robinson, K. D., & Swan, E. S. (1990) Offender treatment alternatives for the 90s. Paper presented at the American Correctional Association Winter Conference, Nashville, TN, January 16.
- Little, G. L. (2001) Meta-analysis of MRT recidivism research on post-incarceration felony offenders. *Cognitive-Behavioral Treatment Review*, 10 (3/4), 4-6.
- Little, G. L. (2005) Meta-analysis of Moral Reconciliation Therapy recidivism results from probation and parole implementations. *Cognitive-Behavioral Treatment Review*, 14 (1/2), 14-16.
- Little, G. L. (1981) Relationship of drug of choice, race, and crime to entry in drug abuse treatment. *Psychological Reports*, 48, 486.

Little, G. L. (2006) Review of one-to-three-year recidivism of felony offenders treated with MRT in prison settings. *Cognitive-Behavioral Treatment Review*, 15 (1), 1-3.

Little, G. L. (1990) Shelby County pioneers first program proven to reduce recidivism in DWI offenders. *Tennessee Law Enforcement News*, 2, 11-12.

Little, G. L., & Robinson, K. D. (1989a) Effects of Moral Reconciliation Therapy upon moral reasoning, life purpose, and recidivism among drug and alcohol offenders. *Psychological Reports*, 64, 83-90.

Little, G. L., & Robinson, K. D. (1988) Moral Reconciliation Therapy: A Systematic, step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.

Little, G. L., & Robinson, K. D. (1987) One-day dropouts from correctional drug treatment-II. *Psychological Reports*, 60, 454.

Little, G. L., & Robinson, K. D. (1989c) Relationship of DUI recidivism to moral reasoning, sensation seeking, and MacAndrew alcoholism scores. *Psychological Reports*, 65, 1171-1174.

Little, G. L., & Robinson, K. D. (1990) Reducing recidivism by changing how inmates think: the systematic approach of Moral Reconciliation Therapy. *American Jails*, 4 (3), 12-16.

Little, G. L., & Robinson, K. D. (1989b) Treating drunk drivers with Moral Reconciliation Therapy: a one-year recidivism report. *Psychological Reports*, 64, 960-962.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1992) Cognitive-behavioral treatment for offenders: the successful approach of Moral Reconciliation Therapy. *The IARCA Journal on Community Corrections*, September, 5-8.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1993) Cognitive-behavioral treatment of felony drug offenders: a five-year recidivism report. *Psychological Reports*, 73, 1089-1090.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1991a) Treating drunk drivers with Moral Reconciliation Therapy: a three-year report. *Psychological Reports*, 69, 953-954.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1991b) Treating drug offenders with Moral Reconciliation Therapy: a three-year report. *Psychological Reports*, 69, 1151-1154.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1990) Treating drunk drivers with Moral Reconciliation Therapy: a two-year recidivism study. *Psychological Reports*, 66, 1379-1387.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1994) Treating offenders with cognitive-behavioral therapy: five-year recidivism outcome data on MRT. *Cognitive-Behavioral Treatment Review*, 3 (2 & 3), 1-3.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1993) 5-Year recidivism results on MRT-treated DWI offenders released. *Cognitive-Behavioral Treatment Review*, 2(4), 2.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1993) 42 month alcohol treatment data: Multiple DWI offenders treated with MRT show lower recidivism rates. *Cognitive-Behavioral Treatment Review*, 2(3), 5.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1996) Review of outcome data with MRT: seven year outcome data. *Cognitive-Behavioral Treatment Review*, 5(1), 1-7.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1995) Six-Year MRT recidivism data on felons and DWI offenders: Treated offenders show significantly lower reincarceration. *Cognitive-Behavioral Treatment Review*, 4(1), 1-; 4-5.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1999a) Successful ten-year outcome data with MRT: treated offenders show significantly lower reincarceration each year. *Cognitive-Behavioral Treatment Review*, 8(1), 1-3.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1999b) Ten-year outcome data on MRT-treated DWI offenders. *Cognitive-Behavioral Treatment Review*, 8(2), 1-4.

Pourett, M. (2004) Freedom Ranch program evaluation report (1999-2003) Charles E. "Bill" Johnson Correctional Center, Alva, Oklahoma. Oklahoma City University: Criminal Justice Dept.

Robinson, K. D., & Little, G. L. (1987) One-day dropouts from correctional drug treatment. *Psychological Reports*, 51, 409-410.

Sweet, R. S., Little, G. L., Wood, R. W., & Harrison, H. D. (1977) A Drug Offender Rehabilitation Program: recovery rates, personality variables, and maintenance factors. *The Quarterly Journal of Corrections*, 1, 13-22.

Welch, W. H., & Little, G. L. (1983) Survey of counselor functions at a minimum-security county prison. *Journal of Offender Counseling*, 2, 40-47.

Wood, R. W., & Sweet, R. S. (1974) Comprehensive report on the drug offender rehabilitation program at the Shelby County Penal Farm, Memphis, TN. LEAA, UD Department of Justice.

Is your relapse prevention component too complicated for your clients? Is it hard for them to understand or difficult to complete a 300 page "brief relapse prevention" workbook?

## RELAPSE PREVENTION THAT WORKS

# STAYING QUIT:

## A Cognitive-Behavioral Approach To Relapse Prevention

40-page client workbook based on principles of cognitive-behavioral relapse prevention—designed for eight group sessions. Focuses on risky situations, scripting changes, coping with urges and cravings, being around users, understanding support issues, and taking charge of life. **Recent research (Burnette, et. al., 2004; Little, 2002) shows that the addition of the Staying Quit relapse prevention program significantly increases Life Purpose, significantly shifts Locus of Control to a more internal locus, increases moral reasoning, and enhances several measures of social support.**

The *Staying Quit* client workbook is \$10. A simple-to-follow *Facilitator's Guide* is available for \$5. The *Staying Quit Audiotape Set* (boxed, \$50.00) contains the entire workbook text on cassette tape, a 15 min. relaxation exercise, a 15 min. progressive muscle relaxation exercise, a 20 min. clean & sober visualization, and a 25 min. desensitization tape. A Group Starter Kit is available and contains 11 workbooks, 1 Facilitator's Guide, review article, and a complete Audiotape Set. **The Starter Kit is \$140.00 (discounted from \$170).**

Call (901) 360-1564

### Staying Quit Starter Kit—Contents

- 11 *Staying Quit* workbooks
- 1 *Facilitator's Guide*
- Workbook on cassette tape
- 15-minute *Basic Relaxation* cassette tape
- 15-minute *Progressive Relaxation* tape
- 20-minute *Clean and Sober Visualization* tape
- 25-minute *Desensitization* tape

# COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order go online at [www.ccimrt.com](http://www.ccimrt.com), use the coupon on page 19, or call 901-360-1564.

**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.

**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.

**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®, Domestic Violence, & Anger Management; \$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.

**Something for Nothing** — 17 page (8.5 X 11 softcover) CBT workbook used in groups with offenders who are charged with shoplifting. Exercises for group work; \$10.00.

**Something for Nothing** (Spanish)— \$10.00.

**Something for Nothing** (English audiotape)—\$50.00.

**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

**Effective Counseling Approaches for Chemical Abusers & Offenders** — 104-page softcover text by Little, Robinson, & Burnette summarizing 7 major counseling theories used with offenders. Designed for assisting counselors preparing for substance abuse certification; \$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

**Coping With Anger Group Starter Kit**—contains 15 *Coping With Anger* workbooks, 2 Facilitator Guides, 25-Minute Stress Manager tapes, 2 Basic Relaxation & Progressive Muscle Relaxation tapes, book on cassette tape, Training DVD, plus free Quicktime file of training on CD; \$245.00

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

**Coping With Anger Training DVD**— 1.5 hours, shows how to start and operate an ongoing anger management program; \$100.00

**Coping With Anger (book on tape)**—\$65.00

**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.

**It Can Break Your Heart** — 424-page softcover book outlines the issues involved in obesity and weight loss—comes with *SmartLoss 60-Day Health Journal*—81-page, large softcover book. **Special offer:** both books (normally retailing for \$40.90) can be purchased for a total of \$4.00 with any other order from CCI. Programs and individuals can order multiple sets.

**Driving the Right Way** — 4-session client workbook for DWI/DUI offenders; \$10.00.

**Facilitator's Guide for Driving the Right Way** — 4-page how-to guide for implementing *Driving the Right Way* DWI/DUI treatment groups; \$5.00 or free with workbook.

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 (B/W); \$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 Audiotape 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 MRT's Domestic Violence program 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.



# Memphis MRT® Training Daily Agenda

*This schedule is for Memphis trainings only. Regional times and costs vary. Lunch served in Memphis only.  
Lecture, discussion, group work, and individual exercises comprise MRT® training.*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00 a.m. to 5:00 p.m. (Lunch-provided in Memphis) Introduction to CBT. Treating and understanding APD and treatment-resistant clients. Background of MRT® personality theory.	8:00 a.m. to 12:30 p.m. (Lunch - on your own) Personality theory continued. Systematic treatment approaches. MRT® Steps 1 - 2. About 2 hours of homework is assigned.	8:00 a.m. to 5:00 p.m. (Lunch - on your own) MRT® Steps 3 - 5.	8:00 a.m. to 12:30 p.m. (Lunch - on your own) MRT® Steps 6 - 8. About 2 hours of homework is assigned.	8:00 a.m. to 2:00 p.m. (Lunch - provided in Memphis) MRT® Steps 8-16. How to implement MRT®. Questions & answers. Awarding completion certificates.

**MRT® Or Domestic Violence For Your Program**  
Training and other consulting services can be arranged for your location. For information call Steve Swan : 901-360-1564.

## Upcoming Trainings

June 12, 2006—June 16 - MRT in Memphis, TN  
June 12, 2006—June 15 - MRT in Syracuse, NY  
June 19, 2006—June 22 - MRT in Syracuse, NY  
June 20, 2006—June 23 - MRT in Ann Arbor, MI  
June 27, 2006—June 30 - MRT in Prescott, AZ  
June 27, 2006—June 30 - MRT in Greybull, WY  
July 11, 2006—July 14 - MRT in Albany, NY  
July 17, 2006—July 20 - MRT in Albany, NY  
July 17, 2006 — July 21 - MRT in Memphis, TN  
July 25, 2006—July 28 - MRT in Seattle, WA  
August 1, 2006—August 4 - MRT in Wooster, OH  
September 11, 2006 — Sept. 15 - MRT in Memphis, TN  
September 19, 2006—Sept. 22 - MRT in New York City, NY  
September 25, 2006—Sept. 28 - MRT in New York City, NY  
October 16, 2006—October 20 - MRT in Memphis, TN

**DOMESTIC VIOLENCE TRAINING:** August 7, 2006 — August 11 - Domestic Violence in Memphis, TN

**Advanced MRT TRAINING:** August 17, 2006 — August 18 - Advanced MRT in Memphis, TN

### COGNITIVE-BEHAVIORAL TREATMENT REVIEW

3155 Hickory Hill • Suite 104  
Memphis, TN 38115

PRESRT STD.  
U. S. postage  
**PAID**  
Permit # 1326  
Memphis, TN