

COGNITIVE-BEHAVIORAL TREATMENT REVIEW

& CCI News

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School-based MRT— Signs of Success in a Rural Louisiana High School

By Dr. Bill Swann, LCSW, School Social Worker

Professionals in elementary and secondary education in Louisiana are focused today on assuring that more and more students achieve the standards and benchmarks that are tested at key transition points in their academic careers. As a result, each classroom contact — indeed, each minute of the school day — holds increased importance for today's students and teachers.

In such a context, student discipline registers as an essential element in every school's effort to achieve effective academic reform and better promote students' scholastic achievement.

One such school, Central Lafourche High School, located in the heart of Louisiana's famed bayou country, this past December found itself struggling with a significant number of students referred to the office for disciplinary infractions. During the period beginning with the opening of school in August 2001 through December 2001, there were approximately 4000 disciplinary refer-

als among the 1515 students enrolled at Central Lafourche High.

"Time in the office with the disciplinarian," said Principal Blaine Degruise, " translates into valuable time lost in the educational process. That's eventually going to have a negative influence on our students' testing results. And everyone will lose if that's the case."

Seeking assistance from his District Supervisor, Mr. Degruise began thinking about possible ways to address the rise in discipline referrals that might encourage students to become more responsible for their own educational progress. Supervisor for Secondary Education, Leonard St. Pierre, engaged the help of two MRT Facilitators to implement a pilot program to test the effectiveness of the newly developed school-based MRT Program entitled, *Discovering Life and Liberty in the Pursuit of Happiness*. He hoped to find in that

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3155 Hickory Hill Road • Suite 104
Memphis, TN 38115
(901) 360-1564 • FAX (901) 365-6146
EMAIL: CCIMRT@AOL.com
WEB SITE: www.ccimrt.com

Dr. Ken Robinson
Executive Editor

Steve Swan, M.Ed.
Editor

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

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 ©2002. 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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• INSIDE •

3-Year Recidivism
Outcomes of Illinois
DOC High-Risk
Parolee
Re-Entry Program
p. 4-6

MRT: An
Effective Tool
p. 10

MRT Cited in United
Nations Report
p. 13

CBT Reviews
p. 15-16

program a way to reduce the growing numbers of discipline problems that were interfering with students' academic progress.

Ms. Dorothy Murray, Special Assistant to the Superintendent, and Dr. Bill Swann, School Social Worker, both employees of the Lafourche Parish School System and recently certified MRT Trainers, initially designed the pilot project. The school's administrators referred 19 students whose behaviors placed them at risk of expulsion or failure due to poor decision-making and/or high numbers of disciplinary infractions. Before being placed in a group, each student met for a minimum of 45 minutes with the co-facilitators for a screening interview to discuss the program's expectations and the student's concerns. The project lasted a total of 16 weeks including three weeks of interviews proceeding the actual group sessions.

Students were assigned to two groups structured to meet once weekly for 55 minutes from mid-February 2002 through the close of school in May 2002. Murray and Swann together co-facilitated each group for a total of 13 weekly sessions with each group.

The format for the groups included brief check-ins conducted in round-robin fashion followed by formal

presentations of the MRT Workbook material. By the conclusion of the 13-week pilot program, the groups had completed all of the required introductory chapters but only step one of the 12-step MRT® Freedom Ladder.

Preliminary results of the pre- and post-intervention data suggest that the MRT School-based program, even when significantly abbreviated, as it was in this pilot project, made possible some remarkable changes for the students involved (see Table 1).

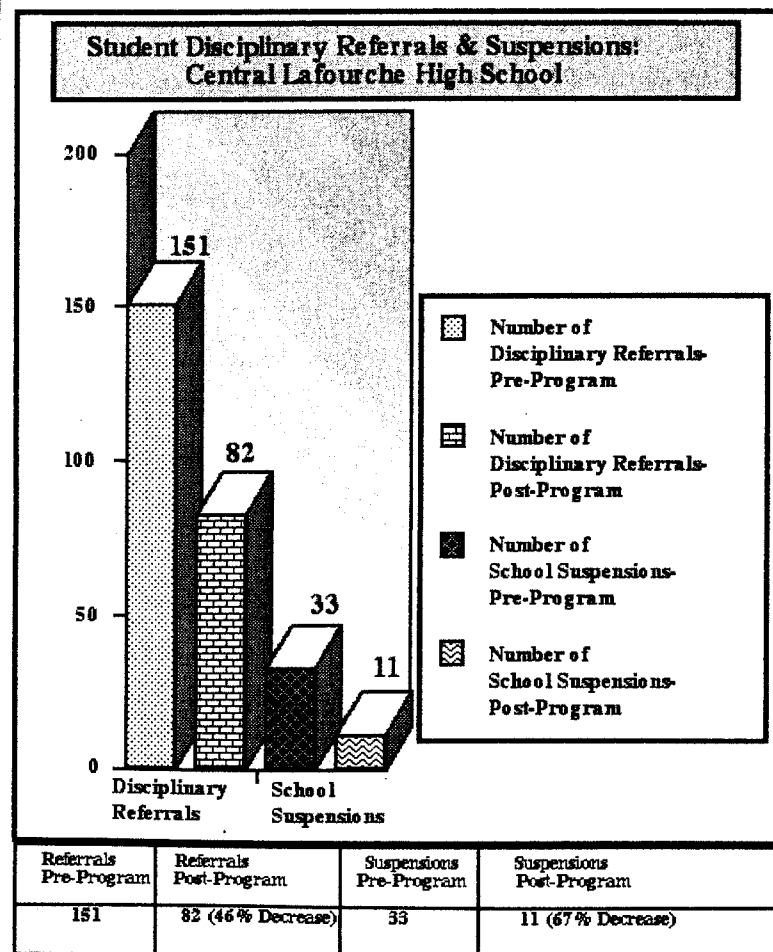
These students realized a 46% reduction in the number of disciplinary referrals over the program's duration as compared to the 17-week period prior to the pilot program. Of similar significance was the 67% reduction in the number of out-of-school suspensions for these students. Regular participants also realized a 33% drop in absenteeism through the course of the intervention.

The area that did not show significant progress was the actual grade point averages of participants. The academic performance of participants actually fell 15% in comparison to pre-intervention data. Swann and Murray think that group participants might actually have shown some academic progress had scholastic remediation been employed in conjunction with the MRT Program.

In light of the fact that the MRT Program was only minimally employed in this project, these data legitimately suggest a highly favorable projection for future interventions that employ the total MRT package. School improvement strategies that include the school-based MRT Program show promise for reducing discipline-related problems and improving school attendance rates for participants. With improvement in these crucial areas, the academic performance rates of participants are likely to reflect positive changes as well.

Central Lafourche High School's Principal certainly agrees. He plans to include the school-based MRT Program as a regular part of the Fall 2002 Curriculum at his high school on the bayou. "With results like these," Mr. Degruise says, "We all stand to benefit from such an innovative program." He promises to keep us informed of the results for the coming year.

Table 1.



For additional information regarding the Central Lafourche Parish High School Program, you may contact Dr. Bill Swann by phone at (503) 281-2663 or by e-mail at wswann.pac@lafourche.k12.la.us.



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CCI now offers a school curriculum for at-risk youth entitled: *Social Responsibility Training™ (SRT™)*. This two semester, five day per week class has been approved for one half-credit per semester. SRT™ has been field-tested and has demonstrated significant positive behavior impact for regular education students in Montana. The class is appropriate for delivery by classroom teachers to middle school and high school youth. Social Responsibility Training™ is open-ended so that students can enter the program during the first three months of the semester. During the school year, students complete all 12 MRT® Steps, set specific behavior change goals, learn to change problem habits, complete public service projects, learn communication skills, and receive support for resolving both school and family behavior problems.

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Overview of the Illinois DOC High-Risk Parolee Re-Entry Program and 3-Year Recidivism Outcomes of Program Participants

by James L. Anderson

Overview of the Illinois Department of Corrections/Chicago Southside Parolee Re-Entry Program

The Illinois Department of Corrections (IDOC) Southside Day Reporting Center Re-Entry Program opened April 1, 1998 in the Englewood Community on the Southside of Chicago. The Re-Entry Center, operated by BI Incorporated, was developed to assist the IDOC in providing a continuum of supervision, monitoring, treatment and educational services for high-risk parolees immediately upon their release from prison. This population was chosen because of their high risk of recidivism due to their entrenched attitudinal, motivational, behavioral, substance abuse, educational and employment problems. **Three-year recidivism results indicate a 40.6% reduction in new criminal convictions** (or the avoidance of 263 new crimes) as compared to a closely matched parolee comparison group and a cost savings of over \$3.6M for the first years of operation.

The mission, philosophy and goals for the Day Reporting Center, envisioned by the Community Corrections Division of the IDOC, were as follows:

Mission: "The mission of the day reporting center is to reduce recidivism through a highly structured program where parolees modify their behavior patterns that lead to criminal activities."

Philosophy: "The philosophy of the day reporting center is to change behavior patterns among targeted offenders. This approach means providing the client with basic education, functional skills, and vocational skills in a highly structured environment. The client completing this program will have at least the following: 1) a GED; 2) a job, and a plan outlining future living arrangements, employment, and education."¹

Program Goals:

1. Reduce recidivism through a highly structured program where parolees modify their behavior patterns that lead to criminal activities
2. Decrease substance abuse and sex offender relapses
3. Increase the parolees ability to find jobs and stay employed
4. Structure the activity of assigned parolees within the community, and provide increased documentation to IDOC parole field agents.

Three distinct high-risk groups of parolees who reside on the Southside of Chicago were targeted:

- Offenders with two or more prior prison incarcerations
- Offenders with a sentence of 10 years or more
- Offenders 25-years old or younger serving time for serious crimes against another person.

The Design of the Re-Entry Program

The Re-entry program at Southside Day Reporting Center is intended to protect the public by providing parolees a combination of maximum supervision, immediate reporting (7 days per week), and intensive treatment, at one location. Each parolee is assigned to an individual case manager who meets with each parolee at least one time per week and documents pertinent information, tracks identified transportation and housing needs and reports offender progress at least monthly. DRC case managers notify the IDOC Supervising Parole Agent of any program violations.

After completing a Level of Service Inventory-Revised² (LSI-R Risk/Needs Instrument) with each assigned parolee, the case manager develops an individualized supervision and treatment plan that focuses on reducing criminogenic risk factors and substance abuse while helping build adaptive life and employment skills. Parolees may be assigned up to three separate rehabilitation activities per week including:

- Substance Abuse Education and Treatment
- Adult basic education
- GED preparation
- Survival Skills Building
- Cognitive Restructuring (Moral Reconation Therapy®)
- Parenting and Family Reintegration Group
- Anger Management
- Employment Skills Building
- Career Development Counseling
- Aftercare Group

Progression through the Day Reporting Center is individually paced and based on each parolee's compliance with and success in fulfilling the requirements of each of three supervision phases of varying levels of accountability. For example, no parolee may move to a reduced level of reporting until he or she has maintained abstinence from drug use for 30 days. All parolees are required to complete the MRT (Moral Reconation Therapy®) cognitive restructuring program, to break entrenched criminal thinking patterns, prior to enter-

ing aftercare.

Three-Year Recidivism Outcomes of Southside Day Reporting Center Participants as Compared to Recidivism Outcomes of a Matched Comparison Group

1503 clients were assigned to the Southside Re-Entry program between April 1, 1998 and April 1, 2001. In order to evaluate program impact, the IDOC Research and Information Systems drew a matched comparison sample of 871 parolees released to Chicago's West Side during this same period who went into regular parole supervision without day reporting services. Chicago's West Side is a community similarly impacted as is the South Side by gangs, crime, violence, drug use and dealing, and family and community dissolution. Approximately 300 parolees released to the West Side were drawn for each year that were similar in age, number of incarcerations, longest holding crime type, race, and level of education to parolees assigned to the Southside Re-Entry program.

The Outcomes: Recidivism Data for the Southside and Westside Parole Groups

For the purposes of this research recidivism was defined as reincarceration to prison as a result of a new crime conviction. Recidivism outcomes for the two groups are represented in Table 1.

Statistical Analysis

Three chi-square analyses (corrected for contingency) were performed on the observed results on the treated and untreated groups' recidivism at one, two, and three years of release. All three analyses showed that the treated group had significantly lower recidivism ($p > .001$) at the one, two, and three year recidivism collection points as compared to the untreated control groups (Year 1, $X^2 = 76.87$; Year 2, $X^2 = 27.5$; Year 3, $X^2 = 19.45$).

The IDOC Re-Entry Program is Achieving Its Goals.
1. "To reduce recidivism through a highly structured program where parolees modify their behavior patterns that lead to criminal activities:"

- ✓ As highlighted in the above table, parolees placed in the highly structured Southside Re-Entry program were reincarcerated for new criminal convictions at a much lower rate than the Westside group. This was true for parolees in each of the 3 cohorts – those released and in the community for 3 years, 2 years and 1 year. **Overall, this represents a 40.6% reduction in new criminal convictions over the comparison group (or 263 fewer crimes committed) which translates into an estimated saving of \$3.6 million over 3 years to the Illinois taxpayers³.**

Table 1:
Comparison of Recidivism Rates Between DRC Participants and a Matched Comparison Group with No DRC Experience

Period of Time in the community	Recidivism Rate of Re-Entry Center Participants (N=1503 Parolees)	Recidivism Rate of matched control group w/ No DRC Experience (N=871 Parolees)	Difference in Percent of Recidivism Between the Two Groups.
3 Years Inmates released from prison (4/98-3/99)	35.0%	52.0%	17.0%
2 Years Inmates released from prison (4/99-3/00)	26.0%	45.0%	19.0%
1 Year Inmates released from prison (4/00-3/01)	10.0%	33.0%	23.0%
AVERAGE	25.7%	43.3%	17.6%

2. "To decrease substance abuse and sex offender relapses."

- ✓ Fortunately, there were no reconvictions of sex offenders who were placed either in the DRC or in the Westside comparison sample during the study period. All sex offenders in the Re-Entry program were transferred by IDOC to other supervision modalities by mid-2000 based upon policy change. The decrease in sex offender relapses that this implies cannot be attributed to the Southside program intervention.
- ✓ The average number of UAs per month in the DRC that were positive for drug use or refused (counted as positive) was 16% for year one and 15.6% for year two. This indicated that approximately 84% of parolees were not using drugs in a given month, a significant figure considering the high percentage of substance abusers and addicts represented in the population. Serious addictions to crack cocaine or heroin undoubtedly accounted for a number of program failures. Drug of abuse as related to outcome will be tracked in future program data gathering.

3. "Increase parolees' ability to find jobs and stay employed."

- ✓ The employment program at the Southside DRC was successful in preparing parolees for employment and placing them in suitable jobs. During the program's first year, 24% of parolees were employed, 49% were employed during the second year, and 47.5% of parolees were employed during the third year. It was not possible to track how long each parolee maintained his/her job because of program movement, but this will be targeted in future data gathering efforts. It is important to note as well that many of the parolees entering Southside Day Reporting Center reported never having worked at a formal job before in their lives.

4. "To structure the activity of assigned parolees within the community and provide increased documentation to field agents."

- ✓ This objective was accomplished through the immediate and continuing structure and accountability that was demanded of each parolee referred to the program beginning 24 hours after institutional release. This created some resentment from parolees who were not psycho-

logically prepared for the transition to the DRC and felt that they had done their time and did not require close supervision. However, it was frequently remarked by parolees at later stages of the program that the structure had been very helpful for them. It has been BI's experience that the close cooperation with the Department has been a key element of the program's impact. It was essential that parolees understood that noncompliance would be dealt with promptly and firmly and IDOC field agents provided the essential enforcement element that the program required.

Conclusion

Preliminary results from the Southside Parolee Re-Entry Center described above confirm that the program has been successful in enhancing public safety and facilitating community reintegration for a number of parolees. Based upon three years of operation, the Southside Day Reporting Center has served the vision to protect public safety, enforce zero tolerance for inmates, and offer services to those who truly want to better their lives.

Intensive Re-Entry programming puts parolee in a high visibility position that rapidly separates those who are serious about making changes from those who try to avoid responsibility. Noncompliant parolees are rapidly identified and sanctioned or returned to prison. The Southside program intends to work closely with the Department to continue with the development of effective responses for technical parole violators. It is urgent to leverage these parolees into positive action if feasible to maintain them in the community, preserving expensive prison beds for dangerous and violent inmates.

Footnotes

¹ Illinois Department of Corrections. *Request for Proposal: Day Reporting Center*. (January, 1997)

² Andrews, D.A., and Bonta, J. *The Level of Service Inventory-Revised Manual*, Multi-Health Systems, Inc. (Niagara Falls, NY, 1995), 14.

³ See full Three-Year Outcome Report for the IDOC for a complete explanation of the calculations.

To receive the complete 3-Year Southside Re-Entry Center Report or to receive further information, please contact: James L. Anderson, Vice-President, Re-Entry Services Division, BI Incorporated, (303) 218.1499, Jim.Anderson@bi.com

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Offenders believe no one can be trusted.

Offenders believe that rules and laws don't apply to them.

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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.

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MRT: An Effective Tool for an Ever-changing Toolbox

By Tim Morenz, MA, LCPC

In an ever-increasing effort to abide by research and best-practice standards for the changing field of probation and court services, Macon County Probation and Court Services in Decatur, Illinois relies on strategically placed cognitive interventions, such as MRT, as part of a total initiative aimed at the two-pronged approach of both community safety and offender change.

Since starting with the Department in 1998, the first training I was sent to was an MRT basic facilitator's training in Effingham, Illinois taught by Dr. Ken Robinson. I was immediately struck the efficacy of MRT for our department, both in scope as a program and as a tool for on-going professional development. I recognized it as having key components that made it complementary to the mission, vision and philosophy of our Department as framed by Don Meyer, Director:

- Based upon the tenets of effective, research driven practice
- Thinking that is "outside of the box"
- Programming that is cost-effective
- Programming that includes built-in evaluation components

In addition to the above parameters, MRT was a deliberate intervention aimed at developing a balance between external and internal controls in the management of high-risk offenders. External controls being those "enforcement" interventions (i.e. sanctions, surveillance, urinalysis, etc.) aimed at controlling offender behavior while internal (cognitive) controls (MRT, Motivational Interviewing, Cognitive Reflective Communication, Thinking Reports, Decision Matrix, Relapse Prevention, etc.) are utilized to develop risk controls within clients themselves. By balancing the focus between external and internal controls, a more comprehensive and "seamless" approach to offender management is created, thus spawning a true "cognitive intervention system" whereby programming is intentionally placed within a comprehensive framework for intervention.

MRT was first implemented into specialized supervision programs for Adults on probation for Domestic Violence charges, as well as those placed on probation for a Sex Offense. MRT groups are run by the probation officer themselves and are used along with an array of programming and interventions. Officers who facilitate MRT sessions refer to several advantages that the program provides those aiming at a more effective strategy of supervision:

Efficient use of time: Often the supervision officer is "strapped" for time to adequately devote to the multiple tasks necessary to effectively supervise a high-risk case. The group format of MRT provides for an efficient use of time bringing in multiple offenders per session. However, an additional bonus to the time spent is "how" the time is spent.

Efficacy of intervention: Offenders participating in MRT are working on specific issues that have contributed to their involvement in the criminal justice system and have been a staple to the problem of recidivism within our jurisdiction. Individuals who believe that cognitive interventions are "soft on crime" often do not realize that these interventions focus on behavior at the most intimate and innate level—the offender's thoughts, thus providing an advantage that most external controls cannot provide.

Effectual development of rapport: The cohesion established during an MRT group develops relationships between offenders that support mutual and beneficial change through accountability, often unheard of in traditional circles. It also broadens the scope of supervision tools available to the officer and enhances the rapport between offender and officer by deepening the pool of subjects discussed during a group session, thus creating that human connection—a pipeline of dignity and respect between individuals necessary for change to occur.

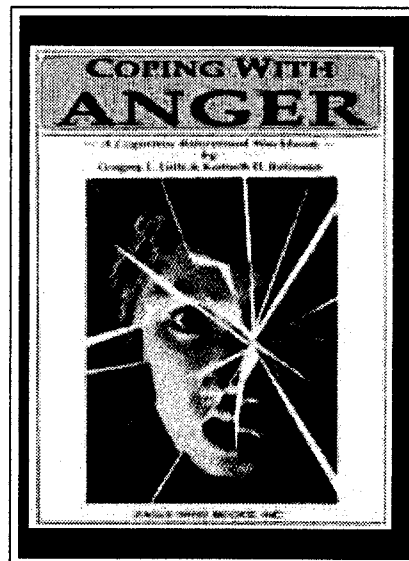
Enhanced participation in programming: MRT participation creates parameters and guidelines in the participant that creates a complement to additional programming that the client may participate in, creating a threshold for productivity and successful participation and progress.

MRT has been an excellent addition to our continuum of intervention at Macon County. It is our hope that through the contact created through MRT and other programming, a successful context for change is invoked allowing the offender to live a more enriched life and establishing a safer and more productive community. It is only through these relationships that we can effectively combat the plagues of recidivism. Tim Morenz is the Deputy Director of System Services at Macon County Probation and Court Services in Decatur, Illinois. He can be reached at (217) 424-1444 ext. 8516 or through e-mail at: tmorenz@probation.co.macon.il.us

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Each client copy of the workbook is \$10. A facilitator's guide is available for only \$5. See page 19 for ordering details or online at www.ccimrt.com.

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If you have been through MRT® domestic violence training using the workbook, *Bringing Peace To Relationships*, you will want the new facilitator's guide. This 21-page, 8.5 x 11 center stapled guidebook is a how-to primer covering all of the program's modules and exercises. Similar in layout and content to the regular MRT® facilitator's handbook, there is lots of information relevant to domestic violence groups that can be found in it. Contains specific guidelines and procedures for each exercise as well as helpful hints for effective and efficient groups.

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

How MRTIs Implemented:

MRT® is a trademarked and copyrighted cognitive-behavioral treatment system for offenders, juveniles, substance abusers, and others with resistant personalities. The system was developed in the mid-1980s and has had substantial outcome research published in the scientific literature showing that recidivism is significantly lowered for ten years following treatment. MRT® is performed in open-ended groups typically meeting once or twice per week. Clients complete tasks and exercises outside of group and present their work in group. The MRT-trained facilitator passes clients' work according to objective guidelines and criteria outlined in training. ***Programs using MRT® must supply clients with a copy of an MRT® workbook that can be purchased from CCI for as little as \$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 on the prior page. Feel free to call or write for more details.

CCI's DOMESTIC VIOLENCE PROGRAM:

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

—MRT® Trainers—

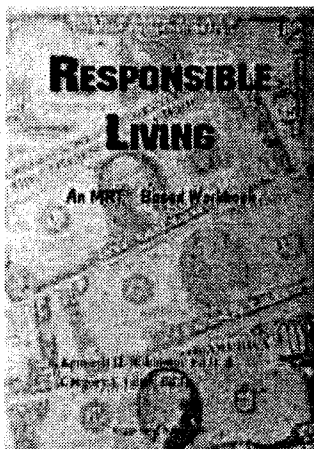
For Information
call or write CCI:
**Dr. Ken Robinson, President
or Steve Swan, V.P.
3155 Hickory Hill • Suite 104
Memphis, TN 38115
(901) 360-1564
e-mail ccimrt@aol.com**

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

RESPONSIBLE LIVING: An MRT® Based Workbook

An MRT® based, 8 session, open-ended, group workbook primarily for misdemeanants in brief programming. Programs:

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



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

**\$10.00, 26 pp., 8 modules—order online at
www.ccimrt.com or use form on p. 19.**

MAKING CHANGES FOR GOOD

A Cognitive-Behavioral Approach for Sex Offender Relapse Prevention

Making Changes for Good is a 56 page, 10 group module workbook designed for sex offender relapse prevention. It is designed to be used in open-ended groups where offenders can enter ongoing groups at any time. Clients read each module prior to coming to group and complete structured exercises. In group, the client presents his completed exercises. The group facilitator decides on the passage of a client's work and presentation based on objective criteria outlined in the ***Facilitator's Guide***. The program is supplemented by a few individual counseling sessions and assessments built into the modules.

Designed for:
**Parole/Probation
Supervision
Sex Offender Programs
Institutional Programs**

Helps clients identify risky relapse behaviors and make plans to cope.

Copies of *Making Changes for Good* are available for \$18.00

The 12-page *Facilitator's Guide* is available for \$10.00

See page 19 for order form or order online at www.ccimrt.com.

MRT® Cited as One of Few Treatment Approaches Proven to Reduce Recidivism at United Nations' Programme Network Institutes in Vienna, Austria

by Gregory L. Little, Ed.D.

In May 2001, the United Nations conducted a technical assistance workshop in Vienna, Austria designed to help countries implement effective correctional programs to reduce recidivism. The workshop was titled, "World Prison Population: Facts, Trends and Solutions".

Dr. Doris MacKenzie presented "Sentencing and Corrections in the 21st Century: Setting the State for the Future" that outlined some of the latest developments in corrections in the United States. The workshop stressed that effective programs must:

- target offender characteristics that can be altered, especially behaviors and attitudes that directly relate to criminal activity (e.g., antisocial characteristics);
- be implemented in an appropriate manner suitable for offenders; that is, having trained staff, utilizing recommended and proven

approaches, maintaining a reasonable treatment duration;

- be most intensively delivered to those at the highest risk for reoffending;
- utilize cognitive and behavioral treatment techniques.

Moral Reconciliation Therapy (MRT)® was cited as the first proven cognitive-behavioral treatment that significantly reduces recidivism, and was among only a handful of effective approaches that were recommended for implementation in correctional settings.

Other programs listed included prison therapeutic communities, sex offender treatment programs employed outside of the prison setting, combined vocational/educational programs, multi-component correctional industry programs, and community employment programs.

UNTANGLING RELATIONSHIPS COPING WITH CODEPENDENT RELATIONSHIPS USING THE MRT® MODEL

by Dr. Greg Little & Dr. Ken Robinson

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 new workbook directly confronts these "codependent" relationships in a systematic, 12-group session format following MRT's model.

- Each Group Client Should Have Own Copy Of Book
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 - Clients Share Responses To Exercise In Group
 - 28 Pages, 12 Chapters/Modules
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 - Very User Friendly • Easy To Implement
 - Addresses All of the Key Issues in Codependence
 - Cost: \$10 per workbook :
- Order Online at www.ccimrt.com or

use Order Form on Page 19

UNTANGLING RELATIONSHIPS

COPING WITH CODEPENDENT RELATIONSHIPS
USING THE MRT® MODEL



by

Dr. Gregory L. Little
and Dr. Kenneth D. Robinson

EAGLE WING BOOKS

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?

**Here is RELAPSE PREVENTION that works
and is understandable to your clients**

STAYING QUIT

A Cognitive-Behavioral Approach To Relapse Prevention

40 page client workbook based on principles of cognitive-behavioral relapse prevention - designed for eight (8) group sessions. Focuses on staying quit, risky situations, scripting changes, coping with urges and cravings, being around users, understanding support issues, and taking charge of life. Easily incorporated into any ongoing substance abuse treatment approach or program.

Copies of the *Staying Quit* client workbook cost \$10.

A simple-to-follow *Facilitator's Guide* is available for \$5.

The *Staying Quit Audiotape Set* (boxed, \$50.00) contains the entire workbook text on cassette tape, a 15 min. relaxation exercise, a 15 min. progressive muscle relaxation exercise, a 20 min. clean & sober visualization, and a 25 min. desensitization tape.

A **Group Starter Kit** is available and contains 11 workbooks, 1 Facilitator's Guide, review article, and a complete Audiotape Set. The Starter Kit is \$140.00 (discounted from \$170).

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Juvenile MRT® Workbooks Available

The juvenile version of *How To Escape Your Prison* is available. Programs and institutions with trained MRT facilitators may order copies of this 117 page workbook. *Juvenile MRT* is written on a lower reading level but retains the basic flow of MRT concepts and exercises and is very user-friendly. The book is appropriate for delinquents and juveniles in chemical abuse/conduct disorder programs as well as those in offender programs. An order form is on page 19 of this issue. For credit card orders, please call CCI at 901-360-1564.

AUDIOTAPE SETS OF COMO ESCAPAR DE SU PROPIA PRISION

(How to Escape Your Prison -
Spanish Version)

are now available for programs, agencies, and institutions utilizing the Spanish MRT workbook. This is the full version of the Spanish workbook on three cassette audiotapes boxed in a vinyl case. See page 19 for order form, or place order online at www.ccimrt.com.

PARENTING AND FAMILY VALUES

A Cognitive-Behavioral MRT® Workbook

A 12 group session workbook aimed at assisting parents and caregivers discover and develop appropriate and effective parenting methods while focusing on the underlying family values. In this 75 page workbook, parents confront their own parenting styles, values, and methods of discipline.

- * Parent Values
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- * Values In Children
- * Handling Children's Problems
- * Parenting Adolescents & Teens
- * Problems In Adolescents & Teens
- * The Healthy Family

- Parents of Delinquents
 - Offenders With Children
 - Substance Abusers With Children
 - Parents Experiencing Problems
 - Parents Seeking Understanding
- Parenting and Family Values* is available through CCI for \$15.00 per copy.

CBTR LITERATURE REVIEWS

Characteristics of Criminal Justice and Noncriminal Justice Clients Receiving Treatment for Substance Abuse by G.N. Marshall and Y. Hser (2002) *Addictive Behaviors*, 27, 179-192.

In order to compare the demographic and psychosocial characteristics of three client groups receiving substance abuse treatment, this research study examined (1) clients mandated to treatment by the criminal justice system, (2) clients involved with criminal justice but not legally mandated to treatment, and (3) clients with no current criminal justice contact at treatment entry.

For this study, data were obtained from clients at 19 different treatment facilities selected by stratified random sampling. 565 subjects were recruited for participation, with 85% actually participating. The subjects averaged 36.18 years old and 54% were female. The racial demographic was 32.3% African-American, 41% non-Hispanic Caucasian, 18.7% Hispanic and 4.4% Asian Pacific Islander, and 3.6% from other ethnic groups.

Two methods were used to assess differences in the groups. Chi-square tests were used for categorical variables and analysis of variance for continuously distributed variables. The study found that the mandated clients were significantly less likely to have received other drug and/or alcohol treatment in the past year than the other two groups. It was also found that the two non-mandated groups were more similar to one another than the mandated group with respect to their drug use profiles. However, it was found that a greater percentage of the non-mandated clients with criminal justice contact reported being regular users of crack cocaine.

"The mandated treatment group scored significantly lower than the other two groups with respect to problem recognition, desire for help, and treatment readiness. By contrast, the two non-mandated groups did not differ from one another with respect to these treatment related beliefs." They concluded that "...engaging these clients in the treatment process poses a particular challenge. Engagement strategies should be a primary focus for attention, particularly in the initial treatment planning."

The Safety and Effectiveness of Diverting Felony Drug Offenders to Residential Treatment as Measured by Recidivism by P. Dynia and H. Sung (2000) *Criminal Justice Policy Review*, 11, 299-311.

This study examines two questions- Does the public's risk of criminal victimization increase when prison-bound drug offenders are diverted to community-based treatment? and Is diversion to residential treatment more effective in reducing or eliminating criminal behavior among nonviolent drug offenders than regular criminal justice processing?

Study participants were all possible participants in the Drug Treatment Alternative-to-Prison Program (DTAP). Of 487 offenders screened, 272 chose to participate and were placed in residential treatment facilities while 215 did not participate, either because they declined or were rejected during screening. Of the participants, there were 184 who successfully completed and who 88 left before completion and were returned to court for prosecution of the original charge. No significant differences among the three groups were found with regard to gender, race, and criminal history.

The authors compared the rearrest prevalence rates of program completers and failures during treatment and at-large periods with rearrest data for nonparticipants during pretrial and sentence periods. They used two types of analysis: chi-square was utilized to compare difference for program completers, failures, and nonparticipants; survival analysis was employed to analyze whether differences in cumulative arrest rates during a three-year follow up were statistically significant.

The study found that of the 272 participants, 12 (4%) were rearrested with eight for felony offenses and four for misdemeanor offenses, all nonviolent offenses. When compared to program participants, nonparticipants had a 13% rearrest rate which is statistically significant. The arrests were predominately felony offense (26 of 28) while only two were misdemeanors. When hazard rates were examined at each 6 month interval, the hazard rate was higher for nonparticipants. "The biggest difference was in the first 6 months, where the rearrest probability for nonparticipants was .02 (2 out of 100) as compared to .002 (2 out of 1,000) for program participants.

They concluded that "...the findings suggest that the criminal justice and treatment systems can work together to provide effective and safe alternative-to-incarceration programs for nonviolent drug-addicted offenders."

An Evaluation of A Private Alternative Probation and Counseling Program: Predicting Program Outcomes from Client Characteristics by P.E. Berry and R. Ander-

CBTR LITERATURE REVIEWS

son (2001) *American Journal of Criminal Justice*, 26, 121-130.

The focus of this study was to examine the affect of client characteristics on selected program outcomes. The authors believed that this could be beneficial from both a cost-benefit basis as well from a diversion perspective to determine if client characteristics could predict program outcomes.

Client characteristic variables examined were sex, race, previous arrest, previous A&D treatment, employment status, income and, age. The six program variables examined were fees owed, client violations, number of failed drug screens, warrant status, number of sessions missed, and bench warrants.

Subjects for this study were all 475 clients assigned to a private, for-profit probation and counseling alternative program between November 1, 1998 and February 28, 1999. All offenders were misdemeanant with the large majority male (82.3%), white (69.9%), employed (72.3%), and with previous alcohol/drug treatment (77.1%). The mean client age was

28.12 years.

Six multiple regression analyses were used to evaluate data. Findings included "... being nonwhite significantly affects fees owed, whether or not the client has violations, number of failed drug tests and warrant status. Previous alcohol and drug treatment significantly impacts violations, number of failed drug tests, and warrants. Employment status is a significant outcome predictor for whether or not the client owes fees or has violations." "The purpose of this research was to identify client characteristics that are associated with program outcomes. This research revealed that race, previous alcohol and drug treatment, and employment status are significant indicators for certain types of program success."

The authors caution that it would be premature to make generalizations regarding these outcomes pointing out that "...program administrators should not use race as an excuse for discrimination or as the basis for "client creaming" (taking only cases in which the clients can be easily helped or will need less services)."

PSYCHOPHARMACOLOGY:

Basics For Counselors

by Dr. Gregory L. Little

279 page authoritative soft cover text for addictions counselors, counselors in training, and those seeking a basic understanding of how drugs work in the brain. Explains the basics of psychopharmacology in an easy-to-read and easy-to-understand style. No prior understanding of brain anatomy or chemistry is required. With extensive index and references, copyright date 1997. Used in several colleges and universities as a textbook. Areas covered include:

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Tolerance & Dependence

Mechanism of Action

Psychopharmacological Interventions

Genetic Predispositions

Psychotherapeutic Drugs

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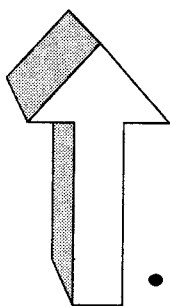
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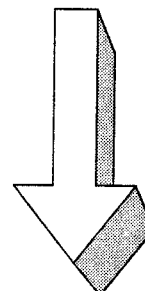


IMPROVE

- 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-

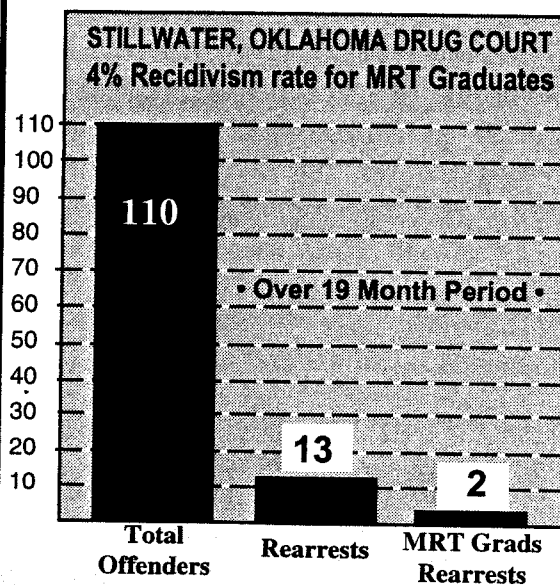
Dr. Ken Robinson, President

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 10 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 reinvolvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.



- Nationally recognized cognitive-behavioral counseling approach.

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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.

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

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

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.

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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 (available soon).

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 Audiotape Set in Spanish — The Spanish MRT® workbook on three cassette tapes - boxed.; \$59.95.

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

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

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Family Support (CBT workbook)	\$9.00		
Job Readiness (CBT workbook)	\$9.00		
Simply Spiritual Book + Workbook	\$15.95		
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Making Changes Facilitator Guide	\$10.00		
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Staying Quit (workbook)	\$10.00		
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Staying Quit Audiotape Set	\$50.00		
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Responsible Living workbook	\$10.00		
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Thinking For Good Facilitator Guide	\$5.00		
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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		
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Materials below the line stating "MRT Materials..." can only be ordered by persons or agencies with trained MRT® facilitators. Call for details if you have any questions.

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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. Treating and understanding APD and treatment-resistant clients. Background of MRT® personality theory.	Personality theory continued. Systematic treatment approaches. MRT® Steps 1 - 2. About 2 hours of homework is assigned.	MRT® Steps 3 - 5.	MRT® Steps 6 - 8. About 2 hours of homework is assigned.	MRT® Steps 8-16. How to implement MRT®. Questions & answers. Awarding completion certificates.

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

2002 MRT® AND DOMESTIC VIOLENCE TRAININGS

August 5-6, 2002, Advanced MRT in Memphis, Tennessee
August 6-9, 2002, MRT in Texarkana, Texas
August 12-15, 2002, MRT in Thibodaux, Louisiana
August 26-30, 2002, MRT in Memphis, Tennessee
August 27-30, 2002, MRT in Murfreesboro, Tennessee
September 9-13, 2002, Domestic Violence in Memphis, TN
September 16-19, 2002, MRT in Corpus Christi, Texas
September 17-20, 2002, MRT in Texarkana, Texas
September 24-27, 2002, MRT in Sioux Falls, South Dakota
September 23-27, 2002, MRT in Memphis, Tennessee
October 8-11, 2002, MRT in Olympia, Washington
October 14-15, 2002, Advanced MRT in Olympia, Washington
October 22-25, 2002, MRT in Austin, Texas
November 5-8, 2002, MRT in Texarkana, Texas
November 18-22, 2002, MRT in Memphis, Tennessee

Please check our website at www.ccimrt.com for additional training dates.

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