COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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Cognitive Behavioral Treatment Review
& Moral Reconation Therapy (MRT®) News

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

Treating Juvenile Offenders and At-Risk Youth With MRT®: Comprehensive Review of Outcome Literature

By Gregory L. Little

Summary—Twenty published reports on the use of MRT with juvenile populations are reviewed. MRT has been implemented in juvenile boot camps, in educational "at-risk" student programs, in juvenile drug courts, at residential juvenile facilities, and within various other programs. Results on school-based implementations show increased retention rates in at-risk populations leading to substantial cost-savings; Juvenile drug courts consistently report high completion rates and lower recidivism in MRT participants, and; Boot camps and probation sites have reported lower recidivism or lessened crime severity in participants. All but one of the studies on outcomes with juveniles housed in residential facilities report significantly lower recidivism and beneficial changes in personality variables. The sole study that reported nonsignificant results revealed that the MRT-treated juveniles showed substantially lower recidivism than the nontreated controls at the 0.06 one-tailed probability level.

While Moral Reconation Therapy (MRT®) was developed in 1986, the first use of MRT with juveniles occurred in 1989 in a large implementation in Puerto Rico's now-defunct Volunteers in Service of Puerto Rico Program (VISPU). The program was a multisite, residential job preparation program that stressed vocational training and education in adolescents and young adults who volunteered for their training program. The federally funded program had experienced a large dropout rate, which was unaffected by traditional counseling and other support methods. Over the course of several months, staff from the various facilities of VISPU were trained in a Spanish-adapted version of MRT and the approach was rapidly implemented in all program sites. While the program disbanded a few years later after federal funding ceased, a significant decline in dropout rate occurred immediately after MRT implementation and was sustained until the program ended (Little, Robinson, & Burnette, 1992). Clark (1990) also cited preliminary research showing the improved retention in the VISPU Program. Since the Puerto Rico implementation of MRT, MRT programming has been implemented for youthful offenders in boot camps, juvenile drug courts, residential juvenile facilities, and schools. This article reviews published results from these implementations.

MRT in Juvenile Boot Camps & Probation

MRT was first utilized in juvenile boot camps in the early 1990s, but with the gradual demise of the boot camp movement, little outcome data has been published. For example, the Second Chance juvenile boot camp in Washington State began using MRT in 1995 (Rinaldo, 1995). The program name was subsequently changed

—continued on next page—

to Camp Outlook and continues to utilize MRT in its 120-day program (Kubie, 1999).

Two related studies conducted by the Bureau of Educational Research at the University of Memphis (Petry, Bowman, Douzenis, Kenney, & Bolding, 1992; Petry, & Kenney, 1995) investigated the effectiveness of MRT on treating 218 delinquent males participating in a boot camp. Rearrest rates (37%) were quoted as being unexpectedly low following treatment, however, comparable data was not supplied to the university evaluators performing the study by the overseeing juvenile authorities. One significant finding from the study showed that in those treated juveniles who did reoffend following treatment, the severity of their crime was lessened.

MRT in Juvenile Drug Courts

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

Idaho also utilizes MRT in five of its seven drug court districts (including several juvenile courts). A 2004 report stated, "Our MRT has proven to be so popular that four probationers not in drug court came in and asked to be allowed to participate in MRT groups" (Idaho Supreme Court, 2004).

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

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

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

MRT in Juvenile Offender Residential Programs

MRT has been implemented in numerous facilities housing juvenile offenders. A State of Tennessee Department of Children's Services facility began utilizing MRT in 1999 in a therapeutic community program. An outcome report on 56 male participants compared pre- and posttest results on a host of personality variables and objective test measures. Male participants (averaging 16 years of age) showed significant and desired shifts from pre- to posttest in locus of control, life purpose, enhanced support from family, friends, and a significant other, and less overall problem areas (Burnette, Swan, Robinson, Woods-Robinson, & Little, 2003). A later evaluation of the program (and 29 more participants) showed that the program had a 70% completion rate as well as maintained all the desired personality variable changes (Burnette, Swan, Robinson, Wood-Robinson, & Little, 2004). In addition, pre- to posttest results showed a significant decline in measures of antisocial attitudes.

Two of the most interesting outcome reports on treating juvenile offenders with MRT show vastly different ideology and conclusions by researchers. Armstrong (2003) purported to perform a fully randomized experiment on the effects of MRT with "juveniles" at the Montgomery County Detention Center (Maryland) and the brief abstract of the study has been posted on the internet since 2000 (Armstrong, 2000). The abstract cited one outcome result from the study and made recommendations without acknowledging any limitations or problems in the study. The "juveniles" mean age was 20.21 years. A 40-bed treatment program within the institution utilized MRT. A total of 256 residents were "randomly assigned" to the MRT-treated (n=129) or a nontreated (n=127) control group. Rearrest data was collected in mid-1999 with treatment occurring sometime between 1997-1998. Total recidivism for the supposed MRT-treated group (64.54%) was virtually identical to the control group (64.71%). The author concluded, "This work finds the MRT program lacks portability. While it is important to note that this is but one trial of the MRT program, it is also important

to note that this trial casts doubt on the wisdom of this program's widespread implementation." Armstrong added that only two studies had ever been published on MRT.

While the internet abstract of the study failed to acknowledge a host of problems with the "randomization" and that substantial differences were found between the treated and control groups prior to the study, the 2003 published report is more revealing. In brief, 19 of the study's "randomly assigned" MRT-treated subjects *never entered treatment* and *25 of his control subjects were treated with MRT*! In addition, the "randomly assigned" treated and nontreated groups significantly differed in racial composition. Thus, the assertion that randomization was accomplished is statistically improbable. The treated group was comprised of 67% African Americans and 22% Whites while the control group had 41% Whites and 48% African Americans. Despite these major flaws, the author asserted that the "randomized" treated and control groups could be fairly compared and did not differ in recidivism rate. In the published study, one additional analysis was reported. That analysis controlled for those who actually received substantial MRT treatment and those who did not, but the treated and control groups still showed pretreatment differences in racial composition. Despite this limitation, the treated group's recidivism (56.9%) was found to be lower than the control group's recidivism (64.1%), but the report simply stated the results were not significant. A one-tailed test of the two group's recidivism difference yields a probability of 0.06.

In contrast to the previous study, Deschamps (1998) began her study on MRT with open skepticism: "It was hypothesized that MRT would have little effect on recidivism because it does not adequately address the social control bonds..." (p. iii). As a master's thesis at the University of Windsor in Canada, Deschamps compared recidivism of 134 juvenile offenders treated with MRT at the Windsor New Beginnings Program to 134 randomly selected controls who served time at a similar non-MRT facility (Wycliffe Booth House) during the same time period. The author expressed surprise when the MRT-treated group showed significantly lower rearrests than the nontreated controls (46% and 57%, respectively). A host of other analyses were done to indicate whether the differences in recidivism were due to MRT or other factors. All of these analyses indicated that the differences were, indeed, due to MRT treatment. The author concluded that MRT did produce significantly lower recidivism despite her initial skepticism.

MRT With At-Risk Students in Educational Programs

MRT has been implemented in several educational programs including in high schools, colleges, and even in welfare-to-work programs. Data on a few of these implementations has only recently been published but many programs have publicized their adaptation of MRT. For example, an adolescent program in Tulsa, OK (Willard Home) reported on their success with runaway juveniles by utilizing MRT (Winslow, 1995).

Lasater & Robinson (2001) reported on data collected from an implementation of MRT on high school students in Montana who were facing suspension. During the first two years of the program, 83 students entered the MRT program and 60.2% of them completed the program requirements, thus avoiding suspension. School officials partly credited the program with reducing the school's dropout rate from 10% to 3%. The report cited a substantial cost-effectiveness on using MRT on at-risk students.

Lasater (2003) also reported on the use of MRT in the Durango, CO High School "at-risk" youth program. The program served 85 students during 2002 and managed a retention rate of 82.4% of these students, all of whom were expected to dropout or be expelled. The school estimated its revenue savings at $55,000 from the student retention.

The same form of MRT implementation was made in a high school in rural Louisiana. Swann (2002) utilized MRT on 19 behaviorally disruptive students who had produced 151 disciplinary referrals before participation in the program. During participation in the specialized MRT program, disciplinary referrals fell by 46% from participants. In addition, suspensions fell by 67% during the same time period.

Discussion

In comparison to the numerous adult implementations of MRT, juvenile program implementations are relatively few. Nearly 85 studies have been published on adult offenders treated with MRT. By contrast, this report cites less than a dozen outcome reports on juveniles. Only one of these studies however, concluded that MRT did not produce significant results. That study did find that MRT-treated juveniles showed lower recidivism after treatment, although the one-tailed difference was at the 0.06 probability level.

In summary, MRT appears to produce beneficial changes in juveniles participating in MRT in a wide range of venues and utilizing various outcome measures. Schools interested in retaining at-risk students have consistently reported that the approach leads to both higher retention and substantial cost savings. One report cites a substantial reduction in student disciplinary infractions after employing MRT. The implementation of MRT in schools is an ongoing process and has been accomplished with combining MRT with Social Responsibility Training. More implementations of MRT in schools are currently being made.

Juvenile drug courts appear to have been the sites of the most numerous MRT implementations with juvenile offenders. All of the outcome studies on juvenile drug court implementations have reported significant differences between MRT-treated participants and controls or found that recidivism and referrals were substantially lower following MRT implementation. However, relatively few outcome studies on juvenile drug courts have appeared.

MRT has also been employed in few juvenile boot camps. In those few locations that have published outcomes, all showed positive, beneficial effects.

Finally, MRT remains in use at a host of juvenile facilities as well as in various juvenile probation sites. All of the outcome studies on these populations showed that the MRT-treated participants showed lower recidivism than controls and only

one report cited that the difference was not significant. In addition, several studies measuring pre- to posttest results on personality variables have indicated a host of beneficial personality changes.

MRT is perhaps the most widely implemented cognitive behavioral treatment approach on adult offenders and is rapidly gaining acceptance into the more difficult juvenile offender treatment field. Presently, approximately 100 outcome studies have been published on MRT implementations. Virtually all of these have shown that MRT leads to significantly lower recidivism as well as various other benefits.

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"Anchorage Wellness Court" Issues Outcome Report: Native Alaskans Successfully Treated

In April 2003, the Anchorage, Alaska Wellness Court issued a summary of findings and outcomes from the court's operation during 2001-2002. The report, titled "Anchorage Wellness Court: 2001-2002 Summary of Facts," was authored by Tessa De Long a graduate student at the University of Alaska Anchorage.

The Wellness Court was established in 1999 as an alternative for misdemeanor defendants who were charged with alcohol-related offenses and/or other misdemeanants who admitted to alcoholism. The program is voluntary, but screens out potentially violent misdemeanants.

The program is multimodal and rests upon a framework of frequent monitoring by the court and a monitored behavioral contract. Treatment elements consist of alcohol and drug counseling, Naltrexone medication for 120 days, 12-step meetings, drug/alcohol usage testing, and participation in Moral Reconation Therapy (MRT®).

Two-thirds of the 79 program participants in 2001 and 2002 were male with the mean age 42 years. Nearly 90% of participants were Alaska Natives or Caucasian. Regarding the efficacy of the program to Native Alaskans, the report stated, "The Wellness Court was not developed to be culturally relevant to any particular ethnicity. Some individuals may suggest that because of that, it may not work as effectively for individuals of a particular cultural background e.g. Native Alaskan heritage. Initial findings from this report refute such an assumption that Alaskan Natives might not succeed." In fact, the report concluded, "that Native Alaskans have succeeded at a higher rate than other ethnic groups in the Wellness Court program."

The study collected the rearrest rates of the 2001 and 2002 participants ($n = 34$ and $n = 45$, respectively) and formed a comparison group ($n = 30$) of misdemeanants who did not participate in the program. The rearrest rates of the 2001 and 2002 participants (35% and 20%, respectively) were substantially lower than the comparison group (63%).

What is MRT®?

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

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•
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for information about upcoming trainings.

MRT Research Briefs

New Jersey's Comprehensive Correctional Education Program Utilizes MRT

The April 2004 issue of *Corrections Today* contains a feature article, "Investing in Education—Changing Futures," written by Carrie Johnson, Assistant Commissioner of the New Jersey Department of Corrections Division of Programs and Community Services. The article describes New Jersey's commitment to correctional education in all 14 of its correctional facilities. The program identifies each offender's specific needs and preferences and designs a plan for each inmate. The program includes a variety of educational and vocational alternatives, but within each institution's educational department, MRT is employed with participants. The article describes MRT as "a well-researched and well-documented systematic, step-by-step cognitive-behavioral treatment approach specifically designed and developed for treatment of offenders to insulate them from criminal behavior." The overall goal of the comprehensive New Jersey educational program is to reduce recidivism by having offenders move toward positive, meaningful lives.

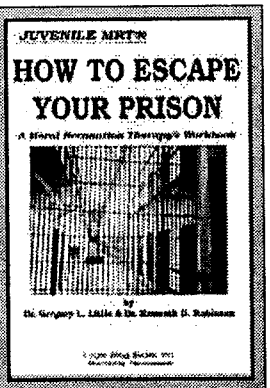
Freedom Ranch Program Evaluation Report (1999-2003), Charles E. "Bill" Johnson Correctional Center, Alva, Oklahoma by Mohsen Pourett, Criminal Justice Department, Oklahoma City University.

Between 1999 and 2003 Freedom Ranch, Inc./ Cognitive Behavioral Treatment Institute provided substance abuse programming to 926 male inmates (median age 27 years) incarcerated at the C. E. Bill Johnson Correctional Center in Alva, OK. (The program continues to this day.) The program relies upon MRT as its primary treatment component.

The program completion rate during the years covered by the evaluation was 82 percent. The program utilized a host of objective tests in a pre- and posttest design. Participants showed significant and desired increases in Life Purpose and Self-Esteem test scores; Significant and desirable declines in Pride in Delinquency and the Criminal Sentiments Scale.

A total of 638 program participants who were released into the community (for one to four years) were assessed for recidivism: defined as a new crime followed by reincarceration. Overall, 11.6% of the released program participants had been reincarcerated within three years of release compared to the Oklahoma Department of Corrections three-year rate of 26%. A survival analysis compared program participants (year by year) to the Oklahoma DOC survival rate for each year. The program participant's survival rate for each of the four years was consistently better than the DOC; the specific differences for years one to four were, respectively, 6%, 11.6%, 11.7%, and 11.4%.

Juvenile MRT® Workbooks



A 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. Order on page 19 or call CCI at 901-360-1564.

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The Punishment Myth

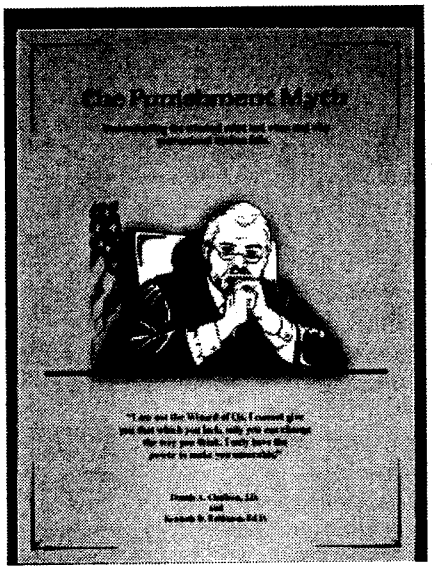
Understanding the criminal mind and when and why conventional wisdom fails.

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

Have you wondered why some criminals never seem to learn?

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

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



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MRT Program Focus

Better People of Portland, Oregon was established in 1998 by Chip Shields, MSW (ph: 503-281-2663). The major goal was "To dramatically reduce recidivism" by treating community-based offenders with MRT and establishing a "living-wage job placement and job-retention service. The program has substantial community support. This article comes from their 2002-2003 Annual Report.

Better People – 2002-03 Annual Report

Five Years of Accomplishments

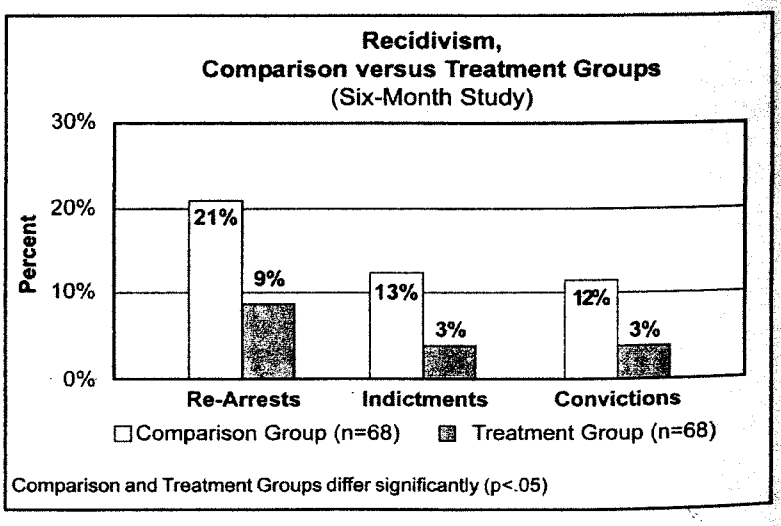
Better Job Retention: Perhaps the most significant accomplishment in Better People's first five years is that we have come close to reaching one of our chief goals: 70 percent job retention. Since 1998, sixty-two percent of our job placements were still employed one year after placement.

We know of no other offender-specific program that tracks placements for 365 days. Other nationally recognized programs typically achieve a 180-day (six-month) job-retention rate of between 50 to 55 percent. Better People's 180-day job retention rate is 77 percent since we opened in 1998.[1]

Better Wages: In addition to higher-than average retention rates, wages for Better People clients are higher, as well. Since 1998, Better People's average wage for job placements is $8.60/hr. Other former offender programs around the country reported average wages of $6.30 to $7.25 per hour.[2]

Better Recidivism: Another highlight occurred with the release of a study showing that former offenders who attend Better People's cognitive behavioral therapy program (Moral Reconation Therapy) are less likely to reoffend than those who attended an orientation but chose not to participate.

According to the findings, compiled by Clariner M. Boston, MS, MPA, with technical assistance from Annette Jolin, Ph.D., 21 percent of those who attended a Better People orientation but did not take part in Better People's Moral Reconation Therapy were re-arrested over a six-month period compared to just nine percent of those former offenders who attended at least one Better People MRT group session. (The full report can be viewed on-line at www.betterpeople.org.)

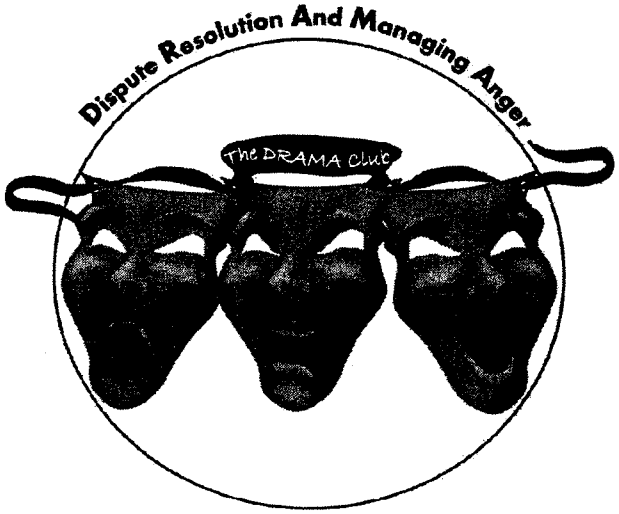


This chart shows evidence of Better People's success in meeting our number one goal – reducing recidivism rates in Multnomah County. Treatment Group refers to clients who attended at least one Better People MRT group session. The full report can be viewed at www.betterpeople.org.

[1] In *From Prison to Home: The Dimensions of and Consequences of Prisoner Reentry*, Travis et al. (2001, p. 33) note that The Center for Employment Opportunities in New York has a 50% job retention rate at six months. An offender employment agency that Better People Executive Director Chip Shields worked for previously has consistently had job retention of around 55% although that rate has increased to 80% for welfare clients who receive intensive job-retention help.

[2] See Buck (2000) *Getting Back to Work: Employment Programs for Ex-Offenders*, p. 28.—a Public/Private Ventures report.

The DRAMA Club



Rewriting Your Emotional & Behavioral Script
To Aviod Tragedy And Live Happily Ever After

A Cognitive-Behavioral Approach to Anger Management and Conflict Resolution

Anger is best managed with DRAMA.

How can teenagers and young adults learn to control their anger and solve their problems in socially acceptable ways? With DRAMA.

The DRAMA (Dispute Resolution And Managing Anger) Club is a short-term group counseling program that combines cognitive restructuring and behavioral skills for powerful results: teens and young adults gain insights and change behavior, and build a foundation for a lifetime of better communication skills and problem solving.

This research-based program:

- Is user friendly and facilitator friendly
- Designed with the APD/conduct disordered client in mind
- Can be used as either an open-ended (reduces client resistance) or closed-ended group
- Is highly structured (with easy to follow work book)
- Designed to accommodate all learning styles
- Mixes individual and group exercises, role-playing and self-examination to keep interest level high
- Is based on a world clients already know and enjoy — movies and theatre — to help them learn how to become "good actors" for life

What your clients will learn

- Lights, Camera...Anger! (what makes them angry)
- Brawl, Withdraw, Stand Tall (anger responses)
- Pay Day (costs and payoffs of their anger)
- Chillin', Willin', Spillin' & Fillin' (effective communication skills)
- Releasing the Hostage (win-win negotiation skills)

Two-day facilitator certification training is available, as well as ongoing consultation with the program developers. Want to add a powerful new treatment tool to your program? Add DRAMA. To find out more, or to request a free sample from the DRAMA Club workbook, visit www.SecondThoughtAlternatives.com or call Tony Myers at 410-789-7577, or Phil Wikes at 410-746-0134.

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

How MRT® Is Implemented:

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

— MRT® Trainers —

CCI staff conduct each training session. Trainers may include Dr. Ken Robinson (a co-developer of MRT®), Kathy Burnette, M.S. (CCI's Vice President of Clinical & Field Services), E. Stephen Swan, M.Ed. (CCI's Vice President of Administrative Services), 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.

CCI's DOMESTIC VIOLENCE PROGRAM:

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

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

MRT® OR DOMESTIC VIOLENCE TRAINING REGISTRATION FORM

Please register the following persons for MRT or Domestic Violence Training:

	COST
NAME 1_____	$600
NAME 2_____	$500
NAME 3_____	$500
NAME 4_____	$500

CREDIT CARD ORDERS CALL (901) 360-1564

AGENCY_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE #_____

TRAINING DATES SELECTED:_____ TOTAL:_____

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

Payment Enclosed (please check one): __Check __Money Order __Purchase Order (attached)

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

Upcoming Trainings In MRT® & Domestic Violence

Monday June 7, 2004 to Friday June 11 - MRT in Memphis, TN
Monday June 21, 2004 to Thursday June 24 - MRT in Twin Falls, ID
Monday June 28 to Thursday July 1- MRT in Albuquerque, NM
Tuesday July 6, 2004 to Friday July 9 - MRT in Pine Bluff, AR
Monday July 12, 2004 to Friday July 16 - MRT in Memphis, TN
Tuesday July 27 to Friday July 30 - MRT in Lima, OH
Tuesday August 3 to Friday August 6 - MRT in Daytona, FL
Monday August 30, 2004 to Friday Sept. 3 - MRT in Memphis, TN
Tuesday September 7 to Friday Sept. 10 - MRT in Alexandria, LA
Wednesday September 15 to Saturday Sept. 18 - MRT in Yakima, WA
Monday November 15, 2004 to Friday Nov. 19 - MRT in Memphis, TN

DOMESTIC VIOLENCE TRAININGS:
Monday Oct. 4, 2004 to Friday Oct. 8, 2004 - Domestic Violence in Memphis, TN

MRT® ADVANCED TRAININGS:
Monday September 13 to Tuesday Sept. 14 - Adv. MRT in Yakima, WA
Note: A new, one-day refresher course on MRT is now available.
See page 4 (this issue) for more information.

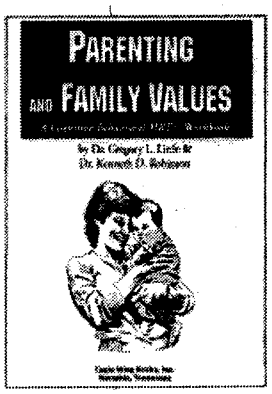
Note: Additional trainings will be scheduled in various locations in the US. See our website at www.ccimrt.com or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

PARENTING AND FAMILY VALUES

A Cognitive-Behavioral MRT® Workbook

A 12 group session workbook aimed at assisting parents and caregivers to 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
- ✱ Parenting Young Children
- ✱ 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 $15.00 per copy.

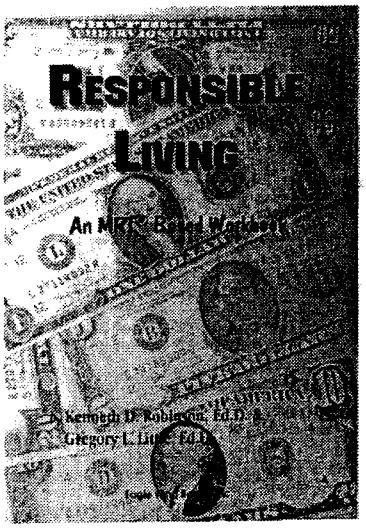
RESPONSIBLE LIVING:

An MRT® Based Workbook

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

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

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



$10.00, 26 pp., 8 modules.

Order online at www.ccimrt.com or use form on p. 19.

REPORT HIGHLIGHTS

Residential Substance Abuse Treatment for State Prisoners (RSAT): Implementation Lessons Learned

by Lana D. Harrison and Steven S. Martin. U.S. Department of Justice, Office of Justice Programs, *National Institute of Justice* (April 2003), NCJ 195738.

Part 2 of 2

RSAT Program Difficulties

The most severe problems reported by State officials involved locating or constructing appropriate facilities, recruiting trained treatment staff, and contracting with treatment providers under lengthy or complex bidding and proposal processes. More than half (53 percent) reported moderate or severe delays related to difficulties in locating facilities for the residential treatment program, and 37 percent reported delays resulting from the need to construct or physically alter existing structures. About one-fourth of States (28 percent) reported encountering difficulties as a result of State regulations, and one-fifth (21 percent) reported delays due to State bidding or competitive processes. Nearly two-thirds (62 percent) of the States reported difficulties in obtaining training for treatment staff.

Lack of Aftercare

The National Evaluation's report expressed concern over the lack of aftercare, particularly because the RSAT Request for Proposal (RFP) for States emphasized that in-prison programs with aftercare services should be given preference. Aftercare was not funded, however, and RSAT funds could be used only for the residential treatment component. The National Evaluation found that work release (23 percent) or halfway houses (20 percent) were incorporated as aftercare programs in less than half of the RSAT programs. A few others had parole-supervised treatment as part of aftercare, but these numbers were not reported in the National Evaluation. The National Evaluation determined that 86 percent of RSAT in-prison treatment programs have either specified how graduates may continue treatment in the community or indicated their intention to do so. Continuity of care is an important element in treatment for offenders and is strongly linked to reductions in recidivism and drug use.

The National Evaluation also pointed out that treatment programs should be in place in jails, not just prisons. About one in five jails reported a drug treatment program supported by paid staff.

In addition to the National Evaluation, 55 individual program evaluations were conducted. NIJ funded these State and local jurisdiction evaluations, which focused primarily on implementation of the RSAT programs. These program evaluations provide more specific and detailed program data. Brief summaries of the findings of the first 12 completed RSAT program evaluations are presented at the end of this report. The 12 program evaluations summarized here were awarded between March 5, 1997, and September 30, 1998, causing the startup dates to be spread over 18 months.

Treatment Modalities

All 12 of the RSAT programs whose evaluations have been completed established treatment programs that used a multi-modal treatment approach. Only one of these programs (the juvenile program in Michigan) did not indicate that it was a therapeutic community or that it incorporated major elements of therapeutic communities. Yet several that identified themselves as therapeutic communities or modified therapeutic communities contained too few elements typically found in such programs (e.g., the in-prison RSAT programs in New Mexico, South Carolina, and Wisconsin; the jail program in Harris County, Texas; and the six Virginia jail programs); these may, however, evolve into mature programs. The programs in Delaware and Missouri are mature therapeutic communities, and the women's program in Washington State adapted a commendable therapeutic-community model responsive to women's issues. The RSAT programs in Wisconsin, New Mexico, and the six Virginia jails were not isolated from the remainder of the general incarcerated population, as the RSAT formula grant requires. All 12 programs included cognitive-behavioral elements and AA/NA meetings or 12-step philosophies. Few programs, even those that were fully staffed, delivered all the services they had planned (e.g., fewer group counseling sessions were held than planned and few individual counseling sessions were held in any RSAT treatment program). Many programs experienced significant staff turnover, and programs were often initiated with inexperienced staff. Established programs that used RSAT funds to expand operations and those that received higher-level administrative support and cooperation were the most successful at maintaining stable programs.

Available Evaluations

Copies of the reports summarized below are available for a fee from the National Criminal Justice Reference Service by calling 800–851–3420. The individual site reports also are posted online at http://www.ojp.usdoj.gov/nij/rsat.

Delaware—Factors Affecting Client Motivation in Therapeutic Community Treatment for Offenders in Delaware (NCJ 182358).

Programs operated in seven facilities, and each program was isolated from the rest of the facility. Staffing was reasonably stable, programs were licensed, staff met State certification requirements, and the programs were highly functional.

Michigan—Process Evaluation of an RSAT Program for State Prisoners: The W.J. Maxey Boys Training School (NCJ 182358).

An expansion of substance abuse treatment services at Michigan's most secure facility for adjudicated male delinquents. Despite the program's thorough advance planning and smooth implementation, fewer services than intended were delivered, and inmates were taking longer than expected to complete the program.

Process Evaluation of the Michigan Department of Corrections' RSAT Program (NCJ 181650).

A treatment program for males in a minimum-security prison based on the cognitive-behavioral approach, which included a 6-month in-prison component followed by mandatory 12-month aftercare. Some parts of the program, such as individual counseling sessions and AA/NA meetings, were not implemented during the evaluation. Other difficulties included communication problems with the aftercare provider (who was subsequently terminated), staffing delays, and a shortage of bed space.

Missouri—Report of a Process Evaluation of the Ozark Correctional Center Drug Treatment Program: Final Report (NCJ 181648).

Expansion of a well-established adult male in-prison therapeutic community started in 1993 with CSAT funds that has scored well on the national instrument for evaluating therapeutic communities. The report provides a process evaluation of three changes in the institution since the RSAT phase began: a change in the treatment provider, institution of a work-release component, and an abortive attempt to institute a no-smoking policy. These changes hurt the program in the short run, but it seemed to recover well.

Texas—An Evaluation of the "New Choices" Substance Abuse Program in the Harris County Jail, Houston, TX (NCJ 182364).

A modified therapeutic community (with 12-step elements) in the Nation's fourth-largest jail. The program suffered from startup difficulties (changes to the physical structure and delays in hiring) but there has been progress in resolving them. No aftercare program is in place, but new discharge procedures have been developed and contractual agreements are being made for aftercare client placement.

Virginia—A Qualitative Examination of the Implementation Process at Barrett Juvenile Correctional Center (NCJ 178737).

An expansion of an existing therapeutic community program in Virginia for male juveniles originally started with CSAT support. The program has gotten off to a good start and appears to have avoided many of the startup issues experienced elsewhere.

Residential Substance Abuse Treatment (RSAT) in Jail: Comparison of Six Sites in Virginia (NCJ 182858).

Virginia also used RSAT funds to establish six jail-based treatment programs in the eastern and central parts of the State. Although some of the programs claimed to be therapeutic communities, none could be characterized even as a modified therapeutic community.

New Mexico—Process Evaluation of the Genesis Program at the Southern New Mexico Correctional Facility (NCJ 179986).

A modified therapeutic community for male inmates in the minimum-security wing of a medium-security prison. The program suffered from startup difficulties and was not completely staffed until the end of the evaluation period. Because of overcrowding, inmates not in treatment were housed with RSAT clients.

Pennsylvania—A Collaborative Evaluation of Pennsylvania's Program for Drug-Involved Parole Violators (NCJ 180165).

Two in-prison modified therapeutic communities (one at a maximum-security prison and one at a medium-security prison) for technical parole violators returned to prison. The program consisted of 6 months in an in-prison program followed by 6 months in a halfway house with specialized treatment programming. Problems with program implementation and aftercare, especially in the maximum-security prison, were detriments to success.

South Carolina—Evaluation of South Carolina RSAT for State Prisoners (NCJ 181050).

A modified therapeutic community in a medium-security prison targeting male offenders sentenced under the Youth Offender Act that incorporates elements of cognitive-behavioral therapy and 12-step programs. The program experienced many startup difficulties but also made great strides. Although more attention to aftercare was needed, the coordination of release dates with program graduation was exemplary.

Washington—A Collaborative, Intermediate Evaluation of the Pine Lodge Pre-Release Therapeutic Community for Women Offenders in Washington State (NCJ 181406).

A 72-bed modified therapeutic community for women (with special attention given to women's issues) in a minimum-security institution. The problems documented in the evaluation report are characteristic of a startup program. The plan seems to be a sound one (although the aftercare component has not yet been put in place), and the therapeutic

model appeared to be well-developed and evolving over time in response to needs.

Wisconsin—Process Evaluation of the Wisconsin RSAT Program: The Mental Illness–Chemical Abuse (MICA) Program at Oshkosh Correctional Institution 1997/1998 (NCJ 174986).

A mixed-modality program in a medium-security prison. The evaluation found that the program had excellent administrative elements but had difficulty successfully treating dually diagnosed clients during a short 8-month program and in segregating RSAT clients from the general inmate population.

Note: CCI initiated and continues to operate three RSAT therapeutic communities in Tennessee prisons and an additional therapeutic community in a juvenile facility in Tennessee. Several evaluations on all of these programs have been published. CCI utilizes MRT as its cognitive programming component and all of the evaluations have been extremely positive. In addition, MRT was utilized as the required cognitive component by many other RSAT programs and most of these programs' evaluations rated them as exemplary. The state of Tennessee currently plans to fund the ongoing therapeutic communities. A new round of RSAT therapeutic community funds has been added to the preliminary 2006 federal budget. CCI can assist agencies that plan to apply for RSAT funds in various ways. CCI has extensive experience in therapeutic community establishment and operation as well as in how to install cognitive programming.

NOTE: CCI can assist RSAT programs through consultation, proposal preparation, training on therapeutic community establishment and elements of the TC, staff training, and how to mesh cognitive programming into the TC. Call (901) 360-1564 for information.

Cutting Edge Research Notes

In Chronic Drug Abuse, Acute Dopamine Surge May Erode Resolve To Abstain

by P. Zickler. *NIDA Notes*, 2004, 19 (1), 1; 6-7.

One the most powerful urges underlying drug abuse has a well-established biological nature. Alterations in neural levels of dopamine have long been associated with drug abuse and the pleasure derived from drug abuse has a grounding in certain dopamine receptors. In brief, drugs of abuse tend to precipitate a surge of dopamine in the nucleus accumbens. But it also has long been observed that chronic drug abusers can abstain from use for long periods—even years—and then have a sudden overpowering desire and craving to use again. These cravings tend to occur when the individuals encounter something or someone that is associated with their past drug-taking behavior. NIDA research has now shown that these encounters themselves precipitate a surge in dopamine, which, in turn, "pushes" the individual into drug-seeking and drug-using behavior.

NIDA-funded researchers at the University of North Carolina exposed male rats to cocaine by allowing them to voluntarily press a lever to receive doses of the drug. During this time, moment-by-moment levels of dopamine were measured in the nucleus accumbens using a microscopic probe. The probe is part of an evolving technology called "fast scan cyclic voltammetry." The largest peak in dopamine levels occurred approximately 2 seconds after the cocaine was delivered via the lever press. But what became most interesting was after the animals learned that pressing the lever delivered the drug, several peaks in dopamine occurred just *before* the lever press. The initial peak in dopamine was observed 8 seconds before the lever press and the second peak in dopamine began 5 seconds before the lever press.

"Just the anticipation of receiving cocaine appears to cause significant increases in dopamine levels, suggesting that dopamine plays a much more complex role in addiction than simply triggering a drug's pharmacological reward... Dopamine seems to alert the brain to the availability of cocaine and precipitate drug-seeking behavior."

The study also paired a light and auditory tone to the lever press and found that random delivery of these two cues (light and/or tone) caused a sudden surge in dopamine in the nucleus accumbens. "The dopamine activity we found in response to the cue may parallel what happens in humans who are addicted to drugs, who experience intense craving when they see drug paraphernalia or other environmental cues."

COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order go online at www.ccimrt.com or use the coupon on the following page.

The Punishment Myth—Understanding the criminal mind and when and why conventional wisdom fails. 8.5 x 11 softcover by Dennis A. Challeen, J. D. and Ken Robinson. $20.00.

Rules Are Made to be Followed—16 page, 4-session workbook designed to be used with underage drinkers and false ID users.$10.00.

Rules Are Made to be Followed Facilitator's Guide—2 page guide for starting and operating underage drinkers and false ID program.$5.00.

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

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

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

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

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

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

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

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

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

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

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.

You Can Get There From Here — 85-page softcover book by Father Bill Stelling telling how addictions can be changed. A priest tells how he overcame alcoholism; $8.95

A Guest House Journal — 181-page softcover book by Father Bill Stelling detailing his personal day-by-day journal during alcoholism recovery at Guest House. A stunningly honest portrayal of how a priest participated in inpatient alcoholism treatment; $14.95

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thinking For Good Facilitator's Guide — A simple, easy-to-follow facilitator's guide for implementing Thinking For Good; $5.00.

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

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

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

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

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.

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

CBT Materials Order Form

Item	Price Each	# Ordered	Subtotal
The Punishment Myth	$20.00		
Rules Are Made to be Followed (Workbook)	$10.00		
Facilitator's Guide for Rules workbook	$5.00		
Understanding & Treating APD	$10.00		
Effective Counseling Approaches text	$12.00		
Crisis Intervention text	$10.00		
Five-Minute Stress Manager (audio cassette)	$8.95		
Parenting and Family Values	$15.00		
Imaginary Future (audio cassette)	$8.95		
Imaginary Time Out (audio cassette)	$8.95		
Family Support (CBT workbook)	$9.00		
Job Readiness (CBT workbook)	$9.00		
Simply Spiritual Book + Workbook	$15.95		
Spiritual Reflections Book + Tape	$18.95		
You Can Get There From Here	$8.95		
A Guest House Journal	$14.95		
An Introduction To Spirituality book	$12.00		
The Joy Of Journaling	$11.95		
Psychopharmacology: Basics for Couns.	$24.95		
Coping With Anger (workbook)	$10.00		
Coping With Anger Facilitator Guide	$5.00		
Making Changes Sex Offender Workbook	$18.00		
Making Changes Facilitator Guide	$10.00		
Untangling Relationships Workbook	$10.00		
Staying Quit (workbook)	$10.00		
Staying Quit Facilitator Guide	$5.00		
Staying Quit Audiotape Set	$50.00		
Staying Quit Group Starter Kit	$140.00		
Responsible Living workbook	$10.00		
Thinking For Good workbook	$10.00		
Thinking For Good Facilitator Guide	$5.00		
Character Development	$20.00		
Character Development Facilitator's Guide	$20.00		
RAPPORT	$25/$85/$375		
Objective Tests & Measures - I	$105.00		
MRT ***Materials below can only be ordered by trained MRT facilitators***			
MRT Counselor's Handbook	$10.00		
MRT Poster (Freedom Ladder)	$10.00		
How To Escape Your Prison (cassette tapes)	$59.95		
How To Escape Your Prison	$25.00		
How To Escape Your Prison (In Spanish)	$25.00		
How To Escape Spanish (cassette tapes)	$59.95		
Juvenile MRT® - How To Escape Your Prison	$25.00		
Domestic Violence (Must take Dom. Vio.)	$25.00		
Domestic Violence ***Facilitator's Guide***	$10.00		
Filling The Inner Void	$25.00		
Discovering Life & Liberty...	$25.00		

You can now order online! See our web site at www.ccimrt.com for additional information.

Ordering Instructions

To order materials, clip or copy coupon and send with check, money order, or purchase order. All orders are shipped by UPS — no post office box delivery.There is a $5.00 shipping fee for all orders of a single item. If you order more than one item, you should call CCI at (901) 360-1564 for UPS shipping, insurance, and handling charges. Orders are typically shipped within 5 working days of receipt.

Materials below the line stating **"MRT Materials..." can only be ordered by persons or agencies with trained MRT® facilitators.** Call for details if you have any questions.

CREDIT CARD ORDERS:
(901) 360-1564

ORDER COUPON

Your Name and Shipping Address:

Name: _____

_____

Agency: _____

_____

Address: _____

_____

City/State/Zip: _____

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Phone: _____

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

_____ = TOTAL ORDER

_____ = (call for)Shipping

_____ = Grand Total

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

MRT® Or Domestic Violence For Your Program

Training and other consulting services can be arranged for your location.For information call Steve Swan : 901-360-1564.

Upcoming Trainings

Monday June 7, 2004 to Friday June 11 - MRT in Memphis, TN
Monday June 21, 2004 to Thursday June 24 - MRT in Twin Falls, ID
Monday June 28 to Thursday July 1- MRT in Albuquerque, NM
Tuesday July 6, 2004 to Friday July 9 - MRT in Pine Bluff, AR
Monday July 12, 2004 to Friday July 16 - MRT in Memphis, TN
Tuesday July 27 to Friday July 30 - MRT in Lima, OH
Tuesday August 3 to Friday August 6 - MRT in Daytona, FL
Monday August 30, 2004 to Friday Sept. 3 - MRT in Memphis, TN
Tuesday September 7 to Friday Sept. 10 - MRT in Alexandria, LA
Wednesday September 15 to Saturday Sept. 18 - MRT in Yakima, WA
Monday November 15, 2004 to Friday Nov. 19 - MRT in Memphis, TN

DOMESTIC VIOLENCE TRAININGS:

Monday Oct. 4, 2004 to Friday Oct. 8, 2004 - Domestic Violence in Memphis, TN

MRT® ADVANCED TRAININGS:

Monday September 13 to Tuesday Sept. 14 - Adv. MRT in Yakima, WA

COGNITIVE-BEHAVIORAL TREATMENT REVIEW
3155 Hickory Hill • Suite 104
Memphis, TN 38115

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