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#### & Moral Reconation Therapy (MRT®) News

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# Effects of Moral Reconation Therapy in a County Managed Day Reporting Center (DRC) Program

by Kimberly M. Eaton, Ph.D., Michael S. Gordon, D.P.A., & James L. Jengeleski, Ed.D.

#### Introduction

In April 2006, Franklin County, Pennsylvania, opened a Day Reporting Center (DRC) as an intermediate punishment program. DRCs have been used to alleviate jail overcrowding, improve management of offenders in the community, decrease costs to the criminal justice system, and enhance supervision alternatives. Jail crowding and treatment issues have continually been identified through the Franklin County Criminal Justice Advisory Board as priorities in strategic planning. Alternatives to incarceration, such as the development of a DRC, have been identified as a viable option in addressing these issues.

The goals for the Franklin County DRC program are two-fold: 1) to decrease the average daily population in the county jail; and 2) to reduce recidivism. In order to accomplish these goals the DRC program was designed to provide three primary functions for offenders: 1) intensive supervision; 2) cognitive behavioral therapy; and 3) drug and alcohol treatment.

#### Jail Population

The Franklin County jail has reported that within two years of implementing the DRC program the population at the jail decreased by 10 percent (Miller, 2009). The results attributed to the addition of the DRC program are:

- The jail population has been reduced from a peak average of over 400 inmates per day to a daily population of less than 300 during 2009.
- The average length of stay for inmates has been reduced by 10 days.
- The jail has gone from spending \$2,000 per day to house county inmates in other jails due to overcrowding to selling the surplus beds for revenue of \$709,000 in 2008.
- The DRC manages an average of 125 offenders for a lower daily rate than the jail.
- The assessed risk for probationers at the DRC has dropped more than 20%.

#### **DRC Program Model**

The DRC model includes phased progressions to measure individual program accomplishments. An offender begins the program reporting six days per week. The offender must meet the minimum requirements before progressing to the next phase. Minimum requirements include: 1) minimum number of days per phase, 2) completion of specific MRT steps, 3) no sanctions for 7 days prior to progression, and 4) no detected drug or alcohol use for 30 days prior to progression. The minimum numbers of days for each phase is as follows: Phase 1 – 30 days, Phase 2 – 45 days, Phase 3 – 60 days, and Aftercare Phase – 45 days. The client must complete MRT Step 3 to progress to Phase 2, Step 6 to progress to Phase 3, and all 12 MRT steps to move to the Aftercare Phase.

In addition to daily reporting breathalyzers and random urine testing is conducted. The testing intervals are dependent on the client's phase in the program. For example, clients on Phase 1 are tested weekly while clients on Phase 3 are tested monthly. The program components include the following: life skill groups, GED preparation, job skills, case management, and drug and alcohol treatment. Moral Reconation Therapy (MRT®) is the primary treatment component. All clients participate in MRT groups and are required to successfully complete MRT, along with other program requirements, in order to graduate from the DRC.

#### **Preliminary Studies**

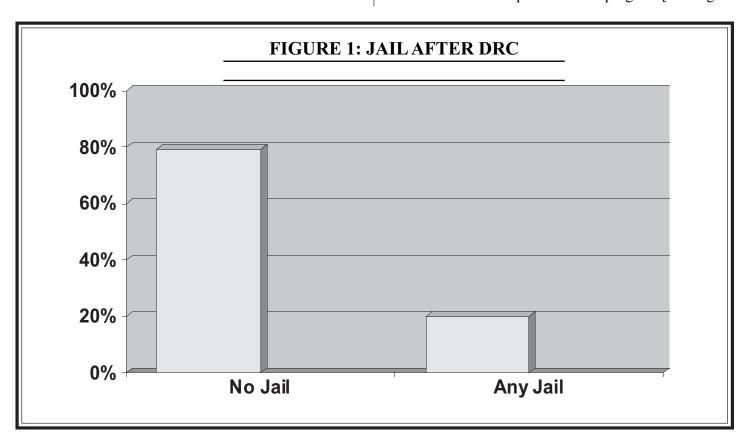
The goal of reducing recidivism rates for DRC participants is currently under study through a grant provided by the Pennsylvania Commission on Crime and Delinquency (PCCD). The three-year study results are due in September 2010. However, a preliminary study by Jengeleski and Gordon (2008), also funded through a PCCD grant, on the recidivism rate for successful DRC graduates was presented in September 2008.

#### Method

This descriptive report profiles four DRC cohort graduation classes (N=170): December 2006 (n=14), April 2007 (n=49), October 2007 (n=57), and April 2008 (n=50). Most DRC clients in each of the four cohorts were Caucasian (80%), male (70%), between 19 and 60 years of age, had completed high school or obtained a GED (60%), were single (60%), and had children (60%). Approximately 70% of the clients were employed at DRC intake with 90% being employed at DRC discharge. In addition, 62% were referred to DRC by probation with 32% referred by the jail and 5% by the courts.

#### **Preliminary Results**

Approximately 80% of the 170 DRC graduates did not return to the county jail for any probation violations or new arrests after completion of the program [See Figure



1]. Of the approximately 20% reincarcerated, 15% were reincarcerated one time with 5% reincarcerated two or more times. Moreover, of the 34 clients reincarcerated after completing the DRC, on average they returned to jail after approximately seven months (M=200.0;SD=108.3). There were two significant variables, prior offenses indicated that those participants with more prior offenses (M=2.4) were more likely to be rearrested after DRC completion compared to those with fewer lifetime prior offenses (M=1.7) [F=.901; p=.029]. The only significant categorical variable was received drug and alcohol counseling at the DRC (yes vs. no). Those clients that did not receive drug and alcohol counseling at the DRC were more likely to be reincarcerated and returned to jail (30%) compared to those clients that did receive drug and alcohol counseling (10%) [*F*=4.21; *p*=.029].

Of those reincarcerated, over 60% of the DRC clients were reincarcerated after 120 days (approximately 4 months). Approximately 8% were not reincarcerated within 1 year of postrelease from the DRC. Approximately 3% of clients were reincarcerated within 30 days postrelease from the DRC.

Approximately 50% of the DRC clients were sent back to jail for technical probation/parole violations. The other 50% returned to the jail for

new arrests. Over 40% of all the reincarcerated clients were reincarcerated for drinking and drug related offenses.

#### **Summary**

While this report was based on the results of a preliminary study of Franklin County DRC program, it indicates favorable results related to the recidivism rates for successful graduates. This report shows an overall recidivism rate (recidivism being defined as reincarceration to the county jail for any reason) of 20% for successful graduates of the program. The breakdown shows that approximately 50% of DRC clients returned to jail due to technical probation/parole violations and 50% returned to jail due to new charges.

While the results must be interpreted with caution due to the small sample size and lack of a comparison group, this preliminary report shows a positive effect on the recidivism rate for those offenders who successfully graduate from the program.

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# MRT® as an "Evidence Based Practice"

**2008** — MRT cited as as an **Evidence Based Practice** by the Oregon Department of Human Services.

Source: (2008) Oregon Department of Human Services, Addictions and Mental Health Services website.

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Source: What Works in Corrections

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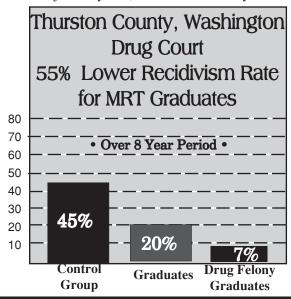
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MRT cited as Proven to Reduce Recidivism in DWI courts.

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

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# Lincoln County, New Mexico Juvenile Drug Court: Changing Lives and Building a Stronger Community

By Robert A. Kirchner, Ph.D. & Thomas R. Kirchner, Ph.D., Glacier Consulting, Inc.

Following the implementation of a pilot program in September 2003, the Twelfth Judicial District Juvenile Court (TJDJDC) program held its first drug court session under the federal drug court grant in September 2004. TJDJDC succeeded in holding its first graduation in January 2006. Glacier Consulting, Inc. (GCI) conducted both intensive process and outcome studies of Twelfth Judicial District Juvenile Drug Court (TJDJDC), a juvenile drug court program located in central New Mexico, with principal cities of Ruidoso and Carrizozo.<sup>1</sup>

The framework<sup>2</sup> used by this approach to document the program provides a basis for specifying its uniqueness. The evaluation formulated a program logic model,<sup>3</sup> including descriptions of all program components and the relationships between program components. The model establishes a baseline for this current to answer critical questions about (1) How the program works; (2) Why the program works; and (3) What impact it is having on the Lincoln County community.

After almost six (6) years of program development and implementation, the Twelfth Judicial District Juvenile Drug Court (TJDJDC) has reached a level of performance that is meeting most of the needs for its participants. The Drug Court Team has developed critical program materials (Manuals; Handbooks; Specific Procedures, etc.) that provide a clear description of the program that provides excellent documentation to understand how the program works. The evaluation team worked with the Drug Court Team to record the process of program development and the current processing of participants through the program, from entry to exit.

Juvenile offenders are all facing developmental programs, and usually difficult situational circumstances. Juvenile treatment courts often struggle to develop a program design to ensure program engagement and progress for participants. Strategies that promote program success focus on developing protective factors (drug-free activities; parental participant; educational achievements) as well as providing incentives for individual performance.

Although self-evaluation has proven its worth to individual drug courts, its most important result has been to produce knowledge about lessons learned and critical components or elements that are essential for success and institutionalization. Both the processes and frequency of judicial reviews are clear and well defined. The conduct of status hearings includes the entire Drug Court Team, reinforcing the commitment to participants and availability of information on participant progress. This process permits the Drug Court Judge to coach participants through both praise and warnings, and develop court orders that are constructive and effective.<sup>4</sup> The current judge, Karen L. Parsons, is very effective in conducting judicial reviews and encouraging clients to stay engaged in the program.

The participants are either attending school, in which case the schools are involved, or plans are developed to continuing education including GED preparation and completion. The Drug

Court Team is also seeking solutions to establishing summer educational activities. The Drug Court Team is expanding its focus to identify more opportunities for vocational education, especially for the older participants. The development and delivery of incentives is both creative and effective in keeping clients on track and complying with program requirements.

It is important to understand what the Twelfth Judicial District Juvenile Drug Court program has already produced as of April 2009, and how it has improved over time.

- Reducing recidivism The re-offend rate through April 2009 is 16%, but this only reflects one participant re-offending, which far exceeds this objective of the program. Additionally, this result compares to the average juvenile drug offender re-offense of 78%.
- Retaining clients in treatment The positive outcome of producing a 55% Retention Rate continues to be met, which far exceeds the average of 28% reported in research for substance abuse treatment programs.
- Effective delivery of Moral Reconation Therapy (MRT), a cognitive behavioral therapeutic modality that has proven its effectiveness in accelerating client's progress to recovery completion of MRT leads to increases in graduation rates<sup>5</sup>.

The TJDJDC program will proceed in its design to fit into state and county approaches to handling juvenile drug offenders by ensuring a balance between client's needs based on assessment and the constraints of law and agency operations. This should produce a program that will become more effective for the jurisdiction, expand its active client base and lead to even greater outcomes for the community.

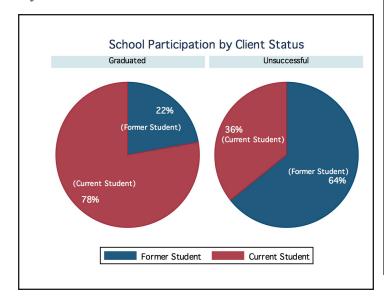
Foremost among the concerns of citizens in dealing with drug offenders is the need to ensure public safety for the community. While juveniles are participating in the drug court program, their behavior results in reduced criminal activity. The cost to the criminal justice system of frequent and continuing criminality by juveniles is constantly rising. Successful graduates of the program produce sustained cost savings for the County's juvenile services. Of course, the most valued outcome in this area is increased security in the community through the replacement of drug using delinquents with responsible young citizens. Finally, if institutionalized, the program can lead to improvements in the overall juvenile justice system. The Evaluation Team's analysis shows that if a juvenile drug court participant graduates, they are five times as likely to never reoffend again in the future.

Based on assessments, the program addresses the total needs of each participant and seeks permanent, cognitive behavioral changes that directly yield client outcomes, such as: improving the client's image to others and within the community; removing the link to crime; and reinforcements for future living.

One of the constant factors throughout the history of the program for all participants is that everyone enters the Moral Reconation Therapy (MRT) program. Cognitive-behavioral methods of therapy has been identified as one the most critical aspects of effective treatment. Differing modalities have been developed, and the TJDJDC chose to use MRT in the development of their program interventions before they began operation. Little and Robinson (1988) developed MRT based on the moral development model, and went on to produce manuals, lessons plans, training for counselors and professionals, and quality assurance ensuring program integrity.

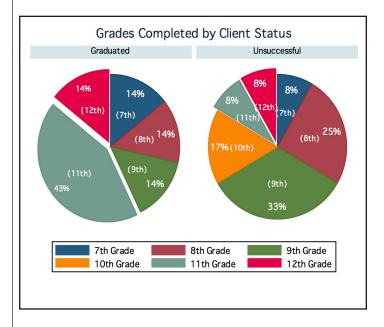
The evaluation design was directed by research that supports the effectiveness of cognitive behavioral programs for offenders in general, as well as the population that makes up the TJDJDC in particular.<sup>6</sup> MRT treatment is highly structured, provided in group setting, and participants must complete each exercise in a proper sequence before progressing forward. In the case of the TCDCP, the groups are also gender specific. MacKenzie (2006) reported that "results for MRT programs show stronger support for the effectiveness of the program. Significant differences favoring the MRT treated groups were found in the studies of felony offenders, felony drug offenders, and in the other setting." Previous evaluations found that, overall, completion of each additional MRT step was associated with an 8% reduction in recidivism risk.<sup>7</sup>

The program initially had limited success in attaining outcomes the education and vocational area, but has now matured to the point where each participant achieves a number of interim outcomes while in the program that ensures post-program success. Educational objectives are stressed and are being achieved by clients. Those clients in school are performing at higher levels and defining goals for their future. Clients that had given up on education are gaining their GED, and are seeking other education goals. Others wanting to work, and in need of enhanced skills to succeed, are moving forward in their plans to achieve those objectives.



The two relational breakdowns for educational help us understand the impact of staying in, and completing school. The success rate of participants continuing in school for graduation (78%) is more than twice what it was for unsuccessful participants (36%).

Program graduates completed grades 11 and twelve for fifty-seven percent (57%) of all graduates; compared with only sixteen percent (16%) for the unsuccessful participants completing 11<sup>th</sup> and 12<sup>th</sup> grades.



In addition to education, the juvenile drug court has built bridges to the community to enhance their participants' active involvement in positive activities, such as the Physical Training Program sponsored by local law enforcement and the Athletic Center. The results have been dramatic in terms of producing impacts for both completing the program and successful future life. It is notable that most of those that participated in this program have been retained in the program and are progressing as expected.

The juvenile drug court program, by definition, can only be successful if the drug court team brings together all those involved in responding to the problem juvenile drug offenders. But more than that, each team member and stakeholder must look at what they do in a different way than business as usual. The Drug Court Team members have learned a great deal about the diverse fields and approaches that other team members bring to the table. Former adversarial relationships have changed to produce a program design that leads to successful completion by participants that often have never been successful at anything before in their lives. The result is a series of outcomes where various sectors of a community realize that by working together they can produce enhancements to the way they contribute through their work to individuals, and thereby the community as a whole.

It is important to understand what activities and program efforts participants are involved in a juvenile drug court. The 41 participants entered into the juvenile drug

court through April 2009 have been assigned an average number of events for the following activities: Judicial Reviews; Therapeutic sessions; Physical Training; and Self Improvement.

The principal program component that underlies the program design and logic of programming for participants are:

- Moral Reconation Therapy
- Substance Abuse Treatment
- Life Skills
- Parent Involvement
- Combined Parent Group

The success Lincoln County has witnessed in improving its Juvenile justice system, while meeting the needs of juvenile drug offenders, is impressive. By rehabilitating individuals that abused drugs and committed criminal activities with the result of producing useful citizens, TJDJDC has increased positive results for those individuals as well as the public safety of the community.

The results of the evaluation present a juvenile drug court program that is both efficient in its practices and effective in program delivery. We believe that it should be considered a model for other jurisdictions to replicate those components that were gained TJDJDC efforts over time. Our findings offer evidence that the public safety component of the balanced approach to restorative justice (Bazemore & Umbreit, 1995) is being met by the TCDCP.

One could reasonably conclude that when studying drug courts, including treatment effects, as a broad construct or a specific intervention model, we are also studying service delivery systems (Frumkin, 1978; Frumkin, 1982). This should be taken as a source of encouragement. Specifically, state and local policy makers can understand that this is a service delivery system where the evidence offers "some indication that adult drug courts are cost-effective additions to New Mexico's criminal justice system." (Barnoski, & Aos, 2003, p.12). As a service delivery system localized innovations in response to unique participant characteristics can occur while retaining the key components of effectiveness.

The data presented in this outcome evaluation demonstrate that the TJDJDC is a service delivery system targeting youthful drug offenders and one that is related to improved public safety outcomes and the concomitant public resource benefits. The TJDJDC has demonstrated a commitment to using evidence from program evaluations to engage in a process of ongoing program improvement.

This outcome evaluation focused on community impact, but went further to determine program and treatment effects. MacKenzie (2006) noted that "One research problem that continually occurs particularly in the area of drug treatment is the comparison of program completers to dropouts. The problem that such a comparison does not tell us much about

the program effects." We have shown here that methods are possible to open the door to understanding program effects that should help future research efforts.

Drug courts in general, and the TJDJDC in particular, may also impact supportive systems including child welfare, public assistance, unemployment, public health, and disability systems. Future evaluation efforts at the levels of specific and aggregated drug courts would provide a more comprehensive portrayal of drug court impacts through including data from these systems.

#### **Footnotes:**

<sup>1</sup> See: Kirchner, Robert A., and Thomas R. Kirchner (2009) Lincoln County, NM Juvenile Drug Court: How It Works, Why It Works, and Its Impact on the Community. Glacier Consulting, Inc.: Annapolis, MD.

<sup>2</sup> See: Kirchner, Robert A., and Michael Jewell. (2003) "Evaluating Juvenile Drug Courts at the Local Level," Presented at the National Association of Drug Court Professional's 4<sup>th</sup> Annual Juvenile and Family Drug Court Training Conference, January 9-11, 2003, Washington, D.C.

<sup>3</sup> This approach and definitions presented here are fully explained and demonstrated in: Kirchner, Robert A., Roger K. Przybylski and Ruth A. Cardella Assessing the Effectiveness of Criminal Justice Programs. Assessment and Evaluation Handbook Series Number 1, January 1994. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. This publication is available on the INTERNET at: www.bja.evaluationwebsite.org. <sup>4</sup> See: Marlowe, Douglas B, David S. Festinger, and Patricia A. Lee (2004) "The Judge is a Key Component of Drug Court." *Drug Court Review*, Volume IV, Issue 2. Alexandria, VA: National Drug Court Institute.

<sup>5</sup>See: MacKenzie, Doris Layton (2006) What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents. New York, NY: Cambridge University Press.; and Little, Greg, and Kenneth D. Robinson, Katherine D. Burnette, and Stephen Swan (1999) "Successful Ten-Year Outcome Data on MRT Treated Felony Offenders," Cognitive-Behavioral Treatment Review Vol. 8, No. 1.

<sup>6</sup> See: MacKenzie, Doris Layton (2006) What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents. New York, NY: Cambridge University Press.; and Little, Greg, and Kenneth D. Robinson, Katherine D. Burnette, and Stephen Swan (1999) "Successful Ten-Year Outcome Data on MRT Treated Felony Offenders," Cognitive-Behavioral Treatment Review Vol. 8, No. 1.

<sup>7</sup> See: Kirchner, Robert A., Ellen Goodman, and Thomas R. Kirchner (2007) "Effectiveness and Impact of Thurston County Drug Court Program." *Cognitive-Behavioral Treatment Review.* Volume 16, #2

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Cognitive-Behavioral Training and Materials
Moral Reconation 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

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TRAIN	ING DATES SELECTED:	TOTAL:	

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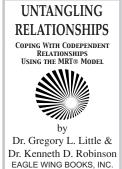
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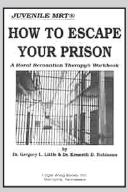
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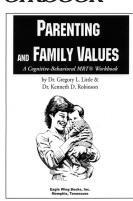
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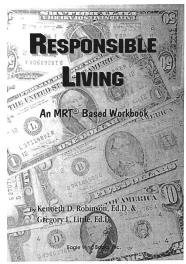
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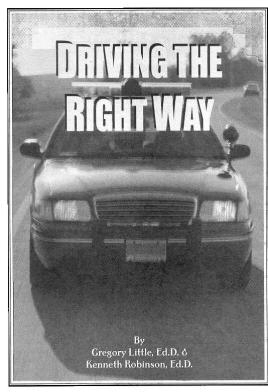
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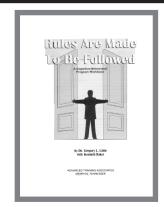
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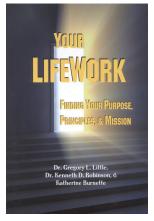
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#### Research Brief

Editor's Note: This brief extract is excerpted by CBTR from the original article appearing in *Practical Dispute Resolution* and is used with permission.

School-wide Anger and Conflict Management Initiative Produces Change by A. Myers & P. Wikes (2008), *Practical Dispute Resolution*, 4 (2) The Cooperative Consortium of Dispute Resolution.

Over a two year period beginning with the 2006-2007 academic year, the Catonsville Center for Alternative Studies (CCFAS), one of five public, secondary, alternative schools in Baltimore County, Maryland serving an "at risk" student population, developed and implemented a unique and creative plan to address an everincreasing concern—student anger and aggression. Most of the students referred to the school have a history of chronic disruptive behavior which can include such rule violations as fighting, destruction of school property, classroom disruption, and disrespect/disobedience usually of an overtly aggressive nature.

CCFAS applied for a grant in partnership with the Center for Alternative Dispute Resolution (CADR) through the Maryland School-based Conflict Resolution Grants Program—a collaborative project by the Maryland Judiciary's Mediation and Conflict Resolution Office, the Maryland State Department of Education, and the Maryland School of Law through its Center for Dispute Resolution. CCFAS's grant proposal included the development of a special anger management and conflict resolution curriculum with required attendance by all students. The school's Personal Development class would be the vehicle of presentation. A specific anger management and conflict resolution program—The DRAMA Club (Dispute Resolution And Managing Anger)—was chosen as the primary treatment intervention.

CCFAS developed a curriculum from the program material and retained the DRAMA Club's structured participant workbook as its primary classroom tool. Of particular focus in this study was a battery of standardized instruments administered as pre and posttests to assess student change and program efficacy... the *Hostility Scale (SCL-90)*, ... the *Conflict Resolution Scale*... & the *Violent Intentions-Conflict Survey*.

A total of 50 students participated in the program and completed both pre and posttests. Because of the transient nature of the alternative school population, several students temporarily participated in the program. Having completed the pretest upon admission, these students either were expelled from the alternative school program or dropped out prematurely. Because of the lack of post-test assessments in these cases, and the resultant inability of writers to assess any change, these individuals were not included in the data evaluated.

An analysis of the data for the entire population showed desirable results at a statistically significant level in all cases. The Violent Intentions—Conflict Survey posttest scores (t49=3.95, p<.0005) showed a 15% improvement on average. The Hostility Scale (t49=3.87, p<.0005) scores improved by 9%. On the Conflict Resolution Scale, both the Self-Control scores (t49=2.57, p<.01) and the Cooperation scores (t49=2.05, p<.025) demonstrated improvements of 6% and 5% respectively.

The results of the study demonstrate a statistically significant improvement in student scores on all four of the instruments administered after completing the DRAMA Club curriculum and being exposed to the school-wide, "immersion" initiative. Desirable changes occurred in levels of hostility, self-control, and cooperation. Significant improvement was demonstrated by student post-test scores on the *Violent Intentions-Conflict Survey*. Considering that this instrument measures intentions to utilize non-violent strategies to control anger and conflict, and was specifically designed to measure the effectiveness of anger management programs, it would appear that the intervention was successful and produced the desired effect.

In view of all of the above, the CCFAS project to help students better manage their anger and solve interpersonal problems in constructive, pro-social ways had the desired results. By all reports, the level of student aggression and conflict was greatly improved from previous years resulting in a safer and more productive school environment.

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How To Escape Your Prison CD/Audiotape Set in Spanish — The Spanish MRT® workbook on CD or cassette tapes - 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.

#### **CBT Materials Order Form**

Item Price Each, # Ordered Subto	41
The Punishment Myth  Price Each, # Ordered Subto  \$10.00	tai
Something for Nothing shoplifting (Workbook) \$10.00	
Something for Nothing (Spanish Workbook) \$10.00	
Something for Nothing (book on CD or tape)\$50.00	
Understanding & Treating APD \$10.00	
Effective Counseling Approaches text \$12.00	
Crisis Intervention text \$10.00	
Five-Minute Stress Manager (CD or cassette) \$8.95	
Parenting and Family Values \$15.00	
Imaginary Time Out (CD or cassette) \$8.95	
Family Support (CBT workbook) \$9.00	
Job Readiness (CBT workbook) \$9.00	
You Can Get There From Here \$8.95	
The Joy Of Journaling \$11.95	
Psychopharmacology: Basics for Couns. \$24.95	
Coping With Anger (workbook) \$10.00	
Coping With Anger Facilitator Guide \$5.00	
Coping With Anger Group Starter Kit \$245.00	
Coping With Anger Training DVD \$100.00	
Coping With Anger (book on CD or tape) \$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 \$20.00	
Character Development Facilitator's Guide \$20.00	
Driving the Right Way Workbook Eng./Span. \$10.00	
Driving the Right Way Facilitator's Guide Free	
Your LifeWork Book (DVD & Starter Kit also available) \$15.00	
MRT Materials below can only be ordered by trained MRT facilitators	
MRT Counselor's Handbook \$10.00	
MRT Poster (Freedom Ladder) \$10.00	
How To Escape Your Prison (CDs or tapes) \$60.00	
How To Escape Your Prison \$25.00	
How To Escape Your Prison (In Spanish) \$25.00	
How To Escape Spanish (CDs or tapes) \$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	



You can now order online! Go to our web site at www.ccimrt.com and clink on the Store link.

# Ordering Instructions

To order materials, clip or copy coupon and send with check, money order, or purchase order. All orders are shipped by UPS — no post office box delivery. When ordering only one item, the shipping fee is \$8.00. If you order more than one item, you should 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: Send form and payment to:
Correctional Counseling, Inc. 2028 Exeter Rd. Germantown, TN 38138
= TOTAL ORDER
= (call for Shipping)

= Grand Total

#### Memphis MRT® Training Daily Agenda

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

#### Monday

8:00 a.m. to 5:00 p.m.
(Lunch-provided in Memphis)
Introduction to
CBT.
Treating and
understanding
APD and treatment-resistant
clients.
Background of
MRT⊕ personality
theory.

#### Tuesday

8:00 a.m. to 12:30 p.m.

(Lunch - on your own)

Personality theory
continued.

Systematic treatment approaches.

MRT® Steps 1 - 2.

About 2 hours of homework is assigned.

#### Wednesday

8:00 a.m. to 5:00 p.m.
(Lunch - on your own)

MRT® Steps 3 - 5.

#### Thursday

8:00 a.m. to 12:30 p.m.

(Lunch - on your own)

MRT® Steps 6 - 8.

About 2 hours of homework is assigned.

#### **Friday**

8:00 a.m. to 2:00 p.m.
(Lunch - provided in Memphis)
MRT® Steps 8-16.
How to implement
MRT®.
Questions &

answers.
Awarding completion certificates.

#### MRT<sub>0</sub> 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**

November 16, 2009 to November 20, 2009 - Germantown, Tennessee November 16, 2009 to November 19, 2009 - Chamberlain, South Dakota January 11, 2010 to January 15, 2010 - Germantown, Tennessee January 11, 2010 to January 14, 2010 - Seattle, Washington January 19, 2010 to January 22, 2010 - Duluth, Georgia January 19, 2010 to January 22, 2010 - Albuquerque, New Mexico February 22, 2010 to February 26, 2010 - Germantown, Tennessee March 16, 2010 to March 19, 2010 - Olympia, Washington March 22, 2010 to March 26, 2010 - Germantown, Tennessee

#### DOMESTIC VIOLENCE TRAINING

December 8, 2009 to December 11, 2009 - Idaho Falls, Idaho April 26, 2010 to April 30, 2010 - Germantown, Tennessee

Note: Additional trainings will be scheduled in various locations in the U.S. See our website at www.ccimrt.com or call CCI concerning specific trainings. CCI can also provide a training at your location. Call 901-360-1564 or email ccimrt@aol.com for details.

# COGNITIVE-BEHAVIORAL TREATMENT REVIEW

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