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
3155 Hickory Hill • Suite 104
Memphis, TN 38115
(901) 360-1564 • FAX (901) 365-6146
email CCIMRT@aol.com
WEB SITES: www.ccimrt.com
www.moral-reconation-therapy.com

Kenneth D. Robinson, Ed.D.
Executive Editor

E. Stephen Swan, M.Ed.
Editor

Katherine D. Burnette, M.S.
Associate Editor

Gregory L. Little, Ed.D.
Associate Editor

Kimberly J. Prachniak, M.S.
Associate Editor

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.

Review Of One- to Three-Year Recidivism Of Felony Offenders Treated With MRT® In Prison Settings

By Gregory L. Little, Ed.D.

Moral Reconation Therapy (MRT®) was one of the first (if not the first) cognitive-behavioral programs implemented with offenders housed in prison settings. While many components of the approach were utilized in a 1979 trial in a Federal prison, the first formal implementation of MRT was performed in a prison-based therapeutic community in 1985. In this implementation, MRT groups were easily established as one of the routine groups program participants attended, however, the MRT groups soon became a focal point of all the program activities. As the method and materials were gradually refined and researched, the first MRT publication was made in 1988 (Little & Robinson, 1988).

The initial results of MRT were drastic and immediately positive with increased minority participation in the program, a lower dropout rate, and more positive attitudes obvious in both staff and program participants. The ongoing drug therapeutic community program was quickly expanded and a new therapeutic community was established within the same prison for multiple DUI offenders serving felony sentences. Both programs were deemed highly successful by the administration and the new approach of MRT showed significantly lower recidivism in participants who had been released. This success led to the utilization of MRT in an aftercare component for all program participants after their release in the community. At the same time, the efficacy of the cognitive-behavioral approach was tried on a large group of "general population" inmates who participated in MRT during weekly group sessions. A series of outcome studies were subsequently published on the recidivism of MRT-treated felons drug offenders and multiple-DUI offenders. All of the MRT implementations showed significantly lower recidivism as well as beneficial change scores on a battery of personality tests utilized to assess client attitudes, beliefs, and characteristics. A comprehensive review of all the MRT outcome literature was published in 2002 (Little, 2002).

Since the initial 1988 MRT publication, MRT has been implemented in a wide variety of settings including in parole and probation, with juvenile offenders, in schools, halfway houses, drug treatment programs, jails, and venues

—continued on next page—

covering the entire range of corrections. A 2005 review of MRT publications reported that 116 studies had been published on MRT outcomes (Little, 2005). A meta-analysis (Little, 2005) of the recidivism of parolees and probationers treated with MRT found that nine-studies (N = 10,139) showed that MRT treatment led to a reduction of subsequent recidivism by .2257 (reducing expected recidivism by approximately 50 percent). A 2001 meta-analysis (Little, 2001) on seven studies (N = 21,255) showed that after one year of release, felons treated with MRT during their incarceration showed a reduction in recidivism by .226 (less than half the recidivism of nontreated controls).

Several evaluations have compared the recidivism results of MRT to other cognitive programs. In a meta-analysis comparison to recidivism outcomes of the *Reasoning and Rehabilitation* program, a 2005 study (Wilson, Bouffard, & MacKenzie, 2005) reported that MRT's mean recidivism reduction effect was .33 as compared to only .16 for *Reasoning and Rehabilitation*. A 2003 study (Little, 2003) compared one-year MRT recidivism (rearrests) to the widely employed *Thinking for a Change* model's one-year recidivism. Results showed that MRT-treated offenders showed 69 percent fewer arrests compared to controls while *Thinking for a Change* yielded a only 24.5 percent less arrests than controls. The present report summarizes the overall one-to-three-year recidivism compiled for prison-based implementations of MRT with comparisons to control groups.

Studies Included

Little (2001) identified 29 separate outcome studies of recidivism after MRT treatment in prison settings. These studies included 24,342 total subjects (treated individuals and controls). Since that 2001 report, three additional recidivism outcome studies from MRT treatment at prison settings have been published. The additional subjects increase the total of individuals in the reports (treated and controls) to 27,283. The additional reports are as follows.

Burnette, *et. al.* (2005a) reported on the recidivism of 579 felony female offenders who participated in MRT within a prison-based therapeutic community. The participants had been released into the community for an average of 33 months. The rearrest rate (for any offense) was 34.9 percent. An additional 180 participants had been released for an average of 21 months. These participants showed a 15.5 percent rearrest rate. A comparison group was formed from female offenders in Tennessee and 14 other southern states who had been released for 24 months. Their rearrest rate was 49.9 percent.

Burnette, *et. al.* (2005b) evaluated the recidivism (reincarceration) of MRT-treated male felony offenders who participated in a prison-based therapeutic community. MRT-treated participants (n = 135) who had been released for an average of 21.5 months of release showed a 6 percent reincarceration rate for new offences and an additional 20.6 percent reincarceration rate for technical violations. The reincarceration rate for an additional 95 program participants who had been released for an average of 28 months was 33.7 percent. These figures were compared to the official Tennessee Department of Correction (TDOC) 24-month reincarceration rate of 38 percent.

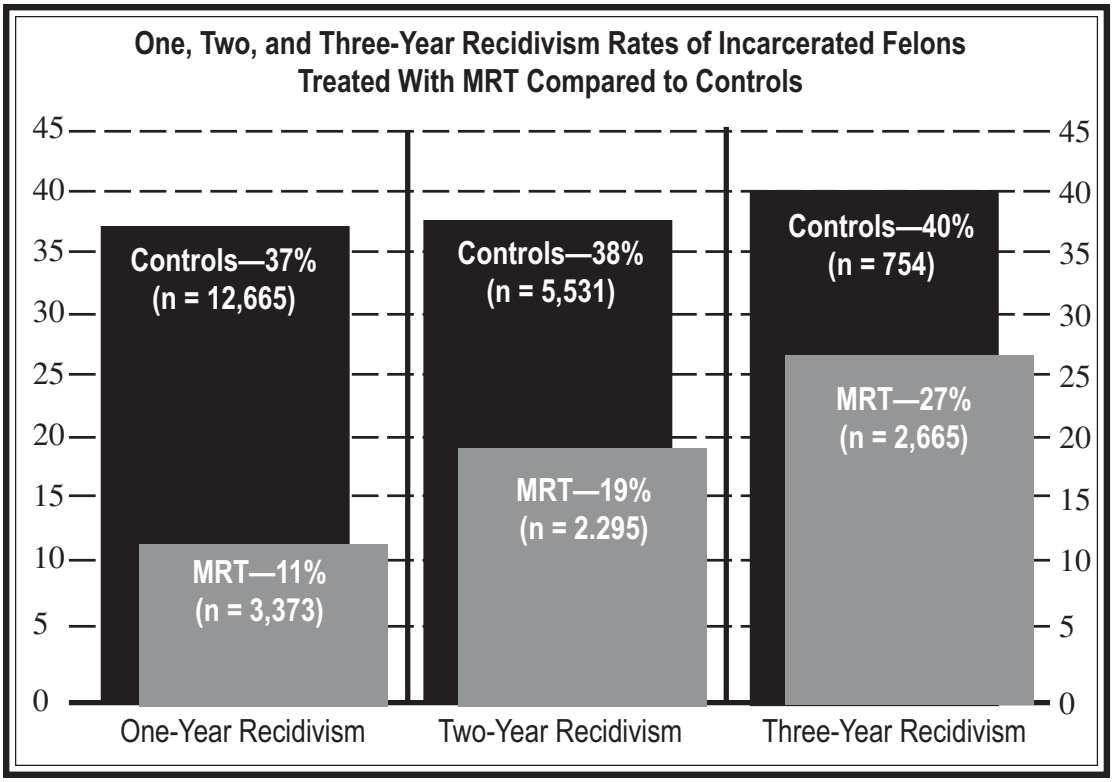
Pourett (2004) evaluated the recidivism of 638 male offenders who participated in MRT in an Oklahoma prison-based therapeutic community. The three-year participant recidivism rate was 11.6 percent compared to the Oklahoma DOC three-year recidivism rate of 26 percent.

One-to-Three Year Recidivism of MRT-Treated Offenders

Data from a total of 32 outcome studies were combined to form an average of MRT-treated and nontreated control recidivism for one-, two-, and three-year post release periods. While recidivism was calculated in varying ways in these reports, the weighting of relative recidivism in each study, including controls and treated subjects, would yield appropriate comparisons. Twenty-nine of the studies were reported in Little (2002) with the additional three studies described above.

A total of 3373 MRT-treated offenders showed a one-year recidivism rate of 11 percent as compared to a 37 percent rate in 12,665 nontreated controls. The difference between the two groups (.26) is in line with the meta-analysis difference of .226 found by Little (2001) and the .33 difference found in the meta-analysis of Wilson, *et. al.* (2005).

The two-year recidivism rate of MRT-treated offenders was 19 percent (N = 2295) as compared to 38 percent in controls (N = 5531). The three-year recidivism rate of MRT-treated offenders (N = 2655) was 27 percent as compared to 40 percent in controls (N = 754).



Discussion

The data included in this report are consistent with previous research and in line with meta-analyses conducted on MRT outcomes. MRT treatment leads to reduced rearrests and reincarceration after participant release. Previous research on MRT-treated offenders recidivism (Little, 2002) has shown that treated offenders show significant differences from controls for a ten-year period after release. In addition, MRT had been cited as the most cost-effective of all cognitive interventions (Aos, *et. al*., 1999).

Cognitive-behavioral programming has become the preferred treatment approach for offender populations for obvious reasons. In brief, the approach is one of the few that has been consistently shown to reduce recidivism. Such programming can be easily implemented within prison settings by brief staff training and management support.

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Pourett, M. (2004) *Freedom Ranch Evaluation Report (1999-2003), Charles E. "Bill" Johnson Correctional Center, Alva, Oklahoma*. Criminal Justice Department, Oklahoma State University.

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MRT® as an "Evidence Based Practice"

MRT has been recognized as an "Evidence-Based Practice," a "Best Practice," "Innovative Practice," and "Cost Effective Practice to Reduce Recidivism" by the following:

2005 — MRT cited as **Evidence Based Practice** with female juvenile offenders.

Source: Florida Department of Juvenile Justice (November 2005) *Moderate- and High-Risk Residential Programming for Girls.*

2005 — MRT cited as **Evidence-Based Practice** in probation.

Source: State of Cennecticut—Judicial Branch (April 2005) *Re-Engineering Probation Towards Greater Public Safety: A Framework for Recidivism Reduction Through Evidence-based Practice.*

2005 — MRT cited as **Proven to Reduce Recidivism** in DWI courts.

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

2004 — MRT cited as **Evidence-Based Practice** in probation and parole.

Source: State of Connecticut, Judicial Branch, Court Support Services Division.

Ref: White, T. F. (February 2004) *A Framework for implementing evidence-based practice in probation and parole.* State of Connecticut, Judicial Branch, Court Support Services Division.

2002 — MRT cited as **Cost Effective** and **Proven to Reduce Recidivism.**

Source: Citizens Crime Commission of Portland, Oregon.

Ref: *A report of the recidivism reduction committee of the Citizens Crime Commission of Portland, Oregon* (May 2002).

2002 — MRT cited as **Evidence-Based Practice** with Adults and **Promising Practice** with Juveniles.

Source: SAMHSA - Appendix II: *Examples of Evidence-Based Programs, Guidelines for Building Mentally Healthy Communities.*

2002 — MRT cited as a **Best Practice** for offender substance abuse treatment.

Source: North Carolina Department of Correction.

Ref: Pearce, S. C., & Halbrook, D. (August 2002) *Research findings and best practices in substance abuse treatment for offenders.* North Carolina Department of Correction, Office of Research and Planning.

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2001 — MRT cited as one of few programs that actually **Reduces Recidivism.**

Source: *United Nations Programme Network Institutes.*

Ref: MacKenzie, D. L. (2001) *United Nations Programme Network Institutes Technical Assistance Workshop*; Vienna, Austria, May 10, 2001: Sentencing and Corrections in the 21st Century: Setting the Stage for the Future. National Institute of Justice.

2001 — MRT cited as **Successful Approach** to reduce recidivism.

Source: University of Maryland research

Ref: Allen, L. C., MacKenzie, D. L., & Hickman, L. J. (2001) The effectiveness of cognitive behavioral treatment for adult offenders: a methodological, quality based review. *International Journal of Offender Therapy and Comparative Criminology*, 45, 498-515.

2001 — MRT cited as a **Proven Treatment** to reduce recidivism.

Source: Oregon Office of Alcohol and Drug Abuse Programs

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2000 — MRT cited as **Effective Approach** for ex-offender employment.

Source: Buck, M. L. (2000) *Getting Back To Work: Employment Programs For Ex-Offenders.* Field Report Series, Public/Private Ventures, Fall.

1999 — MRT cited as a **Program That Works** to reduce juvenile violence.

Source: Seifert, K. (1999) The violent child: profiles, assessment and treatment. *Paradigm*, Fall, 7-9.

1998 — MRT cited as an **Innovative Practice** in the Adult and Juvenile criminal justice systems.

Source: Koch Crime Institute, a private, non-profit organization devoted to improving criminal justice. Ref: Koch Crime Institute (1998) *Innovative Practices in the Criminal and Juvenile Justice Systems.* Topeka, KS: Koch Crime Institute.

ANGER MANAGEMENT Group Starter Kit with Training DVD & Book on Tape

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COPING WITH ANGER

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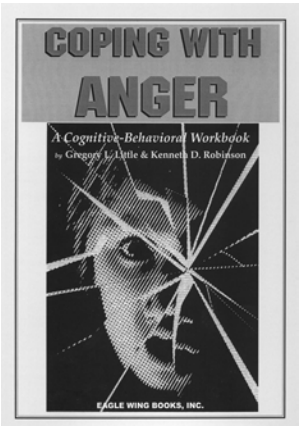

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2 *Relaxation/Progressive Muscle Relaxation* tapes
1 *Anger Management Training DVD*
1 *FREE Anger Management Training Quicktime CD*
1 *Coping With Anger on cassette tape*

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What is MRT®?

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

- Addresses the unique needs of offender populations including criminologic factors, values, beliefs, behaviors, and attitudes.
- Enhances ego, social, and moral growth in a step-by-step fashion.
- Develops a strong sense of personal identity with behavior and relationships based upon higher levels of moral judgment.
- Reeducates clients socially, morally, and behaviorally to instill appropriate goals, motivation, and values.
- Is easy to implement in ongoing, open-ended groups with staff trained in the method.

Your staff can be trained in MRT in a week-long, state-of-the-art training. Once training is complete, your staff can implement the groups by obtaining copies of the appropriate MRT workbook for clients. Many drug courts require clients to bear the costs of workbooks and groups.

Questions? Call—
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•
Stephen Swan, Vice President

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WHY is MRT® the Best Choice for Your RSAT or Drug Court Treatment Needs?

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- ☞ **Nationally recognized cognitive-behavioral counseling approach.**
- ☞ **Open-ended program with flexible client participation and pre-printed materials.**
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- ☞ **Record of effective implementation at multiple sites.**
- ☞ **Comprehensive, proven training.**
- ☞ **Competitive costs.**

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OFFENDERS THINK LIKE CRIMINALS!

Offenders believe everyone lies, cheats, and steals.
Offenders believe no one can be trusted.
Offenders believe that rules and laws don't apply to them.
Offenders look for short-term pleasures.
Offenders view relationships from an exploitative position.
Offenders have a negative identity.

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

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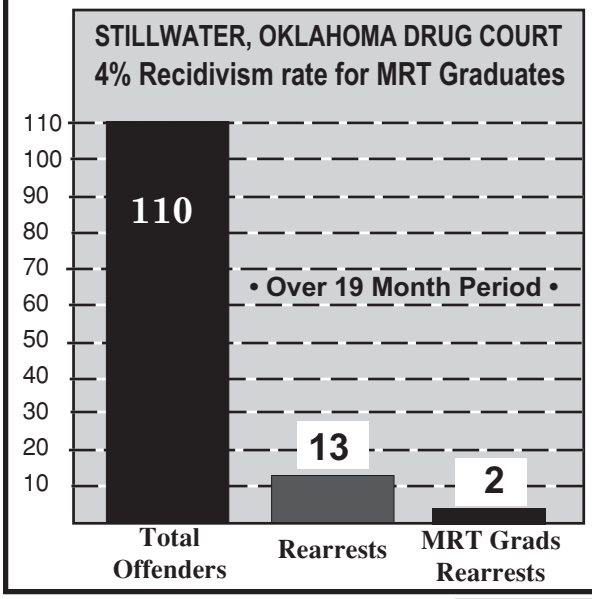
What Do Drug Court Professionals Know That You Should Know?

MRT WORKS! Research Shows...

Substantial research has been generated and published from programs utilizing MRT. Recidivism research covering 10 years after participants' treatment with MRT have shown consistently lower recidivism rates (25-60%) for those treated with MRT as compared to appropriate control groups. A 1996 evaluation of the Stillwater, Oklahoma Drug Court utilizing MRT as its primary treatment modality showed only a 4% recidivism rate of program participants nineteen months after graduation. Other data analyses have focused on treatment effectiveness (recidivism and re-arrests), effects upon personality variables, effects on moral reasoning, life purpose, sensation seeking, and program completion. MRT has been implemented state-wide in numerous states in various settings including community programs and drug courts. Almost 100 research evaluations have been conducted on MRT and published. These evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less reinvolvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.



- **Nationally recognized cognitive-behavioral counseling approach.**
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- **History of successful corporate performance for over 10 years.**
- **Record of effective implementation at multiple sites.**
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For information on implementing MRT in your drug court, call Dr. Kenneth D. Robinson or Steve Swan at 901-360-1564

Research Report

Effects of community substance abuse treatment services on clients' criminal arrests by L.A. Ventura and E.G. Lambert (2005) *Addictive Behaviors*, 30, 1459-1463.

This study examined the impact of specific types of substance abuse treatment services on clients' remaining arrest free for one year following treatment. A random sample of 263 clients was selected from the study population of adult clients who received community based substance abuse treatment services in Lucas County, Ohio. Clients received a variety of services including group counseling, individual counseling, case management, crisis intervention, urine screens, residential treatment and detoxification services, and intensive outpatient (IOP). Over half the clients received case management while slightly more than one-third of the clients received individual counseling and group counseling. About a third received urine screening and IOP. Nearly two-third (64%) of the sampled clients had a criminal history prior to receiving treatment. Subjects were primarily male (60%), white (60%), and under 36 years of age (62%).

Nine clients were excluded from sample because they were still in treatment at time of the study; of the remaining 254 clients who had been out of treatment for a year or more, 75% were not rearrested for any charge. Logistic regression was used to analyze the results.

Prior criminal history was the most statistically significant factor in remaining arrest free. Other statistically significant variables included both gender and income with women and clients with higher incomes more likely to remain arrest free. Of the individual treatment elements analyzed, residential detoxification and IOP treatment were statistically significant factors in clients more likely to remain arrest free. Also of statistical significance was clients receiving crisis intervention services. Those who received crisis intervention were more likely to not remain arrest free.

The authors concluded "... the findings of this study suggest that certain types of community substance abuse treatment services can reduce clients' risk of criminal conduct following treatment. The implication of the research results are that clients with higher risks of criminal offending should be given serious consideration for placement in either IOP treatment services and if needed residential detox for their substance abuse problems."

CCI's Affordable Research Services for Programs and Agencies

Memphis—Starting immediately, CCI is offering specific, targeted research services for smaller programs and agencies (such as drug courts and treatment programs) that will document results and establish a program's effectiveness. Services that are offered include:

• Identifying appropriate pre- and posttests that can be used to assess the effects of a program on personality variables and other dependent variables related to a program's target population and goals.

• CCI will supply the tests for agencies to reproduce, all copyright free, from an inventory of over 100 different objective measures. The tests all have normative levels established and are used with males, females, adults, and juveniles.

• Scoring scales will be supplied to agencies or CCI can score tests with the identity of clients hidden.

• Recommendations will be made on the utilization of other dependent variables and measures such as rearrests and recidivism as well as specific advice on how to obtain such data.

• Basic and advanced statistical tests can be applied to data either entered by CCI or supplied by the agency in specified formats.

• Results of statistical analyses can be furnished with or without a discussion and explanation.

• Consultation (phone) hours are included in all services to help agencies identify how to obtain and measure variables.

• Program Reports can be produced from information supplied by agencies and programs that desire to publish Annual Reports, a research study, or a Program Summary.

• Papers and reports can be produced to various standards: A full-color Annual Report; A Program Briefing; Paper suitable for publication.

• Research papers that are of publishable quality will include a recommended list of possible journals as well as Cognitive-Behavioral Treatment Review (if CBT methods were employed).

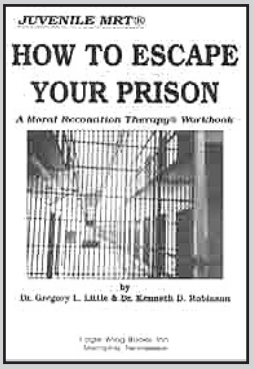
• Appropriate target populations for these services include offenders, parole and probation clients, substance abuse clients, domestic violence populations, drug courts, employment programs, educational programs, and others.

***Costs*—**The costs of these services vary from only $100 (the simple selection and supplying of appropriate pre- and posttests) to $2000 (production of a comprehensive full-color annual report). Simple statistical analyses of test results and client characteristics (with small groups, e.g., 100 participants) generally are in the $250 range. The addition of an explanation and description of results would be in the $500 range.

***For Information*—**If you are interested in obtaining a brochure on these services or to discuss your needs, call Kimberly Prachniak at 901-360-1564 or email: ccimrt@aol.com.

***MRT-Based Programs*—**MRT based programs that require a fully independent analysis because of federal requirements should contact the nonprofit research agency Glacier Consulting, Inc. at 360-1564.

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.

The Punishment Myth

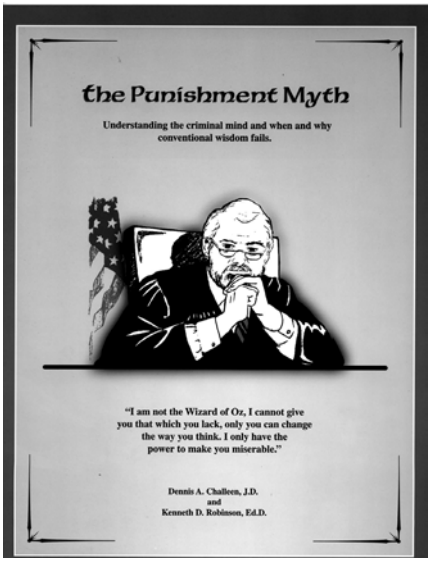
Understanding the criminal mind and when and why conventional wisdom fails.

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?



In this compelling book, the observations of a criminal court judge with four decades of experience are presented with those of a psychologist with three decades of experience with criminal populations.

The result is a penetrating insight into why our justice system is often part of the problem.

The insights may anger you, but you may also think about the problem in ways you've never before considered.

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MRT In DUI Courts

Reduce Recidivism in DUI Offenders: Add a Cognitive-Behavioral Program Component

By Judge Marion F. Edwards, *Louisiana Fifth Circuit Court of Appeal*

We have learned some hard lessons in the last 25 years. Conventional wisdom was that you deal with law breakers by punishing them. We watched while our legislatures imposed longer and longer sentences with mandatory minimums. We overfilled our prisons at a tremendous cost to the public with no reduction in crime or recidivism. The rhetoric only served to elect politicians that really did not understand the problems. We are in the middle of a long, slow process of correcting our mistakes.

When judges come in contact with DUI offenders, they are in a unique position to force positive change. As Judge Dennis Challeen so aptly explains to offenders that appear before him, "I am not the Wizard of Oz, I cannot give you that which you lack, only you can change the way you think. I only have the power to make you miserable."

Judges need to realize that most offenders standing before them have thought processes that are very different from those of a normal person. An evaluation based on accepted principles, properly administered, can provide the Judge with great insight. In crafting a sentence, a judge must utilize this, along with his or her personal experience and a sincere desire to effect change.

Studies clearly show that cognitive behavioral models are a critical factor in the reduction of recidivism of offenders. For those offenders in the criminal justice system because of a substance abuse problem, they have generally gotten there because of a lifelong history of making bad decisions. To effect long term, systemic change, this faulty decision making must be addressed. Cognitive intervention is only one piece of the puzzle that will help the offender to put his life back together. But this component can increase the effectiveness of your program by as much as 50 percent. Sadly, fewer than half of all treatment programs report having a cognitive component, and a number of these are "cognitive" in name only.

Long term substance abuse can impair cognitive function. The earlier in the cycle of abuse that the offender can be engaged in a cognitive behavioral model, the greater the likelihood of success.

The core concepts of a good cognitive behavioral model are:

1. SELF-DIAGNOSIS
2. SELF-ANALYSIS
3. SELF-MANAGEMENT

One of the goals is to help the offender take responsibility for his or her actions. This is achieved by utilizing new techniques provided in these cognitive models.

These programs attempt to raise the level of moral reasoning from doing what feels good, or what is demanded by one's peers, to what is right, legally or morally. They require the offender to establish both short term and long term goals.

Most offenders come into our courts with a very poor self-image. They have successfully manipulated their families, their friends, and the "system" for most of their lives. Manipulation is the one thing that they do well. It is difficult to make them face these realities and begin the process of change, without a cognitive intervention.

According to Dr Greg Little, cognitive behavioral intervention strategies should:

1. Be based on scientific learning principles,
2. Be focused on how the client thinks or acts,
3. Obviously and directly relate to the clients problems,
4. Utilize a systematic approach and be relatively short term,
5. Represent a blend of active exercises, homework, tasks and active skill development, and
6. Have outcome research conducted.

There are a number of cognitive behavioral models available, notably:

1. Reasoning and Rehabilitation (R&R),
2. Thinking for a Change, and
3. Moral Reconation Therapy (MRT®)

There are outcome evaluations available for all of the above. Each has its strong points. My personal preference is Moral Reconation Therapy (MRT). The reasons for this preference are as follows:

1. Its widespread use, currently in more than 40 states, in institutions, drug courts, DUI courts, wellness courts, schools, and community programs.
2. Ease of implementation.
3. Cost effectiveness.
4. Availability of long-term scientific outcome data, not only for program completion, but also for completion of each step.

MRT In DUI Courts-cont.

5. Acceptance by our offender population.
6. Availability of technical assistance.

In conclusion, while the cognitive behavioral intervention is only one component of a successful program, it is a most important part. According to a June 2000 study by the National Institute of Corrections, punishment actually increases criminal behavior by 0.07 percent. Treatment decreases criminal behavior by 15 percent, while cognitive interventions decrease criminal behavior by 29 percent. Studies across the country have shown a marked reduction of the recidivism rate when a cognitive behavioral model is included with a treatment program. The Anchorage 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. It is one of the many success stories around the country for programs that have included cognitive components.

SRT® School Curriculum Training

CCI now offers school curricula for at risk youth, parents and families entitled Social Responsibility Training (SRT®). SRT® has been extensively field tested since 2001, and has demonstrated significant positive behavior impact and reduction in school dropouts for both regular and special education students in many districts. SRT® is now being used in nine states. SRT® workbooks at the 6th, 4th and 3rd grade reading levels are available for delivery by classroom teachers to elementary, middle, and high school youth. A parallel curriculum for parents entitled *Personal Responsibility Parenting* (PRP) is now available. This workbook allows parents (and guardians) to learn skills similar to those their children learn in school. PRP is available in both correctional and non-correctional versions, and the non-correctional version is now available in Spanish.

As are MRT® classes, Social Responsibility Training classes are open-ended, so students or parents can enter these programs at any point during the semester or school year and work at their own pace. During the school year, students set specific behavioral change goals, learn to change problem habits, complete public service projects, learn communication skills, and receive support for resolving both school and family behavior problems that interfere with school success. SRT has the following objectives:

1. Direct personal behavior in alignment with goals
2. Take full responsibility for behavior and adjustment in school
3. Understand how problem habits develop and how to change these patterns
4. Practice honesty, trust, and following the rules in school and community
5. Use communication skills to develop positive relationships
6. Practice skills in leadership, teaching, and helping others
7. Understand one's unique goals and abilities, and put these into positive action planning

(SRT®) Facilitator Training

Educators and other human service professionals can utilize all SRT® curricula upon completion of a three-day SRT® training covering all aspects of the curricula and implementation. Trainees receive an SRT® high school, middle school, and elementary workbook and facilitator guides, as well as class evaluation tools. Cost of the three day training is $550 (this price includes facilitator travel expenses). School or agency administrators attend SRT® Facilitator Training without charge. Persons who have completed MRT® facilitator training can utilize SRT® parent and family curricula without completing additional training.

Visit the SRT® website at www.characterdevelopmentsystems.com
or call 303-449-2829 for further information.

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 below. 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, Kimberly Prachniak, M.S., 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

February 6, 2006 — February 9 - MRT in Lima, OH
February 13, 2006 — February 16 - MRT in Chambersburg, PA
February 20, 2006 — February 24 - MRT in Memphis, TN
March 15, 2006 — March 18 - MRT in Mt. Vernon, WA
March 27, 2006 — March 30 - MRT in Boise, ID
April 3, 2006 — April 7 - MRT in Memphis, TN
May 2, 2006 — May 5 - MRT in Olympia, WA
May 15, 2006 — May 19 - MRT in Memphis, TN
June 12, 2006 — June 16 - MRT in Memphis, TN
July 17, 2006 — July 21 - MRT in Memphis, TN

Upcoming Training will be offered in the following locations, dates to be announced:

Albuquerque, NM; Texarkana, TX; St. Augustine, FL; Yakima, WA

DOMESTIC VIOLENCE TRAINING:

March 13, 2006 — March 17 - Domestic Violence in Memphis, TN

Advanced MRT TRAINING:

April 18, 2006 — April 19 - Advanced MRT in Memphis, TN

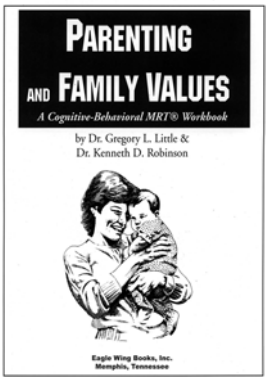
Note: Additional trainings will be scheduled in various locations in the US. See our website at www.ccimrt.com or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

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
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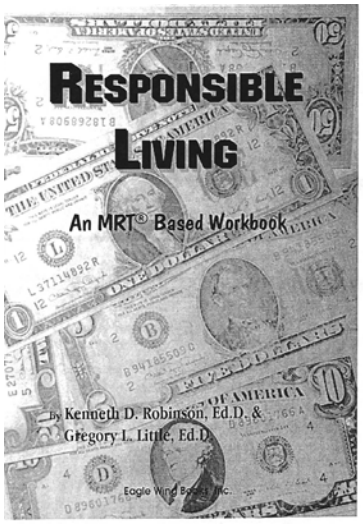

$10.00, 26 pp., 8 modules.

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

A Brief Cognitive-Behavioral Intervention For Shoplifters: Preliminary Outcomes

By Gregory L. Little & Kenneth P. Baker
Advanced Training Associates Behavioral Treatment Providers

Shoplifting is a pervasive and costly crime. In 2004, the U. S. Department of Commerce estimated that 23 million shoplifters are in America—approximately eight percent of the population. Shoplifters are believed to steal an average of $25 million in goods each day. Official Department of Commerce figures relate that 15 percent of the retail cost of all goods in America is directly due to product loss from shoplifting.

With shoplifting a pervasive and expensive crime, criminal justice authorities are faced with approximately 2 million shoplifting arrests each year. While over half of these arrests are perpetrated by repeat offenders, the remainder is genuine "first offenders" (arrested for the first time). Because of the strain on the justice system, shoplifters are usually placed on simple diversion programs typically completed by remaining arrest-free during an unsupervised probation period. Restitution is often a component utilized in the diversion program. However, few probation authorities have any specialized programming for shoplifters. It is a situation many judicial and probation officials would like to address—but the overburdened criminal justice system's limited resources play a decisive role in determining the official response to shoplifting. The private sector, offering specialized treatment and supervision services not always available to probation departments, can be utilized for the provision of such services. This paper reports on the preliminary outcome of a brief, specialized shoplifting program based on cognitive-behavioral principles.

Program Design

In response to a Nashville, Tennessee judicial request, a 6-module cognitive behavioral workbook was developed to directly confront the problems unique to shoplifting. The program was specifically designed for two possible types of implementation: 1) It could be completed on a weekend in two four-hour blocks, or 2) The program could be implemented in a series of six, one-to-two-hour groups. The program was designed to address the specific "criminal thinking" issues related to shoplifting as well as instill an understanding in the offenders about why the crime is more serious than they believe.

The workbook is based on cognitive-behavioral principles and relapse prevention methods. Clients identify risky situations and moods, cognitive interpretations, and develop appropriate behavioral responses. Since the workbook was developed by the first author of Moral Reconation Therapy (MRT®) materials, the moral reasoning underlying shoplifting was addressed.

Shoplifter Types. While the program was primarily developed for genuine first offenders, one important research finding regarding shoplifters merits discussion. In general, shoplifters are comprised of two distinct types. On type, termed by the literature as the *Typical Shoplifter*, is widely believed to comprise the majority of first offenders. When initially asked, "Why did you steal?" the typical shoplifter usually replies, "I don't know." When pressed for a deeper answer, they will admit that they wanted the item they stole, used it, and did not want to pay for it. In brief, they wanted *something for nothing*. Because of this consistent finding in the "typical" shoplifter, *Something For Nothing* was chosen as the title and focus of the workbook (Little, 2004).

Typical shoplifters do not usually sell the items they steal, often blame lack of money or peer pressure, and often derive a brief but intense, drug-like pleasure from the experience as they repeat the behavior. Typical shoplifters may steal in unison with a peer group or alone, in many ways similar to drug usage. While some typical shoplifters express genuine remorse for the behavior, an underlying neurochemistry is engaged that leads to a repeating pattern of assessing the risks of a potential shoplifting situation, stealing, a resultant high occurring, followed by a mental state similar to stimulant abuse depression (with remorse). The addictive-like quality that develops can lead to more shoplifting as the high is experienced over and over. Some research concludes that, as the same pleasure-producing neurochemical systems (i.e., dopamine) is engaged that is present in stimulant use, the shoplifter is driven to the same risky situations where the high was experienced. It should be noted that few (if any) shoplifters who are assigned to such programs are kleptomaniacs. Kleptomaniacs should be identified by assessments and referred to appropriate mental health professionals for specialized treatment.

The second type of shoplifter is usually referred to as the *Professional Shoplifter*. The professional shoplifter is essentially living a criminal lifestyle, stealing items they can sell or hope to "return" to stores for cash refunds. These individuals will usually show an extensive arrest record and, if their arrest record is carefully scrutinized, there may be numerous past instances where they were treated by the criminal justice system as first offenders. They often steal expensive items and vast quantities of the same items for easy resale. Drug abuse, crime, and addictive lifestyles are prevalent in this group. The present program was not designed to impact the professional shoplifter. However, in all settings where shoplifters will potentially be treated, it is highly likely that a mixture of both types will be present. This paper reports on the results of the program utilizing three brief assessment instruments utilized in a pre- and posttest approach.

Program Implementation—Client Characteristics

In late 2004, Behavioral Treatment Providers, a Nashville, Tennessee private probation services provider, was requested by a local court to provide the newly developed shoplifting program on a weekend day to assess the utility of the program. The court's major objective was that the large majority of the assigned offenders be able to complete the program in a single day. There was no plan to assess recidivism on program participants.

The program was subsequently conducted with 38 offenders assigned by the court. Over half (53 percent) of the participants were age 18 with a range of 18 to 60 years. The mean age was 21 years. The majority of participants were female (58 percent) with African-Americans comprising 65 percent of the total.

Tests Employed

Three pretests were administered to program participants at the time of their acceptance into the program and immediately after program completion. The tests were coded so that individual details were not discernable following research protocols ensuring client confidentiality and agreement to participate in the research. The tests were developed for use in educational settings especially for minority populations. The first test was the *Modified Rosenberg Self-Esteem Inventory* (*MRSE*), a ten-item test where subjects are asked to rate each item on a scale of 0 to 3. The items ask specific questions about worthiness, feelings of failure, personal ability, self-satisfaction, and respect. Scores range from 0 to 30 with higher scores related to higher levels of self-esteem (Dahlberg, Toal, & Behrens, 1998). It was hypothesized that scores on the MRSE would increase from pre- to posttest.

The second test was the *Fatalism Scale* (Dahlberg, *et. al*., 1998). The test is a 5-item questionnaire where clients indicate on a Likert scale the degree to which each statement applies to them. Scores range from five (less fatalistic view) to 20 (high fatalism). It was hypothesized that scores on the Fatalism Scale would decrease from pre- to posttest.

The final test was the *Control—Individual Protective Factors Index* (CIPFX) (Dahlberg, *et. al*., 1998). The test measures self-efficacy and self-control. The 13-item test addresses self-determination, decision-making, anger, and impulsivity. Scores range from 13 (low sense of self-control) to 52 (high sense of self-control). It was hypothesized that scores on the CIPFX would increase from pre- to posttest.

Results

All 38 participants completed the program successfully during the one-day implementation. This issue was the major concern of the courts. All participants completed pretests, however, one to four participants chose to not complete various posttests. A series of repeated measures *t*-tests were completed on pre- and posttest scores from the three tests with the statistical analyses all one-tailed according to hypothesized changes.

Means on the *Modified Rosenberg Self-Esteem Inventory* (*MRSE*) were 22.4 for the pretest as compared to 23.1 for the posttest. The increase in self-esteem was in the desired direction and the resulting *t*-test (t_{33} = -1.33; p = .096) approached statistical significance. Internal reliability in the test was shown with the resulting correlation highly significant (r_{33} = .809; p = .000).

The pretest mean on the *Fatalism Scale* was 11.17 as compared to 11.03 in the posttest. This finding was in the desired direction, but the resulting *t*-test was nonsignificant (t_{35} = 0.375; p = .355). The internal reliability of the brief, 5-item test was shown to be questionable from pre- to posttest with the reliability correlation insignificant (r_{35} = .02; p = .904).

Means on the *Control—Individual Protective Factors Index* (CIPFX) were 39.31 on the pretest as compared to 40.41 on the posttest—also in the predicted direction. The resulting *t*-test result approached significance (t_{32} = -1.35; p = .094). Internal reliability of the test was shown with the resulting correlation between pre- and posttests highly significant (r_{32} = .062; p = .000).

Discussion

The implementation of the *Something for Nothing* shoplifting intervention program was completely successful based on the primary criteria of the court: fully 100 percent of participants successfully completed the entire workbook program in one day. The court's program completion issue was far more complex than it might seem. In the past, shoplifters who were placed on diversion or regular probation completed various probation requirements and performed community service. The vast majority of those assigned to probation and diversion were successful in completing the requirements. If a significant proportion of those attending the new program had failed to complete it, it would set in motion additional probation requirements that probation staff had to supervise. Since the probation staff were already overburdened, there was concern that a large number of shoplifters assigned to the program could be referred back to the court for failure to complete.

When the *Something For Nothing* program was devised, the primary issue was in addressing as many relevant issues as possible in the six-to-eight hours of group time. One important factor that was considered in the one-day implementation of the program was varying levels of reading ability in the assigned offenders. To ensure that everyone completed the program in the group setting, a simple procedure was devised. Each of the program's set of six modules was put onto cassette tape and played to the group sequentially. After each module was played, each individual completed the appropriate exercises and then presented his or her work with a group. This procedure worked well and maintained the needed pace to ensure that the entire program was completed.

In addition to the 100 percent program completion rate, all of the three pre- and posttest change scores were in the desired direction. Two tests, the *Rosenberg Self-Esteem Inventory* and the *Control—Individual Protective Factors Index* showed strong

internal reliability as well as desired changes approaching statistical significance. In brief, the results suggest that program participants have increased self-esteem as well as more perceived control over their future. Results from the *Fatalism Scale* were also in the desired direction, however, the reliability of the instrument is highly questionable.

In brief, the brief cognitive-behavioral shoplifting program achieved what it was intended to do. Participants completed a focused, structured series of exercises directly related to shoplifting attitudes and behaviors and test results show desired changes in the participants. However, the major objective of all such programs should be the reduction of recidivism of participants. Plans are underway to assess the recidivism of program participants and make comparisons to appropriate controls.

References

Dahlberg, L. L., Toal, S. B., & Behrens, C. B. (Eds) (1998) *Measuring Violence-Related Attitudes, Beliefs, and Behaviors Among Youths: A Compendium of Assessment Tools*. Atlanta: Division of Violence Prevention, Centers for Disease Control and Prevention.

Little, G. L. (2004) *Something For Nothing*. Memphis: Advanced Training Associates.

Research Reports

Evaluating Evidence for the Effectiveness of the Reasoning and Rehabilitation Programme by John Wilkinson. *Howard Journal of Criminal Justice* (2005), 44, 70-85.

This article assesses the outcome results of implementation of the Reasoning and Rehabilitation program (R & R) in the UK's prison system. Based on the subsequent recidivism of R & R participants, the article concludes, "Evidence the Programme achieves significant reductions in offending is questionable. A matched control study is reported which used both offending and psychometric outcome measures. Findings for reconviction are mixed. Offenders whose attitudes changed pro-socially were more likely to be reconvicted than were offenders whose attitudes did not change positively. This casts doubt on whether reconviction is reduced because of attitudinal change, and on the use of measures of attitudinal change in evaluation."

Are Cognitive Problem-Solving Skills Programmes Really Not Working? A Response To "Evaluating Evidence for the Effectiveness of the Reasoning and Rehabilitation Programme" by Robin J. Wilson. *Howard Journal of Criminal Justice* (2005), 44, 319-321.

The idea that poor decision-making skills of offenders leads to criminal involvement is widely accepted and specialized treatment programs are in use to address the issue on both sides of the Atlantic. However, studies conducted on UK offenders have called into question whether the Reasoning and Rehabilitation program actually leads to reduced offending in program participants. "This article proposes that it may not be the underlying premise that is faulty. Rather, it is possible that the proliferation of cognitive-behavioural interventions, most of which include aspects of problem-solving skills development, have washed out any potential differences."

A Quantitative Review of Structured, Group-Oriented, Cognitive-Behavioral Programs For Offenders by David B. Wilson, Leana Allen Bouffard, & Doris L. MacKenzie. *Criminal Justice and Behavior* (2005), 32, 172-204.

A comparison of outcome study results between MRT (Moral Reconation Therapy) and Reasoning & Rehabilitation (R & R) was presented. The study reported that MRT and R & R were the two dominant cognitive programs utilized with offenders. R & R was described as a program focusing on "problem solving and coping skills." MRT was described as a cognitive-behavioral intervention that draws "a clear connection between thought processes and behavior." Six evaluated reports were on MRT and seven were on R & R. The report concluded that MRT's mean effect size (decreasing recidivism) was 0.33 as compared to Reasoning & Rehabilitation's mean effect size of 0.16 (less than half that of MRT).

COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

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***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.

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.

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®, Domestic Violence, & Anger Management; $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.

Something for Nothing — 17 page (8.5 X 11 softcover) CBT workbook used in groups with offenders who are charged with shoplifting. Exercises for group work; $10.00.

Something for Nothing (Spanish)— $10.00.

Something for Nothing (English audiotape)—$50.00.

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

Effective Counseling Approaches for Chemical Abusers & Offenders — 104-page softcover text by Little, Robinson, & Burnette summarizing 7 major counseling theories used with offenders. Designed for assisting counselors preparing for substance abuse certification; $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

***Coping With Anger Group Starter Kit*—**contains 15 *Coping With Anger* workbooks, 2 Facilitator Guides, 2 5-Minute Stress Manager tapes, 2 Basic Relaxation & Progressive Muscle Relaxation tapes, book on cassette tape, Training DVD, plus free Quicktime file of training on CD; $245.00

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

Coping With Anger Training DVD— 1.5 hours, shows how to start and operate an ongoing anger management program; $100.00

Coping With Anger (book on tape)—$65.00

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.

It Can Break Your Heart — 424-page softcover book outlines the issues involved in obesity and weight loss—comes with ***SmartLoss 60-Day Health Journal***—81-page, large softcover book. **Special offer:** both books (normally retailing for $40.90) can bepurchased for a total of $4.00 with any other order from CCI. Programs and individuals can order multiple sets.

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 (B/W); $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 MRT's Domestic Violence program 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.

See page 5 for information on our NEW Anger Management Training DVD

See page 16 for information on our NEW Shoplifting Spanish version & tape

CBT Materials Order Form

Item	Price Each	# Ordered	Subtotal
The Punishment Myth	$20.00		
Something for Nothing shoplifting (Workbook)	$10.00		
Something for Nothing (Spanish Workbook)	$10.00		
Something for Nothing (book on tape)	$50.00		
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		
You Can Get There From Here	$8.95		
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		
Coping With Anger Group Starter Kit	$245.00		
Coping With Anger Training DVD	$100.00		
Coping With Anger (book on tape)	$65.00		
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 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		
SPECIAL OFFER: *It Can Break Your Heart & 60-Day Health Journal* Combo.	$4.00		
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		
		TOTAL:	

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: _____

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
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.

Tuesday
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.

Wednesday
8:00 a.m. to 5:00 p.m.
(Lunch - on your own)
MRT® Steps 3 - 5.

Thursday
8:00 a.m. to 12:30 p.m.
(Lunch - on your own)
MRT® Steps 6 - 8. About 2 hours of homework is assigned.

Friday
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

February 6, 2006 — February 9 - MRT in Lima, OH
February 13, 2006 — February 16 - MRT in Chambersburg, PA
February 20, 2006 — February 24 - MRT in Memphis, TN
March 15, 2006 — March 18 - MRT in Mt. Vernon, WA
March 27, 2006 — March 30 - MRT in Boise, ID
April 3, 2006 — April 7 - MRT in Memphis, TN
May 2, 2006 — May 5 - MRT in Olympia, WA
May 15, 2006 — May 19 - MRT in Memphis, TN
June 12, 2006 — June 16 - MRT in Memphis, TN
July 17, 2006 — July 21 - MRT in Memphis, TN
DOMESTIC VIOLENCE TRAINING: March 13, 2006 — March 17 - Domestic Violence in Memphis, TN
Advanced MRT TRAINING: April 18, 2006 — April 19 - Advanced MRT in Memphis, TN

COGNITIVE-BEHAVIORAL TREATMENT REVIEW
3155 Hickory Hill • Suite 104
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