

# 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

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## Effects of Moral Reconciliation Therapy in 12 Kentucky State Adult Institutions 2010-2014

By Lada Kloi Odobasic, BA, MPA, NASPAA, President, Program Administrator MRT  
NOA Counseling, LLC

### Introduction

In January of 2010, Kentucky Department of Corrections (KYDOC) implemented Moral Reconciliation Therapy at two Adult Institutions: minimum security Bell County Forestry Camp and maximum security Kentucky State Penitentiary. In May 2012, KYDOC expanded the program to the rest of the State institutions, offering MRT at a total of 12 institutions. Program implementation has been driven by the HB 463 (2011) initiative to review all programming within Adult Institutional Corrections for the purposes of a) alleviating overcrowding, b) improving management of offenders, c) changing prison culture, d) providing offenders with treatment that would result in a smoother transition into the community (Re-Entry initiative), e) decreasing cost to the criminal justice system and/or effectively allocating funding to services that were scientifically proven to reduce recidivism, and f) increasing and enhancing effectiveness of supervision and intervention

programs. The list of resolutions above stem from discussions of ongoing issues voiced by KYDOC.

Since 2011, KYDOC has implemented over 15 programs, of which 10 are evidence-based curriculums with extensive research and continuous quality assurance. This initiative has proven to be revolutionary. By closely observing and noting inmate and institutional needs, collecting data on the effectiveness of selected programs, assessing and meeting treatment needs, and encouraging the spread of pro-social thinking, attitudes, and beliefs, Kentucky is leading the paradigm shift in the behavioral treatment of correctional offenders.

### The Program Model

Clients are selected in two different ways: 1) using an application process and adherence to pre-set qualification standards such as clear conduct, or 2) through individual selection based on treatment resistance and need. These popula-

tions are then assigned to MRT for a minimum period of six months for treatment. As with all CBT treatment, group size is no larger than 15 individuals. Clients attend groups for 1.5 hours on the same day and time every week, while the rest of their time may be spent preparing for presentations and completing work in the MRT workbook “*How to Escape Your Prison*”. Clients advance in the program based on program standards and compliance with program and institutional rules throughout the program term. If the client receives a write-up while in the program, the infraction must be resolved prior to continuing with the program. If the client’s disciplinary write-up includes segregation time, that time must be served prior to returning to the program. If the client spends more than 30 days in segregation, he/she is required to start the program from the beginning. However, if he/she spends less than 30 days in segregation, the client need only to repeat whatever steps that he/she violated by receiving the write-up. This phased progression and the open-ended treatment modality encourages progress and completion of the program.

In addition to MRT programming, the clients are also subject to all other institutional treatment strategies and programs, so long as the client is not in another 90-day treatment program. For example, a client may be working on obtaining a GED and a carpentry certification, and simultaneously participate in MRT treatment groups.

### Preliminary Study

Progress toward the shared goal of reducing recidivism and changing prison culture is tracked by analyzing four years of program and related data. This study examines 1) infraction history prior to programming, while in MRT, and post-MRT for all 12 institutions, as well as 2) release rates and recidivism rates for individuals who have completed at least 3 Steps of MRT or more prior to release. A 5-year data analysis will be conducted in July, 2015 by KYDOC and Noa Counseling, LLC.

### Method

Program participants from all 12 KYDOC Adult Institutions (N=1488) were profiled in this study. Approximately 30% of all participants were hand-selected clients with long sentences (up to life in prison), treatment resistance, conduct infractions, pending segregation time, developmental delays and/or mental health history. Moreover, approximately 70% of all participants were

clients who applied to receive programming and met pre-set institutional selection criteria including but not limited to no conduct infractions for at least six months, two years to parole board or parole, previous programming exposure, and no other program enrollment at the time of application.

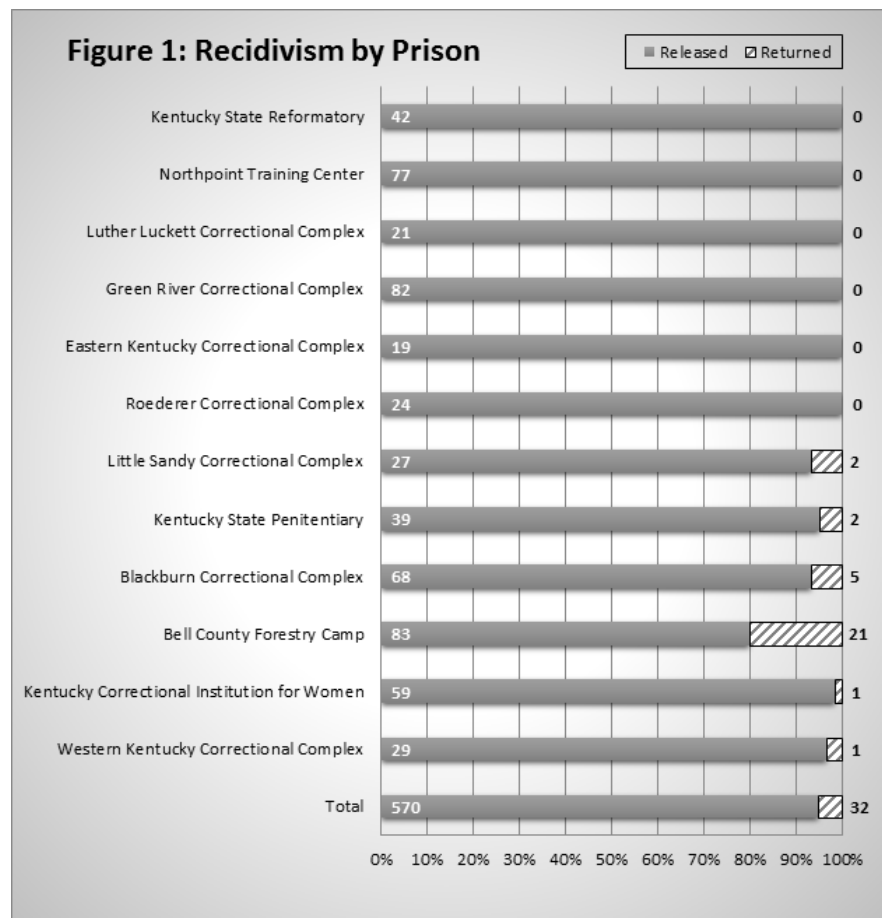
### Preliminary Results

#### *Disciplinary Write ups: Changing Prison Culture*

For 1488 participants in the MRT program, 874 disciplinary write ups have been recorded prior to enrollment into the program. For those that have completed at least 3 Steps of MRT or more, the write up reduction was 76% (216 write ups total post completion of program or prior to release from MRT) within the four-year window of the study.

#### *Recidivism Reduction: Changing Release Outcomes*

Of the 1488 participants in the MRT program, 84 clients (6%) have been terminated from the program, 36 clients (2%) have withdrawn from the program voluntarily, 67 clients (4%) have been transferred to an institution or jail that does not offer MRT (due to reasons other than program non-compliance), resulting in a total of 12%. For sample size n=1301, 672 clients (45%) completed MRT, 321 clients (22%) remain active and compliant in the program and 308 clients (21%) were released from the institution post-completion and compliance of at least Step 3 of MRT and beyond. (See Fig. 1)



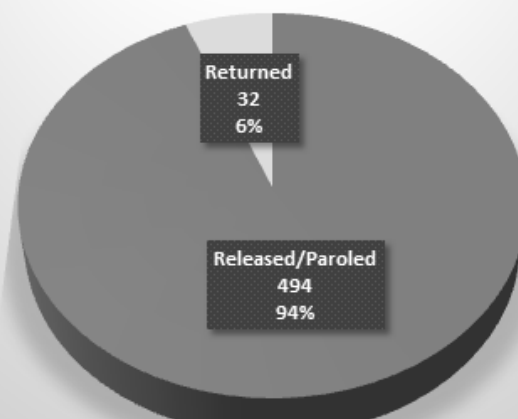
528 individuals (36%) have been released with either MRT completion (213 individuals) or MRT post-Step 3 completion (315 individuals). Out of the 528 released individuals, 32 (6%) returned into the system on either a new commitment or by violating parole. Moreover, the following distribution has been determined: 19 individuals returned within six months of completion by violating parole or mandatory release supervision (MRS), 11 individuals returned within 1 year of release (of which 9 returned due to violation of parole or MRS); and 2 returned on new commitments. Within two years or more, 2 individuals returned into the system (one violating parole and one with a new commitment). (See Fig 2) One of the clients returned for a sex offense. It is important to note that MRT does not have evidence that the same recidivism reduction results apply to sex offenders.

### Summary

While this report was based only on the results of a preliminary study of KY Department of Corrections Adult Institutions, it suggests a favorable change in prison culture as reflected by a reduction of disciplinary infractions for up to 3.5 years following completion of the MRT program (76% reduction), as well as, favorable reduction of recidivism (recidivism being defined as incarceration/re-commitment to KYDOC). In this study, 6% of all released clients (with a minimum of 3 Steps of MRT up to completion of the program) returned into KYDOC, with a majority of infractions being violations of parole or MRT assignment and within 1 year of release.

*For more information, please contact Lada Odobasic at [lada.odobasic@noacounseling.org](mailto:lada.odobasic@noacounseling.org).*

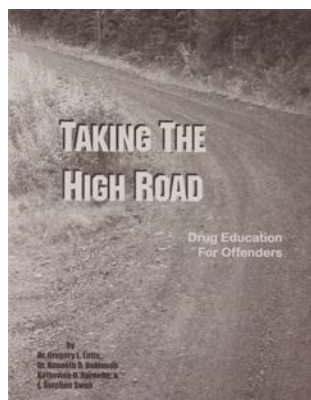
**Figure 2: Recidivism**



While the results must be interpreted with caution due to a lack of comparison group and unknown exposure to other treatment prior to enrollment of MRT, this preliminary report does show positive trends of the recidivism rate for those offenders who were exposed to the program, as well as a significant reduction of infractions.

This report was based on the Quality Assurance Report 2010-2014 conducted by NOA Counseling, LLC and all data calculations have been internally confirmed and reviewed by KYDOC Department of Offender Information Services and Department of Information Technology Services. Although KY Department of Corrections participated in the project with the supply of data from KOMS (Offender Data Tracking System), there has been no third party, independent verification of these findings and therefore Kentucky Department of Corrections is unable to confirm this report.

## ALL NEW DRUG EDUCATION FOR OFFENDERS



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**Workbook Cost: \$4.75 each (minimum 20)**

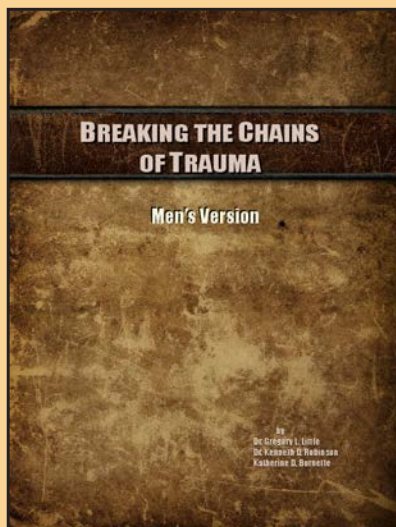
Facilitator's Guide: \$10.00.

Modules are also available on an audio CD: \$60.

Also available in Spanish. Bulk discounts available.



# NEW PROGRAM



## Breaking the Chains of Trauma **MRT ONLY**

Trauma-related issues pose some of the greatest stumbling blocks to recovery for offenders, mental health clients, substance abusers, and individuals struggling with day-to-day responsibilities. These workbooks (67 pages) are based on the MRT approach and incorporate all of the key issues identified in SAMHSA's Trauma-Informed Treatment Protocol. They are designed to be used in an 8-session group format that can be implemented in an open-ended format—where new participants can be entered at any time—or as an 8-session psychoeducational class. There are separate workbooks for female and male participants. The books are available only to those programs with MRT trained staff. A free Facilitator's Guide is available to programs using the method. The Journal can be used as a supplement to the program.

BULK DISCOUNTS AVAILABLE

**MALE** \$15  
**FEMALE** \$15



## Breaking the Chains of Trauma Program Journal

Journaling can be a powerful tool used as a supplement for many types of treatment. This Program Journal (65 pages) focuses on recovery from trauma-related issues and can be used with the MRT-based Trauma workbooks or on its own.

**GENERAL** \$10 (min 10)

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**TRAUMA RECOVERY FOR VETERANS**

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Check the CCI website for upcoming training dates and locations.

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

Breaking the Chains of Trauma is for MRT-certified facilitators only.  
An optional one-day training is available for this program.  
The cost is \$250 per person. Please call CCI at 901-360-1564 for details.

# Moral Reconciliation Therapy Utilized to Reduce Jail Recidivism

*by Christopher J. Saunders, M.S., Amy Aaron, Ph.D., Cecily Willerton, B.S., Stephanie Brastrup, B.A., & Brandie Maestas, B.S., Ada County Sheriff's Office*

## Introduction

In 1994, the Ada County Sheriff's Office (ACSO) implemented programs within the jail to reduce recidivism of offenders in their small community. The Ada County Jail is located in the city of Boise, Idaho's capital city and population hub. Twenty years later, following a county population boom of nearly 70%, the ACSO is a leader in the field of jail reentry and programming. The goal of the ACSO Jail Reentry Program is to use evidence-based practices to reduce future victimization and enhance community safety.

The ACSO began using Moral Reconciliation Therapy (MRT) in its reentry program in 2008 to replace a homegrown cognitive program. MRT is widely used in other correctional programs in Idaho including the state's prison system and community reentry programs. Around 300 offenders graduate from the Ada County Jail's MRT program each year.

In August of 2012, the jail was selected to be one of 8 sites to pilot the second phase of the National Institute of Corrections Transition from Jail to Community initiative (TJC). This initiative is designed to help jails of all sizes establish, refine or grow reentry programs. With technical assistance provided as part of the TJC initiative, the ACSO Jail Reentry Program has seen a 10% reduction in recidivism for offenders who participate in and complete the MRT curriculum.

## Reentry Programming

In order to have the greatest impact on offenders and their criminal behavior, the jail utilizes evidence-based practices at every stage of the reentry process. All individuals booked into the Ada County Jail are administered the Proxy risk screener. The Proxy uses 3 questions (current age, age of first arrest and total number of arrests), answers to which are self-reported by the individual being booked in the jail, to produce an aggregate risk score between 2 and 8. Research has shown that these 3 questions taken together are a strong predictor of recidivism and correlate strongly with lengthier risk assessment instruments (Davidson, 2005). Intensive correctional treatment and intervention programs

should be reserved for the highest risk offenders (Latessa and Lowenkamp, 2006), so the reentry program targets offenders with a proxy score between 4 and 8. Lower risk offenders are offered community referrals for treatment, but are not offered intensive programming in the jail.

The next step in the reentry process is assessment of risk and needs. The jail currently uses the Level of Service Inventory Revised (LSI-R) risk and need instrument. Jail case managers administer the assessment and make programming recommendations based on aggregate and individual domain scores. Most successful treatment programs target individual criminogenic needs of offenders and focus specifically on those most predictive of recidivism (Antonowicz and Ross, 1994).

The final step of the reentry process is programming and referrals. All programs offered inside the jail use evidence-based curricula and target multiple criminogenic needs. In addition to MRT, the jail offers a substance abuse program, workforce development, parenting/life skills and budgeting/money management. MRT is the most widely accessed program producing more than 300 graduates annually. It largely targets the attitudes/orientation criminogenic need area which is a primary contributor to recidivism. Case managers work with offenders to develop reentry plans that include referrals to

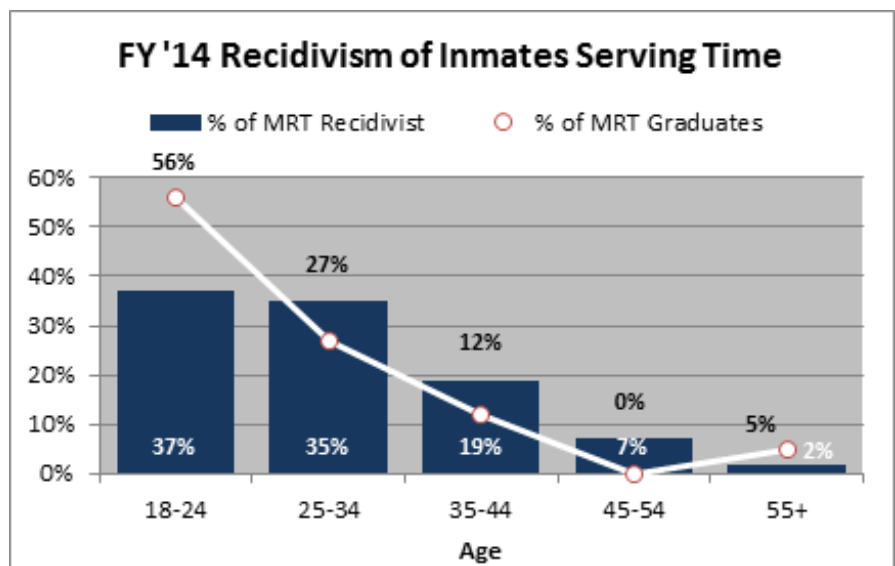


Figure 1. Ada County Jail MRT graduates by age for fiscal years 2011-2013.

Serving Time Recidivism Year	General Jail Population			MRT Graduates		
	FY '12	FY '13	FY '14	FY '12	FY '13	FY '14
1 year recidivism rate	46%	41%	45%	35%	38%	29%
# offenders released	2,528	2,221	1,705	158	154	140
Avg. time to rearrest	125 days	125 days	122 days	174 days	145 days	160 days
Difference in Recidivism for MRT Graduates				↓11%	↓3%	↓16%

Figure 2. Trend of recidivism reduction for MRT graduates in the Ada County Jail compared to the general jail population.

community treatment providers, preferentially those that offer quality evidence-based services (Gendreau, 1996).

In March of 2013, the ACSO repurposed a 56 bed dorm-style housing unit into the jail's first reentry dorm. The dorm is loosely modeled after the therapeutic community found in many prison systems. The dorm places all offenders currently in programming into a single housing unit and requires them to practice a higher level of responsibility and accountability throughout their jail stay. The unit is jointly managed by security and programming staff.

### Modified Program Delivery

Facilitating the MRT curriculum in jail provides a unique set of challenges to balance an intense programming experience with minimal time in custody. As a result, our MRT facilitators have modified delivery of the MRT curriculum including changes to the voting procedures and time in-between steps.

Certain struggles have accompanied these necessary modifications. The lack of one-on-one interaction along with the short 4-week timeframe keeps instructors from engaging with the clients as intensely as they would in a 3-month facilitation model. However, the condensed class format has also resulted in some unforeseen benefits. The intensity and impact of the program appears heightened by the short timeframe, especially when it's taken concurrently with substance abuse and life skills programming. In addition, sharing all 12 steps with the group creates further opportunities for critique, discussion and learning.

### Outcomes

The Ada County Jail defines a recidivist as an offender who is rearrested and rebooked into the jail for any offense within 1 year of release from custody. Individuals who successfully completed the MRT program during a fiscal year are compared to the general jail population, which includes all sentenced offenders who did not graduate from

a program but were released to the community during the same fiscal year. Individuals released in FY2011 who recidivate within the following year are considered FY2012 recidivists. In fiscal years 2011-2013, 21% of MRT graduates were female, 72% were younger than 35 (see Figure 1) and 65% completed additional programming while in jail.

Graduates of the ACSO jail reentry MRT program had an average recidivism rate of 34%; a 10% reduction from the jail general population which was 44% during the same time period. For those who did return to custody, the average time to rearrest was 160 days compared to 124 days for the jail's general population (see Figure 2).

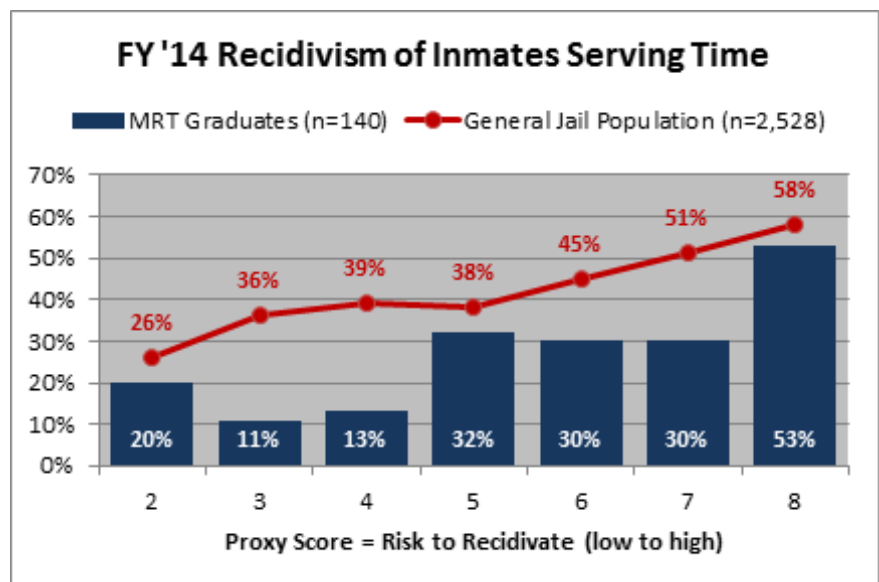


Figure 3. Recidivism rates for each proxy risk category for FY2014 MRT recidivists compared to the general jail population.

It was previously mentioned that the jail's reentry program targets individuals with a proxy score between 4 and 8. However, offenders with a proxy score of 2 or 3 sometimes come to the reentry program by way of a court order mandating programming. Sample sizes are small when looking at individual proxy groups, but MRT program graduates with a medium to high proxy score demonstrate 5-21% variability in recidivism reduction compared to the general jail population (see Figure 3).

The MRT program is an integral part of the success of ACSO's Reentry Program. MRT program work completed by offenders in combination with additional programming and reentry services facilitated by case managers result in an individual who is well prepared to be successful in

the community. Clients respond positively to the MRT program because of its focus on future goal-oriented behavior and the creation of a tangible plan to achieve their goals. Facilitators also prefer the MRT program because it places the client in control of their future and allows them to act more as a mentor than an instructor.

Though the sample size of graduates is relatively small, the overall 3-year trend of recidivism reduction is a good indicator of the positive effects a fully integrated evidence-based reentry system can have on reducing individual instances of recidivism. The ACSO Jail Reentry program plans to continue expanding services within the jail by incorporating more community-based providers to facilitate a wide array of reentry focused programming. Currently the Women and Children's Alliance, a local community-based provider, facilitates the Budgeting and Finance

class for our female offenders. Current plans for expansion include a budgeting and finance class for male offenders as well as a monthly seminar on trauma for the women.

#### References

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Gendreau, P. (1996) *The principles of effective intervention with offenders*. In A.T. Harland (Ed.), *Choosing Correctional Options That Work* (pp. 117-131). Thousand Oaks, CA: SAGE Publications Inc.

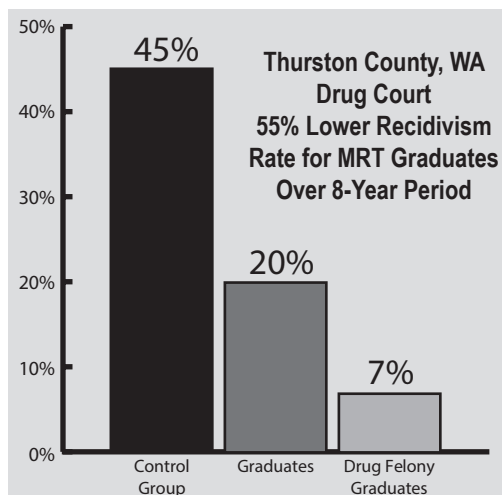
Latessa, E.J. & Lowenkamp, C. (2006) *What works in reducing recidivism?* *University of St. Thomas Law Journal*, 3(3), 521-535.

## 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. An evaluation of the Thurston Co. Drug Court utilizing MRT as its primary treatment modality showed only a 7% recidivism rate of drug felony graduates in an 8 year study. 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. Evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less reinvolverment 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

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

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

**For information on implementing MRT in your drug court, call Sharron Johnson at 901-360-1564**



## 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 twenty 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. Please call or email for additional 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), Steve Swan, M.Ed., Laura Gilreath, M.S., or a regional CCI trainer. All MRT™ trainers have over 25 years direct criminal justice and substance abuse treatment experience and all have been involved in the implementation of MRT™ in both juvenile and adult settings.

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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?

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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 Audio Set* (boxed, \$35.00) contains the entire workbook text on CD, a 15 min. relaxation exercise, a 15 min. progressive muscle relaxation exercise, a 20 min. clean & sober visualization, and a 25 min. desensitization CD. A Group Starter Kit is available and contains 11 workbooks, 1 Facilitator's Guide, review article, and a complete Audio CD Set. **The Starter Kit is \$140.00 (discounted from \$170).**

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### **Staying Quit Starter Kit—Contents**

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



## Family Court Update

A 2013 edition of the *Cognitive Behavioral Treatment Review* featured a study conducted by Glacier Consulting, Inc. that examined the effectiveness and impact of the 35th Judicial Circuit Family Drug Court in Kennett, Missouri. The report highlighted improved retention rates and reductions in recidivism. Delivery of the Moral Reconation Therapy was identified as contributing to accelerating progress to recovery and improved client graduation rates.

### *The Missouri 35th Judicial District Family Court Awarded the Peer Learning Courts of Excellence Award*

Building on the success of the current Family Drug Court Peer Learning Court program, Children and Family Futures, with the support of the Office of Juvenile Justice and Delinquency Prevention, is pleased to announce the selection of five additional Peer Learning Courts, expanding the program to nine Family Drug Courts.

Children and Family Futures has identified best practice models by creating mentorship sites across the nation that further the exchange of learning through peer-to-peer technical assistance. Peer Learning Courts host visiting Family Drug Court professionals to experience their court in action and share proven policies, practices and lessons learned.

The five new Peer Learning Courts are:

- Dunklin County 35th Judicial Circuit Family Treatment Court (Kennett, MO)
- Jefferson County Family Drug Court (Birmingham, AL)
- King County Family Treatment Court (Seattle, WA)
- Miami-Dade County Eleventh Judicial Circuit of Florida Family Drug Court (Miami, FL)
- Wapello County Family Treatment Court (Ottumwa, IA)

*Cognitive Behavioral Treatment Review (CBTR)* is a quarterly publication from Correctional Counseling, Inc. (CCI) © 2015 All rights reserved. CCI 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 Reconation Therapy™ Training and Materials**  
**Domestic Violence Treatment & Materials**  
**Relapse Prevention**  
**Drug Treatment Programming**  
**Drug Court Services**  
**DWI Programming**  
**Mental Health Court Treatment**  
**Specialized Probation/Parole Programs**  
**Criminal Justice Staff Training**  
**Therapeutic Community Programs**

“We are pleased to expand this program by partnering with these excellent courts,” said Dr. Nancy Young, Director of Children and Family Futures. “We understand that Family Drug Court teams want to know how other courts are overcoming barriers and implementing collaborative solutions. The Peer Learning Court Program responds by connecting court, child welfare and treatment professionals with their peers. The sharing of practice-based knowledge through these connections has been extremely valuable to court programs and the larger Family Drug Court field.”



### Traveling the Planet with Ginger Green Environmental Detective

By Laura Gilreath

Wanting to live a healthier lifestyle? This book is for you! You will learn to make better choices to a healthier life as you travel the planet with this funny and sarcastic character, Ginger Green. The chapters are short and the information concise.

**SPECIAL OFFER: \$9.00**

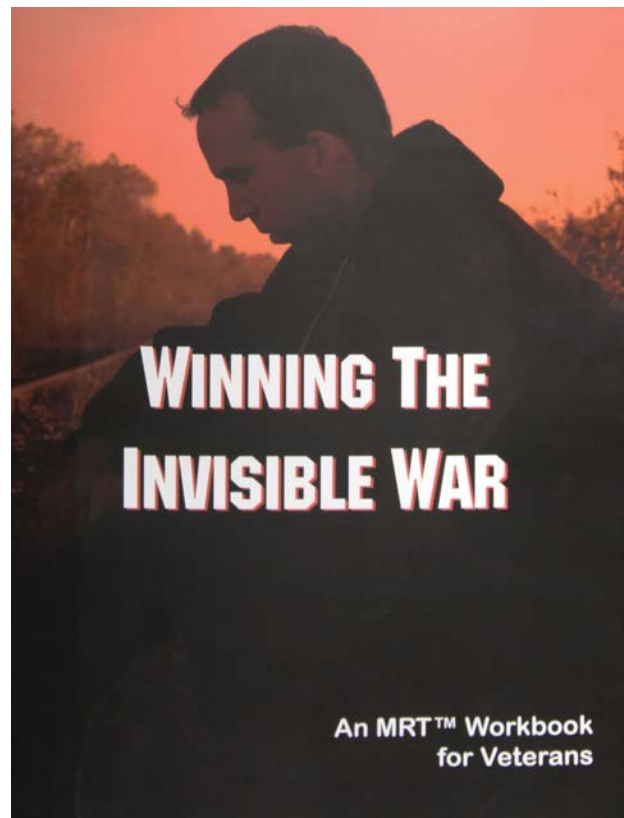
**Call 901-360-1564 to Order Today**

# MRT™ Workbook for Veterans

“**Winning the Invisible War**” is a specialized workbook based on the cognitive-behavioral treatment approach of Moral Reconciliation Therapy - MRT. Because Veterans have experiences and issues that are unique, it is recognized that they participate best in treatment programs designed for veterans with other veterans engaged in the same group process. Basic MRT™ Training<sup>SM</sup> is required to purchase this book. The exercises in the 134-page workbook follow the same basic progression as in all MRT programs and are processed in group in the same fashion.

## Utilized in group formats for:

- **Veterans' Courts**
- **Drug Courts Treating Veterans**
- **Veterans' Substance Abuse Programs**
- **Veterans in Specialized Treatment**



**Cost per copy: \$25.00**

## UNTANGLING RELATIONSHIPS

COPING WITH CODEPENDENT RELATIONSHIPS  
USING THE MRT™ MODEL

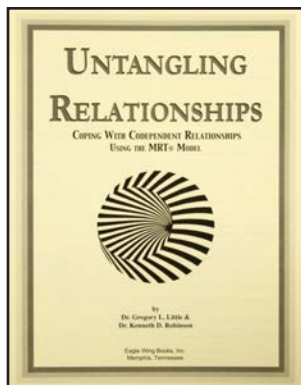
Codependency is a controversial concept. But there is no doubt that offenders engage in manipulative and dependent relationships that complicate their many other problem areas. This workbook directly confronts these "codependent" relationships in a systematic, 12-group session format following MRT's model.

28 Pages, 12 Modules

- Easy To Implement
- Addresses All of the Key Issues in Codependency

Also now available in Spanish,  
*Desenredando Relaciones*

Client Workbook \$10.00



## GLACIER CONSULTING, INC.

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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.

Contact Robert Kirchner, Ph.D., Research Director, at [bobkirchner@gmail.com](mailto:bobkirchner@gmail.com) for additional information.

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

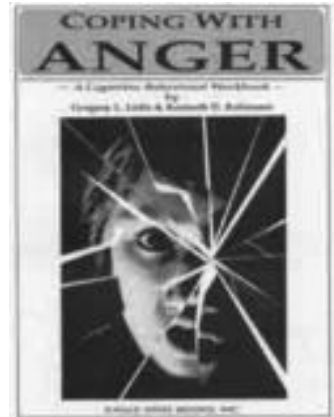
## ***COPING WITH ANGER***

### **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 CD, also included in Starter Kit!***

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

**Group Starter Kit, a \$345 value, is only \$245!  
A 29% Discount**

### Anger Management Group Starter Kit contains:

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

### **ITEM PRICES**

- Group Starter Kit* - \$245
- Training DVD* - \$100
- Book on CD* - \$50
- Coping With Anger workbook* - \$10
- Facilitator's Guide* - \$5
- 5-Minute Stress Manager CD* - \$12
- Basic Relaxation/Muscle Relaxation CD* - \$12

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

## COGNITIVE BEHAVIORAL TREATMENT REVIEW

2028 Exeter Road  
Germantown, TN 38138

# MRT™ Training Daily Agenda

*This schedule is for MRT trainings. Regional times and costs may vary. Lunch served in Memphis only.*  
Lecture, discussion, group work, and individual exercises comprise MRT™ training. MRT training is typically conducted Monday to Thursday or Tuesday to Friday. Please check for exact schedule.

Monday	Tuesday	Wednesday	Thursday
8:30 a.m. to 4:00 p.m. (Lunch-provided in Memphis)	8:30 a.m. to 4:00 p.m. (Lunch - on your own)	8:30 a.m. to 4:00 p.m. (Lunch - on your own)	8:30 a.m. to 3:00 p.m. (Lunch-provided in Memphis)
Introduction to MRT™. Treating & understanding APD & treatment-resistant clients. Introduction to CBT. 2 hours of homework is assigned	MRT™ Personality theory. Systematic treat- ment approaches. MRT™ Steps 1 - 2. 2 hours of homework is assigned.	MRT™ Steps 3 - 7. 2 hours of homework is assigned.	MRT™ Steps 8 - 16. How to implement MRT™. Questions & answers. Awarding comple- tion certificates.

### MRT™ or Domestic Violence MRT For Your Program

Training and other consulting services can be arranged for your location.  
For more information please call 901-360-1564.

## Upcoming Training Sessions

### MRT TRAINING

2/17-2/20	Poughkeepsie, NY
2/23-2/26	Ft. Myers, FL
3/2-3/5	Brooklyn, NY
3/9-3/12	Lacey, WA
3/23-3/26	Germantown, TN
3/23-3/26	Modesto, CA
3/23-3/26	Pueblo, CO
5/4-5/7	Germantown, TN
6/22-6/25	Germantown, TN

### ADVANCED MRT TRAINING

5/13-5/14	Chamberlain, SD
5/20-5/21	Germantown, TN

### DOMESTIC VIOLENCE MRT TRAINING

2/23-2/26	Germantown, TN
4/14-4/17	Auburn, WA
4/27-4/30	Laporte, IN

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