

COGNITIVE-BEHAVIORAL TREATMENT REVIEW

& CCI News

CORRECTIONAL COUNSELING, INC. • MEMPHIS, TENNESSEE • VOL.10, # 1-2 • FIRST & SECOND QUARTER 2001

MONTANA PILOT PROJECT RESULTS: USING MORAL RECONATION THERAPY (MRT®) FOR AT-RISK YOUTH AT BILLINGS SENIOR HIGH SCHOOL

By Lane Lasater, Ph.D. & Kenneth D. Robinson, Ed.D.

INTRODUCTION

Faced with a dropout rate approaching 10%, a repetitive cycle of truancy and school behavior problems, and certain students demonstrating aggressive and intimidating behavior, poor academic performance, and alcohol/substance abuse problems, administrators at the Billings Senior High School in Billings, Montana were determined to develop an effective solution. Principal Carol Wicker recognized that faulty decision-making was at the core of many of these students' problems and wanted a program that helped students look at "how you think and where did it gets you." Through long experience, Associate Principal Tom Willis recognized that applying consequences alone was insufficient, and he sought a program that "dealt with

core issues, not just behavioral symptoms."

With the full support of Principal Wicker, Associate Principal Willis searched the literature for possible solutions. He identified Moral Reconation Therapy®, a cognitive behavioral program applied successfully in many correctional settings, as a potentially effective tool to address the behavioral problems and decision-making deficits that at-risk students at Billings Senior High School displayed. Beginning with the second semester of school year 1999-2000, the school undertook a "Behavioral Management Program" offering MRT to those students who would otherwise be suspended or drop out. This report describes project implementation, the resulting impacts on student retention and performance, comments on program chal-

**Cognitive-Behavioral
Treatment Review & CCI News**
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CBTR is a quarterly publication devoted to enhancing and improving programming for offenders, substance abusers, perpetrators of domestic violence and others with resistant personalities. Article submissions are encouraged. Copyright ©2001. All rights reserved. CCI provides a wide range of services and products and specializes in cognitive-behavioral interventions. Some of our service areas are:

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lenges and successes from teachers, student participants and administrators, financial cost-benefit analysis, and description of a planned phase two of the project that refines the program to address needs that were identified during the first year and one-half of program operation.

The Billings Senior High School Behavior Management Program has created both tangible and intangible positive results that are described in this report. During the second semester of school year 1999-2000, 46 students who would otherwise have been suspended participated in the program, and 29 (63%) of these students successfully completed MRT and were retained in school. During the 2000-2001 school year, 37 students facing suspension participated in the program and 21 (56.8%) successfully completed MRT and were retained in school. Combining years one and two, a total of 83 students participated in the program and 50 (60.2%) successfully completed MRT requirements and were retained in school.

SCHOOL ISSUES BEFORE IMPLEMENTATION

Billings is located in Yellowstone County in south central Montana. County population is 126,352. Racial breakdown by population percentage in the county appears in the following table.

Total Population	129,352	100 %
White	120,014	92. 8%
Hispanic	4788	3.7%
Other or Mixed Race	2419	1.8%
Black/African American	580	<1%
Asian	698	<1%
Hawaiian	57	<1%

Three public high schools and one parochial high school serve Billings with an overall high school population of approximately 6,000 students. Several smaller high schools serve rural areas of the county. Billing Senior High School has a population of approximately 2,000 students. Prior to program implementation, the school's dropout rate was approximately 10% cumulatively, the highest rate among city high schools.

School administrators were concerned about a perceived "atmosphere of intimidation" at Billings Senior High resulting from aggressive students victimizing others, gang signs and graffiti, drug and alcohol use during school hours, and recurring rule-breaking behavior. 40-60 (2-3%) students were truant daily for one or more class periods. Billings School District maintains a Truancy Center where repetitively truant students spend one day under police supervision. School officials made contact with the student's parent or guardian each time a student was truant, but administrators noted a "cycle of failure" in which students repeatedly broke school rules and were punished without positive

behavior change. Principal Wicker and Associate Principal Willis and concerned teachers concluded that they needed a structure and framework that were positive and gave students the opportunity to acquire the attitudes and skills they needed for success rather than merely applying consequences for negative behavior.

Recognizing that some of the students who were most problematic met the criteria of "Conduct Disorder", a childhood behavior pattern that is a frequent precursor of later criminal behavior, Associate Principal Willis searched the literature on criminal personality. This led him to the work of Yochelson and Samenow on "criminal thinking patterns" and ultimately to the work of Little and Robinson on utilizing MRT with offenders with positive long-term reductions in recidivism. Principal Wicker and Associate Principal Willis concluded that this was the kind of program they were seeking, and after further investigation resolved to try MRT in their school.

Associate Principal Willis articulated the Mission of the "Behavior Management Program" as follows: *"We are committed to developing a resource to help these students who are at risk of dropping out, who are a drain on themselves, their families and the community"*

PILOT PROJECT PROCEDURES AND IMPLEMENTATION

Through a commitment of school funds, five teachers plus Associate Principal Willis were trained as MRT facilitators during the fall of 1999, and the program was undertaken during the second semester of that school year. The teachers who took MRT training were volunteers, including a special education teacher, a science teacher, a math teacher, and a counselor. Mr. Willis points out that the program requires specific teacher qualities and commitment. During the site visit it was clear that the teachers who had volunteered for the program were "natural helpers" with personal warmth, good rapport with students and the ability to implement a program requiring a balance of discipline and reinforcement.

As noted above, all students referred to the program during the three-semester pilot phase were those with repeated rule violations or truancy. Students were given the choice to participate in MRT or face possible suspension. Only one student who transferred into the school from out of state was placed in MRT involuntarily, and school staff agreed that his participation was not as effective as a result. The MRT workbook utilized for the course is *Discovering Life and Liberty in the Pursuit of Happiness*. Students were required to complete eight of the twelve MRT steps during the course.

BUILT-IN CONSEQUENCES WITHIN MRT®

The teacher facilitating the class objectively determines each student's level of functioning in honesty, trust and acceptance of rules. If a student demonstrates behavior either in class or elsewhere in the school setting that is inconsistent with a step that he/she has already passed, they must repeat that step. For example, if it becomes apparent that a student has lied, this is confronted and the student is returned to begin his/her work again at Step 1 in order to give him/her an additional dose of honesty and repair the moral foundation for the higher steps. In the school setting, this is advantageous because it gives the teacher and administrators an additional tool that puts the emphasis on successive approximations of correct behavior rather than an all or nothing standard of compliance.

In order to provide program stability, MRT classes were held five days per week, and students who completed MRT successfully were given one semester hour of credit for MRT participation. Students were graded on the basis of attendance, participation, refraining from distracting behavior and step completion. Certain students attended only the MRT class, but in this way were able to maintain a connection to the school and could gradually be reintegrated into the system. Classes during the pilot program mixed male and female students with the exception of one all female group. The teacher who facilitated the all female group noted that a significant level of trust developed between students in the course that allowed several participants to disclose major traumatic events from their histories that they had not previously had the opportunity to resolve.

BILLINGS SENIOR HIGH SCHOOL PILOT PROJECT RESULTS

As reported above, during pilot project years one and two, a total of 83 students participated in the program and 50 (60.2%) successfully completed MRT requirements and were retained in school. These numbers are significant because these 50 students were retained in school and came through the experience with success as opposed to suspension and remained connected to the school. Mr. Willis reported that the Billings Senior High School dropout rate has dropped from 10% to 3%, in part due to having the MRT program option. Several students made it on to the honor roll, and at least one has gone on to college successfully. In interviews with students, teachers and administrators, all parties evaluated the program positively, and reported fewer behavior problems, decreased substance abuse, improved relationships, and decreased aggression. These comments are summarized below.

CHARACTERISTICS OF STUDENTS REFERRED TO MRT

Academic and assessment data have not yet been analyzed for students who were referred to MRT, but anecdotal reports and site visit observations of students in MRT classes revealed that students manifest some common behavioral profiles. Some students had been placed in self-contained classrooms through the 8th grade and were faltering in a mainstream setting. By definition, each student referred during the pilot program manifested sufficiently serious rule breaking, truancy, aggression or substance abuse during school to warrant suspension for the semester. Students demonstrated some of the following behavior and social problems:

- Emotional immaturity
- Distractibility and attention getting behavior
- Special emotional needs
- Developmental delays
- Significant chemical involvement
- Violent aggression and angry outbursts
- Depression
- Conduct disorder characteristics
- Social isolation
- Absence of family support
- Homelessness

PROGRAM IMPACT ON SCHOOL ATMOSPHERE

Principal Wicker and Associate Principal Willis noted an overall favorable change in the atmosphere at the school. Mr. Willis noted that the MRT training itself gave him and the teachers a positive framework for understanding and dealing with problem behavior. He described it as "tough love for administrators." As the person responsible for discipline, Associate Principal Willis found it empowering to have an option to offer kids who were on their way out of school that he knew was positive and would genuinely help them if they engaged with it. He recognizes that much of the acting out behavior of kids in his school is a veiled "cry for help" and is pleased to have a real resource that is appropriate for the school setting to offer kids. On the other hand, certain predatory kids who were contributing to the atmosphere of intimidation self-selected out of school when given the choice to participate in MRT or leave. Teachers commented that the program gives them the opportunity to help students build the basic social and societal skills they need.

REASONS FOR FAILURE IN MRT

Exact data on reasons for the students who failed to complete the MRT program have not been collected. Anecdotally, however, administrators and

teachers noted the following reasons for students dropping out:

- Went to prison or jail
- Went to psychiatric treatment
- Chronic dropouts
- Went to substance abuse treatment
- Unwilling to comply with program requirements
- Homelessness
- Unwilling to look at themselves and their behavior
- Health problems
- Absence of family support or family problems

TABLE 1

Cost and Revenue Items Debits and Credits

MRT Trainer Travel and Lodging	\$ <1,000>
MRT Training Fees for five Teachers and one Administrator @ \$ 500 each	<3,000>
83 MRT Workbooks @ \$ 25 each	<2,075>
School Revenue retained as the result of 50 students remaining in school for one semester @ \$ 2,200 per student	\$ 110,000
Net positive school revenue Impact	\$ 103,925

*These figures do not include the costs of teacher and administrator time.

COST/BENEFIT ANALYSIS OF MRT IMPLEMENTATION

Independent of program value in terms of positive impact on students' lives, the Behavior Management Program at Billings Senior High School has been a success in purely budgetary terms as demonstrated in Table 1: Direct Costs.

STUDENT EVALUATIONS OF MRT

During the program site visit, visitors asked each student in the three active MRT classes about what he/she liked most and least about the program. One teacher collected written evaluations. Student comments are grouped by category in the lists below:

Liked Most or Found Most Useful

1. Being able to finish the steps.
2. Drawing exercises.
3. Straightening out some problems in my family relationships.
4. MRT has a lot of twists and turns that keep me interested.
5. Learning to think before I act.
6. Trading Places exercise.
7. Honesty and trust exercises in steps 1 and 2.
8. It was great being able to open up and get close to the other kids.
9. We had a problem with confidentiality but worked it out.
10. Relationship exercises.
11. Being open and honest with myself.
12. Helped me a lot to stay out of trouble.
13. I feel better about myself.
14. I stopped smoking weed.
15. I no longer smoke weed at school.
16. I liked reading from the book together and discussing it.
17. It has helped me with my anger.

18. Helped me stop using drugs and repair my relationship with my dad.
19. Coed classes were good to learn to express yourself in front of anyone.
20. I think it should be an all male or all female class because it is hard to talk about some of the things we need to in front of females.

Liked Least or Found Least Useful

1. Too much reading hard to absorb.
2. Looking back on painful experiences.
3. It was hard for me to look five or ten years into the future because I don't really know what I want to do.
4. Having to follow the rules.
5. 10 hours of public service.
6. Doing things that I don't like doing.
7. Public service.
8. I don't want to look at the worst times in my life.
9. I hate the book even though I liked the class.
10. Take the reading in small chunks and discuss.
11. I didn't like repeating some of the exercises.
12. It was hard to finish some of the assignments.
13. Relationship exercises.
14. I am continually tempted to drop out when things get hard.
15. You shouldn't force anyone to be in here. Kids should apply to take the program if they are interested in helping themselves.

TEACHER EVALUATIONS OF MRT

During the site visit, visitors attended each of three active MRT classes and observed the process as well as interviewing each teacher individually regarding his or her experience with the program, observations, needs, challenges and suggestions for program improvement. The following is a summary of com-

ments from Ms. Lynda Pancich, a Special Education teacher utilizing MRT in her ED class, Mr. Jeff Uhren, a Math teacher who facilitates one MRT class, and Ms. Debbie Richau, a counselor with one current MRT class who also facilitated a female only class during the spring semester of 2000. As you will note, some of the teacher comments and needs identified relate to the fact that MRT has been implemented at Billings Senior High School as a one to two semester course meeting five days per week. The MRT program was originally designed for delivery in two one and one-half hour sessions per week.

Teacher Comments :
Program Strengths and Positives

1. We have spent a lot of time processing and that has been very important to the kids.
2. A lot of these kids do not see themselves connected anywhere else, including at home, and this has provided a base for them.
3. This gives us an opportunity to reinforce positive behavior on a daily basis.
4. I found that reading the introductory chapters together and discussing was helpful, then when kids entered the program later, the old timers could help the new ones understand the program.
5. I would like to see kids be able to apply to take the program.
6. The all girls group was wonderful, but the things that they shared were overwhelming at times.
7. It is important to take advantage of the moment when someone opens up because you may never have the chance later.
8. I would like to have some kids for the whole year because we are starting at a low skill level.
9. It would be good to reach more kids, not just those who are about to be expelled. Other kids need this stuff too.

Teacher Comments : Program Challenges,
Needs and Concerns

1. Kids got hung up at public service requirement.
2. Looking at best and worst of times has been too painful for some kids because of the severe trauma in their backgrounds.
3. I see some kids answering from what they think we want to hear.
4. We need some more help in terms of how to structure process groups.
5. We could use study guides to help the kids master the material.

6. When they look at how they spend their time, there is very little there.
7. Some kids comply but they are not really integrating it.
8. I do not see some kids generalizing what they are learning to the rest of school life and at home.
9. Intellectually, some of the vocabulary was above their heads.
10. We need to figure out who is ready for the program so that more can be successful.
11. We need to figure out how to get the parents involved so that they can understand and support what the kids are learning here.
12. If you could develop learning objectives, role-plays and more tools around the concepts that would be very useful

SUMMARY

As detailed above, results of the Billings Senior High School pilot "Behavior Management Program" are quite encouraging after a three-semester trial. Highlights of program impact are as follows:

- 50 of 83 (60.2%) students who would have been suspended or dropped out of school have been retained in school and have had a potentially life changing success experience rather than a significant failure.
- Kids evaluate the program positively and even though they have struggled with certain program requirements, they recognize that the program has helped them.
- The opportunity for kids to connect with each other and with teachers on a more open and trusting level appears particularly valuable and had provided a home base for many kids who did not have an effective support system.
- Administrators and teachers are empowered to hold the line with troubled kids knowing that they can offer them a positive option rather than just administering increasing severe consequences.
- Financially, the program has more than paid for itself through revenues that would have been lost should these kids have been suspended or quit school.
- Through this experience, administrators have recognized that the best implementation of MRT is as a one to two semester course and certain program adaptations are needed to fit

with the 57 minute, five day per week format.

- Kids, teachers and administrators report positive behavior changes in enrolled students including decreased or completely stopping drug use, making better choices, better communication with family, fewer behavior problems in school, improved self-advocacy skills, and improved academic performance.
- The overall dropout rate decreased from 10% to 3% in the school at least in part due to the Behavior Management Program.
- The "atmosphere of intimidation" that concerned administrators in the school has been relieved and a school-wide sense of community is emerging.

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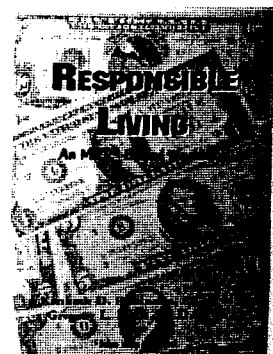
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CCI staff conduct each training session. Trainers may include Dr. Ken Robinson (a co-developer of MRT®), Kathy Burnette, M.S. (CCI's Vice President of Clinical & Field Services), E. Stephen Swan, M.Ed. (CCI's Vice President of Administrative Services), Patricia Brown, LADAC, or a regional CCI licensee. Dr. Robinson has over 15 years direct, behind-the-bars experience in criminal justice programming. Ms. Burnette has over 14 years direct criminal justice and substance abuse treatment experience and was involved in the initial implementation of MRT®. Mr. Swan has 25 years in counseling and correctional administration. Those interested in being licensed as exclusive providers of MRT® in regions should call Dr. Ken

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Changing Offenders' Behavior: Evaluating Moral Reconciliation Therapy (MRT®) in the *Better People* Program

by

Clariner M. Boston, MPA, MS with the assistance of
Alison L. Meier, BA and with technical assistance from Annette Jolin, Ph.D.

Findings

In June of 1998, *Better People* began a new community-based former offender program serving clients from the Portland, Oregon metropolitan community. *Better People* is a counseling program that assists former offenders in obtaining and retaining permanent employment. The program has three primary components: cognitive behavioral therapy using Moral Reconciliation Therapy (MRT®), assistance with gaining employment, and assistance with employment retention. The MRT® component's major objective is to increase the former offender's decision making from low moral reasoning to higher moral reasoning as he or she progresses through the program's Steps.

This evaluation to assess the MRT® component of the program's effectiveness in reducing recidivism was based on the behaviors of study participants contacting *Better People* between June and December of 1998. Study participants' criminal records were observed from June 1998 through November 1999. For outcome data we examined three levels of recidivism — re-arrest, re-indictment, and re-conviction — during a six-month follow-up period. Oregon Law Enforcement Data Systems (LEDS) computerized records were used to obtain pertinent criminal data.

We examined contacts with the criminal justice system for 68 former offenders who had participated in the MRT® component of the *Better People* Program — the Treatment Group (TG). We compared that data to contacts with the criminal justice system for 68 former offenders who attended an Orientation but had not participated in the MRT® or any other *Better People* program components — the Comparison Group (CG). There were no significant differences in age, ethnicity/race, and gender between the Treatment Group and the Comparison Group.

There were significantly fewer re-arrests among former offenders who had participated in the MRT® program than among former offenders who had not participated in the program. Nine percent of Treatment Group participants were re-arrested compared to 21 percent of Comparison Group participants.

Re-indictments and re-convictions for MRT® (Treatment Group) participants were also significantly lower than for former offenders who had not

received MRT® treatment (Comparison Group). Three percent of Treatment Group participants were re-indicted while 13 percent of Comparison Group participants were re-indicted. Finally, 3 percent of Treatment Group participants were re-convicted compared to 12 percent of Comparison Group participants.

Study Limitations

Participants' allocation to the Treatment Group or the Comparison Group was based upon a self-selection process (participants could choose whether to participate in the *Better People* program). Those who, past the point of attending Orientation, returned for at least one MRT® group session became potential members of the Treatment Group. Those who did not take part in MRT® group sessions became potential members of the Comparison Group. This allows for the possibility that those who persisted past the point of attending an Orientation may have differed in ways that favored their crime-free adjustments to living in the community.

While not necessarily a limitation, there is a certain treatment dilution inherent in the study design when the effect is assessed after the mid-point rather than after the program's completion. On the other hand, an assessment half way through the treatment process may lessen the creaming¹ effect that is common in treatment program evaluations of this kind.

In addition, Treatment Group participants received assistance in gaining employment. The impact of this service should be studied to determine if a correlation exists between employment and criminal justice contacts.

Discussion

This preliminary evaluation provides further evidence that the use of MRT® helps to reduce recidivism. The findings add credence to the *Better People* theory that cognitive behavioral therapy is effective and as such, it is reasonable to conclude that it complements other program components such as employment assistance.

Politicians, criminal justice practitioners, and the general public have seen criminal justice costs escalate over several decades. This is especially true in corrections (incarceration). Across the nation, leg-

islative action, responding to public demand instead of valid research, has reduced the possibility of early release for good behavior. The result has been overcrowded prisons. Legislators, faced with this increased focus on incarceration and with shrinking budgets, also find it easy to restrict or eliminate rehabilitation programs.

Reducing the rising costs of arrests, court trials, imprisonment and post sentencing supervision are majors concerns. Determining what works in reducing these costs has been an ongoing question. Legislators, criminal justice administrators, and interested parties continue to seek practical solutions.

Recognizing the proven benefits of the use of MRT® when working with former offenders offers a reasonable, partial solution toward reducing such costs. Studies of the effectiveness of MRT® when used in working with offenders and former offenders continue to provide positive results.

This evaluation indicates that former offenders who did not receive treatment were significantly more likely to be involved with the criminal justice system than clients who received treatment. In addition, the use of MRT® has been shown to reduce recidivism anywhere from 25 to 50 percent (depending on the jurisdiction).

By itself, reducing recidivism is a laudable goal. More praiseworthy, however, is changing people's lives so that they become more responsible, respectable and caring; so that they build stronger character and are able to care for their families and for themselves. Such action increases public safety and improves the community. This evaluation indicates that policy makers should focus on and continue to study programs that work by keeping people out of jail instead of focusing on ways to keep people incarcerated.

Future research will focus on the effect of employment services and employment combined with the use of MRT®. In addition, this research will observe the impact of MRT® on graduates of the *Better People* program.

Better People proposes to do research in cooperation with county correctional and/or adult community programs. This effort will involve random assignment either to the *Better People* program, to no program/treatment or to some other community based treatment program. Outcomes will be observed to determine if the MRT® process coupled with employment services further reduces the rate of recidivism.

Better People contends that combining MRT® with living wage employment and long term retention monitoring positively influences the thinking and behavior of former offenders, and helps to keep

them from returning to the criminal justice system.

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1 Creaming refers to a self-selection or program selection process that implies that program evaluators cannot be sure whether a participant's success is due to his or her ability to remain with a program or, if the substance of the program and its effect on the participant is what leads to a reduction of recidivism (Jolin, 2001).

For additional information, please see the website www.betterpeople.com or contact Chip Shields at (503)281-2663 or email to shields@betterpeople.org. Clariner Boston can be contacted at 503-281-2663.

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CBTR LITERATURE REVIEWS

Reducing Recidivism in Driving While Disqualified: A Treatment Evaluation by L.W. Bakker, S.M. Hudson, and T. Ward (2000) *Criminal Justice and Behavior*, 27, 5, 531-560.

The article examined the effects of a relapse prevention cognitive-behavioral treatment program on New Zealand offenders convicted of driving while disqualified (DWD). A total of 144 participants who were selected from either a prison program (N=34) or a community-based program (N=110). The subjects were all male and ranged in age from 18 to 56 years ($M=29.3$ years, $SD=7.8$ years). The average of previous DWD convictions was 7.1 ($SD=5.2$). A comparison group was made up of 144 offenders with traffic offenses who had committed a DWD offense in 1990 which allowed a six year followup. The sample was matched for age, ethnicity, number of previous DWD offenses, alcohol offenses, and other criminal convictions.

The treatment program took place over 10 weeks and was conducted with groups of 8 to 12 participants. The curriculum consisted of cognitive restructuring, social skills, anger management, problem solving, and relapse prevention. Groups took place four days a week for 2.5 hours per day. A total of 14 participants (9.7%) either dropped out or were removed from the program. The average for attendance was 11.9 sessions ($SD=7.6$) out of a possible 36 sessions.

Because the comparison group was chosen from historical data from 1990, there had been a significantly longer period of time for those subjects to reoffend than the treatment subjects. Therefore the authors chose to do survival analyses comparing the two groups in terms of time to first DWD, first DUI, and first other criminal conviction.

The authors found significant differences in posttreatment driving behavior. Those who participated in the DWD treatment program had an 18% reduction in convictions at the end of the follow-up period compared to the controls. No differences were found for subsequent drunk driving convictions. There were no significant differences between the prison and community-based treatment groups which suggests that the community-based programming is a more cost-effective alternative. It was also found that the program did not affect subsequent alcohol-related driving convictions. The authors suggest "...that more efficient screening of group members with alcohol-related driving problems and/or an alcohol treatment

module would increase the effectiveness of the treatment of DWD still further."

Predictors of Successful Completion of a Postincarceration Drug Treatment Program by M.M. Hohman, R.P. McGaffigan, & L. Segars (2000), *Journal of Addictions and Offender Counseling*, 21, 3, 12-22.

This study compares the characteristics of parolees with substance abuse problems who successfully finished a drug court treatment program with those who did not. The purpose of the research is to identify psychosocial and treatment characteristics of those who completed treatment in order to improve treatment outcomes.

This descriptive study looked at all of the participants (N=1,763) enrolled between December 1991 and December 1996 in the Parolee Partnership Program (P3), a drug court program operating in San Diego, California. 97% of the participants were on parole and were predominately male (87%). The racial demographic of the sample was 32% African-American, 48% Caucasian, 17% Hispanic and 3% other. Only 13% were employed at the time of admission to the program. 34% of respondents reported that heroin had been their drug of choice while 27% named methamphetamine and 24% identified cocaine-crack. Only 8% listed alcohol as their drug of choice. 60% of the sample indicated they had been arrested nine or more times.

The study used hierarchical logistic regression to determine the multivariate influence of the variables significantly associated with exit status. They found the variables most significant to program completion were sex (women were almost twice as likely as men to finish the program), not having used drugs 30 days before program admission, fewer prior treatment episodes, longer program enrollment (more than 180 days in residential treatment or more than 40 treatment visits for outpatient treatment), and securing employment and stable living conditions at the time of discharge.

The authors found of equal interest the variables that did not affect program completion. "There were no differences by race, education, marital status, or drug of choice between those who completed the program and those who did not. This finding may have implications for counselor's beliefs that some clients, such as injection heroin users with limited education, are harder to treat than others or have poorer outcomes. This study did not bear this out."

CBTR LITERATURE REVIEWS

An Evaluation of Drug Treatments for Adolescents in 4 US Cities by Y.I. Hser, C.E. Grella, et.al. *Archives of General Psychiatry* (2001), 58, 689-695.

This article examined the outcomes of community-based treatment programs for adolescents with substance abuse problems in four major U.S. cities (Portland, , Pittsburgh, , Minneapolis, and Chicago. A total sample of 1167 adolescent subjects from 23 different programs were used. They each completed an intake assessment and a one-year followup interview. The treatment programs included eight residential treatment programs, nine outpatient drug-free programs, and six short-term inpatient programs. The sample group was 68.5 % male, 31.5% female, 66.2% white, 18.3% black, 9.3% Hispanic, and 6.3% other ethnic groups. The mean age was 15.7 years. More than 80% were in or had completed the ninth grade.

A series of statistical tests (analyses of variance and logistic regression analyses) were conducted to evaluate the treatment outcomes. The study revealed significant behavioral and psychological im-

provements in the year following discharge. Regular (at least weekly) marijuana use dropped from 80.4% to 43.8%. There were also significant reductions in criminality (dropping from 75.6% to 52.8%), heavy drinking (from 33.8% to 20.3%), and use of other illicit drugs (from 48.0% to 42.2%). In addition, these adolescents showed significant improvement in psychological adjustment and were doing better in school after treatment. These improvements were observed across all three types of treatment programs.

The authors concluded that "...substance abuse treatment for adolescents is effective in achieving many important behavioral and psychological improvements. Strategies specific to adolescents to improve their treatment retention and completion are needed to maximize the therapeutic benefits of drug treatment... How to effectively assist adolescent patients to address the multiple problems in their lives, especially those involving their close family members and friends, represents a continuing challenge to the treatment field."

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Tidewater Community College Job Skills Training Program: Breaking Through Barriers Toward Self-Sufficiency

By Leslie Boughton, MSW, Coordinator /Program Developer

Tidewater Community College's Job Skills Training Program (JSTP) is one of the most successful Workforce Development programs in the state of Virginia. Since the program began in 1997, over 300 students have enrolled and 84% have graduated and been placed in employment. Its goals are to empower clients to move towards self-sufficiency, to help remove barriers that may hinder employment and personal growth and to build the students self-esteem. The JSTP clients are primarily from the Hampton Roads area and up to 99% of clients were receiving welfare benefits at the time of program registration

With the help of business, industry, and social and community service agencies, the Job Skills Training Program has developed training for call centers, banks, customer service centers, HVAC companies, and the manufacturing and automotive industries. The three to six month training program includes: computer skills, business math, workplace values and attitudes, conflict resolution, teambuilding and communications skills. Moral Reconation Therapy (MRT®) is a core component of the program.

The MRT® based workbook, *Job Readiness*, is used to work with clients during the Workforce Readiness component of the program. It focuses on behaviors and attitudes needed to obtain employment. During the Life Skills Phase which comprises 50% of the program, clients use the MRT® workbook, *Discovering Life and Liberty in the Pursuit of Happiness*. MRT® is a very effective vehicle to use to get program clients to confront their personal barriers. Many of the clients come into the program seeing themselves as victims, but upon conclusion of JSTP, they have taken responsibility for their life choices. They gain insight and understanding about the choices they have made and it helps them to change their values and behavior. MRT® quickly and efficiently addresses the critical issues that help the clients to be self-sufficient. While the national average retention rate for Workforce Development programs is 28% after six months, JSTP has a phenomenal retention rate of 92%.

The most recent outcome data indicate that the JSTP has met or exceeded all of the program goals and objectives for the fiscal year 2001. Table 1 shows that 94% of those students who have graduated from the Job Skills Training Program have had employment placements with 92% transitioning

into long term employment..

The following examples are just some of the success stories of our graduates:

- Three JSTP graduates employed by Nova Chemical had no GED, no high school diploma and no previous work history. Two years later, all three are still employed and two have been promoted to supervisors making over \$41,000.00 per year.
- A student was homeless. JSTP counselors helped her secure community resources that stabilized her living conditions. She graduated at the top of her class with a 4.0 GPA. Upon graduation, she was employed by a HVAC contractor. She was accepted into the Norfolk Naval Shipyard Apprenticeship program. She is only one year from receiving her journeyman's license. Currently she is making \$23,000.— and upon graduation from NNS, she will double her salary. She has also recently bought her first house.
- A group of students graduated in December 2000 and started working at Bank of America. Five of the graduates are now working as account managers in the collections department. Two have purchased cars and one bought her first house.

TABLE 1
JSTP GOALS AND OBJECTIVES
JULY 1, 2000-JUNE 30, 2001

Goal	Projected	Actual	Difference
Successful Completions	75%	77%	+ 2%
Employment Placements	80%	94%	+14%
6 Mo. Employ. Retention	70%	92%	+22%
Transition to long term Employment	65%	92%	+27%
Increase in Employer Commitments	125	200	+75

A JSTP student who is physically challenged and unemployed for the last five years was told she would never be able to work again. She graduated from JSTP with the highest grade point average and the Life Skills Award. She is now employed as a directory assistance operator for MCI making \$17,865.00 a year.

A mother of two children with special needs who has been on welfare her entire life recently graduated from the JSTP and was employed by MCI. She is now a successful manager and mentor for new JSTP graduates.

Because of the success of the program, JSTP received the statewide Virginia Community College system Excellence in Workforce Development Award for 2000 and was the recipient of the Bank of America Catalyst Grant Award. The State of Virginia has awarded the Job Skills Training Program over \$1,500,000.00 in grants. With a record of solid accomplishments, the future looks bright for the Job Skills training program with new career tracks in the fields of communications, furniture design, brick art, and construction.

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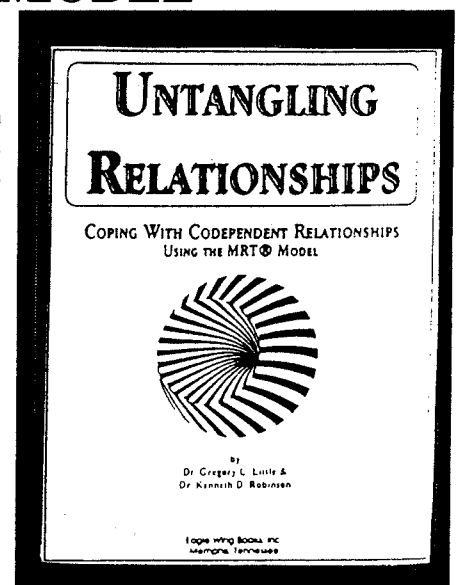
COPING WITH CODEPENDENT RELATIONSHIPS USING THE MRT® MODEL

by Dr. Greg Little & Dr. Ken Robinson

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Offenders have a negative identity.

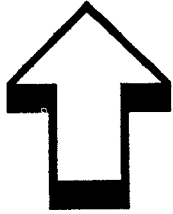
Samenow and Yochelson pioneered research that captured the essence of criminal thinking. It is known that treatment approaches that don't alter criminal thinking and behavior fail to produce beneficial changes. MRT effectively alters criminal thinking and behavior and organizes the criminal personality into several stages. These stages also capture the essence of criminal thinking, but MRT does not directly address each criminal thought one by one. Some programs may wish to dispute each specific thought: from fundamental dishonesty, lack of trust, lack of acceptance, to ideas about relationships. The new workbook, *Thinking For Good*, does just that in preparing offenders for making changes. The MRT stages of Disloyalty, Opposition, Uncertainty, Injury, and Non-Existence are described in detail and specific criminal thinking commonalities are identified in each. Exercises explore each thought and allow for the disputation of each belief in groups.

A *Facilitator's Guide* for the approach is available for \$5.

Thinking For Good

Approximately 70 pages; 8.5 X 11; 10 modules. \$10.00 per copy — order form on page 23

IMPROVE DRUG COURT EFFECTIVENESS WITH MRT



IMPROVE

- Program Retention
- Program Participation
- Client Success

REDUCE

- Dropout Rates
- Rearrest Rates
- Recidivism



What is MRT®?

Moral Reconciliation Therapy® is a systematic, step-by-step cognitive-behavioral treatment system 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 criminological 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 judgement.
- Re-educates 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

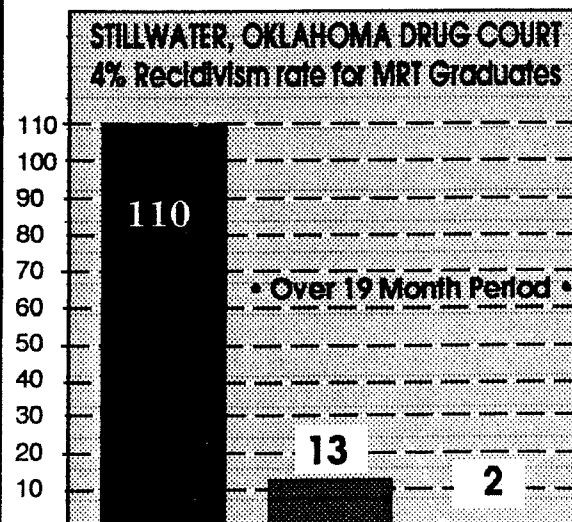
Stephen Swan
Vice President

901-360-1564
FAX 901-365-6146

MRT WORKS!

Research Shows...

Substantial research has been generated and published from programs utilizing MRT. Recidivism reviews after 9 years 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 variables effecting program completion: dropouts and correlations with recidivism. MRT has been implemented state-wide in Oklahoma, Delaware, Montana and the Washington State Department of Corrections and is in a total of 36 states in various settings including community programs and drug courts. Nearly 50 research evaluations have been conducted on MRT and published in professional journals. These evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less re-involvement 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.

COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order materials below, use the coupon on the following page.

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

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

Effective Counseling Approaches for Chemical Abusers & Offenders — 104-page text covering major counseling theories and outcomes: \$12.00.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Objective Tests & Measures Vol. 2 — 20 copyright-free research/evaluation tests: \$220.

Only those trained in MRT® may order the following materials

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

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

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

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

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

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

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

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

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

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

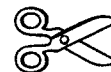
Discovering Life & Liberty in the Pursuit of Happiness — MRT® workbook for youth and others not in criminal justice: \$25.00.

CBT Materials Order Form

Item	Price Each	# Ordered	Subtotal
Understanding & Treating APD	\$10.00		
CBT Applied To Substance Abusers	\$6.00		
Effective Counseling Approaches text	\$12.00		
Crisis Intervention text	\$10.00		
Five-Minute Stress Manager (audio cassette)	\$8.95		
Parenting and Family Values	\$15.00		
Imaginary Future (audio cassette)	\$8.95		
Imaginary Time Out (audio cassette)	\$8.95		
Family Support (CBT workbook)	\$9.00		
Job Readiness (CBT workbook)	\$9.00		
Simply Spiritual Book + Workbook	\$15.95		
Spiritual Reflections Book + Tape	\$18.95		
An Introduction To Spirituality book	\$12.00		
The Joy Of Journaling	\$11.95		
Psychopharmacology: Basics for Couns.	\$24.95		
Coping With Anger (workbook)	\$10.00		
Coping With Anger Facilitator Guide	\$5.00		
Making Changes Sex Offender Workbook	\$18.00		
Making Changes Facilitator Guide	\$10.00		
Untangling Relationships Workbook	\$10.00		
Staying Quit (workbook)	\$10.00		
Staying Quit Facilitator Guide	\$5.00		
Staying Quit Audiotape Set	\$50.00		
Staying Quit Group Starter Kit	\$140.00		
Responsible Living workbook	\$10.00		
Thinking For Good workbook	\$10.00		
Thinking For Good Facilitator Guide	\$5.00		
Character Development	\$20.00		
Character Development Facilitator's Guide	\$20.00		
RAPPORT	\$25/\$85/\$375		
Objective Tests & Measures - I/II.	\$105/\$220		
MRT Materials below can only be ordered by trained MRT facilitators			
MRT Counselor's Handbook	\$10.00		
MRT Poster (Freedom Ladder)	\$10.00		
How To Escape Your Prison (cassette tapes)	\$59.95		
How To Escape Your Prison	\$25.00		
How To Escape Your Prison (In Spanish)	\$25.00		
How To Escape Spanish (cassette tapes)	\$59.95		
Juvenile MRT® - How To Escape Your Prison	\$25.00		
Domestic Violence (Must take Dom. Vio.)	\$25.00		
Domestic Violence <i>Facilitator's Guide</i>	\$10.00		
Filling The Inner Void	\$25.00		
Discovering Life & Liberty...	\$25.00		

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



Ordering Instructions

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

Materials below the line stating "MRT Materials..." can only be ordered by persons or agencies with trained MRT® facilitators. Call for details if you do not understand or have any questions.

CREDIT CARD ORDERS: (901) 360-1564

ORDER COUPON

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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.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m. to 5:00 p.m. (Lunch-provided in Memphis)	8:00 a.m. to 12:30 p.m. (Lunch - on your own)	8:00 a.m. to 5:00 p.m. (Lunch - on your own)	8:00 a.m. to 12:30 p.m. (Lunch - on your own)	8:00 a.m. to 2:00 p.m. (Lunch - provided in Memphis)
Introduction to CBT.	Personality theory continued.	MRT® Steps 3 - 5.	MRT® Steps 6 - 8. About 2 hours of homework is assigned.	MRT® Steps 8-16. How to implement MRT®.
Treating and understanding APD and treatment-resistant clients.	Systematic treatment approaches. MRT® Steps 1 - 2. About 2 hours of homework is assigned.	MRT® Or Domestic Violence For Your Program Training and other consulting services can be arranged for your location. For information call Dr. Ken Robinson: 901-360-1564.		Questions & answers.
Background of MRT® personality theory.				Awarding completion certificates.

2001 MRT® AND DOMESTIC VIOLENCE TRAININGS

August 13-16, 2001, MRT in Cranbrook, British Columbia, Canada

August 20-23, 2001, MRT in Billings, Montana

August 20-23, 2001, MRT in Casper, Wyoming

August 27-30, 2001, MRT in St. Gabriel, Louisiana

September 4-7, 2001, MRT in Portland, Maine

September 10-13, 2001, MRT in Roanoke, Virginia

September 17-20, 2001, MRT in Jackson, Michigan

September 17-21, 2001, MRT in Memphis, Tennessee

October 1-4, 2001, MRT in Las Cruces, New Mexico

October 22-26, 2001, MRT in Memphis, Tennessee

November 5-9, 2001, Domestic Violence in Memphis, Tennessee

December 3-7, 2001, MRT in Memphis, Tennessee

December 4-7, 2001, MRT in Little Rock, Arkansas

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