# COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

CORRECTIONAL COUNSELING INC. • GERMANTOWN, TENNESSEE • VOLUME 22, #2& 3 • SECOND & THIRD QUARTERS 2013


NREPP

**Included in SAMHSA's National Registry of Evidence-based Programs and Practices**

## Table of Contents




**Cognitive Behavioral Treatment Review**
**& Moral Reconation Therapy (MRT™) News**
2028 Exeter Road
Germantown, TN 38138
(901) 360-1564 • FAX (901) 757-1995
email ccimrt@aol.com
CCI WEB SITE: www.ccimrt.com
MRT™ WEB SITE:
www.moral-reconation-therapy.com

Kenneth D. Robinson, Ed.D.
*Executive Editor*

E. Stephen Swan, M.Ed.
*Editor*

Katherine D. Burnette, M.S.
*Associate Editor*




# Comprehensive Evaluation of Virginia Drug Courts Provides Support for the Effectiveness of Cognitive-Behavioral Treatment


By Fred L. Cheesman, Ph.D., Scott E. Graves, Ph.D., Kathryn Holt, MA, Tara L. Kunkel, MSW, Cynthia G. Lee, JD, Michelle T. White, MPA


Editor's Note: **This article reports information originally published in *Virginia Adult Drug Treatment Courts: Cost Benefit Analysis, October 2012*, National Center for State Courts, Williamsburg, Virginia.**

**Introduction**

In 2011, the Office of the Executive Secretary of the Supreme Court of Virginia engaged the National Center for State Courts (NCSC) to conduct a comprehen-sive, statewide evaluation of adult drug courts in response to a legislative mandate. At that time, Virginia formally recognized 16 adult treatment courts. Twelve of these courts were evaluated while the other four were excluded because of too-recent implementation or small size. The results of this evaluation provide evidence of the impact and cost-effectiveness of Virginia's adult treatment courts. Of particular interest to the present article is the finding that programs employing MRT produced significantly lower probabilities of recidivism, in-program and overall.

**Purpose**

The purpose of the evaluation was two-fold:

- To assess the effectiveness of Virginia's Adult Treatment Courts at reducing the probability of recidivism of participants
- To assess the cost efficiency of the Virginia Adult Treatment Courts by comparing their cost with the benefits they generated

**Methodology**

A survey of all participating drug courts was administered to collect basic cost and process information about each court. Participant-level data were collected for all participants who entered one of the 12 adult drug courts investigated sometime during the period July1, 2006 and June 30, 2009, using the Virginia Drug Court Database, operated and maintained by the Supreme Court of Virginia. Offense history and recidivism data for these participants were obtained from the Virginia State Police. Cases from the Virginia Drug Court Database that could not be matched with cases in the State Police

Database were excluded from further analysis.

To obtain a pool of comparison group members, a list of all offenders found guilty of "a drug court eligible offense" during the time period in one of the jurisdictions under investigation was obtained from the Supreme Court, excluding, of course, drug court participants. Offense history and recidivism data for this pool of offenders were also obtained from the Virginia State Police. Offenders with convictions for felony-level violent offenses, drug distribution, or sex offenses were dropped as they were ineligible for drug court.

*Propensity Score Matching* (PSM) was used to match drug court and comparison group members. PSM selects treated (drug court) and untreated (comparison) samples for analysis based on similarity of the *estimated likelihood of being in the treatment group* (i.e., drug court sample). The estimated likelihood of being in the treatment group was determined by a set of covariates that were expected to be related to selection for drug court. These were:

- Number of prior felony convictions
- Number of prior misdemeanor convictions
- Age at the time of referral
- Gender
- Race

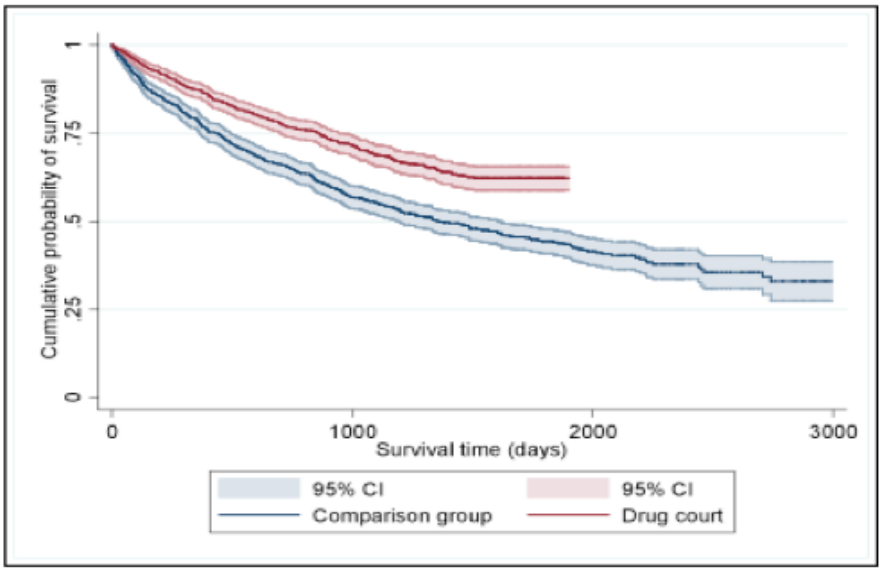
Propensity scores were estimated using the pooled drug court and comparison group samples and then used to match between the groups. Matching was done at the jurisdictional level so that the comparison group for each drug court was from the same jurisdiction as the drug court. PSM matching at the jurisdictional level produced groups of similar offenders from each jurisdiction, the principal difference between which was that one group went to drug court while the other got "business-as-usual" treatment (usually some combination of jail, prison, and/or probation). In the end, there were 972 offenders in each sample, drug court and comparison.

**Results**

The survey of drug courts participating in the evaluation and an analysis of their participants yielded a wealth of information about the programs, including:

- Virginia drug courts provide a variety of treatment services to participants while at the same time holding them accountable by means of drug testing, sanctions and incentives, and frequent contacts with the court and court staff.
- The profile of the typical Virginia drug court participant is a young male, unemployed, with limited education, and prior felony, misdemeanor, and drug convictions. This suggests that Virginia's adult drug courts service high-risk, high-needs offenders.
- Virginia drug court participants report cocaine, alcohol, and opiates as their primary drugs of choice. Frequent drug testing indicates that while most participants test positive for illicit drugs at some point in the program, drug use decreases dramatically over

**Figure 1: Cumulative Probability of Survival without Re-conviction for Drug Court Participants & Comparison Group Defendants**




N = 1,891; 830 failures. Survival times calculated beginning at date of program entry for drug court participants and at date of disposition for comparison group defendants. Failure = arrest leading to conviction.

time. Lengthy periods of continuous sobriety are observed among drug court participants while enrolled in drug court. Results also indicate that participants are more likely to be employed when they exit their respective programs than when they entered their programs.

- About 50% of drug court participants successfully graduate their program, very much in-line with national estimates. On average, graduates spend around 1.7 years in their respective programs before graduation, which is slightly higher than recommended best practices. Participants who do not graduate spend about a year in drug court before termination.

***Research Question 1: What defendant and program characteristics influence graduation and in-program recidivism (conviction for an offense that occurred during program participation) rates of drug court participants?***

The results of a multilevel analysis of the determinates of graduation indicate that participants with no prior felonies who are provided with written sanctioning guidelines have a significantly higher probability of graduation than similar participants from programs that do not supply such guidelines. There was no effect for participants with prior felony convictions.

The multilevel analysis of the determinates of in-program recidivism (i.e., offenses committed while the participant was under the jurisdiction of their drug court) indicates that participants in drug court programs that utilize Moral ReconationTherapy (MRT) had a 36% reduction in the odds of recidivism.

***Research Question 2: Controlling for differences in demographics and criminal history, do drug court participants demonstrate a lower probability of recidivism than defendants processed through the traditional criminal justice system?***

The results of a multivariate survival analysis of the probability of recidivism over time and a multilevel logistic regression of the overall probability of recidivism allow us to conclude, with a high degree of confidence, that drug courts are more effective than the "business-as-usual" alternative at reducing the overall probability of recidivism. Figure 1 demonstrates how the probability of recidivism (an arrest occurring after admission that resulted in a conviction) changed over time for both the drug court and comparison groups. The probability of "surviving" (i.e., not recidivating) is shown on the vertical axis, while the horizontal axis represents survival time in days. The survival curve for drug court participants lies above the survival curve for comparison group members, indicating that drug court participants have a higher probability of "surviving" (i.e., not recidivating) than the "business-as-usual" comparison group at any point in time.[1] The shaded bands around the survival curves represent 95 percent confidence intervals. The confidence intervals do not overlap, indicating that the result is statistically significant at the .05 level.

An analysis of the frequency of re-offending for drug court participants emphasized the importance of successful completion of drug court (graduation) in reducing the frequency of post-exit recidivism. Results from these analyses also suggest that drug court programs that incorporate MRT are more effective at reducing the incidence and frequency of post-exit recidivism than drug court programs that do not.

***Research Question 3: How much does an adult drug court in Virginia cost per participant?***

The Transactional and Institutional Cost Analysis (TICA) approach was used to determine the cost of Virginia drug courts (Crumpton, Carey, and Finigan, 2004). The cost model designed to determine the average cost of a drug court in Virginia includes six basic transactions:

- Screening and assessment for drug court placement;
- Drug court staffing and court sessions;
- Treatment;
- Drug testing;
- Drug court supervision; and
- Drug court fees collected

**Table 1: Average Total Cost of Drug Court Transaction per Participant**

| Transaction | Unit Cost | Average # of Events for all DC Participants Per Person | Average Cost Per DC Participant Per Person Per Event (n = 748) |
|---|---|---|---|
| Drug Court Assessment | $183.20 | 1 | $183.20 |
| Drug Court Staffing and Court Session | $19.99 | 67 | $1,343.03 |
| Drug Court Treatment | $50.81 | 278 | $14,113.27 |
| Drug Testing | $6.76 | 126 | $854.27 |
| Drug Court Supervision | $15.19 | 142 | $2,160.85 |
| Subtotal | | | $18,654.62 |
| Fees | ($753.80) | 1 | ($753.80) |
| Total | | | $17,900.82 |

Table 1 shows that the average cost of a drug court participant to Virginia taxpayers is slightly less than $18,000. Table 1 also provides a breakdown of costs by type of transaction, making it clear that the bulk of drug court costs (76%) result from treatment transactions.

***Research Question 4: What is the cost-efficiency of criminal justice system processing defendants through a drug court compared to traditional ("business-as-usual") case processing?***

Again using the TICA approach, the costs and benefits of drug court participation were calculated and compared to the costs of processing a case through the traditional "business as usual" approach.

Cost and benefit domains investigated include:

- Placement costs, including all costs of involvement in the criminal justice system from arrest to either drug court entry or sentencing for the comparison group. This is the first cost/benefit analysis of drug courts to include these costs.
- Drug court costs (which were previously determined).
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense beginning from either drug court entry (less the actual cost of drug court) or sentencing for the placement arrest event for the comparison group.
- Victimization costs resulting from recidivism for both property offenses and violent offenses.

Table 2 details the costs and benefits of the drug court participant group versus the "business-as-usual" group with regard to these domains. It shows that, on average, Virginia's Drug Courts save $19,234 per person as compared to traditional case processing. In FY2011, there were 937 drug court participants served in Virginia's adult drug courts. This means that during program participation, those 937 participants saved taxpayers $18,022,258 compared to the cost of "business-as-usual" processing for this same group of offenders. As depicted in Table 2 below, the drug court group saves money in each of the transactional cost categories. The greatest cost savings are in outcome costs. This is based on the lower recidivism rates of drug court participants versus comparison group persons and the associated savings in the cost of incarceration.

Table 2: Total Criminal Justice System and Victimization Costs for the Drug Court and Comparison Group

| | Drug Court | Comparison | Difference |
|---|---|---|---|
| Placement | $1,441.76 | $4,651.21 | ($3,209.44) |
| Drug Court | $17,900.82 | $0.00 | $17,900.82 |
| Outcome | $10,913.55 | $36,753.96 | ($25,840.41) |
| Victimization | $14,583.73 | $22,668.44 | ($8,084.71) |
| TOTAL | $44,839.86 | $64,073.61 | ($19,233.75) |

**Discussion/Conclusions**

The 12 Virginia drug courts investigated have a robust and sustained impact on the recidivism of participants over and above that of the "business-as-usual" alternatives. Furthermore, the lower recidivism rate of drug court participants relative to "business-as-usual" processing leads to lower outcome and victimization costs for the drug court group relative to the comparison group. These lower outcome and victimization costs, along with lower placement costs, result in average savings of almost $20,000 per drug court participant, relative to the costs of "business-as-usual" processing. Consequently, the 12 drug courts are cost-effective. Finally, programs that employed MRT produced significantly lower probabilities of in-program recidivism and overall recidivism.

**(Footnotes)**

[1] The survival curve for comparison group members appears longer than the survival curve for drug court participants because some comparison group members were observed for a longer period of time.

**For additional information regarding the Virginia Adult Drug Treatment Court Cost Benefit Analysis, you may contact Fred L. Cheesman II, Ph.D., Principal Court Research Consultant, National Center for State Courts at fcheesman@ncsc.org.**

## Notice to CBTR Readers

**CBTR is a quarterly publication featuring the latest cognitive-behavioral information and CCI news. It is now distributed electronically to everyone on our mailing list. If you would like to be notified when a new issue is available, please forward your name and email address to ccimrt@aol.com. Previous newsletters are now available on our website located at www.ccimrt.com. Please contact us if you need any additional information.**

# Winning the Invisible War An MRT™ Workbook for Veterans

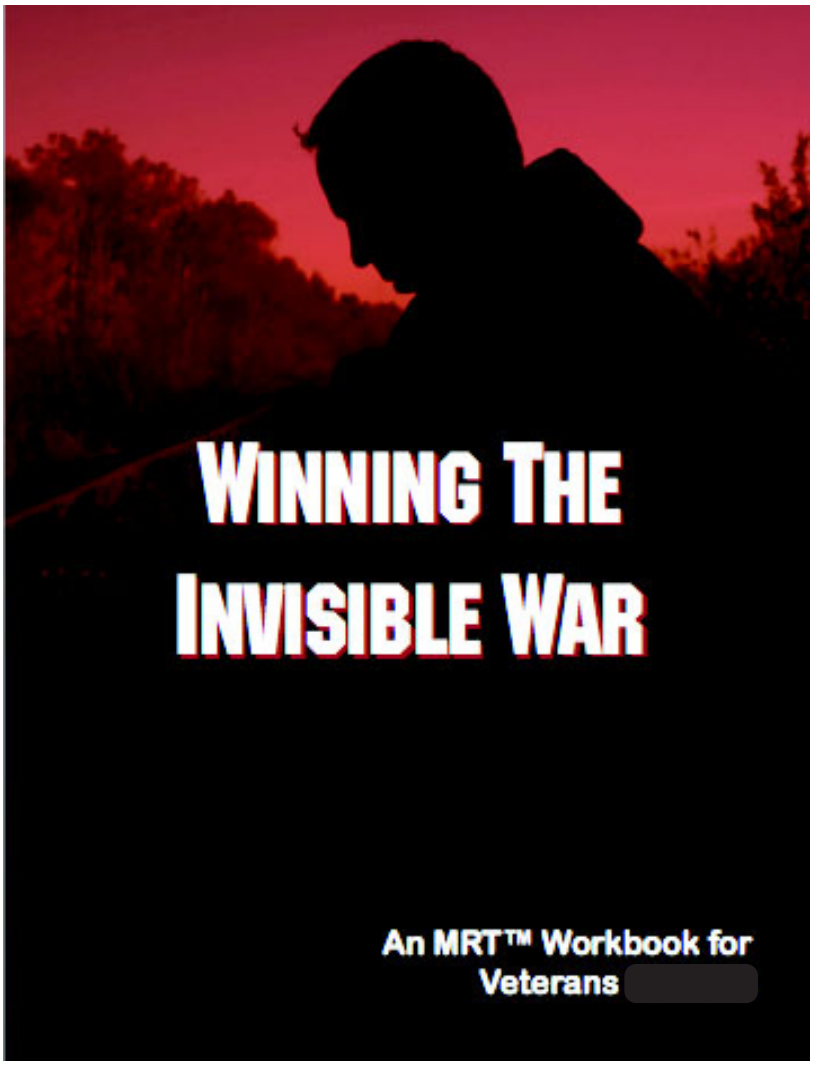
NEW

Veterans who enter drug courts, family courts, or specialized veteran courts have experiences and issues that are unique. It is also recognized that because of their military backgrounds, veterans participate best in treatment programs designed for veterans with other veterans engaged in the same group process.

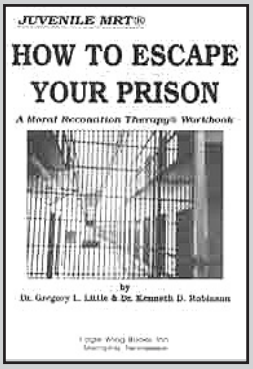
This new, MRT-based workbook specifically addresses the specialized needs of veterans who have been assigned to treatment through the justice system. The program uses the Steps of MRT as its foundation and also focuses on some of the deep moral issues some veterans struggle with as they reenter civilian life.

**Workbook:**
**$25.00**
**per copy**

COMING SOON



## 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.

## GLACIER CONSULTING, INC.

### EVALUATION & RESEARCH SERVICES AVAILABLE FOR STATE CRIMINAL JUSTICE PLANNING AGENCIES & DRUG COURTS

**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® Program Participant Coins

Numerous agencies have requested that we make tokens available for MRT Program Graduates and also for program participants who complete Step 3. After considerable design work, CCI now offers these coins to programs and agencies that provide MRT. Graduate coins are heavy brass and of the highest quality. The Step 3 coin is silver colored metal. Pricing for the coins can be found at the bottom of this page.

**MRT Graduate Coin** | **MRT Step 3 Completion Coin**


Front

Back

*MRT Program Graduate: 1-49: $6.00 ea.; 50-100: $5.00 ea.; 100+: $4.00 ea.*

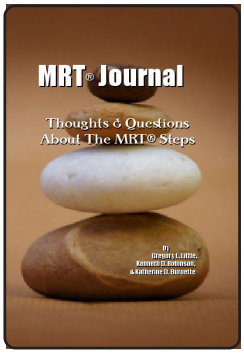
*MRT Step 3 Completion: 1 Roll (25 coins) - $30.00. (Individual coins N/A)*

To Order, call CCI: 901-360-1564 or visit www.ccimrt.com

## MRT™ Journal: Thoughts & Questions About the MRT™ Steps

### MRT™ Supplemental Treatment Materials

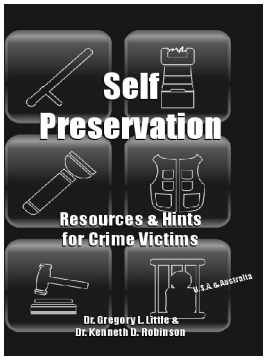
***The MRT™ Journal*** is a 72-page book designed as a program resource to be used by participants as they work through the steps of MRT. Clients make comments in a journal style as they progress through MRT. The Journal is an adjunct to the client's regular MRT™ workbook- all participants must have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

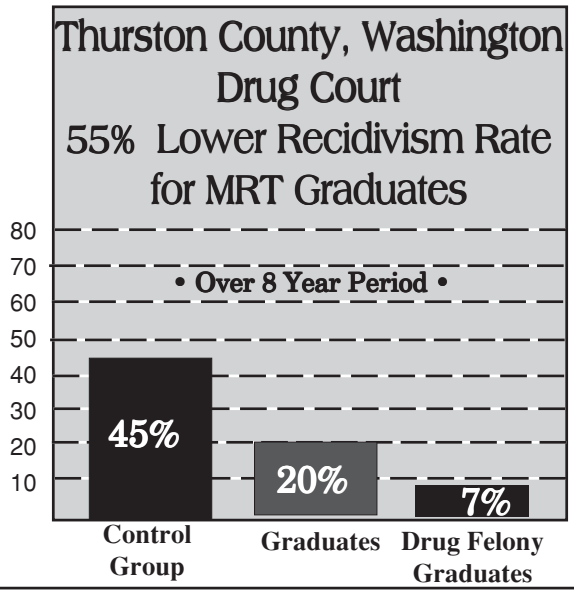



**Manual price: $4.00**

# 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.*

# A Structured Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions

## Executive Summary

This article is excerpted from ***A Structured Evidence Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions***, Investigators: Janet C. Blodgett, MSc, Ingrid L. Fuh, BS, Natalya C. Maisel, PhD, & Amanda M. Midboe, PhD, Center for Health Care Evaluation, VA Palo Alto HealthCare System, Menlo Park, CA, in partnership with VA Veterans Justice Programs. Reprinted by permission.

In order to better serve the population of justice-involved Veterans, the Department of Veterans Affairs (VA) has developed targeted Veterans Justice Programs (VJP), including Veterans Justice Outreach (VJO) and Health Care for Reentry Veterans (HCRV). To support the mission of VJP, this review synthesizes research relevant to (1) the unique treatment needs of justice-involved Veterans, with a primary focus on mental health needs, and (2) evidence-based and promising treatments for addressing these needs. This synthesis of unique treatment needs and best practices can serve as a guide for VJP that will allow it to capitalize on existing strengths of the program and promote further development of evidenced-based programs to address the needs of justice-involved Veterans both within and outside of VA.

### Methods

The topic and key questions were developed in collaboration with national program staff from VJP. Given the broad, exploratory nature of this review, we focused on synthesizing previous reviews, meta- analyses, and important reports. We began with a sample of over 200 articles of interest compiled by one of the VJP representatives requesting the review. We categorized these articles and identified further citations by reviewing their reference sections. Additionally, targeted searches were carried out using the search engines Google Scholar, PsycInfo, PubMed, and Web of Science. We also searched for reports on the websites of relevant organizations, such as the US Bureau of Justice Statistics, US National Institute of Justice, SAMHSA's National GAINS Center, and the US Bureau of Prisons.

### Results

**Key Question #1: What are the treatment needs of justice-involved Veterans?**

Many justice-involved Veterans have mental health needs that may impact their reentry into the community after incarceration. More than half of justice-involved Veterans have at least one mental health concern, including psychiatric disorders such as mood, substance use, or anxiety disorders. A large number of justice-involved Veterans have had at least one lifetime traumatic experience, with one study reporting past trauma in 87% of Veterans incarcerated in jails. These past traumatic experiences include non- military trauma (e.g., childhood abuse, assault) and military trauma (e.g., combat trauma, military sexual trauma). Justice-involved Veterans may be dealing with ongoing mental health issues as a result; one study found that 39% of Veterans incarcerated in jails screened positive for PTSD.

The subgroup of justice-involved Veterans with combat experience is more likely than other justice- involved Veterans to suffer from PTSD. The combination of combat trauma and PTSD may have a particularly strong link to antisocial behavior such as IPV. The general body of research with justice- involved adults has highlighted two psychiatric disorders – antisocial personality disorder (ASPD) and substance use disorder (SUD)— as having a uniquely strong and direct link with recidivism. Additionally, SUDs are a concern for nearly two-thirds of justice-involved Veterans (57% in federal prisons and 61% in state prisons), including a large proportion of individuals (over 75%) who have a co-occurring psychiatric disorder. Furthermore, though the actual prevalence is unclear, it is likely that a substantial number of justice-involved Veterans have a history of traumatic brain injury. Most justice-involved Veterans also report a need for medical treatment, with a quarter struggling with chronic pain. Justice-involved older Veterans are particularly likely to need medical treatment and to self-report a disability. Finally, the combination of concerns outlined here puts many justice-involved Veterans at an increased risk of homelessness.

**Key Question #2: What are the main assessment tools to identify the mental health treatment needs and recidivism risk level in justice-involved Veterans?**

As a supplement to clinical interview, objective assessment tools can provide information that is important for linking justice-involved Veterans to appropriate treatment. There are many options for screening and assessment that vary in administration and interpretation time. Thus, it is important to rely on clinical judgment to determine how to prioritize and integrate objective assessment tools. An initial screen for co-occurring psychiatric disorders could be done with the Global Appraisal of Individual Needs (GAIN) combined with the Simple Screening Instrument (SSI). For individuals requiring more detailed assessment, this could be followed by use of the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). Additionally, the Impact of Events Scale-Revised (IES-R) or the PTSD Checklist (PCL) could be used to identify justice- involved Veterans who are experiencing distress associated with exposure to a traumatic event. In many settings, the brief PCL, already widely used in VA, may be the most feasible to identify those for follow- up assessment. Other assessment tools have been developed to assess the level of risk of recidivism in justice-involved adults. These include the Level of Service/Case Management Inventory (LS/CMI) and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessments, which can be used to focus appropriate resources to justice-involved Veterans who are at high risk of recidivism and are most likely to benefit from such additional attention.

**Key Question #3: What are the evidence-based or promising psychosocial treatments for justice- involved Veterans with mental health treatment needs?**

Though specific evidence with justice-involved adults is limited, there are promising options for treatment of mental health concerns in justice-involved Veterans. For example, treatments such as Assertive Community Treatment are recommended, as are treatments informed primarily by cognitive-behavioral therapy (CBT) or Motivational Interviewing. Additionally, research with justice-involved women has shown promise for trauma-informed systems of care such as the Trauma Recovery and Empowerment Model, and there is ongoing research to adapt these findings and apply them to justice-involved men. Psychotherapy specifically recommended for individuals with PTSD, such as Prolonged Exposure Therapy and Cognitive Processing Therapy, are also likely to benefit justice-involved Veterans with PTSD.

**Key Question #4: What are the evidence-based or promising psychosocial treatments for justice- involved Veterans at a high risk of recidivism?**

Most of the specific literature about interventions that successfully reduce recidivism is based on the Risk-Need-Responsivity model. This model states that treatments should be targeted at justice-involved adults at high risk of recidivism, should specifically target criminogenic risk factors, and should take into account individual characteristics such as learning style and mental health issues. The most promising interventions include CBT treatments that aim to change antisocial ways of thinking. The most well-known examples of these treatments include Moral Reconation Therapy (MRT), Reasoning and Rehabilitation (R&R), and Thinking 4 a Change (T4C). The most consistent evidence of effectiveness is available for MRT; for example, one meta-analysis found that MRT participants reduced their recidivism by one-third compared to participants who did not receive MRT. The evidence for R&R is less consistent, particularly because one of the major tests of this treatment (Project Greenlight) was not implemented according to recommended guidelines. There is a much smaller amount of research for T4C, but it is widely implemented in criminal justice settings partly because of the low costs of training and materials. In the future, trials with randomized designs would be useful for determining the relative efficacy of these CBT treatments. Furthermore, SUD treatment is also associated with a lower risk of recidivism in addition to benefits on SUD outcomes. A synthesis of systematic reviews found mean reductions in recidivism ranging from 4-24% compared to a range of comparison groups.

For justice-involved Veterans, CBT treatments such as MRT which target criminogenic risk factors (e.g., antisocial thinking) may be useful in treating specific offenses of particular concern for justice-involved Veterans (e.g., sex offenses, IPV, and DUI). In addition, treatments specifically tailored to those offense groups have been tested. Regarding sex offenders, the most promising treatments are CBT-based and incorporate elements targeting general criminogenic risk factors and deviant sexual preferences. There is little evidence supporting particular interventions for IPV perpetrators, though a Veteran-specific intervention aiming to integrate mental health treatment within an intervention to reduce and prevent IPV (Strength at Home) is currently under development. In general, DUI interventions that focus on alcohol use (as opposed to exclusive use of sanctions such as revoking drivers' licenses) have been the most promising, though research has not identified specific

interventions that have been consistently effective.

Providing integrated treatment to justice-involved Veterans with co-occurring psychiatric and SUDs may increase the likelihood of positive clinical, social, and recidivism outcomes. Though the evidence remains limited, potentially promising models of care for justice-involved Veterans with co-occurring disorders include Forensic Assertive Community Treatment and Modified Therapeutic Communities. These integrated treatments focus on many aspects of the person's recovery, including SUD treatment, treatment for other mental health conditions, and treatment for criminogenic risk factors.

**Key Question #5: What are the factors that impact access to and engagement in treatment for justice-involved Veterans?**

In working with justice-involved Veterans, it can be important to consider and make efforts to improve the level of motivation and readiness for treatment by utilizing motivational assessment and enhancement at the outset of and throughout treatment. Even when there is an initial willingness to enter treatment, many justice-involved adults do not remain in treatment long enough to receive the recommended dose of treatment. Assessment tools such as the Multifactor Offender Readiness Model and the Circumstances, Motivation, Readiness, and Suitability Scale can monitor changes in motivation and readiness and can help to identify justice-involved Veterans who are likely to respond to treatment. There are several strategies and programs that may be helpful in increasing the level of motivation and readiness in this population, which may result in an increased willingness both to enter treatment and to remain engaged over time. One prominent strategy is the use of Motivational Interviewing (MI). In one randomized controlled trial, substance-dependent justice-involved Veterans who received MI feedback were more likely to access addictions treatment at VA after release than were control participants. Other potential interventions include the Critical Time Intervention, which is focused on enhancing engagement in treatment during the transition between prison and the community, and adaptive protocols, which could be used to create decision rules to inform treatment changes based on assessment. Furthermore, Veterans treatment courts (in partnership with VA) have been introduced to link justice-involved Veterans with appropriate services sensitive to the particular needs of Veterans. This includes elements of Veteran peer-support, which has been developed in prisons, jails, and courts to provide emotional support as well as information about available services to justice-involved Veterans.

**Limitations**

The main limitation of the research reviewed in this report is the low quality of many treatment studies carried out with justice-involved adults. There are few fully randomized trials, and many studies use analysis techniques likely to lead to bias, such as comparing treatment completers to non-completers. Nonetheless, the large volume of research has resulted in some fairly consistent, though broad, conclusions across large reviews (e.g., support for the Risk-Need-Responsivity model and CBT treatments generally). Our search strategy focused on identifying the most influential large reviews and meta-analyses, and consequently we may not have captured all individual treatment studies, particularly if they focused on less-common interventions.

In addition, very little of the intervention research focused on justice-involved *Veterans* specifically. In particular, the literature around trauma-informed interventions for justice-involved adults is limited, and it does not examine ways in which the addition of Veteran-specific trauma may impact outcomes. The wider literature is also limited when it comes to justice-involved women and justice-involved older adults, with no identifiable intervention research with justice-involved women Veterans or justice- involved older Veterans.

**Recommendations for Future Research**

Based on this review, there are several research questions that still need to be addressed. Many of these research areas pertain to the way that the treatment literature on justice-involved adults can be applied to justice-involved Veterans.

1)Do evidence-based treatments that have been shown to reduce recidivism in justice-involved adults similarly reduce recidivism in justice-involved Veterans? As we stated above, most of the trials testing the efficacy of MRT and other treatments were conducted in general justice-involved populations. The next step will be to see if similar efficacy is found when justice-involved Veterans are examined specifically. A related issue is whether or not different adaptations might increase the effectiveness of these treatments. For example, how can treatment for justice-involved Veterans best deal with the variety of past trauma experienced by some justice-involved Veterans?

2) Are there identifiable subgroups/typologies of justice-involved Veterans? Research could examine if there are particular treatments that are more or less effective with subgroups of Veterans (i.e., based on their type of offending and other needs). For example, there may be a combat-associated with the perpetration of crimes such as IPV. However, to date, these typologies are mainly speculation, and they call for more rigorous investigations.

3) What treatment adaptations might be needed to serve the needs of different demographic groups of justice-involved Veterans? In particular, more research is needed to determine the characteristics of justice-involved women Veterans and to examine how their treatment needs may or may not differ from justice-involved men Veterans. In addition, more research is needed to assess the needs of OEF/OIF/OND Veterans. For example, it is currently unclear what the rate of justice-involvement is for this population. Also, to our knowledge, there are no published studies assessing suicide risk in subgroups of justice-involved Veterans (e.g., women or OEF/OIF/OND) even though high rates of suicide have been reported in both the Veteran population and the criminal justice population.

4) How would the implementation of newer treatments focused on reducing recidivism interact with other VA benefits that a justice-involved Veteran may receive? How can these treatments be integrated successfully? What would be the cost of implementing different treatments? For example, MRT and R&R have costs for training and materials, whereas there is no initial charge for the T4C training and materials (although the cost of reproducing T4C materials such as workbooks does fall to the treatment provider).

5) How can VJP best interface with outside treatment providers to ensure access to appropriate recidivism-focused interventions for justice-involved Veterans? Should these necessarily be Veteran- specific group treatments? Is there an impact of training community treatment providers to be more informed about Veteran culture and VA-services? What can be done to improve coordination of risk reduction strategies with existing criminal justice supervision and treatment programs among justice-involved Veterans?

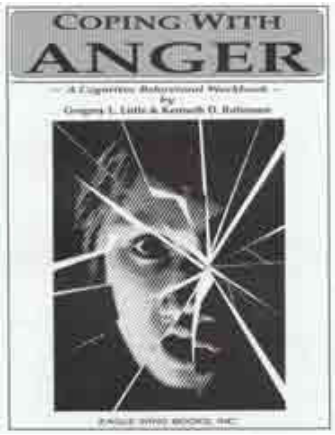
6) Who are the justice-involved Veterans at high risk of recidivism who would be most likely to benefit from interventions targeting criminogenic risk factors? Are there items currently collected by VJP specialists using the Homeless Operations Management and Evaluation System (HOMES) assessment that could effectively categorize justice-involved Veterans as being at low, moderate, or high risk of recidivism? This could include, for example, items such as age of first arrest, total number of lifetime arrests, and clinical impressions of substance use disorders.

7) What is the proportion of justice-involved Veterans who are service-connected for mental health and other issues? How does this relate to the types of crimes committed and the likelihood of incarceration?

**For additional program information regarding this publication, please contact:** Amanda M. Midboe, PhD at amidboe@va.gov.

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

## *COPING WITH ANGER*




### A Cognitive-Behavioral Workbook

***Coping With Anger* is a 49 page cognitive-behavioral MRT™ 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*

## ITEM PRICES

***Group Starter Kit— $245***
***Training DVD— $100***
***Book on CD —$50***
***Coping With Anger workbook— $10***
***Facilitator's Guide— $5***
***5-Minute Stress Manager CD — $8.95***
***Basic Relaxation/Muscle Relaxation CD —$8.95***

**Call 901-360-1564 to order**

# 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 trainer. All MRT™ trainers have over 20 years direct criminal justice and substance abuse treatment experience and all have been involved in the implementation of MRT™ in both juvenile and adult settings .

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

**(901) 360-1564**
**e-mail ccimrt@aol.com**

## MRT™ OR DOMESTIC VIOLENCE TRAINING REGISTRATION FORM

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

NAME 1_____ $600

NAME 2_____ $500

NAME 3_____ $500

NAME 4_____ $500

**CREDIT CARD ORDERS CALL (901) 360-1564**

AGENCY_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE #_____

TRAINING DATES SELECTED:_____ **TOTAL:_____**

**Mail form with payment to: CCI • 2028 Exeter Rd. • Germantown, TN 38138**

**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.

# Research Brief

By Gregory Little

# A Meta-Analysis of Moral Reconation Therapy

**by**

L. Myles Ferguson and J. Stephen Wormith

*International Journal of Offender Therapy and Comparative Criminology*
First published online 28, June 2012; 31 pages.
Currently online at: **http://www.co.solano.ca.us/civicax/filebank/blobdload.aspx?blobid=14484**

The authors of this 31-page study are in the psychology department at the University of Saskatchewan, Canada. In the "Declaration of Conflicting Interests" they wrote: "The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article." The first paragraph of the Discussion section gave the most revealing purpose of the study: "As much of the research on MRT has been conducted by researchers who may be perceived as having a vested interest in this treatment modality, the present study was undertaken as an "arm's length' review of this treatment modality for offenders."

One of the key publications that stimulated their interest was the first described in their literature review. That publication reported on "Twenty-Year Recidivism Results for MRT-Treated Offenders (Little et al, 2010)." A comprehensive search of literature was conducted by the authors on studies evaluating MRT's effect on offender recidivism, which resulted in 48 articles published between 1988 and 2010. Utilizing inclusion criteria that required measurable comparisons between treated and non-treated controls, they eventually utilized 33 studies that contained 38 effect sizes. The "Trim and Fill" and "Fail Safe" methods were then used to estimating potential "missing" or unpublished studies that perhaps showed insignificant results. In addition, studies originating from the developers of MRT were separated and compared to studies published by researchers who were not related to CCI or the development of MRT.

Several other independent variables were compared including the effects of MRT on incarcerated offenders versus those in the community, adults versus juveniles, and males versus females. The studies in the meta-analysis contained 30,259 offenders and the mean follow-up period in the 33 studies was just under 3 years. Recidivism was defined as rearrest after treatment, rearrest with conviction, and reincarceration. A significant effect size was found when the 33 studies were combined yielding mean recidivism rates for the treatment groups (28%) and control groups (44%). Moderator variables showed that MRT yielded slightly higher effect sizes with institutionalized offenders, adult offenders, and female offenders. The "Trim and Fill" and "Fail-Safe" methods used to adjust for publication bias showed that the results were unaffected by potential unpublished negative results.

The authors concluded in their study of MRT outcomes that the program significantly reduces recidivism at a level of about one-third. In their comparison between outcomes reported by the developers of MRT versus "other researchers" they related: "The effect size for studies published by CBTR [the MRT developers] was smaller than for studies published in other independent sources. This is encouraging for MRT and should help to allay any concerns that correctional professionals might have about the possibility of an overstated case for MRT, at least in terms of offender outcome. Given our earlier commentary about potential publication bias, this finding should give skeptics more faith in the reliability of findings collected by CCI."

The study concluded: "The current meta-analysis is consistent with studies which show that MRT is effective in reducing recidivism. In our view, it warrants serious consideration by any correctional agency that has designs to influence the antisocial and criminal attitudes, behavior, and lifestyle of its clientele. We also encourage more detailed, descriptive, and analytical research on this meritorious mode of offender treatment."

# Learning is now at your fingertips!

## CCI programming is now available online!

**Online education allows clients of all circumstance to participate and complete cognitive behavioral programs. There will no longer be limitations for those clients who:**

- **Work third-shift**
- **Live in areas of limited public transportation**
- **Have limited childcare**
- **Have a disability that would limit them attending a group**
- **Travel for work**

**These online education materials are all adapted from CCI workbooks and focus on core program issues. The online programs are available 24 hours a day, 7 days a week. Participant exercises are monitored daily by trained facilitators, require no special software, and are easy to use.**

## Programs that are now available online:

**Driving on a Suspended or Revoked License Program: *Escaping A Bottomless Pit***
**Theft and Shoplifting Program: *Something for Nothing***

***Learn more about these programs at eprogramsonline.com.***

# Upcoming Trainings In MRT™ & Domestic Violence

**MRT TRAININGS**
**Albuquerque, NM (July 22-25, 2013)**
**Laramie, WY (July 23-26, 2013)**
**Bloomington, IL (July 29- August 1, 2013)**
**Kramfors,Sweden (July 30- August 2, 2013)**
**Kramfors,Sweden (August 5-8, 2013)**
**New York City, NY (August 26-29, 2013)**
**Plano, TX (September 9-12, 2013)**
**Rexburg, ID (September 10-13, 2013)**
**Farmington, MO (September 16-19, 2013)**
**Germantown, TN(September 16-20. 2013)**
**Olympia, WA (September 17-20, 2013)**
**Coeur d'Alene, ID (October 21-24, 2013)**
**New York City, NY (December 9-12, 2013)**

**MRT ADVANCED TRAINING**
**Angola, IN (August 28, 2013)**

**MRT DOMESTIC VIOLENCE TRAINING**
**Klamath Falls, OR (September 26-29. 2013)**

**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.**

# COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

**To order go online at www.ccimrt.com, use the coupon on next page, 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. $10.00.

***Antisocial Personality Disorder & Criminal Justice: Evidence-Based Practices*** —New 169-page softcover text by Drs. Greg Little & Ken Robinson, Katherine Burnette, & Stephen Swan. Details relationships between APD, criminal justice treatment issues, & evidence-based practices. $18.95

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

***Five-Minute Stress Manager*** — CD 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 CD used in Step 7 of MRT™ to assist clients in visualizing appropriate goals; $8.95.

***Imaginary Time Out —*** 15 minute CD 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*** (CD)—$35.00.

***Dying for a Smoke*** — 72-page softcover workbook designed as a smoking & tobacco cessation program. It has 8 sessions & includes two CDs. $29.95 for workbook and CDs.

***Effective Counseling Approaches for Chemical Abusers & Offenders*** — 104-page softcover text by Little, Robinson, & Burnette summarizing 7 major counseling theories used with offenders. Designed to assist counselors preparing for substance abuse couselor certification. $12.00.

***Rules Are Made to be Followed***— 16-page workbook directly confronts the problem of underaged drinking & false IDs. $10 per workbook, free Facilitator's Guide upon request.

***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 CD's, 2 Basic Relaxation & Progressive Muscle Relaxation CD, book on CD, 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 CD)***—$50.00

***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; Also in Spanish. $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.

***CD set for Staying Quit*** — CD's with the *Staying Quit* workbook, basic relaxation, progressive muscle relaxation, clean & sober visualization, and desensitization; $35.00.

***Staying Quit Group Starter Kit*** — 11 client workbooks, 1 Facilitator's Guide, review article, and CD 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 — criminal thinking is 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.

***Self Preservation: Resources & Hints for Crime Victims***- 78 page book to aid victims of crime in coping with trauma and PTSD symptoms. $4.00.

***Driving the Right Way***—4-session client workbook for DWI/DUI offenders. Customized DUI statistics for any State. Also in Spanish. $10.00.

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

***Escaping A Bottomless Pit***—6-session workbook focused on clients with revoked/suspended license. Can be used for any State. $10.00 ea.& free Facilitator Guide.

***Your LifeWork*** - 70-page workbook focused on understanding how one's principles relate to a personal purpose and a mission in life. $15.00. (DVD & Starter Kit also available)

**Only those trained in MRT™ may order the following materials**

***MRT™ Facilitator'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. ***Juvenile MRT™*** version is also available. $10.00.

***MRT™ Freedom Ladder Poster*** - Poster of MRT™ stages, steps, and personality descriptions (B/W); $10.00.

***How To Escape Your Prison CD Set*** — The complete text of the MRT™ workbook, *How To Escape Your Prison*, contains brief explanations by Dr. Little of exercises and tasks. $60.00.

***MRT™ Journal: Thoughts & Questions about MRT Steps***- Clients make comments & observations in journal style. $4.75.

***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 CD Set in Spanish*** — The Spanish MRT™ workbook on CD - boxed.; $60.00.

***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 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.

***MRT™ Program Participant Coins*** — The Step 3 Completion Coin is silver colored metal. The MRT™ Graduate coin is heavy brass. Step 3 Coins- 1 Roll (25 coins) - $30.00. MRT graduate coins: 1-49: $6 ea., 50-100: $5 ea., 100+: $4 ea.

# CBT Materials Order Form

| Item | Price Each | # Ordered | Subtotal |
|---|---|---|---|
| Something for Nothing (Eng. or Span. Workbook) | $10.00 | | |
| Escaping A Bottomless Pit (Revoked/Susp. License) | $10.00 | | |
| Something for Nothing (book on CD) | $35.00 | | |
| Understanding & Treating APD | $10.00 | | |
| Effective Counseling Approaches text | $12.00 | | |
| Crisis Intervention text | $10.00 | | |
| Five-Minute Stress Manager (CD ) | $8.95 | | |
| Parenting and Family Values | $15.00 | | |
| Imaginary Future (CD ) | $8.95 | | |
| Imaginary Time Out (CD ) | $8.95 | | |
| Family Support (CBT workbook) | $9.00 | | |
| Job Readiness (CBT workbook) | $9.00 | | |
| Rules Are Made to be Followed | $10.00 | | |
| 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 CD ) | $50.00 | | |
| Making Changes Sex Offender Workbook | $18.00 | | |
| Making Changes Facilitator Guide | $10.00 | | |
| Untangling Relationships Wkbk Eng./Span. | $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/Facilitator Guide: Each | $ 20.00 | | |
| Rules Are Made to be Followed | $10.00 | | |
| Driving the Right Way Workbook Eng./Span. | $10.00 | | |
| Driving the Right Way Facilitator Guide | Free | | |
| Your LifeWork | $20.00 | | |
| Self Preservation | $ 4.00 | | |
| **MRT** ***Materials below can only be ordered by trained MRT facilitators*** | | | |
| MRT Facilitator's Handbook | $10.00 | | |
| MRT Poster (Freedom Ladder) | $10.00 | | |
| How To Escape Your Prison (cds) | $60.00 | | |
| How To Escape Your Prison | $25.00 | | |
| How To Escape Your Prison (In Spanish) | $25.00 | | |
| How To Escape Spanish (cds ) | $60.00 | | |
| 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 | | |
| MRT™ Journal | $ 4.75 | | |
| MRT™ Coins: Step 3 or Step 12 | **Please specify # & cost** | | |

**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. Call CCI at (901) 360-1564 for shipping, insurance, and handling charges. Orders are typically shipped within 5 working days of receipt.

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

**CREDIT CARD ORDERS:**
**(901) 360-1564**

### ORDER COUPON

**Your Name and Shipping Address:**

Name: _____

_____

Agency: _____

_____

Address: _____

_____

City/State/Zip: _____

_____

Phone: _____

Email: _____

Send form and payment to:
Correctional Counseling, Inc.
2028 Exeter Rd.
Germantown, TN 38138

_____ = ***TOTAL ORDER***

_____ ***9.25% TN Sales Tax*** *(if applicable)*

_____ = ***(call for Shipping/Handling)***

_____ = ***Grand Total***

**COGNITIVE-BEHAVIORAL TREATMENT REVIEW**
2028 Exeter Road
Germantown, TN 38138

# Memphis MRT™ Training Daily Agenda

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

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| 8:30 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. | 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. | 8:30 a.m. to 5:00 p.m. *(Lunch - on your own)* MRT™ Steps 3 - 5. | 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)* 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**
**Albuquerque, NM (July 22-25, 2013)**
**Laramie, WY (July 23-26, 2013)**
**Bloomington, IL (July 29- August 1, 2013)**
**Kramfors,Sweden (July 30- August 2, 2013)**
**Kramfors,Sweden (August 5-8, 2013)**
**New York City, NY (August 26-29, 2013)**
**Plano, TX (September 9-12, 2013)**
**Rexburg, ID (September 10-13, 2013)**
**Farmington, MO (September 16-19, 2013)**
**Germantown, TN (September 16-20. 2013)**
**Olympia, WA (September 17-20, 2013)**
**Coeur d'Alene, ID (October 21-24, 2013)**
**New York City, NY (December 9-12, 2013)**

**MRT ADVANCED TRAINING**
**Angola, IN (August 28, 2013)**

**MRT DOMESTIC VIOLENCE TRAINING**
**Klamath Falls, OR (September 26-29. 2013)**

**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.**