

COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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Cognitive Behavioral Treatment Review

& Moral Reconciliation Therapy (MRT™) News

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Changing Criminal Behavior: A Cooperative Program Involving the Pueblo County Sheriff's Office and Community Resources

by Robert A. Kirchner, Ph.D. & Susan Greenough, Glacier Consulting, Inc.

Treatment of drug offenders, especially those with serious mental health problems in a correctional setting, has been an ongoing struggle for the criminal justice system. Lessons learned during the 1970s and 1980s that began promoting comprehensive mental health services for the incarcerated population produced practices which enhance current services. Research on these modalities confirmed that treatment can make a difference. In the past year, the development of a program to provide these services to the correctional population by Community Healthcare Companies, Inc. (CHC) at the Pueblo County Jail (PCJ) in Pueblo County, Colorado was a result of these efforts, but went further in designing a structured, comprehensive framework to improve upon earlier approaches.

The combination of correctional supervision, assessments and treatment resources, supported by an established "team," is progressing to become a model to testing a new approach to increase the objectives of treatment in correctional settings. In 2013 an evaluation was contracted and designed by Glacier Consulting, Inc. to determine (1) if the PCJ was achieving its objectives; and (2) if a recent intervention to meet the needs of participants assessed with drug abuse and/or mental health produces enhanced results for program retention and

completion.

Performing the program evaluation for the first year and a half of implementation, the evaluation team constructed the evaluation design based on questions that PCJ/CHC had requested for study. The purpose behind this design was to answer these key policy questions for the PCJ/CHC to determine the efficiency and effectiveness of the program developed and implemented.

1. Has the PCJ program been implemented as planned, and are services being delivered to program participants?
2. Does PCJ reduce Substance abuse?
3. Does PCJ effectively program activities to address the needs of participants assessed with mental health problems?
4. Does PCJ reduce recidivism compared to existing practices?

Has the PCJ/CDC program been implemented as planned, and are services being delivered to program participants?

CHC began by establishing an implementation plan, including policies and procedures to direct initial implementation efforts. Through a multi-method approach, CHC conducted assessments to

determine eligibility of participants and the characteristics of the different groups entering the program, the development of treatment plans for those entering the program. Preliminary results of this study explain accomplishments to date:

- The program is creating positive impacts on managing mental health issues, with increased compliance to medication treatment and counseling sessions.
- The program is seeing positive behavioral changes among the participants engaged in Moral Reconnection Therapy (MRT) sessions. MRT is creating an environment for inmates to handle mental health issues, and MRT participants are more compliant in taking prescribed medications.
- The relationships between Psychological Services Unit (PSU) and program participants makes the inmates more successful when attending groups and progressing in their treatment plans.
- The program is effective for both female and male participants.

Key Indicators of Program Performance

Glacier Consulting, Inc. focused on specific performance indicators to judge the effectiveness of a program, including:

- Retention in Treatment
- Units of Service Delivery
- Reductions in infractions

For all of these measures, the PCJ program exceeds its expectations for the objectives they have set for each of the critical indicators. The rates of in-program recidivism are relatively low, with most of the participants violating the conditions of their programs being terminated according to the decision of the PCJ/CHC team.

- Graduating clients – 25 graduates as of 9/1/2013. Also, 81 clients partially completed MRT and were directed to completion either to Probation or community resources.
- Retaining clients in treatment – The program is maintaining a 75% retention rate overall, which far exceeds the average of 28%, reported in research for treatment programs. PCJ/CHC has met and exceeded their goals for retention.
- Reduction in infractions – The average number of infractions before entering MRT were 19.98, with a minimum of 1 and a maximum of 99. After entering the program, Over 74% had no new infractions (See Figure 2 below.).

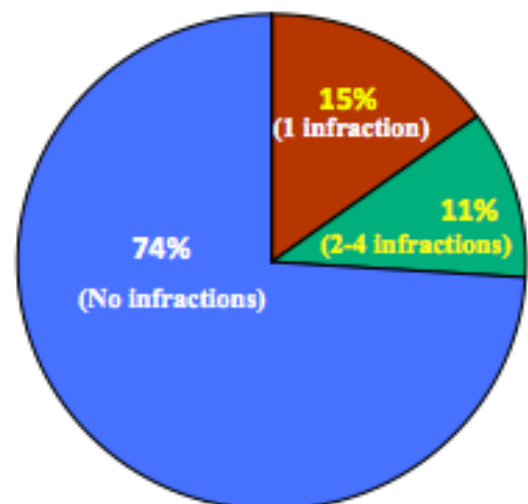
Does PCJP reduce substance abuse and manage mental health problems?

Over its first year of implementation, the program has witnessed almost 90% of the incoming population abusing drugs, 86% with mental health problems, and 89% on psychotropic medications. Treatment of these individuals is difficult, especially since so many are assessed as high risk inmates. CHC has been very successful in recognizing and meeting the needs of those participants.

- CHC uses both group and individual sessions in its delivery of services. Qualifications of counselors are exemplary, and most are certified in MRT. Producing positive behavioral change has been shown to reduce drug abuse, as well as producing strategies to manage mental health problems.
- Program participants are randomly tested for drug and alcohol use throughout the program.
- Reduced substance abuse has led participants to opportunities on release they could not perform before entering the program. Additional indicators reveal that substantial gains are being made by participants to improve their health.

A primary indicator of participant progress in the program is whether participants are in compliance with requirements of the program. A requirement of the program is that no new infractions be incurred while in the program. Figure 1 below shows the number of in-program infractions. All participants had infractions reported when entering the program, but there were few infractions over the period under review with 74% of the participants having no reported infractions; 15% had 1 infraction; and only 11% had 2 or more.

Figure 1: Number of In-Program Infractions



Does PCJP reduce recidivism compared to existing practices?

CHC staff track all individuals participating in drug court, as well as those that declined to enter the program although they were eligible. GCI found:

- Estimates prior to program implementation showed that the recidivism rate among inmates compared to those in the program was at least 60 to 88%. Currently, the preliminary recidivism rate of those released from the program is only 24%.

The success they have witnessed in improving the criminal justice system within the Pueblo County Jail, while meeting the needs of a high risk, drug abusing population with high levels of participants assessed with mental health programs, has been impressive. Rehabilitating individuals that abuse drugs and commit criminal activities, along with managing their mental health problems, has resulted in producing useful citizens with increased positive results for public safety of the community.

The evaluation present results from initial implementation of a correctional program, including MRT that are both efficient in its practices and effective in program delivery. We believe that it could be considered a model for other jurisdictions to improve programs through the lessons learned by CHC efforts.

Moral Reconciliation 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.

A 2001 meta-analysis¹ of seven published outcome studies on the results of MRT treatment on one-year recidivism in community-based corrections showed that MRT cut expected recidivism by one-half. These studies included 3,306 MRT-treated individuals and 10,538 controls.

- Over 100 outcome studies have documented MRT
- MRT is the premiere cognitive-behavioral program
- MRT is easy-to-implement
- MRT enhances staff attitudes
- 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 —
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¹ www.moral-reconciliation-therapy.com

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- 1 *Facilitator's Guide*
- Workbook on CD
- 15-minute *Basic Relaxation* CD
- 15-minute *Progressive Relaxation* CD
- 20-minute *Clean and Sober Visualization* CD
- 25-minute *Desensitization* CD

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

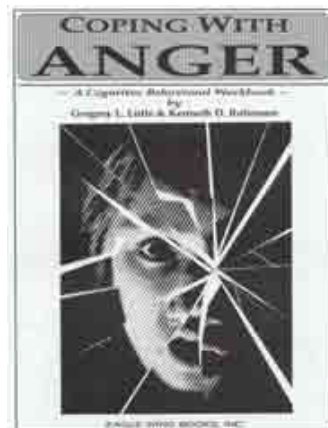
COPING WITH ANGER

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.



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

**Anger Management
Group Starter Kit contains:**

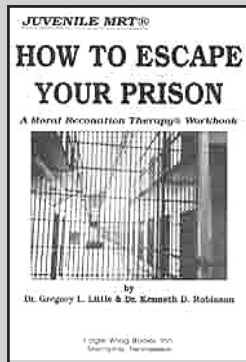
- 15 *Coping With Anger* workbooks
- 2 *Facilitator Guides*
- 2 *5-Minute Stress Manager* CDs
- 2 *Relaxation/Progressive Muscle Relaxation* CDs
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CD — \$8.95***
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Relaxation CD —\$8.95***

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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.

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

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Riverdale, GA	9/23-9/26/2014
Los Angeles, CA	9/29-10/2/2014
Clackamas, OR	10/6-10/9/2014
Henrico, VA	10/7 -10/10/2014
Coeur d'Alene, ID	10/14- 10/17/2014
Germantown, TN	10/20-10/23/2014
Shelbyville, IN	11/3-11/6/2014
New York, NY	11/10-11/14/2014*
Sioux Falls, SD	11/17-11/20/2014
Germantown, TN	12/2 - 12/5/2014
Brooklyn, NY	12/16-12/19/2014

ADVANCED MRT TRAININGS

Wilmington, NC	10/2 - 10/3/2014
Coeur d'Alene, ID	10/13/2014
Laramie, WY	11/5/2014

MRT DV TRAININGS

Clackamas, OR	9/30-10/3/2014
Baton Rouge, LA	10/27-10/30/2014
Germantown, TN	TBA

*Special Schedule. Call for details.

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.

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

Tennessee's DUI Problem: Increasing Recidivism

By Gregory L. Little

On July 1, 2014 a new Tennessee law gave courts the option of requiring that some offenders wear transdermal monitoring devices. The law permits the use of the devices with offenders who have been convicted of impaired driving, any drug or alcohol offense, and also those convicted of assault or domestic violence. These devices are typically worn on the ankle or applied as a skin patch. They are employed to monitor the use of alcohol or drugs with results typically downloaded daily to the offender's supervising agency. In general, the use of these devices results in lowered usage of drugs and alcohol. On July 1, 2014 Tennessee also saw the new *Tennessee DUI Recidivism Reduction Act* take effect. The law mandates jail or prison time for second and third offenders and requires that intensive treatment be required after the offender's release. The new laws were passed in response to "loopholes" in several statutes and the state's increasing DUI recidivism, which has spiked since the end of 2010.

Escalating DUI Recidivism: 2010—2013

The Tennessee Bureau of Investigation (TBI) issues annual reports on crime and arrests within the state. One type of arrest detailed in these reports is annual DUI offenses. From 2007 to 2010, the TBI reports reveal that Tennessee had a steady decline in annual DUI arrests. In 2007, there were 30,278 arrests (TBI, 2007). In 2010, the state had 23,460 DUI arrests, a nearly 23 percent reduction from 2007 totals (TBI, 2010).

In 2009, a TBI study was issued showing that 21 percent of DUI arrestees in the state were repeat offenders (Associated Press, 2009). For reasons that are not entirely clear, the Tennessee Department of Mental Health and Substance Abuse Services then began a series of meetings (culminating in January 2010) in order to mandate a statewide curriculum for the many DUI Schools operating in the state. As a result of the state agency's decision, all DUI Schools were required to use the Prime for Life® programming materials, ending decades of schools being able to test and evaluate the effectiveness of treatment methods on first-time DUI offenders (Tennessee Department of State, 2010). "Reduced recidivism" was cited in the first reason explaining why the state was mandating a statewide program (p. 4). A representative of the Davidson County Sheriff's Office stated that the recidivism of offenders in their Prime for Life program "was under five (5) percent, the lowest in the Southeast" (p. 4).

The driving force in the state's decision was attributed to a series of brief outcome reports issued by Margaret

Reynolds, then with the Davidson County General Sessions Court. The reports summarized the county's implementation of the Prime for Life program with DUI offenders (Reynolds, 2004; 2005; 2006; 2007). The program's reports, all about a half-page in length, essentially claimed that from two to three years after participation, only 4.5 percent of offenders were rearrested for DUI (Prime for Life Website Research, 2014). This recidivism result is the lowest of any reported on the website and is far lower than virtually any other published studies. For example, the initial report (Reynolds, 2004) related, "Through a Meta Analysis in 1990, researchers found the average two-year recidivism rate for control groups completing remedial interventions for DUI drivers to be 19 percent. In comparison, the Safety Center's [Davidson County] results were as follows: Low risk first offenders who graduated upon completion of the PRIME for Life curricula had a DUI re-arrest rate of 4.47 percent and 7.78 percent for any type of alcohol or drug related offense" (p. 7). The Davidson County implementation has been cited widely as one of the best in the country and was frequently compared to the statewide 21 percent recidivism rate in Tennessee (reported above) and the 1990 national study showing a 19 percent recidivism rate in convicted drunk drivers (Reynolds, 2004).

On January 1, 2011 all state of Tennessee DUI Schools began utilizing the Prime for Life program based on the state's mandate, however, many programs began using the mandated curriculum shortly after the state announced their decision a year earlier, in January 2010 (Tennessee Department of State, 2010).

DUI Arrests Escalate

In 2011, Tennessee DUI arrests increased nearly 12 percent to 26,197 (from 2010's total of 23,450). In 2012, Tennessee DUI arrests increased to 28,931, a 23 percent increase from 2010. In 2013, Tennessee DUI arrests leveled off at an estimated 26,300, a 12 percent increase from 2010. (It is noted in the 2013 TBI report that several counties, police, and Sheriff Departments in the state were reporting numbers that were known to be too low.) During the same time period, a majority of all other areas of crime in the state declined (TBI, 2010; 2011; 2012; 2013). In summary, from 2010 until 2013, the state's overall DUI arrest figures increased by at least 12 percent, while most other types of crime decreased. During that timeframe, the state's overall population increased by just 0.003 percent, based on TBI statistics (TBI, 2013). In addition, the reported percentage of repeat offenders has apparently increased from 21 percent in 2009 to 25 percent in mid-2012 (Alund, 2012). Accounting for repeaters and others

who failed to participate, from 2011 to 2014, Tennessee's DUI Schools treated at least 45,000 first-time DUI offenders.

Prime for Life Issues 2012 Evaluation Report on Tennessee

In a brief, 5-page summary evaluation of their Tennessee programs (Stafford, et al., 2012), Prime for Life was described as a "motivational intervention designed to reduce the incidence of alcohol and drug-related problems" (p. i). For the overall evaluation of the Tennessee implementation, a total of 522 participants completed a pre- and posttest questionnaire. Results showed that the vast majority of participants agreed or strongly agreed that the program was helpful in making plans, deciding to drink or use drugs less, feeling confident, and developing skills. For example, at the pretest, 60% of the subjects believed they could have four or more drinks a day without developing alcoholism. The posttest showed that 31% believed they could have 4 or more drinks a day. When asked if they could develop alcoholism, 58% agreed at the pretest compared to 69% at the posttest. When asked if they could develop drug addiction, 70% agreed at the pretest while 75% agreed at the posttest. All of these differences were said to be "statistically significant" at the $p < .05$ level. However, no actual statistics were given. Several other questions focused on areas such as motivation to change, their intended future alcohol consumption, and whether or not they intended to drink/use drugs and then drive in the next 90 days. The conclusion given on the opening page was, "The findings show PRIME for Life instructors—and the programs they work in—are making a difference in the lives of clients and the safety of Tennessee communities" (p. i). No actual recidivism data was cited or mentioned nor were any limitations given on the study.

The Fundamental Flaw of the Davidson County Prime for Life Reports

Revealed in a single line in the Davidson County reports (Reynolds, 2004; 2005; 2006; 2007) is the fundamental design flaw that made the DUI recidivism outcomes seem so favorable: "Graduates were reviewed for re-arrests in Davidson County." Before the State of Tennessee's Department of Mental Health and Substance Abuse Services made the decision to mandate the program statewide, they were made fully aware of this major limitation of the reports. In brief, the Davidson County reports looked only at any re-arrests participants had in Davidson County. Putting this into perspective, the TBI report that cited a 21 percent recidivism rate for convicted DUI offenders, looked at re-arrests in all 95 of Tennessee's counties. Davidson County only looked at just one of 95 counties. The Nashville Metro area actually consists of 14 counties, including Davidson. When the Davidson County reports were favorably compared to the national study that showed a 19 percent recidivism rate (Wells-Parker & Williams, 1990) the Davidson County reports used only re-arrests in their county while the

national study reported on re-arrests in the entire country. In 2009, the Tennessee Comptroller's Office noted that the Department of Correction's publically-released recidivism rates were "understated" because of the narrow way that they defined "recidivism": a recidivist was defined as an offender released from a Tennessee state prison who was reincarcerated in a Tennessee state prison (Wilson, 2009). Thus, re-offenders subsequently sent to county facilities, Federal facilities, or prisons in other states were defined as successes. In brief, one's definition of recidivism can make a program appear to be leading to significant and beneficial results, especially when a comparison is made to other jurisdictions that use more appropriate and more rigorous definitions of recidivism.

Few Tennessee DUI Schools have published outcome studies, but in 2010 a study was conducted (which included the present author) on DUI offenders in Davidson County using a different cognitive-behavioral approach. To identify if the re-arrest outcomes were similar to the Reynold's reports (2004-2007), the method to evaluate recidivism was the same utilized in the Davidson County reports. The results of this study were virtually identical to the Davidson County outcomes (Little, et al., 2010). The cognitive-behavioral approach showed a two to three year Davidson County re-arrest rate of 4.93 percent compared to a combined 5.51 percent DUI re-arrest rate in the four Reynold's reports.

In summary, the actual overall recidivism rate for Tennessee DUI offenders hasn't been released since 2009. And that is an essential problem. With reduced recidivism as the stated goal of a mandated statewide program, evaluating the recidivism of treated-DUI offenders would seem to be the ethical and correct course of action.

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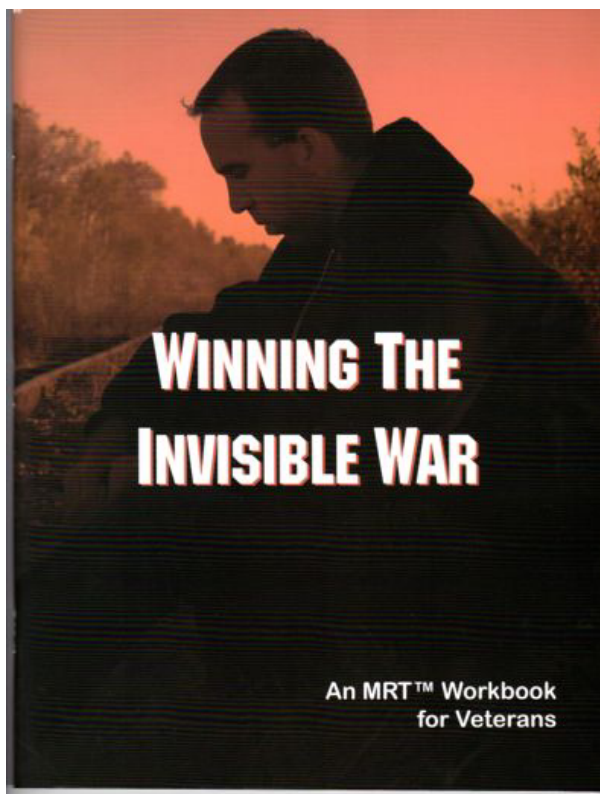
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“Winning the Invisible War” is a specialized workbook based on the cognitive-behavioral treatment approach of Moral Reconnection Therapy - MRT. Because Veterans have experiences and issues that are unique, it is recognized that they participate best in treatment programs designed for veterans with other veterans engaged in the same group process. Basic MRT™ TrainingSM is required to purchase this book. The exercises in the 134-page workbook follow the same basic progression as in all MRT programs and are processed in group in the same fashion.

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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:

	<u>COST</u>
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

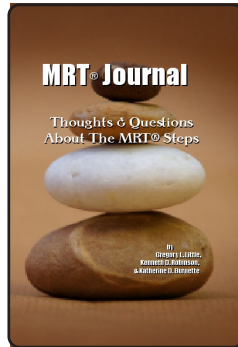
Payment Enclosed (please check one): ☐ Check ☐ Money Order ☐ Purchase Order (attached)

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.

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.

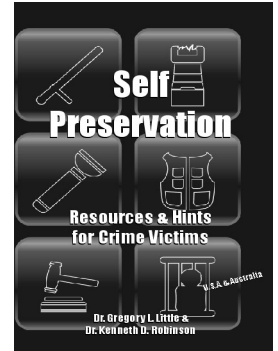


Journal price: \$4.75

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**



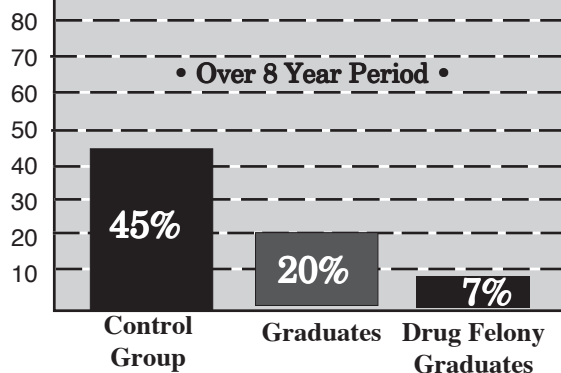
What Do Drug Court Professionals Know That You Should Know?



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.

Thurston County, Washington Drug Court 55% Lower Recidivism Rate for MRT Graduates



- 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.

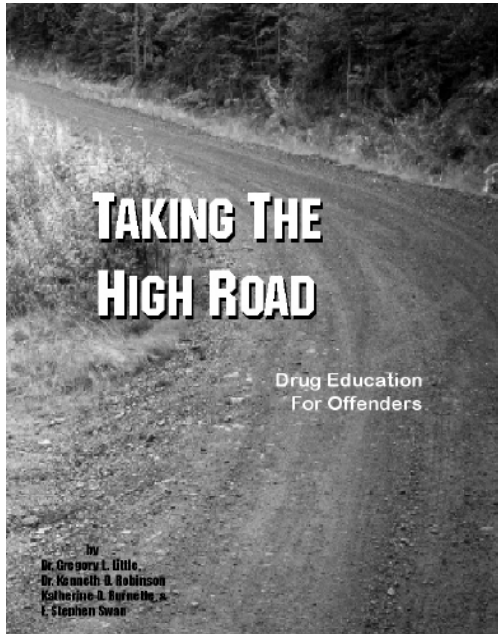
*For information
on implementing MRT
in your drug court,
call Sharron Johnson
or Lacy Kennedy
at 901-360-1564*

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

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

All New Drug Education for Offenders

Taking the High Road



Taking the High Road is a new and unique 41-page drug education workbook and program for offenders at all levels of criminal justice: drug courts, parole and probation, community corrections, jails and prisons. It utilizes an approach of brutal honesty and openness and has participants share their ideas, thoughts, and experiences in a group format. The program can be operated as an educational class or in an open-ended group. The program consists of eight modules that participants first read and then answer questions posed at the conclusion of each module. In group, each participant then shares his or her responses with the group.

Areas Covered include:

Tobacco

Alcohol

Marijuana

Opiates (Heroin, Morphine, Etc.)

Uppers (Cocaine, Crack, Meth, Etc.)

Depressants & Downers

Hallucinogens

Drug Dealing, Gangs, Violence, & Disease



Facilitator's Guide : \$10.00. Modules are also available on an audio CD: \$50.00. Also available in Spanish.

Cognitive Behavioral Treatment Review (CBTR) is a quarterly publication from Correctional Counseling, Inc. © 2014 — All rights reserved. Correctional Counseling, Inc. provides a wide range of services and products and specializes in cognitive-behavioral interventions. Our major service areas are:

Cognitive-Behavioral Training and Materials
Moral Reconciliation Therapy™ Training and Materials
Domestic Violence Treatment & Materials
Relapse Prevention
Drug Treatment Programming

Drug Court Services • DWI Programming
Mental Health Court Treatment
Specialized Probation/Parole Programs
Criminal Justice Staff Training
Therapeutic Community Programs

PROGRAM PROFILE

Six Months Drug Treatment Program, Adelaide, South Australia

Description of the Program

"The 6 Months Drug Treatment Program (6DTP) was established to provide adult offenders appearing before the Magistrates Court with access to drug treatment as part of the court process. It is available to offenders whose criminal behaviour has a clear connection to a drug problem, are suitable for release on bail and who are likely to benefit from a treatment intervention.

Participation in the program is voluntary and upon their acceptance participants sign a Treatment Plan which sets out the conditions of the program that they agree to comply with. The 6DTP is heavily based on the Drug Court program, which uses an abstinence approach to treat drug dependency. It includes intensive case management, random drug testing, regular court reviews, the use of sanctions and rewards, and group therapy sessions of Moral Reconnection Therapy and the Staying Quit program over a six month period. Failure to comply with the program is in breach of their bail conditions and may result in a temporary period of imprisonment or termination from the program. Compliance with the program is considered in the sentencing of a participant."¹

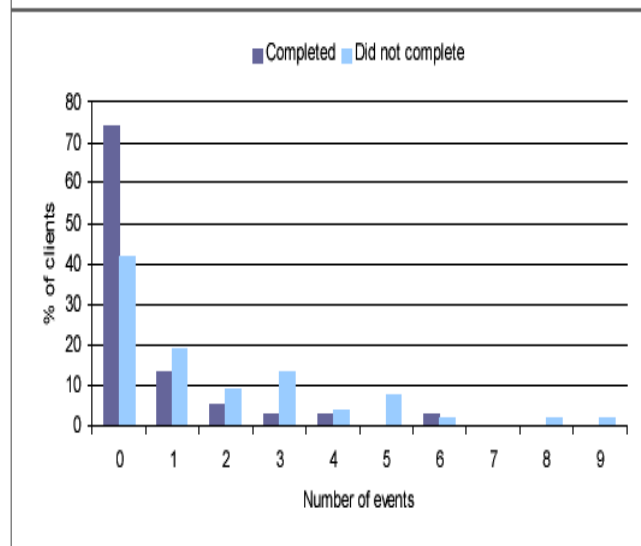
Sue King, Intervention Programs Manager, said MRT and Staying Quit have been the primary treatment interventions in the Drug Court since March 2008. There are four MRT groups for participants of the Drug Court who are typically more anti-social in their psychological profile and four MRT groups for participants who have co-occurring mental health problems, which are typically related to anxiety and depression. The groups are held once a week. MRT addresses the underlying values and attitudes that support crime and drug use in our society. We have found MRT is relevant to every offender with a substance dependence issue, regardless of whether their background is Aboriginal or Anglo, Asian or other non-Anglo backgrounds. We have also found it to be equally relevant for men and women.

She stated that participants consistently give very positive feedback about MRT although this doesn't usually happen until participants have reached level 7 or 8. There is real power in the group process as well as it being a cost effective way to deliver services. The accredited training and manuals for the participant and facilitator provide a very strong foundation from which to maintain program integrity and we have that 90% of participants have no difficulty reading and understanding the manual. Participants generally take pride in their manual because it contains very personal information and in over six years only two participants have lost their manual. Although the language and sketches in the manual are clearly reflective of the US context, this is not a barrier for participants.

"The treatment therapy has enabled participants to see the connection between their drug use and crime and accept responsibility for their actions. The treatment reports provide a concise summary of compliance and reflect participants' behaviour and level of engagement in the process. The therapy has also helped participants to identify potential triggers for relapse, which is crucial in reducing the likelihood of suffering a setback.

Feedback from participants indicates that the MRT and Staying Quit programs have helped them to address their drug use and the impact it has had on their relationships. Many reported that they were still drug free and have not re-offended since completing the program. The treatment staff have also noticed the significant, positive effect that the group therapy process has on participants' attitudes, beliefs and behaviour as they progress through the program."¹

Figure 5 Number of events per client (%) in six months following 6DTP participation, by completion status



"Figure 5 shows the number of events recorded in the post-program period for program completers and non-completers. The figure shows that program completers were far less likely than non-completers to record an event in the six months following leaving the program.

Table 8 Number of apprehension events in post-program period for program completers and non-completers

Number of events	Completers		Non-completers	
	n	%	n	%
0	28	73.7	22	41.5
1	5	13.2	10	18.9
2+	5	13.2	21	39.6
Total	38	100.0	53	100.0

Table 8 shows the number of apprehension events in the six months following participation in the 6DTP for program completers and non-completers. The table shows that program completers were considerably less likely than non-completers to record an event in the six months after leaving the program. This difference is highly statistically significant ($X^2=10.03$, $df=2$, $p=0.007$).

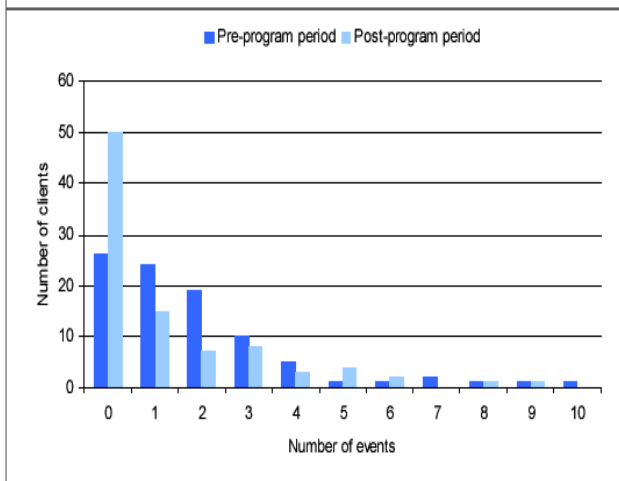
Figure 6 Number of events per client in six months prior to and following 6DTP participation

Figure 6 shows the distributions for number of apprehension events in the pre- and post- program periods, for all program participants. The graph shows that although most clients recorded at least one event in the pre-program period, only a minority recorded an event in the post-program period.

The overall participant group recorded a mean of 1.80 ($SD=2.05$) apprehension events in the six months prior to participating in the program and a mean of 1.25 events ($SD=1.94$) in the six months following program participation. A paired samples t-test revealed that this was a statistically significant difference ($t(90)=2.104$, $p=0.038$).

This effect was considerably stronger for program

completers. In the pre-program period they recorded a mean of 1.63 events ($SD=1.85$) and in the post-program period they recorded a mean of 0.58 events ($SD=1.29$) (paired samples t-test; $t(37)=3.182$, $p=0.003$).

Discussion

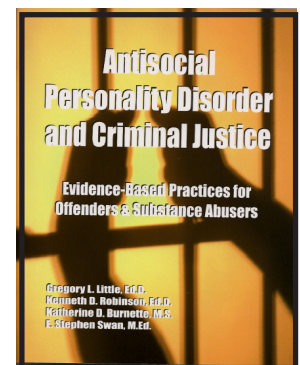
Results from this analysis suggest that participation in the 6-Month Drug Treatment Program is associated with a subsequent reduction in offending. Examination of the six-month post- program period revealed a statistically significant decline in the number of police apprehension events when compared to the six-month pre-program period for the participant group overall. This difference was particularly pronounced for the group of clients who completed the program, as opposed to those who did not. Accordingly, program completers recorded significantly less apprehension events in the post-program period than program non- completers. Participants who were terminated or withdrew from the program did not show a statistically significant decrease in apprehension events in the post-program period compared to the pre-program period, but they did show a slight decline.”²

References

1. Ransom, S (2012). Evaluation of the 6-Month Drug Treatment Program: Office of Crime Statistics and Research, Strategic Policy & Organisational Performance Division, South Australian Attorney-General’s Department.
2. Ransom, S (2012). Addendum to The Evaluation of the 6-Month Drug Treatment Program: Participant Offending Analysis: Office of Crime Statistics and Research, Strategic Policy & Organisational Performance Division, South Australian Attorney-General’s Department.

Antisocial Personality Disorder & Criminal Justice: Evidence-Based Practices for Offenders & Substance Abusers

- Current Criminal Justice Numbers & Costs
- Connection between Crime & Drug Abuse
- Causes of Antisocial Personality
- Effective Treatment Approaches



169-page soft cover text detailing the latest research regarding antisocial personality disorder, criminal justice treatment issues and evidence-based practices. Contains sections on recidivism, female offenders, & juvenile justice.

COST: \$18.95

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 counselor certification. \$12.00.

Rules Are Made to be Followed— 16-page workbook directly confronts the problem of underage 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 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 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. 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.

Taking the High Road - 39-page drug education workbook for offenders. 1-49: \$10.00 ea. (Order of 50+ books: \$4.75)

Facilitator's Guide for Taking the High Road: \$10.00. Workbook modules on audio CD: \$50.00.

Your Life Work - 70-page workbook focused on understanding how one's principles relate to a personal life purpose & mission. \$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 a 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.

Winning the Invisible War — MRT™ specialized workbook for veterans in treatment; \$25.00.

Domestic Violence Workbook — 119 pages in 8.5 X 11 format, titled, *Bringing Peace To Relationships*, for use with domestic violence perpetrators. The MRT™ format contains exercises designed to focus on CBT issues of faulty beliefs, attitudes, and behaviors leading to violence; \$25.00. (Must be trained in MRT's Domestic Violence program)

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 metal, the MRT™ Graduate coin 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		
APD & Criminal Justice	\$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		
Taking the High Road. (1-49: \$10.00 ea., Order of 50+ books:\$4.75)			
Taking the High Road Facilitator Guide	\$10.00		
Taking the High Road Audio CD	\$50.00		
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) (Eng. or Span.)	\$60.00		
How To Escape Your Prison (Eng. or Span.)	\$25.00		
Juvenile MRT™ - How To Escape Your Prison	\$25.00		
Domestic Violence (Must take Dom. Vio.)	\$25.00		
Domestic Violence <i>Facilitator's Guide</i>	\$10.00		
Winning the Invisible War (Veterans)	\$25.00		
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		



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

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Agency: _____

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Phone: _____

Email: _____

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2028 Exeter Rd.
Germantown, TN 38138

_____ = TOTAL ORDER

_____ 9.75% 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)	8:30 a.m. to 12:30 p.m. (Lunch - on your own)	8:30 a.m. to 5:00 p.m. (Lunch - on your own)	8:30 a.m. to 12:30 p.m. (Lunch - on your own)	8:30 a.m. to 2:00 p.m. (Lunch - provided in Memphis)
Introduction to CBT. Treating and understanding APD and treatment-resistant clients. Background of MRT™ personality theory.	Personality theory continued. Systematic treatment approaches. MRT™ Steps 1 - 2. About 2 hours of homework is assigned.	MRT™ Steps 3 - 5.	MRT™ Steps 6 - 8. About 2 hours of homework is assigned.	MRT™ Steps 8-16. How to implement MRT™. Questions & answers. Awarding completion certificates.
<div>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.</div>				

Upcoming Trainings

MRT TRAININGS

New Albany, IN	9/8 -9/11/2014
Scott, LA	9/ 8-9/11/2014
Riverdale, GA	9/23-9/26/2014
Los Angeles, CA	9/29-10/2/2014
Clackamas, OR	10/6-10/9/2014
Henrico, VA	10/7 -10/10/2014
Coeur d'Alene, ID	10/14- 10/17/2014
Germantown, TN	10/20-10/23/2014
Shelbyville, IN	11/3-11/6/2014
New York, NY	11/10-11/14/2014*
Sioux Falls, SD	11/17-11/20/2014
Germantown, TN	12/2 - 12/5/2014
Brooklyn, NY	12/16-12/19/2014

Advanced MRT Trainings

Wilmington, NC	10/2 - 10/3/2014
Coeur d'Alene, ID	10/13/2014
Laramie, WY	11/5/2014

MRT DV TRAININGS

Clackamas, OR	9/30-10/3/2014
Baton Rouge, LA	10/27-10/30/2014
Germantown, TN	TBA

*Special Schedule. Call for details.

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.