GOGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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& Moral Reconation Therapy (MRT™) News

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Successful Implementation of a Model Family Treatment Court Program: Effective Collaboration and Integration Efforts Meeting Multiple Program Objectives

By Robert A. Kirchner, Ph.D., Thomas R. Kirchner, Ph.D., & Jill K. Glashow, MSW, LCSW

Introduction

Specialty Courts are judicial problemsolving processes designed to address the root causes that contribute to criminal involvement. Missouri's Thirty-Fifth Judicial Circuit has been a leader in Missouri in the development of drug court programs that address the unique needs of both criminal and civil target populations involved with the criminal justice systems of the two counties that comprise the circuit by designing collaborative, community-based models. The challenges faced by local jurisdictions often prohibit the establishment of new programs to improve individual, local criminal justice activities. However, by combining organizational efforts, much can be accomplished to produce unified responses to society's problems.

Specialty Courts consist of teams with a judge, coordinator, prosecutor, defense, treatment personnel, probation and other agency staff as needed. They provide early intervention by the court while protecting the rights and due process of the defendant. The swift application of rewards or sanctions holds the client accountable throughout the process.

In addition to the assistance provided to individual defendants,

counties and taxpayers receive the benefit of cost savings due to a reduced number of people incarcerated, and an increased number of productive members in society. The work of these courts cannot be underestimated. National and state studies show the success of these courts both in lower recidivism and cost saving to state health and service agencies, correction agencies, and the courts. In addition to producing clean, sober and productive citizens, other benefits are received by the state

Program Progress and Success

Beginning in September 2004, Missouri's Thirty-fifth Judicial Circuit Court initiated an innovative strategy to address the problems faced in dependency court practice when faced with drug abusing guardians. Lessons were learned from adult and juvenile drug court programs implemented in the Circuit, but the challenges and opportunities for implementing a family dependence treatment court quickly became apparent. Highlighting the program are statistics that explain something must be done:

The total number of children in out of home placement in the 35th Circuit for 2009 was 362. The Circuit's rate of substantiated abuse and neglect cases per 1,000 children is 64.55, almost twice the

state rate of 37.29 ranking it 40th out of 45 circuits. The 35th Circuit ranks 45th out of 45 for the number of children per 1,000 in Children's Division custody. According to the Missouri Department of Social Services, 429 incidents of child abuse and neglect were reported in Dunklin County in fiscal year (FY) 2009 and 268 in Stoddard County for a total of 697. Of those, DSS completed investigations and assessments on 1,078. Of those investigated and assessed, reports were substantiated for 102 children and 112 were unsubstantiated with the need for preventative Family-Centered Services. ¹

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 regulations and practices. The reality faced by Child Welfare, Justice and Treatment organizations in the 35th Judicial Circuit were that, although each wanted to develop alternatives existing practices for drug offenders, none of the organizations had the resources to establish and maintain improvements to the current processes on their own.

The development of a program design that focused on the strengths of combining efforts based on child welfare case management, and the designation of a dedicated treatment court judges, eventually led to a solution that overcame most of the initial obstacles. The FTCP was planned and implemented as a unified and consistent judicial drug treatment program within a drug court model. Today, the FTCP has become a model for other jurisdictions that face similar challenges to establishing effective alternatives for dealing with drug offenders in their communities.

Based on observation of program activities, interviews, and review of FTCP materials, substantial progress has been made in finalizing both the organization and operationalization of the Court. During almost ten years of implementation, the Treatment Court Team has continued to define roles and responsibilities, as well as decisions on the policy and procedures of the Court. The early results are impressive, and there is every expectation that the program will only get better over time in producing desired program outcomes.

First, it is important to understand what the FTCP has already produced as of May 2012, and how it has improved over time, remembering that it is much more cost-effective during the last year than its first two years of operation:

Graduating or Successful Completed clients -39 Family Units graduated as of 5/1/2012.

Retaining clients in treatment – The program is maintaining a 52% retention rate, which far exceeds the average of 28%, reported in research for substance abuse treatment programs.

Reducing in-program recidivism – During participation in the program, only 31% of the participants violated their contracts, which often

explained termination from the program, or in some cases termination of parental rights.

In terms of cost-benefits, from October 2004 through May 2012, the FTCP has:

Integrated and consolidated approaches to treatment and recovery which substantially reduced the cost of individual service delivery to client

The program has resulted in the birth of 11 drug free babies with 2 more expected soon. This is a major accomplishment that will save the communities in which they reside thousands of dollars that potentially must be allocated to manage and serve those babies that are born with drug and alcohol effects.

For the graduated participants, the program delivered 45,461 client days – including substance abuse treatment, supervision, child welfare oversight, ancillary services and judicial review.

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

Consistent judicial review with cooperative input from all treatment court team members – notably, the collaboration with child welfare professional staff is essential to an integrated approach to determine progress for each case.

The role of the judge is in itself an effective intervention which impacts a family's performance and retention in the program.

Improved delivery of Moral Reconation Therapy (MRT), a cognitive behavioral therapeutic modality that has proven its effectiveness in accelerating client's progress to recovery- completion of MRT leads to increases in graduation rates.

Strength-based approaches to programming client participation.

Dedicated supervision component strongly supported in a collaborative strategy between justice system and child welfare staff coordination.

Intensive efforts to gain community partnerships and collaborations.

Summary

The FTCP did well in case processing and entering clients into the program. The goal of frequent initial court appearances and drug testing was met, resulting in reduction of

both drug use and compliance with rules of the program over time. The Team agreed to overall program goals and progress in meeting the program's objectives, such as:

Expedited access to treatment and more quick responses to client problems.

Individual treatment plans and team supervision increases accountability and support for judicial decisions.

Community resources work in a coordinated way to benefit families and result in improved outcomes for children.

Over time, the FTCP Team improved collaboration among the court, substance abuse treatment providers and child welfare systems. Clients report that the comprehensive process better meets their needs, and believe that the support of the team increases their chances for success, which was not possible in the past when dealing with both the child welfare system and the dependency court individually. Court personnel and child welfare case staff states that the program permits them to be more involved with clients and their children. Finally, costs associated with child abuse and neglect cases, with clients involved with substance abuse will substantively decrease.

¹ Missouri Department of Social Services, information obtained on May 10, 2011.

Moral Reconation Therapy® Increases Community Corrections Treatment Effectiveness

A 2005 meta-analysis¹ of nine published outcome studies detailing the results of MRT® treatment on the six-month to three-year recidivism of parolees and probationers showed that MRT cut expected recidivism by nearly two-thirds. These studies included 2.460 MRT-treated individuals and 7.679 controls.

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- Over 100 outcome studies have documented MRT
- MRT is the premiere cognitive-behavioral program
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- MRT is cost-effective
- MRT enhances offender compliance
- MRT significantly reduces recidivism
- MRT is a "Best Practice"
- MRT is an "Evidence-Based Practice"

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Criminal Thinking — Codependence — Sex Offenders —

Domestic Violence — Juvenile — CBT Training

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www.ccimrt.com

¹ www.moral-reconation-therapy.com

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The Staying Quit client workbook is \$10. A simple-to-follow Facilitator's Guide is available for \$5. The Staying Quit Audio Set (boxed, \$35.00) contains the entire workbook text on CD, a 15 min. relaxation exercise, a 15 min. progressive muscle relaxation exercise, a 20 min. clean & sober visualization, and a 25 min. desensitization CD. A Group Starter Kit is available and contains 11 workbooks, 1 Facilitator's Guide, review article, and a complete Audio CD Set. The Starter Kit is \$140.00 (discounted from \$170).

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11 Staying Quit workbooks 1 Facilitator's Guide Workbook on CD

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

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A Cognitive-Behavioral Workbook

Coping With Anger is a 49 page cognitive-behavioral MRTTM workbook designed for eight (8) group sessions and is one of CCI's most popular programs. Used in probation & parole, prisons, community corrections, and other treatment sites, Coping With Anger is ideal for use with violent offenders, argumentative or oppositional clients, and with those who have trouble expressing feelings of anger.





Training DVD Now Available! A 1.5 hour DVD has been created to assist programs and counselors who want to observe how the anger management program is conducted. The DVD shows how clients should complete homework for each of the program's 8 modules and how the homework in each module is presented in group. It is available in a newly packaged, discounted Group Starter Kit or can be purchased individually. A FREE CD with the training on a Quicktime file is included in the Group Starter Kit (for use on computers).

Coping With Anger, on CD, also included in Starter Kit!

The entire *Coping With Anger* workbook is now available on audio CDs for use with clients who have problems reading. The CD has Dr. Greg Little reading the text and explaining the exercises.

Group Starter Kit, a \$345 value, is only \$245! A 29% Discount

Anger Management Group Starter Kit contains:

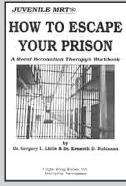
15 Coping With Anger workbooks
2 Facilitator Guides
2 5-Minute Stress Manager CDs
2 Relaxation/Progressive Muscle Relaxation CDs
1 Anger Management Training DVD
1 FREE Anger Management Training Quicktime

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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 online or call CCI at 901-360-1564.

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GCI offers practical, cost-effective evaluation and research services for drug courts, treatment programs, facilities, and departments within the criminal justice and corrections system. GCI will design data collection systems for your agency and interpret the data for evaluation. GCI's research team has many years of research experience evaluating program effectiveness. Contact Robert Kirchner, Ph.D., Research Director, at bobkirchner@gmail.com for additional information.

One-Day MRT™ Basic Review Training for Trained & Certified MRT Facilitators

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. CEUs are also available from Lousiana State University- Shreveport.

The One-Day MRT Review Training is held periodically in Germantown 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.



MRT[™] Journal: Thoughts & Questions About the MRT[™] Steps

MRT™ Supplemental Treatment Materials

The MRTTM Journal is a 72-page book designed as a program resource to be used by participants as they work through the steps of MRT. Clients make comments in a journal style as they progress through MRT. The Journal is an adjunct to the client's regular MRTTM workbook- all participants must have a copy of the MRTTM workbook.



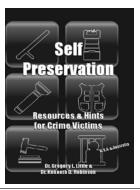
Journal price: \$4.75

Self Preservation: Resources & Hints for Crime Victims

This 72-page, self-guided manual is a victim's resource book using the principles and concepts of MRT. It is a simple to use guide to the facts about being a crime victim and suggestions that victims could find helpful as they move through the process of being a survivor. Included is an assessment tool and guide to determine the need for more support. Also included are agencies and resources available to each type of crime victim. The

types of crime include assault, drunk driving, identity theft, robbery, sexual assault, stalking, and others.

Manual price: \$4.00

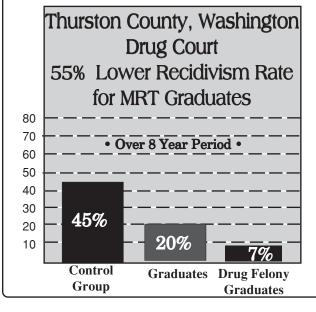


What Do Drug Court Professionals Know That You Should Know?



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. An evaluation of the Thurston Co. Drug Court utilizing MRT as its primary treatment modality showed only a 7% recidivism rate of drug felony graduates in an 8 year study. 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. 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.
- Open-ended program with flexible client participation and pre-printed materials.
- History of successful corporate performance for over 10 years.
- Record of effective implementation at multiple sites.
- Comprehensive, proven training.
- Competitive costs.

For information
on implementing MRT
in your drug court,
call Sharron Johnson
or Lacy Kennedy
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*.

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-intraining, 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

MAKING CHANGES FOR GOOD

A Cognitive-Behavioral Approach for Sex Offender Relapse Prevention

Making Changes for Good is a 56 page, 10 session workbook designed for sex offender relapse prevention. It is designed to be used in open-ended groups where offenders can enter ongoing groups at any time. Clients read each module prior to coming to group and complete structured exercises. Helps clients identify risky behaviors and thoughts and make plans to cope.

Designed for:

Parole/Probation Supervision Sex Offender Programs Institutional Programs

Making Changes for Good is \$18.00 The Facilitator's Guide is \$10.00

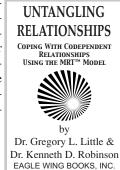
Untangling Relationships

COPING WITH CODEPENDENT RELATIONSHIPS
USING THE MRTTM Model

Codependency is a controversial concept. But there is no doubt that offenders engage in manipulative and dependent relationships that complicate their many other problem areas. This workbook directly confronts these "codependent" relationships in a systematic, 12-group session format following MRT's model.

28 Pages, 12 Modules

- Easy To Implement
- Addresses All of the Key Issues in Codependence



Also now available in Spanish, Desenredando Relaciones.

Client Workbook \$10.00

An Interview with Norma Jaeger, Idaho State Drug & Mental Health Courts Coordinator

Norma Jaeger has spent more than 30 years developing and managing public mental health and substance abuse programs throughout the Northwest. Currently, she is the Idaho Supreme Court's statewide drug court and mental health court coordinator, providing support to 60 drug and mental health courts. She serves on the Board of Directors for the National Association of Drug Court Professionals and is on the adjunct faculty of the Department of Criminal Justice at Boise State University.

When asked to comment on her contributions, West Huddleson, Chief Executive Officer of the National Association of Drug Court Professionals, said Norma is a special gift to those of us in justice reform, for whom she has been a genuine inspiration. Behind her impressive credentials are Norma's true passion for improving the criminal justice system, professionalism, open-mindedness to all situations, and tireless work ethic. Norma has dedicated herself to breaking down justice system barriers to ensure those involved in the criminal justice system have equal access to effective services. As an NADCP Board Member, Norma has been a tremendous national thought leader, guiding the creation of the Mental Health Court Committee as well as serving as a key liaison between the *NADCP Board and the State Drug Court Coordinators group.* In doing so, she has promoted best practices, system effectiveness and public awareness of these life-saving courts.

CBTR: Tell us about your background in treatment programming.

I have spent over 30 years in various positions managing and overseeing publicly funded mental health and substance abuse treatment services in both rural and urban areas in the Northwest. I was the regional administrator for substance abuse treatment and prevention services in ten rural counties in Northern Idaho as well as the county administrator in Portland Oregon and Seattle Washington. Following integration of mental health and substance abuse services in these communities I served as Operations Manager (Portland) and Manager of Treatment and Rehabilitation (Seattle) for integrated behavioral health services. I then served as Bureau Chief for Programs for the Idaho Department of Correction and finally as the Statewide Coordinator for Drug and Mental Health Courts and Director of Problem-solving Courts and Community Sentencing Alternatives with the Idaho Supreme Court.



Norma Jaeger

CBTR: Can you give us a brief history of the development of therapeutic courts in Idaho and some current statistics regarding the type and number of clients served?

Idaho's first two drug courts were established in 1998. Action of the Idaho Legislature in 2001 provided funding to expand courts to all seven Judicial Districts adding an additional eight courts. From that point courts were regularly added each year, throughout the state. The first mental health court was established in 2002 and these courts also expanded rapidly. Today there are a total of 60 problem-solving courts including family drug courts, DUI courts, juvenile drug and juvenile mental health courts and finally, veterans' treatment courts, in addition to adult drug and mental health courts. In the past fiscal year 1,670 clients were served in adult drug courts, 324 in mental health courts and 204 in juvenile drug and mental health courts. For many years, while alcohol was the most common drug of abuse, methamphetamine was the most common illicit drug. This is being overtaken,

especially in the more "urban" areas, in the past two years by prescription opiates.

CBTR: Please share with us some of the data from treatment courts regarding client outcomes.

In a statewide study of Idaho felony drug courts in 2006, 19% of graduates and 29.5% of the total drug court population had a subsequent offense resulting in a court filing and guilty finding while 37% of the comparison group had such a court filing. In an evaluation of four Idaho DUI courts 18% of graduates and 23% of the total drug court population had a subsequent offense while 37% of the comparison group had a subsequent charge.

CBTR: What are the primary factors that you believe are responsible for the growth and success of therapeutic courts in your state?

The most significant factor has been the positive and creative alliance between the three branches of government to support and expand problem-solving courts. The positive outcomes shown through the evaluations that have been conducted have bolstered this support but the understanding of the importance of providing community sentencing alternatives to prison by the Legislature and Governor has been unwavering. Early on in the development of problem-solving courts, the Legislature created a dedicated fund to support these courts with revenues coming from a combination of fines and a surcharge on sales in State-contract liquor sales outlets. This has provided a relatively stable financial foundation, even in the recent economic downturn.

CBTR: What do you see in the future for your state's treatment courts? Do you have any goals for Idaho therapeutic courts that you have yet to achieve?

I believe that courts will continue to be established in additional communities and that the capacity of the existing courts will continue to expand as we achieve needed growth in available substance abuse and mental health treatment resources as well as in funding for increased community supervision. I believe that veteran's courts will continue to be developed across the state and that the role of juvenile drug courts will expand to serve more young people in the juvenile justice system.

There are several goals for the therapeutic courts in Idaho including expansion of mental health diversion-focused courts, development of reentry courts to serve at least those individuals returning from the shorter-term prison stays and who remain within the jurisdiction of the courts (as opposed to being on parole following longer

prison stays.) Another goal is to expand the use of family drug courts for parents with substance abuse in child welfare cases as well as to utilize problem-solving court principles more broadly in the child welfare / court system. We definitely need to expand our reach with the DUI population to serve more individuals. We also have important quality improvement goals across the system including increasing the effective use of evidence-based interventions, improving graduation rates and reducing the long-term recidivism rates for all categories of problem-solving courts.

CBTR: Do you think the success that has been experienced with the treatment courts has or will have any impact on the criminal justice system in Idaho?

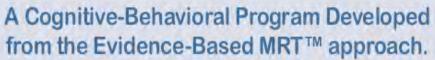
Idaho has been relatively successful in reducing the growth in the prison population and the ability of problem-solving courts to successfully manage over 1000 offenders in the community at any given time has certainly had an impact on holding the line on prison growth. Drug and mental health courts have provided leadership in demonstrating the use of evidence-based sentencing practices and encouraging the dialogue about criminal justice system reform in the state. These courts have also demonstrated that recovery and rehabilitation is feasible and achievable as well as cost-effective.

CBTR: Please also tell us about your involvement with the national drug court movement and what you believe are the future direction and trends for treatment courts.

I have had the privilege of serving on the Board of Directors of the National Association of Drug Court Professionals for the past five years, as well as on the Congress of State Drug Court Associations and the National DWI Court Task Force. I served on a committee to develop the guiding principles for DWI Courts and worked to develop the Essential Elements of Mental Health Courts. These activities have allowed me to see drug and mental health court development and operations from a broad perspective. I believe that the principles that guide these courts will find a wider application within the criminal justice system and provide a rallying point for criminal justice system reforms. I believe that drug and mental health courts will continue to focus on quality standards, on use of evidencebased practices and on cost-effective responses and longterm solutions to crime. Finally, I believe that these courts will continue to demonstrate the reality of recovery from addiction and criminal lifestyles.

Escaping A Bottomless Pit

A New Group Counseling Approach For Driving on a Revoked or Suspended License



By Dr. Gregory L. Little & Dr. Kenneth D. Robinson

- Uses workbook exercises—36 pages
- · 8 hour group program
- · Completed in one-day or weekly sessions
- · Open-ended-clients can enter at any time
- Targeted to DRL /DSL arrestees
- · Explains choices and consequences
- · Dissolves excuses
- · Makes future behavior a conscious choice
- · Shows effects on others
- · Focuses on how to eventually drive legally
- · Addresses personal honesty, trust, & acceptance
- · Addresses control issues
- · Forces participants to make a plan of action
- Can be used in all states & DC
- · Websites of all appropriate state agencies listed



Background: There are more arrests each year for driving on a revoked, suspended, or with no license than all other arrests combined. Many courts consider this the most costly and time-consuming of all "crime"—yet there are few options available to courts. This program directly addresses the key issues and gives supervising agencies a valuable treatment option. The 36-page workbook-based program can be performed in a one-day intensive or (ideally) in a series of weekly sessions. A brief Faciliator's Guide outlining procedures is available.



Cost: \$10.00 per Workbook.
Facilitator's Guide free with Book Order.

Also available in Spanish.

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

How MRT™ Is Implemented:

MRTTM 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. MRTTM 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*TM *must supply clients with a copy of an MRT*TM *workbook that are purchased from CCI for \$25 per copy.* MRTTM formats are in use for general offenders, juveniles, perpetrators of domestic violence, and others. MRTTM 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 $^{\text{\tiny{TM}}}$), Kathy Burnette, M.S. (CCI's Vice President of Clinical & Field Services), Steve Swan, M.Ed., Laura Gilreath, M.S., or a regional CCI trainer. All MRT $^{\text{\tiny{TM}}}$ trainers have over 20 years direct criminal justice and substance abuse treatment experience and all have been involved in the implementation of MRT $^{\text{\tiny{TM}}}$ in both juvenile and adult settings .

CCI'S DOMESTIC VIOLENCE PROGRAM:

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 - Meets State's Requirements on Power & Control Model
 - CEUs Offered

For Information call or write CCI: Sharron Johnson 2028 Exeter Germantown, TN 38138

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NAME	1	\$600	
NAME	2	\$500	>
NAME	3	\$500	
NAME	4	\$500	
REDIT CARD	AGENCY		
ORDERS	ADDRESS		
CALL	CITY/STATE/ZIP		
901) 360-1564	PHONE #		
TRAIN	ING DATES SELECTED:		
	Mail form with payment to: CCI • 2028 Exeter Rd. • Germantow	n. TN 38138	

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.

Research Update

COGNITIVE BEHAVIORAL THERAPY: Effective Approach to Treating Criminal Behavior and Drug and Alcohol Abuse

Dr. Robert A. Kirchner, Glacier Consulting, Inc. & Dr. Kenneth D. Robinson, Correctional Counseling, Inc.

In 1992, William Miller noted that "Treatment programs have relied to a surprising extent upon modalities that have never been proven to be effective." He would undoubtedly agree that we have come a long way. His premise at the time was based on the fact that treatment of addictive behaviors was regularly followed by high rates of relapse, which set a standard for evaluating the outcomes of these programs. In 2012, the development and implementation of treatment regiments that incorporate cognitive behavioral theory applications based on research results is a major force in improving the success of treatment for criminality and substance abuse.

Seven years after Miller's observation, Michael Sayette (1999) commented that "The past decades have seen the emergence of cognitive theory in psychological research...has shifted away from a strict behaviorism toward a cognitive, or information processing perspective...Though many acknowledge the impact of this cognitive revolution, it has been difficult to describe what is meant by cognitive."

After many years of evaluating treatment delivery for criminality, domestic abuse and substance abuse, I continue to remind myself of Joseph Wholey's admonition that "If you don't care where you get to, then it doesn't matter which way you go," and have found that too often treatment providers see their occupation as a business and the clients maintain their income. Changes had to occur to return to the mission of implementing effective treatment programs that change people's lives.

By 2012, we have a much better understanding of what "cognitive" means through the development of approaches that clearly state the process of change created by a particular Cognitive Behavioral Treatment (CBT) modality and the outcomes that should be expected. In a comprehensive study by Kathryn-McHugh, Hearon and Otto (2010), researchers concluded that "Cognitive Behavioral Therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies."

In fact, nearly all programs that are effective at reducing recidivism contain some form of cognitive behavioral treatment component or are completely cognitive behavioral in nature (Little, et.al.). The basis for many of the findings supporting CBT approaches are found in Doris MacKenzie's expansive study of what works in corrections and states that "The consistency of the results leads me to conclude that these programs are effective for adult offenders in a variety of settings."

MacKenzie goes further by looking specifically at Moral Reconation Therapy (MRT) and finds that "The 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 settings." A long term research program of the Thurston County, Washington Drug Court Program went further by noted the lasting effects of MRT treatment in a drug court settings which explained that "Overall, completion of each additional MRT step (by noncompleters) was associated with an 8% reduction in recidivism. The finding complements the finding that when completing the program, and MRT, produced a recidivism rate of only 17% (Kirchner, et.al.).

In his research update on drug courts, Douglas Marlowe noted that "The quality of treatment is also a critically important consideration. Significantly better outcomes have been achieved when drug courts adopted standardized, evidence-based treatments. This was supported in a number of studies of drug court programs in different communities; for example is the Heck study of a program in Wyoming that concluded "the participants in this drug court program find MRT to be the single most effective group in which they participate." The finding is consistent with much of our research that includes feedback from program completers as well as those who do not complete. The findings also confirm the value of CBT impact as a brief intervention. As a final note, in a recent study by the Washington State Institute for Public Policy CBT for

programs directed at the adult criminal justice population showed the lowest cost per participant and the highest benefit to cost ratio.

I believe we do know where we want to get to, and as Wholey reminds us this will determine the direction we take. Progress has been made to confirm the effectiveness of programs that produce outcomes that we desire, especially through CBT approaches, and that meet the standards Miller requires are met.

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Monday

8:30 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

8:30 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

8:30 a.m. to 5:00 p.m. (Lunch - on your own) MRT[™] Steps 3 - 5.

Thursday

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

8:30 a.m. to 2:00 p.m. (Lunch - provided in Memphis) MRTTM Steps 8-16. How to implement MRT™. Questions & answers. Awarding completion certificates.

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