

COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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Cognitive Behavioral Treatment Review

& Moral Reconciliation Therapy (MRT®) News

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Effects of Moral Reconciliation Therapy® On Male Felony Offenders in a Prison-Based Therapeutic Community Program

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Summary—Pre- and posttest scores from five test measures were evaluated in 88 male felony offenders participating in a specialized 48-bed prison-based therapeutic community. Results showed that program participants had significantly higher life purpose scores and significantly enhanced support from family, friends, and a significant other as a result of treatment. In addition, clients showed desirable changes in moral reasoning scores over the course of treatment. Comparisons between program completers and dropouts showed that completers became significantly more internally controlled, experienced significant increases in life purpose, demonstrated significant declines in sensation seeking, and showed higher levels of social support as compared to dropouts. A number of analyses showed that participants who were most likely to complete the program were older and had more children.

Moral Reconciliation Therapy (MRT®) has been in existence since 1986 (Little & Robinson, 1988) and over 80 outcome studies have been published on its effects (Little, 2002). These reports come from a wide range of settings including prisons, parole & probation, drug courts, private agencies, schools, and various other treatment venues. In brief, MRT has consistently shown beneficial effects with all types of participants regardless of age or treatment setting. However, the initial MRT implementation was within a prison-based Therapeutic Community (TC) and the method continues to be employed in a host of prison-based programs.

Program Description & Method

In September 2000, Correctional Counseling, Inc. (CCI) of Memphis, Tennessee implemented a drug treatment program for male offenders housed at the Northwest Correctional Center Annex (NWCX), a state of Tennessee prison located in Tiptonville. The program was organized and developed as a drug therapeutic community and is operated under contract from the Tennessee Department of Corrections and funded through RSAT. It was designed to house 48 offenders with each participant remaining in the program for at least six months. Since its beginning, the program has essentially operated at full capacity.

From the initiation of the program until the present, CCI has utilized a battery of pre- and posttests to measure client characteristics as well as document possible changes in client variables over the course of treatment. The tests employed are considered to be research tools rather than assessment or screening instruments.

Participants

From September 2000 until September 9, 2002, a total of 170 male offenders had entered the program. Pre-tests were administered within the first few days of a client's program entry and posttests within a week of program release. Thus, the duration of time between the pre- and posttests varied, but was generally between six months to a year. Correlations were employed to assess this variable time factor. It should be noted that posttests were usually not available for program dropouts and unexpected discharges. Pre- and posttest results were available for 88 clients; only 13 of these were considered to be dropouts. In addition, 47 current program participants were excluded from analyses.

Other Variables Reported

Several other variables are described and studied in this report. Clients were basically categorized as **completers** or **dropouts**. Categorization of clients into completers and dropouts allows many meaningful comparisons that can uncover not only the effects of the program on participants, but also identify if certain types of clients are more likely to complete the program. **Completers were defined as those who successfully completed all 12 of the program's primary treatment steps** of the cognitive-behavioral approach of Moral Reconation Therapy (MRT), remained in the program for at least six months, and fulfilled all other objectives outlined in individual treatment plans. MRT is a systematic, objectively defined treatment approach that is presented in workbooks utilized in special groups conducted in the therapeutic community environment.

Dropouts were defined as those who left the program—voluntarily or via a termination for conduct reasons—prior to completing the program. Some individuals characterized as dropouts left the program for medical problems, voluntarily quit participation, or were terminated for continuing disciplinary problems. Note however, that with only 13 dropouts included in the analyses, conclusions drawn from statistical analyses should, at best, be considered as suggestive trends.

Other data utilized for analysis included the type of **current conviction crime** for program participants. This analysis attempted to uncover whether specific categories of offenders were more likely to show progress in the program as well as display possible pretreatment differences. The current convictions of participants were categorized into five classes of offenses: 1) drug charges; 2) crimes of violence; 3) vehicular

charges (including DWI, vehicular homicide, and carjacking); 4) crimes against property (burglary, theft, forgery); and 5) robbery. It should be understood that categorization by offense is imprecise and somewhat arbitrary as charges may have been reduced and prior offenses are not included. In addition, in order to have cell frequencies sufficient for analysis, some crimes that could well have fit into several categories (e.g. carjacking) were classed into what appeared to be, at face value, the most appropriate category.

Analyses were also conducted on the number of children offenders reported as well as with program entry age and repeat offender status. This information was supplied from program records supplied to the researcher. The repeat offender status is "suspect" as many offenders who were not listed as repeaters likely had prior local convictions and juvenile records.

Tests Utilized

The five research tests employed in the CCI therapeutic community are all research tests and are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability.

1. The **Prison Locus of Control (PLOC)** is intended to measure the degree to which an individual believes he has control over his life (Pugh, 1994). Ideally, a program should instill feelings of increasing control in clients—what is commonly referred to **internal locus of control**. That is, as a client progresses, he should come to see that his current decisions and current behavior can have an impact on future events. In the simplest of terms, an internally controlled person believes that, "I have much control over my life." On the other extreme, clients who believe that luck or other people completely determine what happens to them are said to have an **external locus of control**. Externally controlled people believe that, "I have little or no control over my life and what happens to me." A related concept is personal responsibility. Individuals who come to believe that they have no influence over their lives feel no sense of personal responsibility—thus, their behavior is frequently irresponsible. Test scores on the PLOC can range from 24 (internal locus of control) to 240 (external locus of control).

2. The **Life Purpose Questionnaire (LPQ)** is designed to assess the degree to which an individual perceives purpose or meaning in his life (Hablas & Hutzell, 1982). People with high life purpose tend to be more committed to goals, engage in responsible behaviors, and are committed to important relationships. They see goals and relationships as important and believe that life has meaning beyond the pleasure or pain that may be present in the immediate situation. Participation in effective programming should increase clients' levels of life purpose. Scores on the LPQ range from 0 (no purpose perceived) to 20 (high life purpose).

3. The **Short Sensation-Seeking Scale (SSS)** is a 10-item questionnaire designed to assess risk-taking behaviors (Zuckerman, 1984). It is highly correlated to antisocial personality. Individuals with high scores tend to engage in substance abuse behaviors, abusive relationships, and a host of

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Cognitive-Behavioral Training and Materials
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risky activities designed to provide excitement. The longer version of the sensation seeking scale is a more useful tool, however, it is cumbersome and time-consuming. The use of the short form of the test was considered to be more appropriate since other tests were also utilized and the program did not want to overwhelm clients. Ideally, an effective program should result in lower sensation-seeking behaviors. Scores on the SSS range from 0 (no risk-taking) to 10 (extreme risk-taking).

4. The *Multidimensional Scale of Perceived Social Support* (PSS) is designed to assess the degree to which an individual believes he has support from three different areas: *friends, family, and significant others* (Zimet, et. al., 1988). The test was included in CCI's evaluation plan for several reasons. First, it is recognized that, after release into the community, offenders' success can be influenced by support from others. Rationally, it appears appropriate that two of the variables tested (family and significant other support) should increase with effective programming, but the support from friends scale is more difficult to interpret in regards to desired changes. For example, the test does not measure support from negative friends as opposed to friends who are more positive. CCI also utilized this test to assess its possible predictive ability with offenders and to determine if a distinction between positive and negative relationships could be made. Scores on all three subtests range from a low of 4 (no support) to 24 (high support).

5. The *Defining Issues Test* (DIT) is an objective measure of an individual's moral reasoning as defined by Kohlberg's stages of moral reasoning (Rest, 1986). The test measures the percentage of reasoning an individual incorporates into decision-making on five of Kohlberg's stages. Stage 2 reasoning is often described as reciprocity; Stage 3 reasoning is essentially manipulative and is based on doing what would please other people who are deemed as important; Stage 4 reasoning is based on following the rules or law; Stage 5 reasoning is based on what is best for society or others; Stage 6 reasoning is based on ethical principles about right and wrong that transcend the individual's situation or possible gain from a given decision. Prior research has shown that substance abusers and offenders have relatively low levels of moral reasoning characterized by pleasure/pain and manipulating others by doing what "important" others want. The test apportions a percentage of decision-making to these five scales (from 100% of all reasoning). In addition, stages 5 and 6 are combined into a percentage of Principled reasoning—called P%.

Results

The average age of program participants was 29 years with 41 percent identified as repeat offenders. Participants had an average of 1.5 children. The initial analysis was intended to determine the program completion rate as defined previously. Excluding the current 47 current participants in the program, 61.8 percent of program participants completed the program including all 12 objective steps of MRT.

Urine drug testing is routinely performed on clients at the time of entry, discharge, and on a random basis averaging once per month per participant. During the program's existence, a

total of 1510 urine screens had been taken on clients. A total of 12 of these were found to be "positive" for drug use. (Interestingly, all 12 positive drug screens showed only the presence of THC and all 12 came from random monthly tests.) Thus, 98.4 percent of urine screens were "clean"—showing the program sobriety rate to be 98.4 percent.

Pre-Treatment Differences Between Completers and Dropouts

Several analyses investigated whether pretreatment differences existed between the program completers and dropouts. Completers and dropouts showed no pretreatment differences in age, number of children, or repeat offender status. A series of 12 *t*-tests were performed comparing the pretest scores of the two groups on all of the tests and their subscales. None of these were significant nor did any approach significance. Thus, results from the tests investigating pretreatment differences between the completers and dropouts showed that both groups appeared to be equivalent at the time of program entry.

Differences Between Offense Categories

A series of one-way ANOVAS were performed on the pretest scores and demographic variables of the five categories of conviction or charge. Only one of these was significant. Results showed that those charged with vehicular crimes had significantly lower reasoning at program entry on scale 2 of the DIT ($F_{4,83} = 2.34$; $p = .07$; Tukey HSD $p < .05$). The significant post-hoc difference was seen between those with vehicular crimes and those charged with drug crimes and robbery. Those charged with vehicular crimes showed scale 2 reasoning (pleasure/pain) at a level nearly half that of those charged with drug offenses and robbery.

Pre- to Posttest Changes

Prison Locus of Control. At treatment initiation, the mean LOC score for all program participants was 62.72. This score is considered to be slightly in the "external" range of the scale. The posttest score mean shifted to an "internal" level: 49.93. A subsequent *t*-test for repeated measures showed that this difference was statistically significant ($t_{87} = 4.21$; $p = .000$). Thus, as a consequence of program participation, program participants developed a significantly more internal locus of control. A *t*-test conducted on the means of completers and dropouts showed that both groups showed significant declines in LOC scores as a consequence of treatment. However, the program completers showed a significantly lower LOC posttest mean than dropouts ($t_{86} = 2.51$; $p = .014$).

A Pearson correlation found that the age of participants at the time of program entry was almost significantly related to posttest LOC scores, showing that, as age increases, LOC scores tended to decrease ($r_{87} = -.199$; $p = .065$). In addition, the correlation between number of children and LOC posttest scores approached significance ($r_{88} = -.192$; $p = .073$). That is, as the number of children increases, LOC scores tend to decrease. A Pearson correlation between days in program and posttest LOC

scores was not significant. In addition, correlations between last MRT step completed and test scores was not possible because data on last step completed was not available on program dropouts. In summary, declines in LOC scores—toward more internal locus—appear to be related to older age and having children.

Life Purpose Questionnaire. The mean LPQ score of all program participants on program entry was 12.02 and was 14.08 at the posttest. A *t*-test for repeated measures showed this to be significantly different ($t_{87} = 5.01$; $p = .000$). Thus, program participants showed a significantly enhanced perceived purpose in life as a result of treatment participation. A *t*-test conducted on the LPQ score means of completers and dropouts showed that dropouts showed no change in LOC scores as a consequence of treatment. Program completers showed an LOC posttest mean lower than dropouts; however, this difference only approached statistical significance ($t_{86} = 1.45$; $p = .079$).

LPQ posttest scores were significantly correlated to age ($r_{87} = .22$; $p = .04$) and approached significance with number of children ($r_{88} = .162$; $p = .131$). Thus, in general, older clients with children tended to show the greatest increases in LPQ scores as a consequence of program participation. The number of days in the program was not related to LPQ posttest scores.

Sensation Seeking. Pre- and posttest SSS mean scores for all participants showed a slight, but nonsignificant decline after program participation (4.5 vs. 4.26). These scores are considered to be within the antisocial personality range and are consistent with prior research on male offenders. A *t*-test on posttest SSS scores of program and completers was statistically significant (completers' mean = 4.08 versus dropouts' mean = 5.31; $t_{86} = 1.23$; $p = .014$) indicating that the completers' posttest SSS scores were significantly lower than dropouts.

SSS posttest scores were unrelated to age, number of children, or repeat offender status. The Pearson correlation between days in program and posttest SS scores approached significance ($r_{88} = -.184$; $p = .086$). Thus, it appears likely that program participation itself leads to decreases in SSS scores.

Multidimensional Scale of Perceived Social Support. Pre- and posttest scores for all program participants on all three scales of the PSS test were subjected to *t*-tests for repeated measures. Results showed that all three tests were statistically significant and that participants increased their level of perceived support on all scales' posttests. Pre- to posttest scores on support from a "significant other" (means, pretest = 23.23; posttest = 25.07), support from "family" (means, pretest = 23.75; posttest = 25.66), and "social support from friends" (pretreatment mean = 16.20 versus 19.95) all showed strong increases. Pre- to posttest increases in support from friends showed the highest statistical significance ($t_{88} = 4.69$; $p = .000$) with family support ($t_{88} = 2.98$; $p = .004$) and support from a significant other ($t_{88} = 3.00$; $p = .004$) also increasing significantly.

A series of *t*-tests between program completers and dropouts showed that both groups increased levels of support from pretest to posttest on all three scales. However, the differences between completers and dropouts were not statistically significant. In

summary, the results show that treatment significantly enhances perceived support from a significant other, family, and friends for all program participants regardless of program completion status.

Several Pearson correlations investigated whether program participation was related to changes in SSS scores. One correlation showed statistical significance. Results showed that as days in program increased, support from friends tended to increase ($r_{88} = .210$; $p = .049$). Thus, program participation is clearly related to perceived support from friends. Perhaps the most obvious interpretation of this finding is that clients tended to develop more supportive friends within the program itself.

Defining Issues Test—Moral Reasoning. A total of six *t*-tests for repeated measures evaluated differences in the mean pre- and posttest DIT scores of all program participants. The tests evaluated scores on DIT scales 2, 3, 4, 5, 6, and P%. One of these was statistically significant. Stage 5 scores (doing what is best for society or others) significantly decreased from pre- to posttest ($t_{88} = 2.17$; $p = .033$). Inspection of pre- and posttest means showed that stage 2 reasoning showed no change, stage 3 reasoning declined, stage 4 reasoning increased, stage 5 reasoning decreased, and stage 6 reasoning increased. All of these—except the decline in stage 5 reasoning—are highly desirable changes.

To assess differences in DIT scores between completers and dropouts, a series of *t*-tests were performed. Results showed that program completers had significantly lower posttest scores on stage 3 reasoning (completers mean = 17.25; dropouts = 22.94; $t_{86} = 2.00$; $p = .048$) and significantly higher scores on stage 4 reasoning (completers mean = 41.16; dropouts = 30.25; $t_{86} = 2.63$; $p = .01$). Thus, program completers show less manipulative reasoning (stage 3) than dropouts and more reasoning at the law and order or rule following stage (stage 4).

Several Pearson correlations investigated the relationships between DIT scores and program participation. None of these were significant. Several variables did, however, approach significance. Days in program was weakly related to posttest scores on stage 4 ($r_{88} = .189$; $p = .078$) and stage 6 ($r_{88} = .182$; $p = .089$). In addition, age and posttest scores on stage 4 reasoning were weakly related ($r_{87} = .199$; $p = .064$). In general, it appears that program participation is related to increases in stage 4 and stage 6 reasoning and that older participants are most likely to experience increases in stage 4. These are tentative conclusions, but are similar to previous findings. The decreases in pre- to posttest stage 5 reasoning appears to be explainable by inspection of means. Most of the reasoning that appeared to be "lost" from stage 5 shifted to a law and order or the "rule following" orientation. Based on prior research, this is not a negative finding and is predictive of probable declines in recidivism.

One additional analysis revealed an interesting difference. The ANOVA investigating posttest DIT scores by type of conviction showed a significant difference in stage 6 reasoning. Those with drug offenses and property crimes showed significantly lower stage 6 reasoning than those with charges of robbery, violence, and those with vehicular crimes.

Summary and Discussion

Results from this study are extremely positive and encouraging. The program has experienced a relatively high program completion rate (around 62 percent), much higher than typically reported in other prison-based TCs. Program participants, regardless of whether they complete the program or not, tend to show significantly higher life purpose scores as a consequence of program participation as well as greater support from family, friends, and a significant other.

Program completers have a highly significant shift in locus of control to a much more internal locus, perceive higher life purpose, show significantly lower sensation seeking scores, and show significantly enhanced support from family, friends, and a significant other, and desirable shifts in moral reasoning as compared to dropouts. The completion of MRT steps could not be evaluated in the present study, however, days spent in the program appears to be an important variable in decreasing sensation seeking, increasing support from friends, and in increasing moral reasoning in both the law and order orientation and principled reasoning. It is likely that performance in the program, rather than simply time in the program, is the most important factor in beneficial changes.

The analyses presented in this study also provide a few hints about what type of offenders may be most impacted by program participation. Those with vehicular crimes tend to enter the program with the lowest levels of moral reasoning. That is, offenders with vehicular crimes show the highest levels of pleasure/pain reasoning at the time of entry. After program completion, those with vehicular crimes, robbery, and violent crimes show more reasoning from the highest level of moral

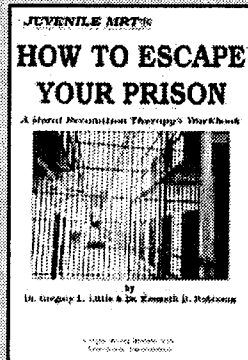
reasoning. In general, clients with greater age and more children appear to be those who are most amenable to treatment. All of these conclusions are tentative.

In sum, the NWCX therapeutic community is clearly impacting its clients for the better as revealed by the results of all pre- and posttest measures. The program is effective in retaining clients, facilitating their treatment progress, and in producing measurable beneficial changes. In addition, the pre- and posttest changes, even those that were not statistically significant, were all in desired directions. All of the moral reasoning scales (with the possible exception of a single score) showed pre- to posttest changes in desired and predictable directions and posttest sensation seeking scores are significantly lower in program completers.

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Thinking For Good

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Upcoming training dates date are below:

August 6-8, Stephens County, GA

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Please call 901-360-1564 for information about upcoming trainings.

Durango, Colorado Results With At-Risk Youth Using SRT™ and MRT®

Lane Lasater, Ph.D.

Character Development Systems, LLC • 3875 Birchwood Dr., Boulder, CO 80304

Counselor and Community Organizer Diane Cohen moved to Durango, CO from New Mexico in 2001. Ms. Cohen had previously utilized MRT® during her work with the Alamogordo, New Mexico Juvenile Drug Court and was convinced of the effectiveness of MRT through that experience. Ms. Cohen and her husband Randy Bruck envisioned the provision of comprehensive services to youth and families in Durango and the surrounding communities in the Four Corners area of Colorado. They founded the "Choices" youth center there and Ms. Cohen began networking with community leaders and agencies already serving youth in those communities. They now provide services in Durango, Ignacio, Pagosa Springs and Cortez, Colorado to youth on probation, parents, middle and high schools, and youth detention facilities. Ms. Cohen and her staff, in collaboration with the Durango Schools, Juvenile Probation, Juvenile Court, and the parents of students referred to SRT™ classes at Durango High School, are able to provide year-round services to young people who are designated as "at risk" in Durango.

SRT (Social Responsibility Training) is a school-based curriculum designed for use with students. The program also employs MRT in its curriculum and is intended to set specific behavior change goals, teach students how to change problematic habits, engage students in public service projects, learn communication skills, and provide support to the school staff, students, and families. Prior results (Lasater & Robinson, 2001) have shown the combination of MRT and SRT to significantly enhance school attendance, significantly reduce dropout, give teachers and administrators a sense of empowerment, and provide significant cost-benefit savings.

Durango SRT and MRT 1.5 Year Outcomes

With youth on regular probation and intensive supervision probation, Ms. Cohen utilizes a MRT® criminal justice specific curriculum. Of 63 youth on probation served between July of 2001 and January of 2003, only 5 (7.9%) of these participants committed a new criminal offense.

Ms. Cohen met with Ms. Sandra Francik, Director of Student Services for the Durango School System to attempt to implement the program within the local school system. After reviewing research findings and program curricula, Ms. Francik implemented SRT in the Durango Alternative School for students who are truant and also with at-risk high school students at Durango High School beginning in January of 2002.

Participating students in the Durango Alternative School and at-risk youth at Durango High School have received SRT™ daily since January of 2002. Classes at Durango High School

are taught by Mr. Greg Loheit and classes at the Alternative School are taught by Mr. Duane Tucker and Ms. Hallie Whitney. Students are able to begin SRT™ at the Durango Alternative School and continue at Durango High when they return there. This provides a continuity of programming and ongoing support to assist each student's success. Ms. Cohen and her staff also provide MRT and SRT summer programming for youth to maintain program continuity.

Cost Savings

Of the 85 students served during 2002 who were considered at high risk for dropout or expulsion, 70 (82.4%) remained in school. The school reported revenue savings for retained students of \$55,000 for school year 2001-2002.

Services To Parents of At-Risk Youth

Participation in a Parent Support Group conducted by Ms. Harlene Russell has been a unique and valuable factor contributing to the Durango results. Parents whose teenagers have been referred to SRT or MRT by either the school or probation are invited to attend a weekly parent support group. In the group, Ms. Russell utilizes an MRT-based curriculum entitled "Untangling Relationships" in which parents look at their own behavior in relation to youth, problem solve about parenting issues, and provide mutual support. Participation is voluntary and approximately 40% of invited parents have participated over the past 1.5 years.

Many participants in the parenting group have expressed feelings of empowerment as a result of participation in the ongoing program. For example, Ms. M. graduated from the Durango Parent Support Group in June of 2003 but continues to attend the group in order to provide encouragement, wisdom, and guidance to other parents. Ms. M. described a challenging odyssey with her daughter through psychology, psychiatry, juvenile detention, criminal justice, substance abuse treatment, and many family trials. She found that MRT and the parent support group made a big difference in her ability to deal with the challenges and play a constructive role, recognizing that her daughter must make her own choices. She had to break out of her "enmeshment" with her daughter and learn to move from being "wishy-washy" to following through with tough love approaches.

Reference

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

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The Punishment Myth

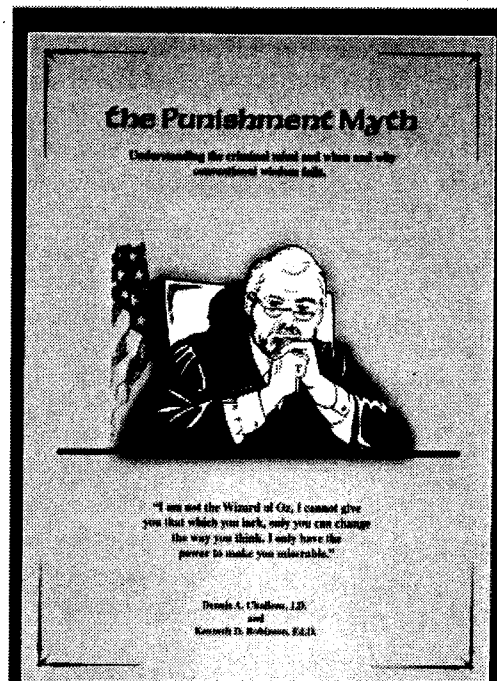
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Prison Population Increases in 2002—But Crime Rate Is Down: Repeat Drug Offenders Cited Along With Insufficient and Ineffective Treatment

The *Associated Press* (July 28, 2003) reported a 2.6 percent increase in the American prison population from 2001 to 2002 based on newly released figures supplied by the Bureau of Justice Statistics. The Bureau reported that more than 2.1 million inmates are now housed in America's prisons and that the added inmates add an estimated \$40 billion in costs.

The increase was explained by citing mandatory sentencing laws—especially for drug offenders who are repeat offenders. Federal prisons reported a higher rate of increase in their inmate population as compared to state and local facilities. State and local prisons and jails experienced a 2.4 percent increase. Over the same time period, FBI crime statistics showed a 0.2 percent

drop in the crime rate. Thus, repeat offenders appear to be largely responsible for the increased prison population.

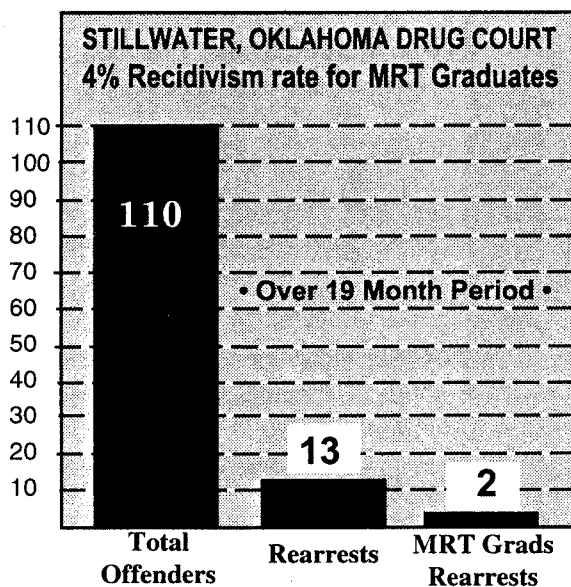
The article contained a call for increased treatment services for drug offenders, but did not cite the actual figures on the level of treatment services currently available to offenders. But in the past few years many states and facilities have changed from using effective program approaches (which have front-end costs) to employing approaches that are free or have extremely low cost. Within a few years, however, the savings that come from switching from an effective program to one that is free (and proven to be relatively ineffective) are lost and the added costs that come from the increased inmate population far outweigh the initial savings.

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Psychopharmacology

Nicotine Addiction Becoming Better Understood

NIDA researchers are closer to understanding the powerful addiction that comes from nicotine. Researchers at the University of Chicago have found that nicotine not only directly stimulates the brain's reward system (dopamine), it also enhances pleasure and increases its duration by altering the balance of other neurons that regulate the activity of dopamine neurons. The research showed that a 10-minute exposure to nicotine produced a series of neuronal changes that amplified the pleasure derived from nicotine while also creating long-lasting effects, which greatly increase the cravings for the drug. (Source: *NIDA Notes*, March 2003)

Effects of Pre-Natal Cocaine

Although the long-term effects of cocaine use on children who were exposed to the drug while in the womb are controversial, research has shown some consistencies. The most common finding is that such children exhibit memory and attention deficits during their early school years. Recent research on animals has shown why this happens. Researchers at Yale University found that prenatal exposure to cocaine produces long-term changes in the areas of the brain responsible for short-term memory. (Source: *NIDA Notes*, June 2003)

School Programs

Few Middle Schools Employ Proven Prevention Programs

Beginning in 1994, America's schools have had access to federal funding to provide educational programming designed to reduce drug abuse. In 1998, schools were required to employ evidence-based curriculum in order to meet the eligibility requirements for the funds. A 1999 survey by NIDA researchers found that only 25% of over 1,900 schools were providing programs which met the requirements. About 62% of the schools used effective content but only 17% had an effective delivery. Only 14% of schools had both effective content and effective delivery. Schools seeking to enhance their programming may wish to contact CCI regarding staff training and the employment of SRT and MRT. (Source: *NIDA Notes*, March, 2003)

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

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August 25-29, 2003; MRT in Memphis, Tennessee

August 25-28, 2003; MRT in Boise, ID

September 9-12, 2003; MRT in Gunnison, CO

September 16-19, 2003; Domestic Violence in Atlanta, GA

September 22-26, 2003; MRT in Memphis, Tennessee

September 23-26, 2003; MRT in Kamloops, BC, Canada

October 20-24, 2003; MRT in Memphis, Tennessee

October 21-24, 2003; MRT in Southfield, MI

November 17-21, 2003; MRT in Memphis, Tennessee

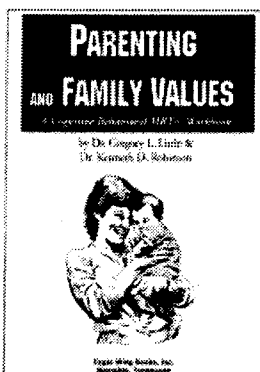
Note: Additional trainings will be scheduled in various locations in the US. See our website at www.ccimrt.com or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

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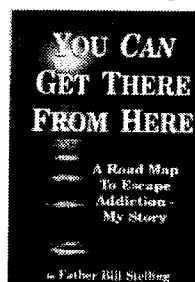
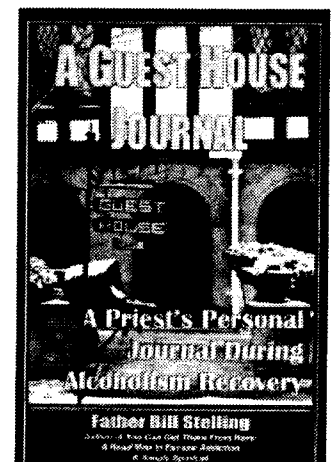


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Preliminary Report On The Implementation Of A Brief Cognitive-Behavioral Program For Probationers Arrested For Underage Drinking And Criminal Impersonation

Gregory L. Little
Advanced Training Associates

& Kenneth Baker
Behavioral Treatment Providers

Behavioral Treatment Providers (BTP) of Nashville, TN provides private probation supervision and other services for the Davidson County General Sessions Courts as well as for the State Criminal Courts based in Nashville. In early 2003 a local prosecutor discussed an ongoing problem with Kenny Baker, and asked if he had any suggestions. The problem was that Davidson County was experiencing a steady flow of arrests for underage drinking and criminal impersonation (using a fake ID). While the prosecutor and the judge realized that the majority of those arrested for the offense did not have criminal personalities, they felt the need to directly address the offense with something other than a simple diversion procedure involving the successful completion of probation. Kenny Baker, in turn, spoke to Greg Little about the problem. After conducting background research, it was decided that a simple, four-session group approach utilizing cognitive-behavioral principles would suffice. A 16-page workbook, titled *Rules Are Made to be Followed*, was subsequently produced and shown to the prosecutor for comments. After a few minor modifications were made, the program was implemented on March 3, 2003. This report is a summary of results on the first 37 clients who entered the program.

Method

After assignment into the program by the courts, clients were briefed about the program in an orientation. The appropriate paperwork was signed and clients received a copy of the workbook with instructions to read the first session of the workbook and to complete the homework for that session prior to coming to their assigned group. Several rigidly enforced rules were implemented. These included the requirement that the 4-session program had to be completed within 5 weeks and that clients who showed up late would not be allowed to enter the group.

In addition, during the orientation, six different research tests were completed by each client. After the group session in which a particular client completed the program, the tests were retaken. The tests were all adapted from readily available government sources and were chosen for several reasons. First, each test was brief and copyright free. Secondly, each test appeared to measure a different characteristic, which our background research had identified as possibly important. Finally, we also wanted to establish the test-retest reliability of the tests as well norms for this population. The tests are as follows:

1. *The Michigan Alcohol Screening Test (MAST)*. The MAST ranges in scores from 0-25 with higher scores indicating more problems with alcohol. The recommended

cutoff score (indicating the need for treatment) is typically listed at 11 or 12 (Hurt, Morse, & Swenson, 1980).

2. *Social Consciousness Scale (SCS)*. The SCS is a 5-item Likert rating scale that measures perceptions of how behavior affects others. Scores range from 1-4 with higher scores indicating a greater sense of social consciousness (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

3. *Rosenberg Self-Esteem Inventory—Revised (RSE)*. The RSE is a 10-item questionnaire designed to assess feelings of self-worth, ability, satisfaction, and self-respect. Scores range from 0-30 with higher scores indicating higher levels of self-esteem (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

4. *Minimization Scale (MS)*. The MS is a 10-item questionnaire designed to measure the use of minimization as a coping strategy. Scores range from 0-10 with higher scores indicating greater use of minimizing (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

5. *Hopelessness Scale—Modified (HOPE)*. The HOPE is a 6-item questionnaire designed to assess negative future expectations—feelings of hopelessness. Scores range from 1-4 with lower scores indicating more hopelessness (Dahlberg, L. L., Toal, S. B., & Behrens, C. B., 1998).

6. *Perceived Benefit of Drinking Scale (PBDS)*. The PBDS is a simple 5-item yes/no questionnaire used to assess client's reasons for drinking. Scores range from 0-5 with higher scores indicating more reasons for drinking (Petchers & Singer, 1987).

Participants

Between March 3, 2003 and June 25, 2003, a total of 37 clients were referred into the program. Of those program entries, 94.6% ($n=35$) completed the program successfully. Of all participants, 66% were male with Whites comprising 94.3%. The remainder were Asian. The average age of clients was 19.4 years. The large majority of program participants were college students with virtually all of the remaining participants in the military or working. All 35 program completers completed all of the pretests and posttests.

Test-Retest Reliability & Inter-Test Correlations

Test-retest reliability was calculated via a series of correlations. All of the tests—with the exception of the Minimization Scale, showed significant reliability. The reliability correlations are as follows: MAST $r = .624$; SCS $r = .704$; RSE $r = .708$; MIN $r = .318$; HOPE $r = .589$; PBDS $r = .764$.

All test scores were correlated against each other. Numerous significant correlations, moderately high (ranging

from $r = .69$ to $.33$), were found. In brief, The MAST showed significantly negative correlations with the RSE and ROS and positive correlations with the MIN and HOPE. The RSE was also significantly negatively correlated with the MIN and HOPE.

Pre- And Posttest Results

Six t -tests for repeated measures were conducted to assess possible changes in mean scores on all the tests from the pretest to posttest. Results showed that two of these changes were significantly different: The pretest mean on the RSE was 24.17 while on the posttest the mean was 22.43 ($t_{34} = 2.64$; $p = .012$); The pretest mean on the HOPE was 1.98 while on the posttest the mean was 2.14 ($t_{34} = -2.26$; $p = .03$).

These results indicate that participants' perceived level of self-esteem significantly declined over the course of the program. In addition, participants perceived less negative expectations of the future after program participation. Both of these changes merit some discussion.

Discussion & Summary

The change in self-esteem scores would typically be viewed by educators as a negative one. However, high self-esteem has now been related to violence, lawbreaking, rule bending, and other negative behaviors. While the program participants are viewed by the criminal justice system as individuals who are lawbreakers and rule-benders, it is interesting to note that the participants typically entered the program with cocky attitudes. In fact, their program entry self-esteem scores averaged over 24 on a scale that only extends to a maximum of 30. Many of them were open about being smarter than the people who enforce the laws as well as the personnel who conducted groups for them. They expressed attitudes that the system was unfair and singled them out despite the "fact" that "everybody" does it. The program's format forced them to concede that they did in fact, break the law and that they tried to conceal it through the utilization of fake IDs—and got caught. Furthermore, it forced an examination of why the laws establish a drinking age and why fake IDs are a problem. The program attempted to impress upon them that what they did was criminal and could have several long-term negative consequences in areas of career and education. This realization, we believe, seemed to cause a more genuine look at themselves and resulted in what amounts to a 7.4% drop in their overall self-esteem. In sum, perhaps a more appropriate way to begin viewing the concept of self-esteem is that both extremes—high and low—are undesirable. What should be sought are realistic and reasonable levels of self-esteem.

The change in hopelessness from pre- to posttest was also desirable and probably understandable. While clients entered the program with cocky attitudes and expressed lack of concern about their charges—because "everybody does it"—one finding stands out in stark contrast to these minimizations. That is, 94.6% of all participants completed the program successfully. If the criminal charges were unimportant and

trivial, as many of the clients expressed, why would so many of them actually complete the program within the rigid constraints imposed on them? It would therefore seem that all of the participants, on one level or another, realized that completing the program was important. All of them knew that if they failed to complete the program they would be sent back to the court system for more severe consequences. The change in the hopelessness scores from the pretest to posttest indicates that clients had *less* negative expectations of their future. We suggest that the completion of the program—with the subsequent expunging of their criminal record for the arrest—resulted in feelings of hope and perceptions of more control of the future.

In summary, the initial implementation of this simple cognitive-behavioral program specifically designed to address a small but meaningful population—underage drinkers with charges for criminal impersonation—appears to be highly successful. The almost 95% completion rate is higher than we imagined and the test score changes over the course of treatment seem to indicate that some beneficial change occurred in participants.

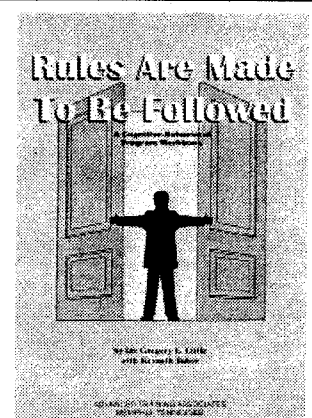
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- Petchers, M., & Singer, M. (1987) Perceived benefit of drinking scale: Approach to screening for adolescent alcohol use. *Journal of Pediatrics*, 110, 977-981.

Announcing a New Program for Probation Treatment Professionals

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Rules Are Made to be Followed is a four-session cognitive-behavioral program targeting this difficult-to-supervise client. The program is designed to be employed in ongoing groups and directly focuses on the special issues of underage drinking and the use of false identification. Court systems are exasperated with this problem and those who supervise such clients have few resources to employ. This is a simple but important addition to your treatment toolbox.



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CBTR Literature Reviews

A Comparison of Stalkers and Domestic Violence Batters by Therese M. Sfiligoj. (2003) *Journal of Psychological Practice*, 8, 20-45.

This article surveyed research on stalkers and batterers and made comparisons. Little attention has traditionally been given to stalking, but recent laws have increased interest in the behavior. Stalking is generally defined as the "willful, malicious and repeated following and harrasing of another person."

Stalkers are typically classed into four types. The type which comprises the bulk of all stalkers is termed "simple obsessional" or "former intimate." About 70% of stalkers fit into this category. The other types of stalkers are love obsessional, erotomaniac, and false victimization syndrome.

The first type (simple obsessional/former intimate) displays many characteristics that are found in domestic violence batterers. In fact, research indicates that, in many cases, this type was a domestic abuser prior to the termination of the relationship. The author cites underlying power and control issues as a key to understanding this type. They are cited as the most dangerous type of stalker and are characterized by jealous, insecure, and paranoid behaviors. The author states the presence of a diagnosis in such individuals bluntly—"all have personality disorders."

Love obsession stalkers are typically casual acquaintances or completely unknown by the person they stalk. An elaborate fantasy is internally built by the stalker,

which always involves an imagined close relationship with the victim. This especially occurs as stalkers become obsessed with high profile individuals. Approximately 20% of all stalkers fit this category and the author states that the vast majority have a diagnosed mental disorder—schizophrenia, bipolar disorder, or paranoia.

The erotomania type comprises less than 10% of stalkers. They are described as delusional and as having mental disorders. They tend to attract a lot of attention because they stalk celebrities. While they are seldom violent, their unpredictability is considered to be a threat.

The final category, false victimization syndrome, is rare—less than 2%. Most are diagnosed as histrionic personality disorder. The stalker comes to believe that he or she is being stalked by another person. This belief then rationalizes stalking the other person.

The author concludes that "stalking is part of the constellation of behaviors associated with domestic violence" and that nearly all stalkers and batterers have personality disorders.

Assessment Instruments Used by Addictions Counselors by G. A. Juhnke, N. A. Vacc, R. C. Curtis, K. M. Cole, & D. M. Paredes. (2003) *Journal of Addictions & Offender Counseling*, 23, 66-72.

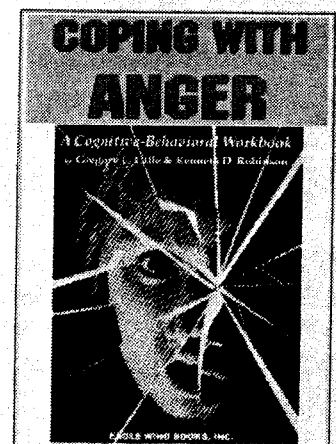
A total of 348 Master Addictions Counselors (MAC) completed a survey on which assessment instruments they

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CBTR Literature Reviews

used and which of these they considered to be most important. The Substance Abuse Subtle Screening Inventory (SASSI) was the most utilized instrument (59%) and also the most important (42%). The Beck Depression Inventory (BDI) was tied with the MMPI-2 as the second most important instrument (19%) but the BDI was ranked as the third most used instrument (30%). Interestingly, the Michigan Alcoholism Screening Test (MAST) was the second most employed instrument (35%) but the lowest ranked in importance (18%).

Substance Abuse Counselors and Ethical Dilemmas: The Influence of Recovery and Education Level by P. J. Toriello, & J. J. Benshoff. (2003) *Journal of Addictions & Offender Counseling*, 23, 83-98.

This study attempted to determine substance abuse counselors' "sensitivity" to ethical dilemmas and the degree to which counselors think that additional training could help them with dilemmas. A random sample of 360 individuals certified or working toward certification was drawn from the IAODAPCA list of 5,807 people. The Substance Abuse Counseling Decision Making Survey (SACDMS) was mailed to each sample subject with a cover letter. A total of 227 individuals responded with 66% of them female. More than half (57%) had a master's degree or higher and 23% had a bachelor's degree. Two-thirds of the sample respondents (67%) did not consider themselves to be "recovering."

Subsequent analyses indicated that there was a significant effect in responses based on education level. The authors concluded that the counselors who had an associate's degree or high school diploma were more sensitive to ethical dilemmas than those with graduate degrees. There were no differences between those who identified themselves as recovering and those who did not. The authors suggested that an ethical dilemma training package be developed and utilized in counselor education.

Comorbidity and Risk Behaviors Among Drug Users Not in Treatment by M. E. Johnson, C. Brems, R. S. Wells, S. A. Theno, & D. A. Fisher. (2003) *Journal of Addictions & Offender Counseling*, 23, 108-118.

Two samples totalling 700 drug users were obtained from an AIDS outreach program and a needle exchange program in Anchorage. The Risk Behavior Assessment and the Brief Symptom Inventory were administered to the participants. Results showed that 64% had coexisting substance use and other psychiatric disorders.

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

2003 MRT® and Domestic Violence Trainings

August 25-29, 2003; MRT in Memphis, Tennessee

August 25-28, 2003; MRT in Boise, ID

September 9-12, 2003; MRT in Gunnison, CO

September 16-19, 2003; Domestic Violence in Atlanta, GA

September 22-26, 2003; MRT in Memphis, Tennessee

September 23-26, 2003; MRT in Kamloops, BC, Canada

October 20-24, 2003; MRT in Memphis, Tennessee

October 21-24, 2003; MRT in Southfield, MI

November 17-21, 2003; MRT in Memphis, Tennessee

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