SPECIAL DRUG COURT EDITION

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.

Effectiveness and Impact of Thurston County, Washington Drug Court Program

By Robert A. Kirchner, Ph.D., Ellen Goodman, M.A. & Thomas R. Kirchner, M.S.

Introduction

The Thurston County Drug Court Program (TCDCP) has been operating since May 1998. Four evaluation reports have been produced, but the results reported here focus on the outcomes and impact results of the program for the entire period of Drug Court operations.

Outcome Evaluation Step 1: TCDCP versus Comparison Group Outcomes

TCDCP began serving their first participants in May 1998, and has served over 500 drug offenders through May 2007. Throughout the operation of the program, TCDCP staff has monitored participants' recidivism. Glacier Consulting, Inc. (GCI) was contracted to serve as the TCDCP independent evaluator, and part of this evaluation effort is to establish recidivism rates for TCDCP participants and a comparison group of other drug offenders in a systematic way.

The work of the Washington State Institute for Public Policy (WSIPP) established standards for evaluating drug courts and other programs that aim to impact recidivism throughout the State of Washington. WSIPP worked with GCI, using their database to assemble a comparison group for this outcome evaluation and to gather recidivism data for both the TCDCP participants and the comparison group.

Overall Recidivism Rates

The initial 106 graduates were tracked for a minimum of three years. Of this group of TCDCP participants, 21 had committed at least one new offense of any type for a recidivism rate of 20%. Of the 223 comparison group members (comprised of probation completers for a minimum of 3 years), 101 had committed at least one new offense, for a recidivism rate of 45.29%. This difference in overall recidivism rates between the groups was statistically significant at the .001 level. The overall recidivism rates of TCDCP and comparison group members are displayed in the first graph. The data reveal that TCDCP participants re-offend at a rate that is much lower than individuals making up the comparison group, and that this difference is greater than what would be expected by chance alone.

Felony Drug Offense Recidivism Rates

Of the 106 TCDCP participants, 11 had committed at least one new felony offense, for a recidivism rate of 10%, and only 7% committing

felony drug offenses. Of the 223 comparison group members 77 had committed at least one new felony offense, for a recidivism rate of 35%, and 16% of the new offenses were drug felony. The TCDCP and comparison groups' difference was statistically significant at the .001 level on felony drug offense recidivism. The felony drug offense recidivism rates of TCDCP and comparison group members are displayed below. The data reveal that TCDCP participants re-offend at a rate that is lower than their probation counterparts, and that this difference is greater than what would be expected by chance.

Of course, the importance of showing that the TCDCP is more effective than the comparison group still leaves the question: what is working that explains the difference?

Outcome Evaluation Step 2: Graduation versus Termination

When internal comparison groups are used to the exclusion of external groups for comparative recidivism analyses it is justifiable to question such an approach on the basis of both groups having been exposed to some amount of the intervention, thus building in the internal validity threat of diffusion of treatment by design. This outcome evaluation thus applied an external comparison group. Nonetheless it is useful for program managers to learn about differential outcomes for graduates and those who are unsuccessfully terminated from their programs to make reasoned decisions about the importance of completing a program as a full package. Such analyses also inform evaluators about the importance of graduation as a covariate in any subsequent analyses that connect process and outcome variables. Additionally, this analysis provides the evaluator with insight into what determines the impacts on all participants.

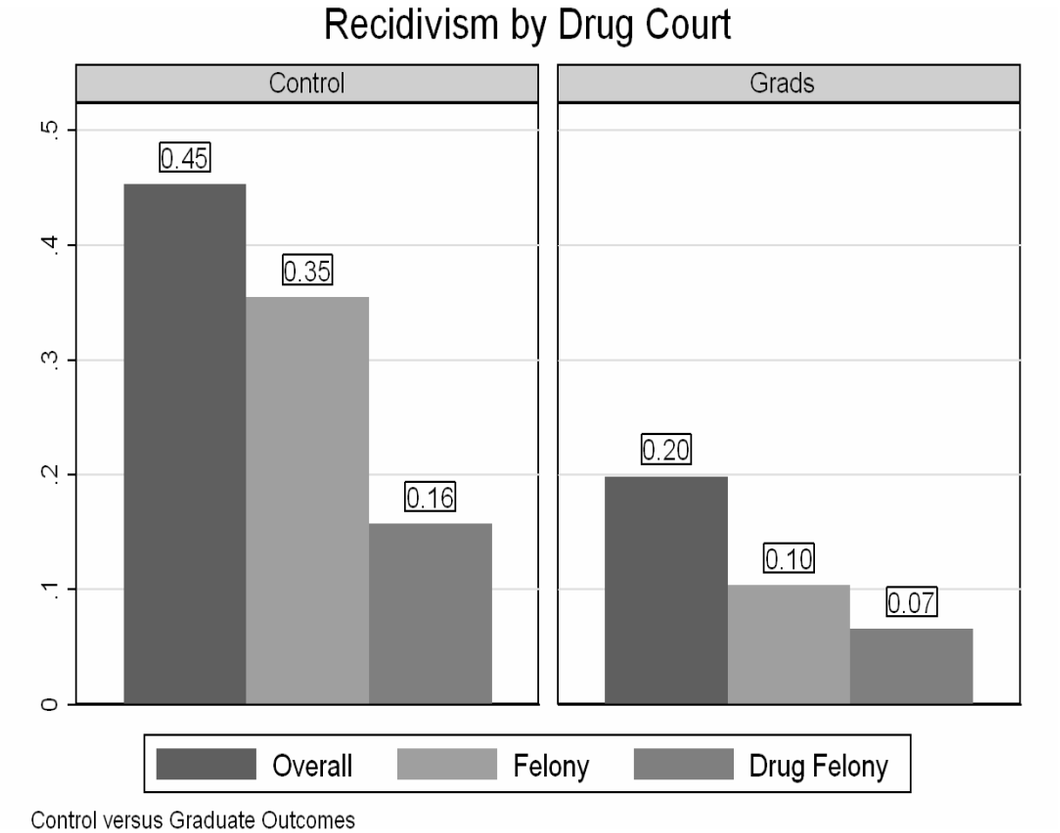
How do TCDCP graduates compare with those who were unsuccessfully terminated from the program on their overall three year recidivism rates? This question was answered using data from 443 TCDCP participants in the comprehensive recidivism analyses covering the period from May 1998 through November 1, 2006. Of the 443 cases used in these analyses, 229 (52% had graduated from the TCDCP. There were 214 (48%) participants who were terminated from the TCDCP as unsuccessful.

The second graph displays the overall recidivism rates of TCDCP graduates and unsuccessfully terminated participants. As one can see, the groups did differ in their overall recidivism rates, and this difference was statistically significant. The data reveal that TCDCP graduates were less likely to re-offend at all. These data show that graduating from the TCDCP is associated with a lessened likelihood of re-offending.

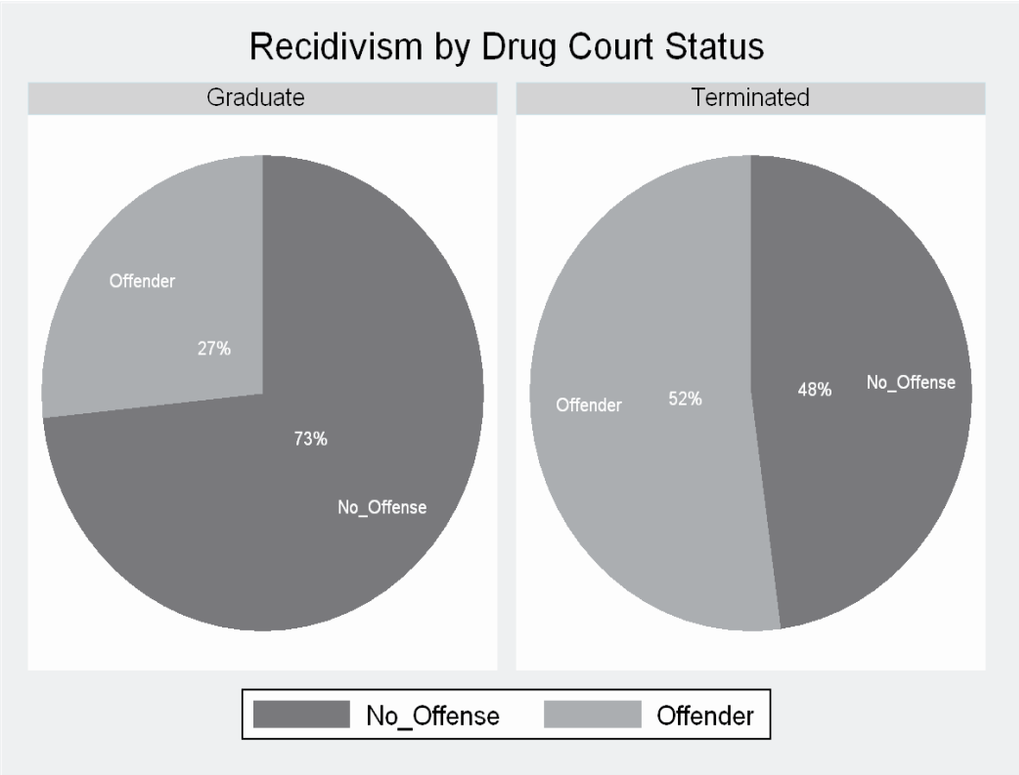
These data reveal that TCDCP graduates consistently enjoy lower recidivism rates than their counterparts who do not successfully complete the program. Although this difference is more pronounced when examining overall recidivism the consistency in the direction of results indicate that completing the TCDCP as a package is importantly associated with recidivism outcomes.

Outcome Evaluation Step 3: Determining and Sustaining Treatment Effects

However, the results displayed an unexpected result for the terminated group, 47% of the terminated participants have not reoffended. What can explain this result, and can we understand how this group "survived" after being terminated. The one constant factor throughout the history of the program for all participants is that everyone enters the Moral Reconation Therapy (MRT) program. Hence, we conducted additional analysis comparing graduates with



Control versus Graduate Outcomes



terminators and their ability to "survive," or not reoffend. To do this we collected data indicating what step in the MRT program a participant had completed when they terminated, while recognizing that all graduates completed the MRT treatment.

We were directed by research that supports the effectiveness of cognitive behavioral programs for offenders in general, as well as the population that makes up the TCDCP in particular. MRT treatment is highly structured and provided in group setting. In the case of the TCDCP, the groups are also gender specific. MacKenzie (2006) reported that "results for MRT programs show stronger support for the effectiveness of the programs. Significant differences favoring the MRT treated groups were found in the studies of felony offenders, felony drug offenders, and in the other setting."

Survival analyses assess changes in risk for an event by analyzing the incidence of events over a specified period of time. Cox regression analyses estimate the degree to which the risk of event occurrence varies systematically with predictors, whose regression parameters assess the risk (i.e., hazard) of an event associated with a single unit increase in the corresponding predictor. These parameters are referred to as"hazard ratios (HRs). In the analyses below, HRs associated with each predictor indicate the degree to which the predictor is associated with an increased or decreased risk of recidivism. Hazard ratios are presented along with their corresponding 95% confidence interval (CI) in the Table below.

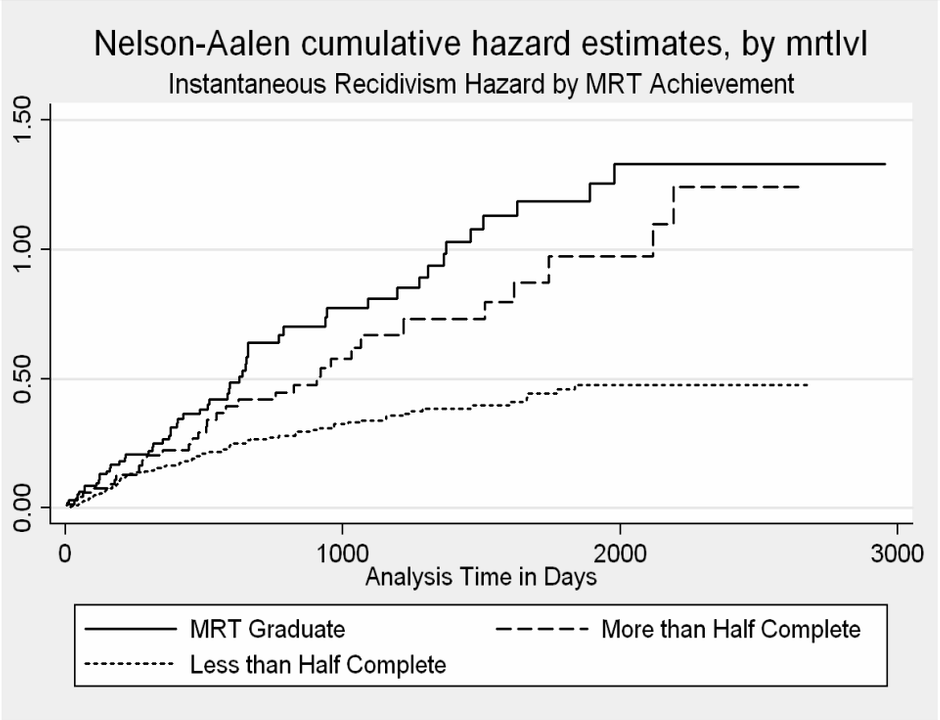
Overall, successful completion of the [drug court program] was associated with a significantly reduced hazard of recidivism (see Table). Specifically, results indicate that the hazard of recidivism among Graduates was 60% lower than among Terminators. Gender and age were also significant predictors of recidivism risk. The hazard of recidivism was 47% greater among men than women. For each one-year increase in age, the individual hazard of recidivism decreased by about 3%. Of note, the association between age and recidivism only held among men, indicating that young men had an especially high risk of recidivism (See Table).

Although all 229 Graduates completed the MRT program, only 20% (N=41) of Terminators successfully completed MRT, 33% (N=68) completed at least half the MRT program, and 48% (N= 100) completed less than half. The Nelson-Aalen cumulative hazard estimates for these three groups are illustrated in the following

Table: Cox regression modeling time to recidivism during follow-up.

Predictor	Hazard Ratio (HR)	95% CI	*p* value
Status	0.40	(0.29-0.55)	.000**
Age	0.98	(0.96-0.99)	.025*
Age (Male)	0.97	(0.95-0.99)	.012*
Age (Female)	0.99	(0.96-1.01)	.420
Gender	1.47	(1.06-2.02)	.021*
MRT	0.92	(0.89-0.95)	.000**
MRT (Term)	0.99	(0.94-1.03)	.056

figure. Overall, completion of each additional MRT step was associated with an 8% reduction in recidivism risk. It is difficult to draw firm conclusions regarding the additive (i.e., incremental) effects of MRT, because in this sample the only individuals who did not complete MRT were also those who were terminated from the program (individuals who were at high-risk for recidivism regardless of MRT). However, even within the high-risk Terminator group the cumulative hazard curves suggest an additive effect of MRT. The HR for this effect was very close to being significant at the .05 level (.056), which indicates that a definite trend is occurring in the data that should provide significant results.



For additional information regarding the Thurston County, Washington Drug Court, please contact Ellen Goodman, Program Administrator- Phone: (360) 357-2482, ext.. 7751 or Email: goodmae@co.thurston.wa.us

DRIVING THE RIGHT WAY

A New Cognitive-Behavioral Program for DUI/DWI Offenders
by Dr. Gregory Little & Dr. Kenneth Robinson

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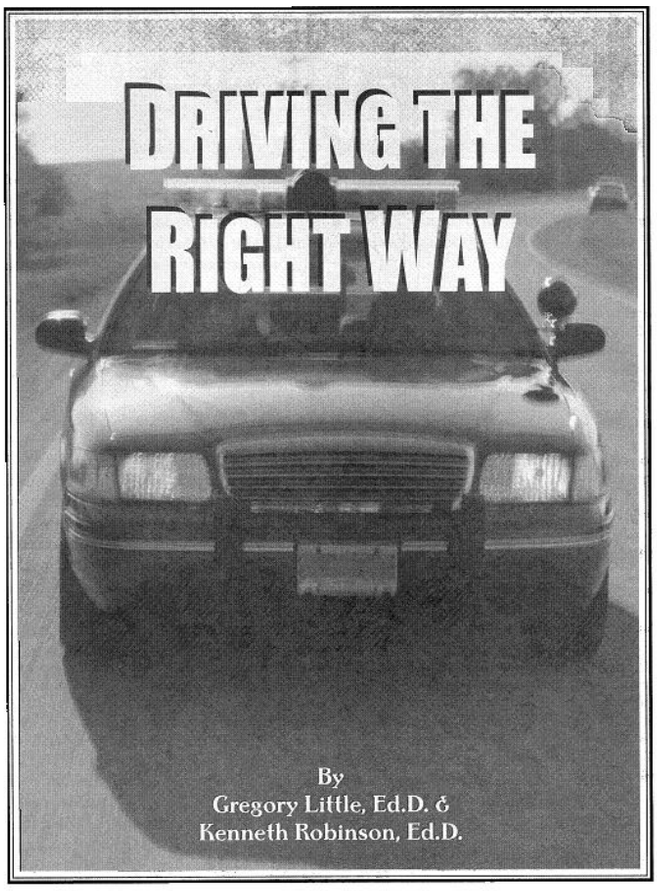

In addition, CCI can customize workbooks for your state!

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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:

2006 — MRT cited as providing **Strong Evidence** that MRT programs are **Effective** in reducing the recidivism of offenders.

Source: *What Works in Corrections*

Ref: MacKenzie, D. L. (2006) *What Works in Corrections*; Cambridge University Press, 115-120.

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 Connecticut—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.

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

Ref: *What works for offenders in substance abuse treatment?* (January 2001). Oregon Office of Alcohol and Drug Abuse Programs.

2000 — MRT cited as an **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.

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A 29% Discount

Anger Management Group Starter Kit contains:

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2 Facilitator Guides
2 5-Minute Stress Manager cassette tapes
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

Call 901-360-1564 or order online at ccimrt.com

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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Offenders Think Like Criminals!

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

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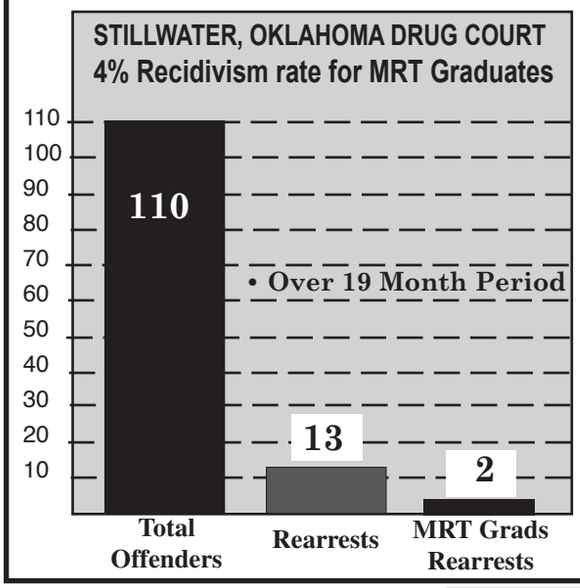
MRT Review Training is a one-day (8-hour) workshop designed to enhance MRT facilitators' knowledge of MRT, develop additional group facilitation skills, and review the objective criteria for operating MRT groups. This workshop is a refresher course available to only those individuals who have already completed basic MRT training. A certificate of completion is awarded to all participants.

The One-Day MRT Review Training is held periodically in Memphis and can also be scheduled at other sites. The basic cost is $150 per person. For more information or to schedule a training, call Sharron Johnson at 901-360-1564.

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.



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- **Competitive costs.**

For information on implementing MRT in your drug court, call Sharron Johnson at 901-360-1564

MRT cited as **Proven to Reduce Recidivism** in **DWI courts**.
Source: National Drug Court Institute (2005) *The Ten Guiding Principles of DWI Courts.*

Research Report

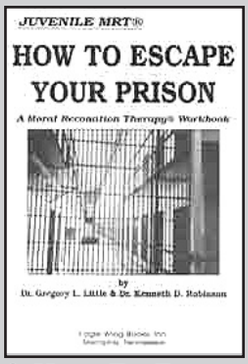
The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment by N.A. Landenberger and M. A. Lipsey (2005) Journal of Experimental Criminology, 1, 451-476.

In this study, the authors conducted a meta-analysis of fifty-eight experimental and quasi-experimental studies to examine the effects of cognitive-behavioral therapy on recidivism rates of both adult and juvenile offenders. They also wanted to identify those factors that were associated with larger recidivism reductions.

The meta-analysis confirmed the results of earlier meta-analyses that found reductions in recidivism of offenders. "…A reduction from the 0.40 mean recidivism rate of the control groups to a mean rate of 0.30 for the treatment groups, a 25% reduction. The most effective configurations of CBT produced odds ratios nearly twice as large as the mean, corresponding to recidivism rates of around 0.19 in the treatment groups, more than a 50% decrease from the 0.40 rate of the average control group."

They went on to suggest that the factors most strongly influencing effective CBT programs "…is high quality implementation as represented by low proportions of treatment dropouts, close monitoring of the quality and fidelity of the treatment implementation, and adequate CBT training for the providers." They also found that the effects were greater for high risk offenders , CBT was as effective for juveniles as adults, and that the treatment setting did not effect treatment outcomes with in prison treatment showing results similar to those found in community settings. In conclusion, they observed "the central issue for research on CBT with offender populations at this juncture is not to determine if it has positive effects, but to determine when and why it has the most positive effects."

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 23 or call CCI at 901-360-1564.

The Punishment Myth

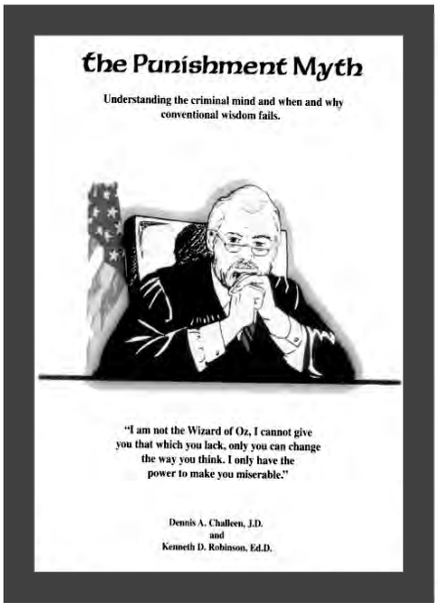
Understanding the criminal mind and when and why conventional wisdom fails.

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.

101 pages • 8.5 x 11 • $20

See page 23 for ordering details.

Brooklyn Treatment Court's Young Adults Program

By Herbert Hardwick
Community Resource Director
Brooklyn Treatment Court

The Brooklyn Treatment Court is a nationally recognized drug court that has provided treatment alternatives to incarceration for substance abusing felony offenders since 1997. A dedicated court part linked to a centralized case management unit, serves as the hub of a comprehensive justice and treatment network.

In April of 2003, the Brooklyn Treatment Court began to serve a new target population of "Young Adults" (19-24 year olds) with a primary diagnosis of marijuana dependence. This group presents with little motivation for treatment, low frustration tolerance, and denial around their addiction. The Brooklyn Treatment Court (BTC) had difficulty engaging these clients in the treatment modalities traditionally applied to the more severely addicted adult population of the drug court. Due to the early stages of their addiction, these drug court participants have difficulty internalizing the recovery concepts presented in traditional outpatient treatment modalities. This, along with significant behavioral issues, has resulted in a pattern of noncompliance, relapse and in some cases rearrest.

In response, the Brooklyn Treatment Court sponsored an "Engaging Young Adults in Drug Treatment Courts" seminar in 2004. Dr. Kenneth Robinson presented information about Moral Reconation Therapy (MRT). MRT is designed to address the issues of a treatment resistant population and has been shown to effective with numerous challenging populations in correctional settings, treatment settings and schools.

The Brooklyn Treatment Court submitted an application for technical assistance from the National Institute of Corrections to receive MRT training and was awarded that funding in January of 2005. In early 2005, BTC staff members completed basic training in Moral Reconation Therapy. The first MRT group at BTC began in March 2005. Clients are required to attend MRT Groups once a week until completion. The client's length of participation is based on their compliance and participation. Late attendance or failure to attend will impede progress through the MRT steps and delay completion.

MRT was introduced to BTC to increase the participant's moral reasoning, decrease referrals to residential treatment, increase life purpose, reduce antisocial thinking and behavior, and improve the chances of successfully completing the treatment mandate. BTC staff have noticed tangible, positive changes in the attitudes and behaviors of clients who participate in and complete the MRT program. The group facilitators believe that MRT is a non-confrontational way to address the issues that lead to clients' poor decision-making and eventual criminal behaviors.

The MRT participants seem to respond well to the structure of the program and they are able to reflect on how their thinking affects their behavior. Group members learn to take responsibility for their actions. Although some BTC clients may have displayed initial reluctance to participate in the MRT program, most members eventually buy into the process and help newer group members adjust to the demands of the group.

Brooklyn Treatment Court's presiding judge, the Honorable Jo Ann Ferdinand fully supported the MRT program at BTC from its inception. Judge Ferdinand engages the MRT participants during their regularly scheduled court appointments inquiring about the program and asking questions that specifically pertain to the MRT exercises and steps they are currently working on. The group participants usually respond favorably to the Court's interest in their MRT activities and this results in more insightful group discussions.

Judge Ferdinand said, "participants enrolled in MRT display a greater ability to talk with me about themselves. They are able to identify with greater specificity the problems in their behavior, which they must address. When I ask what they had to do to achieve the step they are working on they describe, with evident pride, the assignments they completed. I think it is important to them that their peers recognize their progress. Whenever I ask how MRT differs from what they are learning at the treatment program, they invariably respond, "WOW! It is entirely different. In MRT I am learning about ME.""

On Wednesday, May 17,2006, Brooklyn Treatment Court held its first MRT Recognition Ceremony in a public ceremony in the BTC courtroom and sixteen BTC clients received certificates acknowledging their completion of the MRT program and their commitment to change. All sixteen participants addressed the audience and each picked an MRT step and eloquently spoke about how that concept had an impact on their lives. Judge Ferdinand later remarked, "What a wonderful ceremony. I was incredibly proud of the participants and their group leaders."

For additional information regarding the Brooklyn Treatment Court, please contact Joseph Madonia, LCSW, Clinical Director, Brooklyn Treatment Court at 347- 296-1133 or email at jmadonia@courts.state.ny.us.

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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 for the APD/conduct disordered client
- Can be used as either an open-ended (reduces client resistance) or closed-ended group
- Is highly structured (with 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. For more information or a free sample, visit 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 below. Feel free to call or write for more details.

CCI's DOMESTIC VIOLENCE PROGRAM:

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

— MRT® Trainers —

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), Steve Swan, M.Ed.., Laura Gilreath, M.S., or a regional CCI licensee. Dr. Robinson and Mr. Swan each have over 30 years direct experience in criminal justice programming. Ms. Burnette has over 20 years direct criminal justice and substance abuse treatment experience and was involved in the initial implementation of MRT®.

For Information call or write CCI:
Sharron Johnson
3155 Hickory Hill • Suite 104
Memphis, TN 38115
(901) 360-1564
e-mail ccimrt@aol.com
www.ccimrt.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

MRT® TRAININGS:

June 18, 2007 to June 21, 2007 - Albuquerque, NM
June 18, 2007 to June 21, 2007 - St. Clairsville, OH
June 25, 2007 to June 28, 2007 - Chamberlain, SD
June 26, 2007 to June 29, 2007 - Bowling Green, OH
July 9, 2007 to July 13, 2007 - Memphis, TN
July 16, 2007 to July 19, 2007- Texarkana, TX
August 6, 2007 to August 10, 2007- Memphis, TN
August 7, 2007 to August 10, 2007 - Hillsboro, OR
September 10, 2007 to September 14, 2007- Memphis, TN
September 17, 2007 to September 20, 2007- Boise, Idaho
September 18, 2007 to September 21, 2007- Lufkin, TX
September 25, 2007 to September 28, 2007- New York City, NY
November , 2007 to November , 2007 - Memphis, TN

DOMESTIC VIOLENCE TRAININGS:

June 18, 2007 to June 21, 2007 - Albuquerque, NM
October 1, 2007 to October 5, 2007 - Memphis, TN

MRT®ADVANCED TRAININGS:

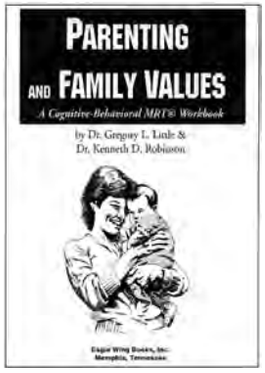
October 23, 2007 to October 24, 2007 - Memphis, TN

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.

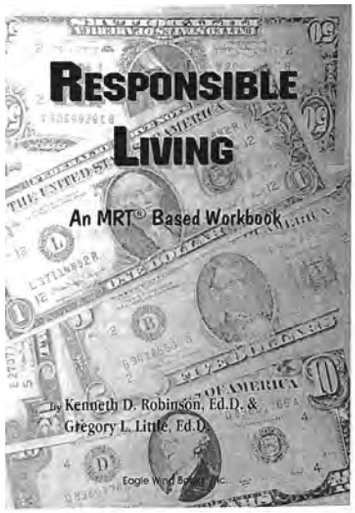
RESPONSIBLE LIVING:

An MRT® Based Workbook

An MRT® based, 8 session, open-ended, group workbook primarily for misdemeanants 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. 23

Successful Outcomes of the Anne Arundel County, Maryland Juvenile Treatment Court

By
Robert A. Kirchner, Ph.D. and Cristin E.S. Tolen

Introduction

The Anne Arundel County Juvenile Treatment Court (AACJTC) began serving clients in October 2003 and held its first graduation in March 2002. As of March 2007, the Juvenile Drug Court has entered over 120 participants to its program, which has produced 55 successful graduates. This study was conducted by an independent evaluation team from Glacier Consulting, Inc. (GCI), the current process and outcome evaluation for AACJTC program from March 2002 to March 2007. The juvenile drug court program is located in Maryland, including the principal city of Annapolis, the State's Capital. The AACJTC program has continued to improve its operations over the more than three years of its implementation. National guidance on implementing drug courts presents a general framework to establish a program, but not all jurisdictions fit the general model– especially with the diverse differences and unique nature of individual juvenile justice regulations and practices.

First, it is important to understand what the program has already produced as of March 2007, and how it has improved over time, remembering that it is much more cost-effective during the last 3 years than its first two years of operation. Initially, the program design included dual treatment tracks to determine the effectiveness of two different modalities. Following an evaluation of the first three years of implementation, one modality, Moral Reconation Therapy (MRT) was found to be more effective in producing expected results for participants, and the delivery of services was dramatically lower in cost to implement.

Moving to a single approach improved delivery of MRT, a cognitive behavioral therapeutic modality that has proven its effectiveness in accelerating client's progress to recovery – the outcomes results confirm that completion of MRT leads to increases in graduation rates.

.**Program Progress and Success**

- Reducing recidivism - Only 8.6% Re-Offend rate through March 2007 which is a dramatic improvement of the 31% rate in February 2005, and now far exceeds the goal of the program. Additionally, this result compares to the average juvenile drug offender re-offense rate of 78%.
- Retaining clients in treatment – The positive outcome of producing a 68.5% Retention Rate.
- Graduating clients - 55 graduates as of March 2007, which represents a doubling of the number of successful graduates for the past two years.

In terms of cost-benefits, from March 2002 through March 2007, to Anne Arundel County and the community, the AACJTC drug court has:

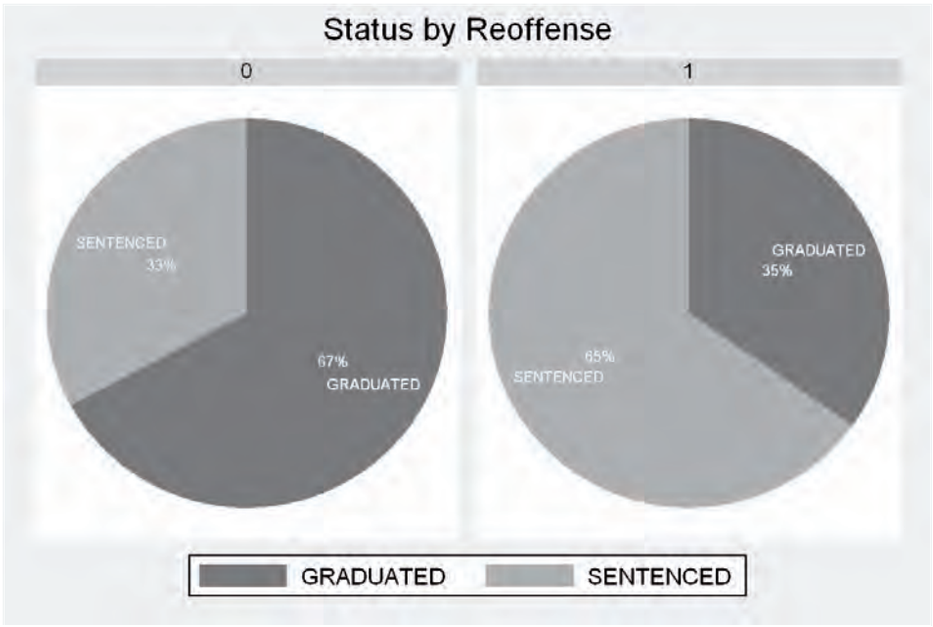
- Completed 2,958 hours of client community service, valued at $22,865.34.
- Integrated and consolidated approaches to treatment and recovery which substantially reduced the cost of individual service delivery to clients.
- Delivered 37,000.00 client days – including substance abuse treatment, supervision, ancillary services and judicial review.

Program components and accomplishments that have created an effective program include:

- Consistent judicial review with cooperative input from all drug court team members – the role of the judge is in itself an effective intervention which impacts a client's performance and retention in the program
- Strength-based approaches to programming client participation
- Dedicated supervision component strongly supported by Juvenile Probation, Maryland Department of Juvenile Services
- A custom designed Management Information System supporting (1) case management; (2) progress reporting; and (3) monitoring and evaluation
- Parent/ Guardian and family therapy as appropriate, including home visits
- Intensive efforts to gain community partnerships and collaborations, such as Expressive Art Therapy (Insights); Experimental Therapy (Insights and Adventure Therapy), and Interaction with Schools
- Substantial cost savings to Anne Arundel County through reductions in confinement time and the value of clients' performance of community service

Focus on Outcomes

Foremost among the concerns of citizens in dealing with drug offenders is the need to ensure public safety for the community. While juveniles are participating in the drug court



program their behavior results in reduced criminal activity. The cost to the criminal justice system of frequent and continuing criminality by juveniles is constantly rising. Successful graduates of the program produce sustained cost savings for the County's juvenile services. Of course, the most valued outcome in this area is increased security in the community through the replacement of drug using delinquents with responsible young citizens. Finally, if institutionalized, the program can lead to a modest improvement in the overall juvenile justice system.

If juvenile treatment court participants graduate, they are twice as likely to never re-offend again in the future. The figure below presents results for those that to not re-offend (0) and those that re-offend (1). Those identified as sentenced did not complete the program, and even a substantial portion of these participants did not re-offend.

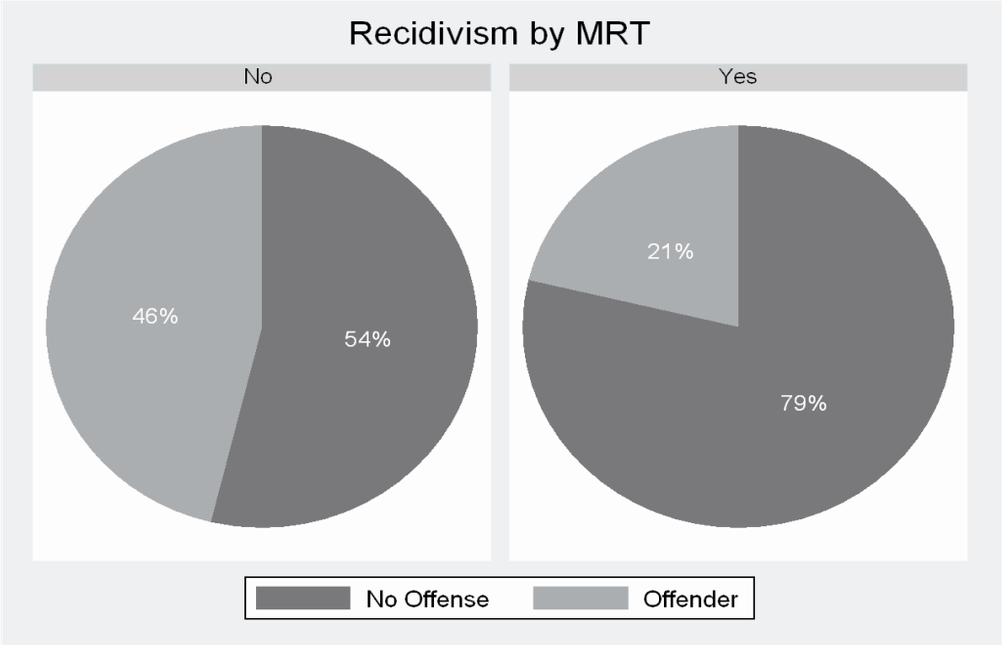
The principal outcome expected through treatment services is sobriety. However, drug use is often a symptom of other problems juveniles encounter, and other behavioral changes are desired as well. Based on assessments, the program addresses the total needs of each participant and seeks permanent, cognitive behavioral changes that directly yield client outcomes, such as: improving the client's image to others and within the community; removing the link to crime; and reinforcements for future living.

If participants complete the cognitive behavioral treatment component of their treatment plan (MRT), 79% have not committed new offenses either as juveniles or adults. Whereas, participants not completing or entered into MRT re-offended almost 50% of the time. Since January 2005 all participants receive MRT Therapy.

Relational Outcomes through Program Inventions

A major accomplishment of the juvenile drug court has been its success in promoting completion and/or preparation for completing GED requirements, especially considering how many of the participants have been expelled or drop out of school. The program has produced 18 GED graduates, and prepared 30 more for completing their GED requirements in the future. Very often, enhancing educational achievements moves juveniles from hopelessness to expectations that a positive future is possible. Also, seven (7) participants graduated from high school, and 64 have continued in school and improved their behavior and academic programs.

In addition to education, the juvenile drug court has built bridges to the community to enhance their participants' active involvement in positive activities, such as the Insights program sponsored by Maryland Hall for Creative Arts, a local non-profit organization. The results have been dramatic in



terms of producing impacts for both completing the program and successful future life. It is notable that 68% of those that participated in the Insights program have maintained their success, and have not re-offended

One of the objectives for Juvenile Drug Court participants is establishing them as successful members of society, which includes their ability to make a living. The program has been particularly successful in promoting work experiences and placement in jobs for their clients. Of course, this also means that they are actively participating in the community through work and paying taxes. The program focuses on older juveniles, and hence has focused on the importance of effective work experiences in addition to enhancing their education. With a 61% achievement rate, the program is succeeding in its expectations.

The program's mission formulated during early planning sessions was to promote a strong family component for the juvenile drug court. When families are involved the process, client progress through the program accelerates and the post-program outcomes are sustained. When conducive to an individual situation, the drug court team encourages improvements in parenting and family relationships. If assessments dictate, issues of dysfunctional domestic relations are considered in developing individual client plans to reduce continuing risk factors and increase family functioning. In some cases outcomes have led to successful steps toward family reunification.

Currently, the first impact evaluation is underway. The comparison group data is being complied, and the analysis should be completed in summer 2007. We believe that those results will only confirm the continuing success of the program to date. The AACJTC program will proceed in its design to fit into state and county approaches to handling juvenile drug offenders by ensuring a balance between client's needs based on assessment and the constraints of law and agency operations. This should produce a program that will become more effective for the jurisdiction, expand its active client base and lead to even greater outcomes for the community.

For additional information, please contact Cristin E.S. Tolen, Drug Treatment Court Program Juvenile Coordinator, Circuit Court for Anne Arundel County, Maryland at 410-222-1901 or email at CTTOLE00@aacounty.org

How to Escape Your Prison MRT®: New Edition Frequently Asked Questions

1. ***Is this edition different from the last?***
Yes, it's better. It is more user-friendly, meaning clients will understand more clearly what is expected of them for each exercise. There also will be more room to complete the exercises in the book, rather than on notebook paper.
2. ***Do I have to go back to training to use this book with my clients?***
No, the exercises are the same, so what you learned in training is still appropriate for this edition.
3. ***Can clients with the last edition and clients with the new edition be in the same group?***
Yes, the exercises are the same. Clients using the earlier edition may still need notebook paper for some of their exercises.
4. ***Will the cover of the book look the same?***
Yes.
5. ***How will I know if I am sent the new edition if the outside looks the same?***
CCI will send a notice in your shipment that tells you the books are the new edition.
6. ***Will there be a new Counselor's Handbook?***
Yes, the page numbers will be different, so we have printed a new Counselor's Handbook that is now available.
7. ***Will there be a new edition of the Juvenile version of How to Escape Your Prison?***
No. The juvenile version is very user friendly.
8. ***How will we know when the new Counselor's Handbook will be available?***
It is currently available either to order or available in PDF format for trained facilitators.
9. ***How can I get a copy of the new Handbook?***
CCI has a PDF file of the new *MRT® Counselor Handbook* to email to any trained facilitator requesting it to use with the new edition of *How to Escape Your Prison*.

EFFECTIVE COUNSELING APPROACHES

For Chemical Abusers & Offenders

By Dr. Greg Little, Dr. Ken Robinson, & Kathy Burnette

A basic understanding of the major counseling theories is essential for the practicing substance abuse counselor and those working with offenders. Effective Counseling Approaches for Chemical Abusers & Offenders is an indispensable primer covering the most commonly used counseling approaches. Few counselors are familiar with the history and background of the counseling field and the relative short history of substance abuse counseling. This text presents that history as well as shows when each counseling approach is best employed. Effective Counseling Approaches represents a comprehensive overview of various counseling theories, their underlying personality theory and philosophy, essential terminology for each, and a review of treatment outcomes. Counselors, counselors-in-training, criminal justice personnel, and other mental health personnel will find the book useful. Areas covered in this text include:

History of Counseling &
Substance Abuse Counseling
History of Drug & Alcohol Treatment
Relationship between Counselor & Client
Essential Counselor Skills & Abilities
Background & History of Major Counseling Theories
Philosophy, Personality Theory, & Terminology
of Each Counseling Processes
Appropriate Use & Limit of Each Approach
Understanding Defense Mechanisms

Client-Centered Counseling
Behavioral Approaches
Rational-Emotive Therapy
Reality Therapy
Cognitive-Behavioral Therapy
Gestalt Therapy
Transactional Analysis

Order Form is on page 23

PSYCHOPHARMACOLOGY:

Basics For Counselors

by Dr. Gregory L. Little

279 page authoritative soft cover text for addictions counselors, counselors in training, and those seeking a basic understanding of how drugs work in the brain. Explains the basics of psychopharmacology in an easy-to-read and easy-to-understand style. No prior understanding of brain anatomy or chemistry is required. An extensive index and references are also included. Areas covered include:

Basic History of All Major Drug Categories
Drug Abuse & Addiction Levels
Behavioral Effects & Side Effects
Tolerance & Dependence
Mechanism of Action
Psychopharmacological Interventions
Genetic Predispositions
Psychotherapeutic Drugs

Psychopharmacology is $24.95

See page 23 for order form

Parole/Probation Program

Shoplifting Program

Something for Nothing

This program recently gained highly positive media attention in Nashville, TN where 70 shoplifters completed the program at one time in a private probation service. Participants' comments, which were unexpectedly insightful and remorseful, were reported in the news. *Something for Nothing* is an eight-hour, 17-page CBT workbook designed to be utilized in weekend or weekly groups with shoplifters—by Greg Little. Easy to implement, easy to follow workbook, shows virtually 100% completion rate with initial offenders in program. Also available in Spanish!

Something For Nothing

English & Spanish versions: $10 each.
Also Available: Something For Nothing Audiotape (English): $50

Effects of the DRAMA Club on Community Based Juvenile Offenders:

Increased self-control, decreased hostility, high use probability of nonviolent, conflict resolution strategies.

by Anthony J. Myers & Phillip E. Wikes
Second Thought Alternatives

The DRAMA Club (Dispute Resolution and Managing Anger) is a cognitive-behavioral, group counseling/education program. Developed with the conduct disordered/antisocial client in mind, the intervention provides participants with a thorough understanding of the dynamics of anger, insight into personal anger and its etiology, and the skills requisite to alter their maladaptive responses to anger both cognitively and behaviorally. The highly structured program is both "client-centered" and "client-focused".

As a client-centered intervention, each participant is solely responsible for their progress through and completion of the program. The core program consists of eight "Acts", each of which possesses three primary sections: "Learning My Script" (information and insight), "Rehearsing My Role" (behavioral skills) and "Scene Notes" (a guided, self-analysis of an anger incident occurring between sessions). This information is provided in a client workbook. Required "homework" consists of reading and exercise completion which the client must then present in group to "pass" to the next step. (With the client having the active treatment role, the group leader's primary responsibility is to facilitate these presentations in group and determine whether or not they meet the basic expectations as outlined in the workbook.)

The DRAMA Club is "client-focused" in that all exercises are client specific dealing with anger issues and incidents unique to each individual. In addition to the identification of personal anger management elements (cues, triggers, responses, costs, payoffs, sources of anger…), participants record their thoughts, feelings, and beliefs for each anger incident as part of the program's cognitive restructuring process. (This is recorded in their "Scene Notes" and then discussed in a "one-on-one" meeting with the facilitator.)

The DRAMA Club is cumulative regarding both the acquisition of understanding and skills and therefore necessitates a specified progression through the steps. While it is designed to be run as either a close-ended or open-ended group, the writers prefer the latter because of its greater effectiveness with the oppositional client frequently referred to such interventions. Along these same lines, the open-ended format provides for the least amount of disruption to the group process and the progress of individual members.

METHOD

For the purpose of this study, the group was run as an open-ended intervention. While *The DRAMA Club* provides for continued participation of clients beyond the core program for additional, supervised practice of newly developed skills, only the completion of Acts 1 through 8 were allowed in the study.

The group started in September of 2005 with the twenty research subjects entering consecutively from that point and the last completing the program in May, 2006. (As an open-ended program, the group continues to operate at this writing.) The study's population primarily consisted of both court-ordered, delinquent clients and individuals participating in a diversion program, many of whom were students suspended for disruptive/assaultive behavior. Only one participant was referred based on anger issues not resulting in delinquent charges. The mean age of participants at admission was 17 years and 3 months with a range of 16 years, 2 months to 18 years, 11 months. The gender breakdown, which experience has demonstrated as typical for this population, was 15 males and 5 females. The racial makeup of the group was close to evenly divided between African-American (11) and white (9) subjects.

All twenty of the group members became program completers (not unusual for court or school mandated participation). The length of completion extended from 8 sessions (the minimum possible) to 20 sessions for the most resistant client. The mean number of sessions to completion was 11.

ASSESSMENT INSTRUMENTS

Clients were administered the same battery of tests both pre-admission and upon program completion. The first of the three instruments was the *Hostility Scale (SCL-90*), a six-item test where subjects are asked to rate each item on a scale of 1 to 4. The items ask specific questions regarding ease of irritation, temper outbursts, urges for violence, urges to break things, urges to shout, and degree to which they get into heated arguments. Scores range from 1 to 4 with higher scores related to higher levels of hostility.

The second test utilized was the *Conflict Resolution Scale*. The test is a 12-item questionnaire where clients indicate the degree to which each statement applies to them. Six items yield a *Self-Control* score, ranging from 6 (low self- control) to 24 (high self-control). Six items yield a *Cooperation* score, ranging from 6 (low cooperation) to 24 (high cooperation).

The final instrument was the *Violent Intentions—Conflict Survey.* The test measures intentions to utilized nonviolent strategies to control anger and conflict. The 8-item test was specifically developed to measure the effectiveness

of anger management programs. Scores range from 8 (low probability of using nonviolent strategies) to 32 (high probability of utilizing nonviolent strategies).

RESULTS

A series of repeated measures *t*-tests were conducted on all pre- and posttest scores on clients who were discharged during this report period. A total of four significant results were found. All of the changes from pre- to posttest were highly desirable. Scores on the *Hostility Scale* were lower on the posttest ($t_{19} = 2.11$; $p = .048$) showing that the clients had significantly lower levels of hostility after program participation. Scores on the *Self-Control* portion of the *Conflict Resolution Scale* were significantly higher ($t_{19} = 3.23$; $p = .004$) showing that clients reported more self-control after program participation. Scores on the *Cooperation* portion of the *Conflict Resolution Scale* increased significantly ($t_{19} = 2.27$; $p = .035$) showing that program participation increased levels of cooperation. Finally, pre- to posttest scores on the *Violent Intentions-Conflict Survey* dramatically increased ($t_{19} = 6.08$; $p = .000$) showing that clients have a high probability of using nonviolent strategies to resolve conflict. All of these results indicate that the program is having a beneficial effect on the participants.

DISCUSSION

The DRAMA Club is currently being used in a variety of settings. In addition to numerous outpatient groups—as is the case with the subject of this study—this unique anger management and conflict resolution program is currently being used with adult prisoners, detention center/jail inmates, therapeutic group home residents and residential treatment center patients. A significant study is nearing completion in which the entire student body of an alternative school is undergoing the intervention.

To date, reports of its effectiveness have been anecdotal. While other studies are underway as noted above, the current paper represents the first competed formal study into its efficacy. That participants showed statistically significant improvements in all tested categories supports what many correctional, mental health and educational professionals have already been reporting.

After completing the program, participants demonstrated significantly lower levels of hostility while at the same time showing significantly increased levels of self-control and cooperation. Finally, clients demonstrated dramatic changes in their pre- and posttest *Violent Intentions-Conflict Survey* scores. So, not only are clients reporting decreased hostility and increased self-control in managing their anger, but have a high probability of using the nonviolent, conflict resolution strategies they have learned and practiced in the DRAMA Club.

You may contact either Anthony Myers at (410)789-7577 or Phil Wikes at (410)746-0134 for additional information about *The Drama Club* program.

Notice to CBTR Subscribers

CBTR is a quarterly publication featuring the latest cognitive-behavioral information and CCI news. Beginning with this edition of CBTR, it will be distributed electronically to everyone on our mailing list. If you were either trained prior to the advent of email addresses or to insure that you are included, please forward your name and email address to valeriecci@bellsouth.net. Future newsletters will also be available on our website located at www.ccimrt.com. Please contact us if you need any additional information.

COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order go online at www.ccimrt.com, use the coupon on page 23, or call 901-360-1564.

***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.

Driving the Right Way —4-session client workbook for DWI/DUI offenders; $10.00.

Facilitator's Guide for Driving the Right Way —4-page how-to guide for implementing *Driving the Right Way* DWI/DUI treatment groups; $5.00 or free with workbook.

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.

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)	$50.00		
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		
Driving the Right Way Workbook	$10.00		
Driving the Right Way Facilitator's Guide	Free		
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! Go to our web site at www.ccimrt.com and clink on the Store link.

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. When ordering only one item, the shipping fee is $6.00. 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.

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3155 Hickory Hill • Suite 104
Memphis, TN 38115

_____ = TOTAL ORDER

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Memphis MRT® Training Daily Agenda

This schedule is for Memphis trainings only. Regional times and costs vary. Lunch served in Memphis only. Lecture, discussion, group work, and individual exercises comprise MRT® training.

Monday
8:00 a.m. to 5:00 p.m.
(Lunch-provided in Memphis)
Introduction to CBT.
Treating and understanding APD and treatment-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 more information please call 901-360-1564.

Upcoming Trainings

MRT® TRAININGS:

June 18, 2007 to June 21, 2007 - Albuquerque, NM
June 18, 2007 to June 21, 2007 - St. Clairsville, OH
June 25, 2007 to June 28, 2007 - Chamberlain, SD
June 26, 2007 to June 29, 2007 - Bowling Green, OH
July 9, 2007 to July 13, 2007 - Memphis, TN
July 16, 2007 to July 19, 2007- Texarkana, TX
August 6, 2007 to August 10, 2007- Memphis, TN
August 7, 2007 to August 10, 2007 - Hillsboro, OR
September 10, 2007 to September 14, 2007- Memphis, TN
September 17, 2007 to September 20, 2007- Boise, Idaho
September 18, 2007 to September 21, 2007- Lufkin, TX
September 25, 2007 to September 28, 2007- New York City, NY
November 5, 2007 to November 9, 2007 - Memphis, TN

DOMESTIC VIOLENCE TRAININGS:

June 18, 2007 to June 21, 2007 - Albuquerque, NM
October 1, 2007 to October 5, 2007 - Memphis, TN

MRT®ADVANCED TRAININGS:

October 23, 2007 to October 24, 2007 - Memphis, TN

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