

# COGNITIVE BEHAVIORAL TREATMENT REVIEW

CORRECTIONAL COUNSELING INC. • GERMANTOWN, TENNESSEE • VOLUME 19, #1 • FIRST QUARTER 2010



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

## Table of Contents

<i>MRT 20-Year Recidivism Results.....</i>	<i>1</i>
<i>Comparison of MRT Effects between Male &amp; Female Parolees.....</i>	<i>10</i>
<i>Upcoming Training Dates for MRT &amp; Domestic Violence .....</i>	<i>17</i>

## Cognitive Behavioral Treatment Review

### & Moral Reconciliation 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](http://www.ccimrt.com)  
MRT® WEB SITE:  
[www.moral-reconciliation-therapy.com](http://www.moral-reconciliation-therapy.com)

---

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

---

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

---

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

Copyright © 2010 by Correctional  
Counseling, Inc. All rights reserved.

## Twenty-Year Recidivism Results for MRT-Treated Offenders

by Gregory L. Little, Ed.D., Kenneth D. Robinson, Ed.D.,  
Katherine D. Burnette, M.S., & E. Stephen Swan, M.Ed.

*Correctional Counseling, Inc.*

In recent years it has become accepted within criminal justice that any given program's effectiveness is best measured by its recidivism. The recidivism of program participants, variously defined as rearrests, reconvictions, or reincarceration, has become the most meaningful test of all criminal justice interventions (MacKenzie, 2006). The modern concept of "Evidence-Based Practices" rests upon proving the effectiveness of an approach by showing significantly lower recidivism in treated *versus* nontreated offenders (Little, Robinson, Burnette, & Swan, 2010).

The vast majority of recidivism studies are conducted after relatively brief time periods, typically ranging from 6-months to three years after treatment. Long-term recidivism studies in the criminal justice system are rare, however, if a program is truly effective at reducing recidivism the differences between the treated and nontreated groups should persist over time. This may be one reason why there are actually so few long-term studies in existence. For example, since the early 2000's Motivational

Interviewing (MI) has been recommended as a strategy for treating substance-abusing offenders (Little, *et. al.*, 2010). The brief MI technique is performed in 2-4 sessions as a prelude to additional treatment. Enthusiasm for MI as an effective program approach was based on a series of outcome studies showing beneficial effects measured only three to six months after treatment. A few studies measured outcomes at slightly longer intervals since some beneficial effects still present. However, after five years, research shows that all beneficial effects of Motivational Interviewing had completely dissipated (Adamson & Sellman, 2008).

Recidivism measures whether or not a given individual returns to performing an undesirable behavior after a treatment is applied. Within criminal justice, recidivism is typically measured by a follow-up of released offenders' criminal records at a given time period. The longest time period typically employed by criminal justice (as reported by the Bureau of Justice Statistics) is three years (Little, *et. al.*, 2010). The variables that are measured can include rearrests for felonies and/or misdemeanors, new convictions, and reincarceration. Few

studies measure recidivism beyond five years and still fewer report all arrests in understandable terms. For example, Blumstein and Nakamura (2009) recently conducted a large 20-year recidivism study on New York offenders. Rather than presenting the actual overall reincarceration and rearrest rates, they created a risk-hazard analysis and argue that after 8 years, offenders show the same basic risk for offending as the general population. However, a 20-year recidivism study (Levine, 2009) showed a 66% recidivism rate (for serious offenses only) in a sample of 413 released prisoners. What is often masked by such studies is that many rearrests, convictions, and reincarcerations are simply ignored because they fall outside a particular study's definition of recidivism. With few exceptions, comprehensive studies of offender recidivism after ten years of release are rare. Reports that count all rearrests and reincarcerations—local and state/misdemeanors and felonies—are nearly nonexistent.

In American criminal justice the most recommended programmatic approach is cognitive-behavioral programming, which is considered state-of-the-art in virtually all areas of corrections (Little, *et. al.*, 2010). The most widely employed and researched cognitive-behavioral approach within corrections is Moral Reconciliation Therapy (MRT®) (Little, Robinson, Burnette, & Swan, 1999), which is an NREPP program. Over 120 studies have been published on MRT with the timeframes from 6-months to ten years. A ten-year post-release recidivism study of over 1,000 offenders treated with MRT during their incarceration showed that MRT-treated offenders showed 50% reincarceration rate as compared to 65% for nontreated controls (Little, *et. al.*, 1999). The present report is a 20-year follow-up on the recidivism rates of the same 1,052 MRT-treated offenders and a control group of 329 individuals described in prior reports. The next section details how the control group was formed.

### Participants/Procedure

While many treatment studies eliminate treatment dropouts from their analyses, we have argued that a treatment approach's effectiveness should include all participants who entered the program. Evaluations that compare "completers" to "dropouts" stack the odds of generating statistical significance in their favor by creating a biased selection process making only those most likely to succeed included in the "treatment group." All of our prior published research on MRT has included everyone who participated in the program regardless of completion status.

MRT was initiated within a drug treatment therapeutic community (TC) at the Shelby County Correction Center in Memphis, TN in 1985. The institution housed misdemeanor and felony offenders serving up to 6-year sentences and incarcerates approximately 3,000 offenders.

A three-year recidivism report (Little, Robinson, & Burnette, 1991) included 70 male offenders who participated in MRT and were subsequently released in 1987-8. An initial quasi-random control group of 82 offenders who had applied to the program but did not enter due to limited program space was formed as a comparison group. Subsequent controls were added in the same manner, however, because access to the program was greatly expanded, fewer non participants (nontreated controls) were available because the majority of those who applied to the program subsequently entered. The eventual size of the control group was 329. In summary, all of the controls were motivated to enter the program. In addition, it should be noted that many of the controls participated in a host of other institutional programs including basic education, GED, vocational training, work release, and counseling. The only distinguishing characteristic of controls was that they did not participate in MRT after applying for it.

A five-year study (Little, Robinson, & Burnette, 1993; 1994) reported on the same treatment and control group, but added additional MRT-treated participants and control group numbers from the institution's employment of MRT within the general population, which included both males and females. This increased the MRT treated group to 1,052 and controls to 329. Both studies showed that MRT-treated offenders had significantly lower rearrest rates, higher rates of "clean" records (no rearrests after release), and lower reincarceration rates. Additional reports showed similar results at six-years (Little, Robinson, Burnette, & Swan, 1995) seven years (Little, *et. al.*, 1996), and 10-years (Little, *et. al.*, 1999). After 10 years, MRT-treated offenders showed a 46% reincarceration rate as compared to 65% in controls. The present study reports on the same 1,052 MRT-treated and 329 controls after an average of 21-years of release.

The prior published reports have detailed the characteristics of both groups. In January 2010, the average age of both groups was 44.5 years. African-Americans comprised 54% of both treated and control groups. Approximately 8% of both groups were female. The average original sentence of both groups was 2.9 years. The earliest release date of any treated or control group individual was in 1987 while the most recent release date was in 1991. Data was collected in early 2010 meaning that the range of time individuals in the study had been released was between 23 years and 19 years. The average time of release for all treated and control group participants was approximately 21 years.

In January 2010 the criminal record of all 1,052 MRT participants and 329 controls was gathered from three separate databases. One database included only reincarcerations into the Shelby County Correction Center, the major site of incarceration for residents in the area. The other databases came from Shelby County's JSSI computer system (Justice System Service Inquiry). JSSI provided a comprehensive listing of all arrests in Shelby County as well as some access

to surrounding counties and states. The JSSI system also provided case outcomes (dispositions) in both criminal courts and general session courts, both of which were separately accessed. This data identified subsequent reincarceration at the local (all jails and county facilities) or state level (all Tennessee prisons) as well as some access to Federal and interstate sentences. Three types of individual identifying IDs were employed. These were name, birth dates, and a unique ID number (RNI) assigned to each person by the criminal justice system to track individuals despite possible name changes or aliases. This provided a comprehensive record of criminal arrests, convictions, and sentences for each offender.

Two types of data were collected on each individual and subsequently collapsed into simple yes/no categories. The categories were 1) Rearrested after release and, 2) Reincarcerated on a new conviction after release. This led to two analyses. The first was the percentage of each group that was reincarcerated on a new conviction. The second was the percentage of each group that had rearrests as compared to clean records.

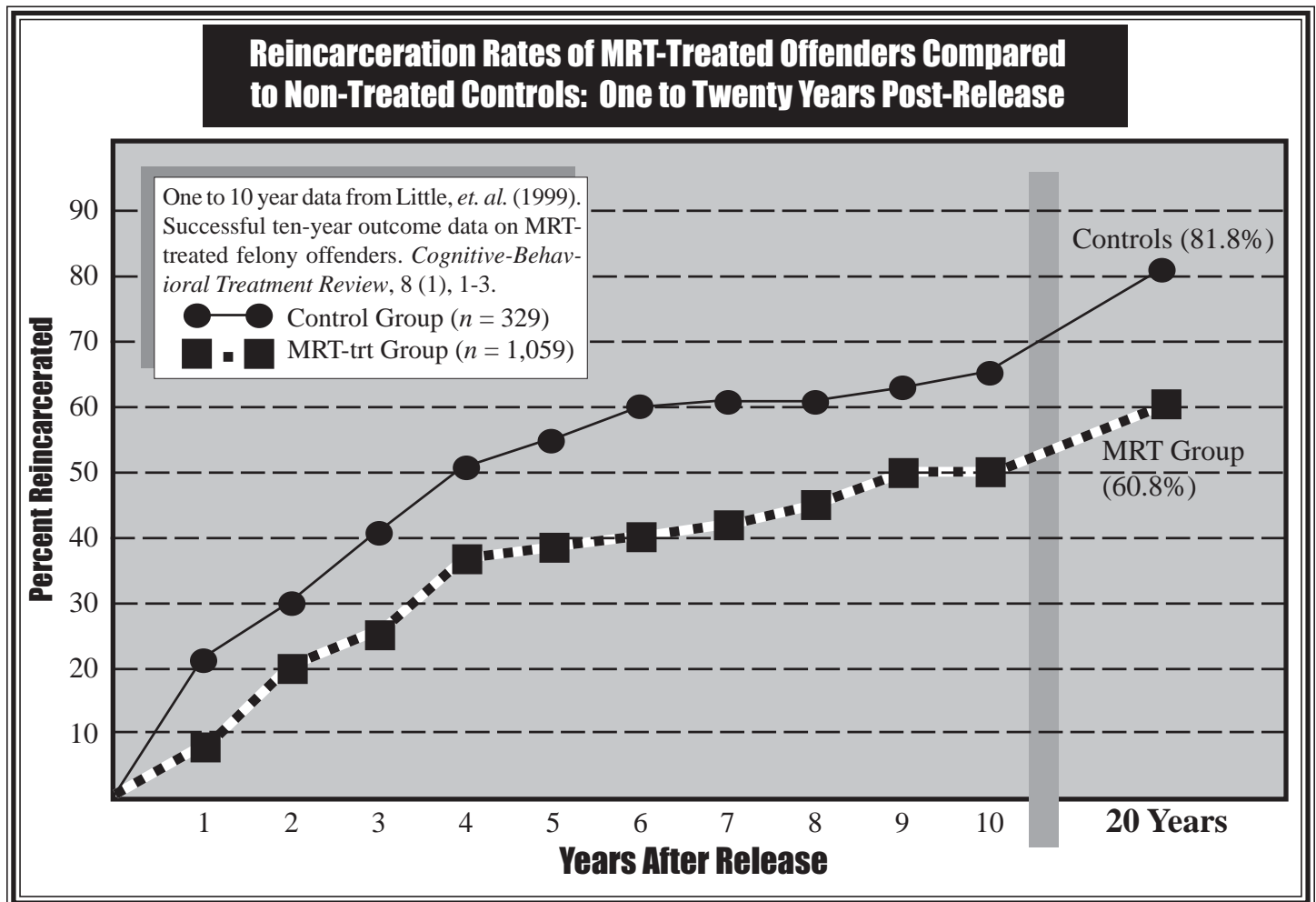
*Limitations.* This preliminary analysis does not divide outcomes for male or female offenders nor does it attempt to calculate length of sentence or a numerical analysis of total arrest numbers per individual. In addition, it does not represent all arrests on a national basis, which is generally

accepted in criminal justice as unnecessary to yield actual recidivism. It should be noted that some Federal and interstate arrests and convictions are included when they were available but it is not known how extensively the accessed databases gathered such information. In addition, the only arrests not counted in the study were minor traffic offenses that do not carry any possible jail time (such as stop sign/red light infractions or speeding). However, DUI and traffic offenses that carry jail or prison time were included.

One additional limitation is notable. An unknown but small percentage of both groups were deceased in 2010. Because the bulk of individuals who were verified as deceased were identified from information included in the criminal records, it was decided to retain all individuals in both groups. The vast majority of those who were deceased—in both groups—were both rearrested and reincarcerated. Thus, rather than omit these recidivists from the study, all of the original 1,052 and 329 controls were included.

### Results

Results from the analysis of the post-release criminal records of the 1,052 MRT-treated subjects and 329 nontreated controls revealed the following. A total of 640 (or 60.8%) of the MRT-treated group had been reincarcerated for a new



sentence at least once over their 21 years of release. A total of 269 controls (or 81.8%) had been reincarcerated for a new sentence at least once over their last 21 years of release. Chi-squared analysis showed that the MRT-treated group had a statistically significant lower reincarceration rate than did controls ( $X^2 = 48.78; p > .0001$ ).

A total of 854 (or 81.2%) of the MRT-treated group showed at least one rearrest over their 21-years of release. Conversely, 19% of the MRT-treated group showed clean records (no rearrests whatsoever). A total of 308 controls (or 93.6%) showed at least one rearrest over their 21-years of release. Conversely, only 6.4% of controls showed clean records. Chi-squared analysis showed that the MRT group had significantly lower rearrests and a significantly higher rate of clean records than did controls ( $X^2 = 29.05; p > .001$ ).

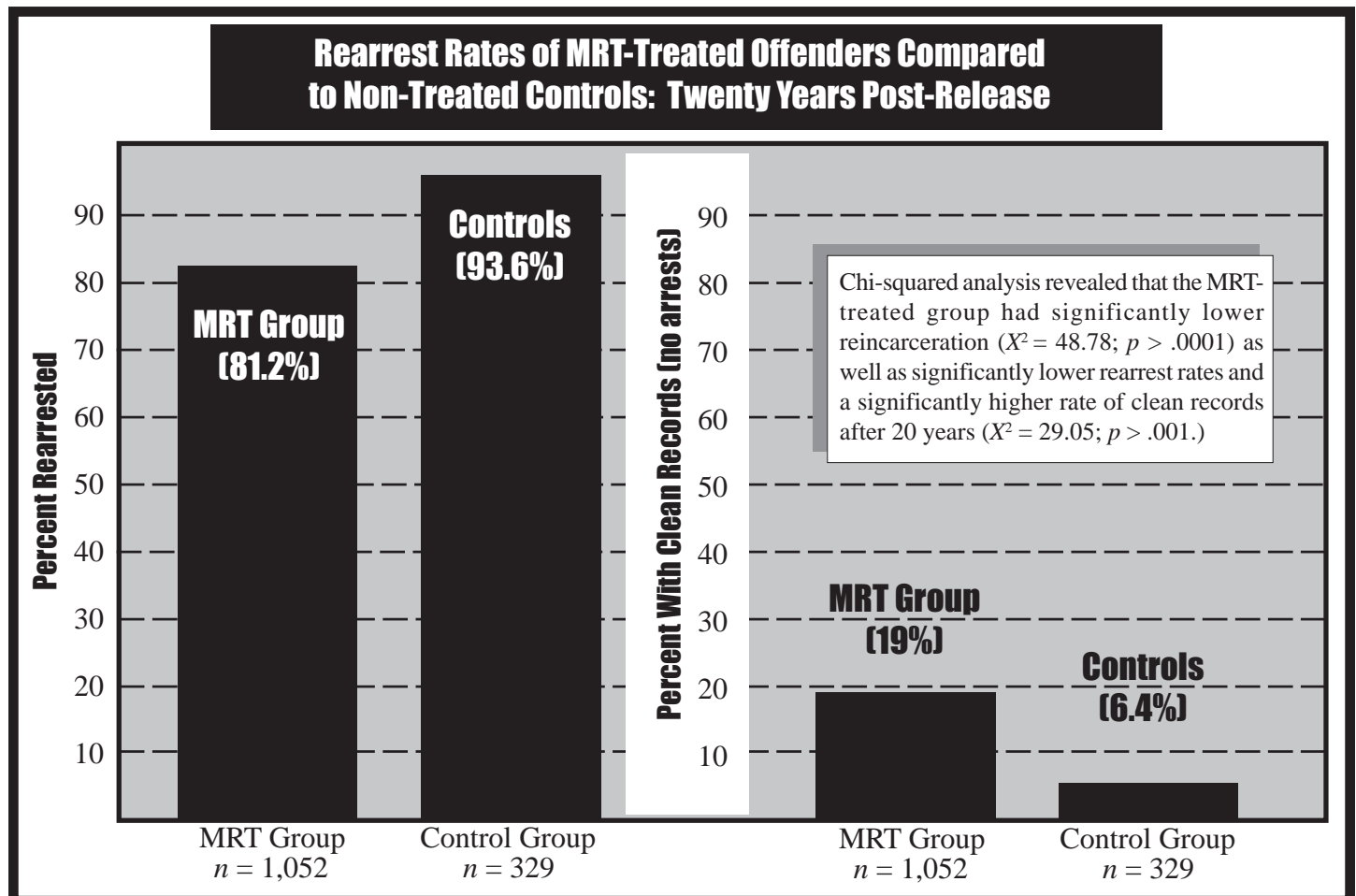
### Discussion

This report is the first-known 20-year recidivism comparison of any known treatment approach in criminal justice. It is our belief that any treatment that truly works should be proven in time frames more than 6 months or even a few years. If a given approach actually decreases recidivism, it will do so no matter how long the time frame that is utilized extends. MRT has now demonstrated that its effectiveness has been shown to be significantly better at one to over 20

years after treatment. In essence, without treatment, offenders will show eventual rearrest rates approaching 94%. With MRT-treatment, the rearrest rate will be 81%. Nontreated offenders will show a reincarceration rate of 82% compared to 61% for MRT-treated offenders.

MRT has been previously been shown to provide the most cost benefit of any cognitive-behavioral approach (Aos, Phipps, Barnoski, & Lieb, 1999). However, the present data allows a much simpler and more accurate analysis that can be easily grasped. For every 100 MRT treated offenders, 21 of them (who would have returned to prison without MRT) will not do so. Of each 100 MRT-treated offenders, 19 of them will not be rearrested for any offense. Without MRT less than 7 will not be rearrested. If the basic materials cost for 100 offenders is approximately \$2,500, the question is this. Is the expenditure of \$2,500 worth the costs of keeping 21 additional offenders out of prison and 12 offenders arrest-free for a 20+ year period?

Despite its limitations, the present study clearly shows that offender participation in MRT leads to significantly lower reincarceration rates, lower rearrest rates, and a higher rate of clean records. It is also clear that the cost benefits of MRT are not only substantial but also meaningful in several ways. The costs to society in processing arrests, paying for incarceration, and associated crime expenditures is greatly lessened by MRT.



## References

Adamson, S. J., & Sellman, J. D. (2008) Five-year outcomes of alcohol-dependent persons treated with motivational enhancement. *Journal of Studies of Alcohol and Drugs*, 69, 589-593.

Aos, S. Phipps, P., Barnoski, R., & Lieb, R. (1999) *The comprehensive costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.

Blumstein, A., & Nakamura, K. (2009) Redemption in the presence of widespread criminal background checks. *Criminology*, 47 (2).

Levine, S. Z. (2009) Examining the incidence of and time to recidivism within the risk contingency framework: a 20-year follow up study. *Law and Human Behavior*, 33 (2), 167-174.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1993) Cognitive-behavioral treatment of felony drug offenders: a five-year recidivism report. *Psychological Reports*, 73, 1089-1090.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1994) 5-year recidivism outcome data on MRT. *Cognitive-Behavioral Treatment Review*, 3 (2), 1-3.

Little, G. L., Robinson, K. D., & Burnette, K. D. (1991) Treating drug offenders with Moral Reconciliation Therapy: a three-year recidivism report. *Psychological Reports*, 69, 1151-1154.

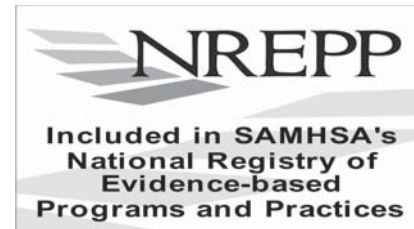
Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (2010) *Antisocial personality disorder and criminal justice: Evidence-based practices for offenders & substance abusers*. Memphis: Eagle Wing Books, Inc.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1996) Review of outcome data with MRT: seven-year recidivism results. *Cognitive-Behavioral Treatment Review*, 5 (1), 1-7.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1995) Six-year MRT recidivism data on felons and DUI offenders: treated offenders show significantly lower reincarceration. *Cognitive-Behavioral Treatment Review*, 4 (1), 1; 4-5.

Little, G. L., Robinson, K. D., Burnette, K. D., & Swan, E. S. (1999) Successful ten-year outcome data on MRT-treated felony offenders: treated offenders show significantly lower reincarceration in each year. *Cognitive-Behavioral Treatment Review*, 8 (1), 1-3.

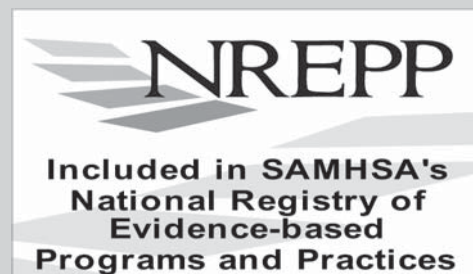
MacKenzie, D. L. (2006) *What works in corrections: Reducing the criminal activities of offenders and delinquents*. NY: Cambridge University Press.



## WHY is MRT® the Best Choice for Your Prison Treatment Programs?

- ✓ SAMHSA NREPP Evidence-Based cognitive-behavioral counseling approach.
- ✓ Open-ended program with flexible client participation and pre-printed materials.
- ✓ 20-Year history of successful performance.
- ✓ Record of effective implementation at multiple sites.
- ✓ Comprehensive, proven training.
- ✓ Competitive costs.

**Register online for MRT® training at [www.ccimrt.com](http://www.ccimrt.com) or call Sharron Johnson or Lacy Kennedy at (901)360-1564 for additional information.**



# MRT<sup>®</sup> as an “Evidence Based Practice”

**2008** — MRT granted **Evidence Based Practice** status (NREPP) by SAMHSA.

**2008** — MRT cited 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.

Ref. <http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml>

**2008** — MRT cited as an **Evidence-Based Program** that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

Source: (2008) National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Ref: <http://www.nrepp.samhsa.gov/>

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

Source: *What Works in Corrections*

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

**2005** — MRT cited as **Evidence Based Practice** with female juvenile offenders.

Source: Florida Department of Juvenile Justice (November 2005) *Moderate- and High-Risk Residential Programming for Girls*.

**2005** — MRT cited as **Evidence-Based Practice** in probation.

Source: State of Connecticut—Judicial Branch (April 2005) *Re-Engineering Probation Towards Greater Public Safety: A Framework for Recidivism Reduction Through Evidence-based Practice*.

**2005** — MRT cited as **Proven to Reduce Recidivism** in DWI courts.

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

**2004** — MRT cited as **Evidence-Based Practice** in probation and parole.

Source: State of Connecticut, Judicial Branch, Court Support Services Division.

Ref: White, T. F. (February 2004) *A Framework for implementing evidence-based practice in probation and parole*. State of Connecticut, Judicial Branch, Court Support Services Division.

**2002** — MRT cited as **Cost Effective** and **Proven to Reduce Recidivism**.

Source: Citizens Crime Commission of Portland, Oregon.

Ref: *A report of the recidivism reduction committee of the Citizens Crime Commission of Portland, Oregon* (May 2002).

**2002** — MRT cited as **Evidence-Based Practice** with Adults and **Promising Practice** with Juveniles.

Source: SAMHSA - Appendix II: *Examples of Evidence-Based Programs, Guidelines for Building Mentally Healthy Communities*.

**2002** — MRT cited as a **Best Practice** for offender substance abuse treatment.

Source: North Carolina Department of Correction.

Ref: Pearce, S. C., & Halbrog, D. (August 2002) *Research findings and best practices in substance abuse treatment for offenders*. North Carolina Department of Correction, Office of Research and Planning.

**2001** — MRT cited as one of few programs that actually **Reduces Recidivism**.

Source: *United Nations Programme Network Institutes*.

Ref: MacKenzie, D. L. (2001) *United Nations Programme Network Institutes Technical Assistance Workshop*; Vienna, Austria, May 10, 2001: *Sentencing and Corrections in the 21st Century: Setting the Stage for the Future*. National Institute of Justice.

**2001** — MRT cited as **Successful Approach** to reduce recidivism.

Source: University of Maryland research

Ref: Allen, L. C., MacKenzie, D. L., & Hickman, L. J. (2001) The effectiveness of cognitive behavioral treatment for adult offenders: a methodological, quality based review. *International Journal of Offender Therapy and Comparative Criminology*, 45, 498-515.

**2001** — MRT cited as a **Proven Treatment** to reduce recidivism.

Source: Oregon Office of Alcohol and Drug Abuse Programs

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

**2000** — MRT cited as an **Effective Approach** for ex-offender employment.

Source: Buck, M. L. (2000) *Getting Back To Work: Employment Programs For Ex-Offenders*. Field Report Series, Public/Private Ventures, Fall.

**1999** — MRT cited as a **Program That Works** to reduce juvenile violence.

Source: Seifert, K. (1999) The violent child: profiles, assessment and treatment. *Paradigm*, Fall, 7-9.

**1998** — MRT cited as an **Innovative Practice** in the Adult and Juvenile criminal justice systems.

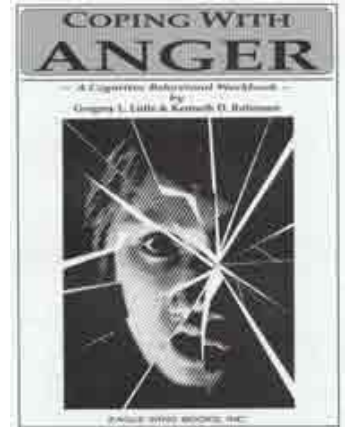
Source: Koch Crime Institute, a private, non-profit organization devoted to improving criminal justice. Ref: Koch Crime Institute (1998) *Innovative Practices in the Criminal and Juvenile Justice Systems*. Topeka, KS: Koch Crime Institute.

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

## 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 or cassette tape, also included in Starter Kit!**

The entire *Coping With Anger* workbook is now available on CD or cassette for use with clients who have problems reading. It 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 or cassette tapes
- 2 *Relaxation/Progressive Muscle Relaxation* CDs or tapes
- 1 *Anger Management Training DVD*
- 1 *FREE Anger Management Training Quicktime CD*

### ITEM PRICES

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

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

## What is MRT®?

Moral Reconciliation Therapy® is a systematic, step-by-step cognitive-behavioral treatment system initially designed for offender populations. MRT is designed to alter how offenders think and how they make decisions about right and wrong. MRT:

- Addresses the unique needs of offender populations including criminologic factors, values, beliefs, behaviors, and attitudes.
- Enhances ego, social, and moral growth in a step-by-step fashion.
- Develops a strong sense of personal identity with behavior and relationships based upon higher levels of moral judgment.
- Reeducates clients socially, morally, and behaviorally to instill appropriate goals, motivation, and values.
- Is easy to implement in ongoing, open-ended groups with staff trained in the method.

Your staff can be trained in MRT in a week-long, state-of-the-art training. Once training is complete, your staff can implement the groups by obtaining copies of the appropriate MRT workbook for clients. Many drug courts require clients to bear the costs of workbooks and groups.

### Questions? Call or Email

Sharron Johnson or Lacy Kennedy  
at [ccimrt@aol.com](mailto:ccimrt@aol.com)  
or 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](mailto:bobkirchner@gmail.com) for additional information.

## OFFENDERS THINK LIKE CRIMINALS!

*Offenders believe everyone lies, cheats, and steals.*

*Offenders believe no one can be trusted.*

*Offenders believe that rules and laws don't apply to them.*

*Offenders look for short-term pleasures.*

*Offenders view relationships from an exploitative position.*

*Offenders have a negative identity.*

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

## Thinking For Good

70 pages; 8.5 X 11; 10 modules. \$10.00 per copy

### One-Day MRT® 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.

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

### 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 [valeriecci@bellsouth.net](mailto:valeriecci@bellsouth.net). Previous newsletters are now available on our website located at [www.ccimrt.com](http://www.ccimrt.com). Please contact us if you need any additional information.

You can order books  
online at  
[www.ccimrt.com](http://www.ccimrt.com).

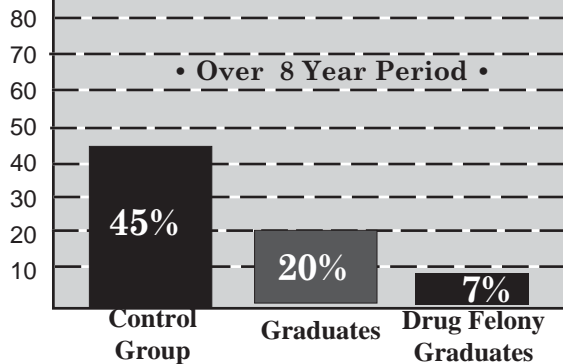
# What Do Drug Court Professionals Know That You Should Know?



## MRTWORKS! 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 8 year evaluation in 2007 of the Thurston County, Washington Drug Court utilizing MRT as its primary treatment modality showed a 55% lower recidivism rate of program participants after graduation. Other data analyses have focused on treatment effectiveness (recidivism and re-arrests), effects upon personality variables, effects on moral reasoning, life purpose, sensation seeking, and program completion. MRT has been implemented state-wide in numerous states in various settings including community programs and drug courts. Over 120 research evaluations have been conducted and published on MRT. These evaluations have reported that offenders treated with MRT have significantly lower reincarceration rates, less reinvolvement with the criminal justice system, and lessened severity of crime as indicated by subsequent sentences for those who do reoffend.

### 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 20 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*.

## Parole/Probation Program

### Shoplifting Program

#### Something for Nothing

*Something for Nothing* is an eight-hour, 17-page CBT workbook designed to be utilized in week-end or weekly groups with shoplifters—by Greg Little. Easy to implement, easy to follow workbook, shows virtually 100% completion rate with initial offenders in program. Also available in Spanish!

#### *Something For Nothing*

English & Spanish versions: \$10 each.

Also Available: *Something For Nothing* Tape or CD (English): \$50

## MOTIVATIONAL INTERVIEWING TRAINING AVAILABLE FROM CCI

Motivational Interviewing is an Evidence-Based Practice used to enhance outcomes with treatment resistant clients. CCI now has a certified MI trainer to assist your agency in improving the treatment skills and effectiveness of your staff.

Contact Sharron Johnson at (901)360-1564 for additional information or to schedule a Motivational Interviewing training.

# A Comparison of the Effects of the MRT Cognitive Behavioral Program between Male and Female Parolees

by Ann M. Schlarb, Ph.D.

Editor's Note: This brief extract is excerpted by CBTR with permission from the author's unpublished Doctoral Dissertation, Walden University, April 2009.

## Overview of the Study

Women offenders are increasingly present within the criminal justice system (Belknap, 2007; BJS, 2008). Although there is much research on how to manage, supervise, and treat the male offender, much less is understood about effective interventions for female offenders (Belknap; Bloom, *et al.*, 2004; Cameron & Telfer, 2004). Specifically, cognitive-behavioral programs have been identified as an effective, evidence-based intervention for the offender population; however, few studies have researched the effectiveness of cognitive-behavioral programs on the female population (Cameron & Telfer, 2004; Hubbard & Matthews, 2008; Reisig, *et al.*, 2006). Furthermore, one of the few studies to address the effectiveness of a cognitive-behavioral program for women found the Reasoning and Rehabilitation approach to be ineffective (Seabrook, 2008).

There is a concern that current programs may be oppressive for women and do not consider that the pathways and behaviors bringing women to crime are unique in comparison to men (Belknap, 2007; Daly, 1994a; Gilligan, 2004; Gilligan & Machoian, 2002; Hubbard & Matthews, 2008; Reisig, *et al.*, 2006). This study addressed the gap in the literature in identifying what works for the female offender population. The purpose of this quasi-experimental study was to compare the effectiveness of a cognitive-behavioral program, delivered to both men and women, in reducing the risk of recidivism. The risk of recidivism was measured by analyzing pre and post risk assessment scores for men and women who completed the program as part of their parole requirement at a community-based reentry center.

This study included archival data from 156 participants who had completed a cognitive-behavioral program, MRT®, at 1 of 8 community reentry centers in the state of Illinois. The male and female offenders came to the center after being released from prison or due to a parole violation. The study sought to answer whether MRT® would be as effective at reducing the risk of recidivism for female offenders as for male offenders. Two key questions were asked: (a) Do offenders who complete the cognitive behavioral program, MRT, have overall reductions in their risk of recidivism; and (b) do male offenders have greater reductions in risk of recidivism after completing the cognitive behavioral program, MRT, in comparison to female offenders? The dependent variable in the study was the reduction in risk of recidivism as measured by the variance in pre and post LSI-R assessment scores. The independent variable was gender.

## Results Summary

Data for the first research question were analyzed using a paired-samples t-test and were found to reflect a significant reduction in risk of recidivism for the overall population. The second research question was analyzed using an ANCOVA, with pre LSI-R results used as the covariate to adjust for initial differences in scores. The ANCOVA found a reduction, albeit nonsignificant, in risk of recidivism for male offenders in comparison to female offenders. Exploratory analyses were also pursued and discussions of those results are included in the interpretation of the findings section that follows.

## Interpretation of the Findings

The first research question was developed to determine if the population in this study would be consistent with previous studies that found cognitive-behavioral programs to be effective in reducing recidivism for criminal offenders (Easton, *et al.*, 2007; Joy Tong & Farrington, 2006; McGuire, *et al.*, 2008; McGuire & Hatcher, 2001; Pearson, *et al.*, 2002; Landenberger & Lipsey, 2005; Lipsey, *et al.*, 2001; Wilson, *et al.*, 2005; VanVoorhis, *et al.*, 2004). If such a reduction were not found in the current study, comparing the variance of reduction by gender would not have been as valuable. The effect size of the results indicated that the programs were not only effective in reducing the risk of recidivism, but also showed an appropriate implementation of the risk, need, and responsivity principles (Andrews & Bonta, 2003, 2006; Andrews, 2006; Andrews & Dowden, 2007; McGuire, *et al.*; Wormith, 2007). This finding is important. A program can be theoretically sound and based upon evidence-based research; however, if proper implementation, effective training, and quality controls are not in place, results cannot only be nonsignificant, they can result in harm to the participants (Andrews, 2006; Marlowe, 2006; Wilson & Davis, 2006).

Further exploration of the data regarding the overall reduction in risk of recidivism was consistent with previous studies. Nine of the 10 LSI-R subcomponents (accommodations, alcohol/drug problems, attitudes/orientation, companions, education/employment, emotional/personal, family/marital, financial, and leisure/recreation) had reductions in risk of recidivism, with criminal history the only subcomponent that did not. This result is logical since history cannot be changed but only increased by additional offenses. Therefore, criminal

history is a static factor that helps assess risk of recidivism but is not decreased by interventions.

The study found that the results were not affected by age, race, or marital status. This was also consistent with studies that have found cognitive behavioral programs to be effective with a variety of criminal populations (Flores, *et. al.*, 2006; Joy Tong & Farrington, 2006; Pearson, *et. al.*, 2002; Landenberger & Lipsey, 2005; Lipsey, *et. al.*, 2001; Wilson, *et. al.*). The findings, therefore, can likely be generalized to a larger criminal population. The finding that the office location (where the participant received services) affected results was unanticipated. However, caution is indicated in drawing conclusions as the sample size for each location varied widely. This result could indicate that the difference was random and not significant given the sample sizes; it may have been related to differences in the geographic makeup of the locations; it may have been a result of implementation of the risk, need, and responsivity principles in the differing locations; it may indicate that confounding variables were involved that were not isolated for this study; or it could be a combination of these factors.

The second research question formed the crux of the study and was framed by integrating gendered pathways theory with social learning theory. The premise was that theories and programs developed and implemented primarily for the male offender population could not be presumed effective for female offenders. It is theorized women need their own developmental theories and resultant programs in order to impact behavior change and reductions in recidivism (Gilligan, 1982; Daley, 1995). The question this study hoped to answer was whether male offenders would have greater reductions in risk of recidivism after completing a cognitive behavioral MRT program in comparison to female offenders. Although the men's reduction in risk was slightly higher than the women's, the difference was statistically nonsignificant. Not only did offenders completing MRT have reductions in recidivism, these reductions were consistent for both men and women.

In a study of men and women in a prison, Covington (2001) reported that women were more amenable to treatment than men. This supported her argument that women were better served in a community-based setting than in prison. In discussing the principle of responsivity in offenders, Hubbard (2007) found that general responsivity to a cognitive-behavioral program for men and women was higher for women. He could not identify specific responsivity factors and thought more research was needed to determine if women were actually more responsive than men. If women are more amenable to treatment, it is not surprising that their results in this study were consistent with men. It is possible that the hypothesis should have stated that women's results would be consistent with men, and gender-specific programming would show women's results improved in comparison to men. In other words, if women were provided gender-responsive programs designed to address feminine pathways to crime such as substance abuse, poverty, trauma, and mental illness, results could be anticipated to exceed those

of men. This is an important consideration because effective treatment outcomes for women have been difficult to identify (Messina, Burdon, Hagopian, & Prendergast, 2006). It appears the women in this study did benefit, as evidenced by reductions in recidivism risk. However, further research is necessary to determine if gender specific programming would have resulted in outcomes exceeding those of men in the study.

Exploratory analysis of the effects of the cognitive-behavioral program, MRT, on men in comparison to women found that men did have greater risk reductions in the LSI-R subcomponents emotional/personal and financial. The questions asked in scoring these subcomponents provide some clues as to whether they are connected to gender specific areas as identified by the pathways theory. There are five questions for the emotional/personal subcomponent. The first addressed moderate emotional distress and the scoring was left to the "discretion of the interviewer" (Andrews & Bonta, 2001, p. 10). Examples of distress included anxiety, insomnia, and mild depression. The second measured active psychosis, the third past mental health treatment, the fourth current mental health treatment, and the fifth addressed whether psychological assessment was indicated. The financial subcomponent had only two questions, the first identified any financial problems and the second, "reliance upon social assistance" (p. 8). It should be noted that the reliability of the financial subcomponent was found to be lowest at .50, while the average was .84 (Andrews & Bonta, 2001).

Those who ascribed to gendered theories of crime argued that women have experienced higher levels of trauma, including physical abuse and/or sexual abuse, and/or neglect in comparison to men, and the resulting psychological problems lead to criminal behavior (Belknap, 2007; Bloom, 2004; Daly, 1994a; Morash, 2006). The emotional/personal subcomponent of the LSI-R seems to most fully capture the resulting risk and needs in this area. It is notable that while women would be expected to have higher risk and needs in this area, men had the greater reduction of risk. This also runs counter to the risk principle, as women started with a higher mean score (.76, SD = 1.2) than men (M = .58, SD = 1.2). The same pattern was found for the financial subcomponent, indicating that women had higher financial concerns both before and after treatment, while men had less risk at the start of treatment, yet were able to reduce that risk to a greater extent than women (men [pre]: M = 1.07, SD = .65; [post] M = .62, SD = .72; women [pre] M = 1.41, SD = .61; [post] M = 1.12, SD = .73). According to What Works principles, treatment should have had a greater effect in this area on women in comparison to men (Andrews & Bonta, 2006). This could be a place on which to focus when developing gender specific programs for women. Possibly, MRT addressed several criminogenic factors that were effective in reducing recidivism risk; however, attention to the gender specific needs of women as identified in the

emotional/personal and financial subcomponents might further enhance the effects.

### Implications for Social Change

An increasing number of offenders are being released from prison and supervised in community-based settings. Pressure to reduce recidivism rates and keep communities safe while addressing budget realities continues. The economy makes the importance of effective programming imperative. Recent research and program implementation, propelled by the What Works movement, has focused on evidence-based programming to reduce recidivism rates (Flores, *et al.*, 2006; Lowenkamp & Latessa, 2005). Criminal justice practitioners are relying more and more on evidence-based practices and focusing resources on programs that meet their objectives.

As the population of female offenders continues to rise, determining gender specific programs that will effectively reduce risk in this special population becomes increasingly important (Belknap, 2007; Cameron & Telfer, 2004; Hubbard & Matthews, 2008; Reisig, *et al.*, 2006). Community-based reentry programs for women and girls are sorely needed, as 85% of women in the criminal justice system are under community supervision; however, community-based programs have historically been given the least amount of attention (Bloom *et al.*, 2004, 2003). The difficulty in identifying what impacts effective treatment outcomes for women can lead to inaction (Messina, Burdon, Hagopian, & Prendergast, 2006). It may be easier to continue with programs that have become a part of daily operations, especially when evidence-based cognitive-behavioral programs such as MRT are having a positive impact as shown in this study. However, if practitioners want to make the most impact possible, both to effect change in behavior and to ease the economic burden to the community, it is essential to look deeper and ensure they are providing the most effective, yet efficient, interventions possible.

The results of this study provide a deeper understanding of effective programming for women. The evidence-based curriculum, MRT, was beneficial in reducing risk of recidivism for the women in the study and further analysis identified specific areas on which to focus when developing gender specific initiatives. It is especially important to consider the emotional/personal or psychological needs of women as they transition from prison to community-based settings. The study suggests that reductions in recidivism can be enhanced to a greater extent than evidenced in this study if gender specific components are an integral part of the intervention. The study does not indicate a need to change what is working, but rather to provide enhancements for greater impact.

### Recommendations

The first recommendation for action is to continue using cognitive-behavioral programs such as MRT as interventions for the offender population.

A second recommended action is to integrate gender specific components into programs based upon What Works. This research provided an initial understanding of the gendered pathways women take to crime. Assessing these specific components can drive effective interventions for women. For programs already using the LSI-R as an assessment instrument, adding the gender-specific supplement (once pilot studies are completed and it is determined to be valid and reliable) is an essential first step to consider (Van Voorhis *et al.*, 2007).

### Conclusions

The overall reduction in recidivism risk for the study's 156 participants is consistent with the research and contributes to the existing literature regarding the efficacy of cognitive-behavioral programs, and MRT specifically, as effective interventions.

### REFERENCES

- Andrews, D. A. (2006). Enhancing adherence to risk-need-responsivity: Making quality a matter of policy. *Criminology & Public Policy*, 5(3), 595-601. DOI: 10.1111/j.1745-9133.2006.00394.x
- Andrews, D. A. & Bonta, J. L. (2006). *The psychology of criminal conduct (4th ed.)*. Cincinnati, Ohio: Anderson Publishing Co.
- Andrews, D. A., & Bonta, J. L. (2001). *LSI-R: The level of service inventory – revised user's manual*. North Tonawanda, New York: Multi-Health Systems, Inc.
- Andrews, D. & Bonta, J. (1995). *Level of Service Inventory-Revised*. [Review of the LSI-R assessment tool S. M. Fulero and R. Vitelli, (1995). North Tonawanda, NY: Multi-Health systems, Inc.]. Retrieved March 18, 2007 from the Mental Measurements Yearbook database.
- Andrews, D., & Dowden, C. (2007). The risk-need-responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4), 439-464. DOI: 10.3138/cjccj.49.4.439
- Belknap, J. (2007). *The invisible woman: Gender, crime, and justice (3rd ed.)*. Belmont, CA: Wadsworth.
- Bloom, B. (2004). A theoretical framework for gender-responsive strategies in corrections. Conference Papers — American Sociological Association, 2004 Annual Meeting, San Francisco, 1-28. DOI: asa\_proceeding\_34374.PDF
- Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research*, 21(1), 31-48. DOI: 10.1111/j.1541-1338.2004.00056.x
- Bureau of Justice Statistics (2008). Bureau of Justice Statistics homepage: U.S. Department of Justice: Office of Justice Programs. Retrieved June 1, 2008 from <http://www.ojp.usdoj.gov/bjs/>
- Cameron, H. & Telfer, J. (2004). Cognitive-behavioral group work: Its application to specific offender groups. *The Howard Journal of Criminal Justice*, 43(1), 47-64. DOI: 597949381

- Covington, S. S. (2001). Creating gender-responsive programs: The next step for women's services. *Corrections Today*, 63(1), 85-87.
- Daly, K. (1994a). *Gender, crime, and punishment: Is justice blind, or are men and women offenders treated differently by the courts?* New Haven, Connecticut: Yale University Press.
- Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive-behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach (SADV). *The American Journal of Addictions*, 16(1), 24-31. DOI: 10.1080/10550490601077809
- Flores, A. W., Lowenkamp, C. T., Smith, P., & Latessa, E. J. (2006). Validating the level of service inventory – revised on a sample of federal probationers. *Federal Probation*, 70(2), 44-50.
- Gilligan, C. (2004). Recovering psyche: Reflections on life-history and history. *Annual of Psychoanalysis*, 32, 131-147.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1979). Woman's place in man's life cycle. *Harvard Educational Review*, 49(4), 431-446.
- Gilligan, C. & Machoian, L. (2002). Learning to speak the language: A relational interpretation of an adolescent girl's suicidality. *Studies in Gender & Sexuality*, 3(3), 321-340.
- Hubbard, D. J. & Matthew, B. (2008). Reconciling the differences between the 'gender-responsive' and the 'what works' literature to improve services for girls. *Crime & Delinquency*, 54(2), 225-258.
- Joy Tong, J. S., & Farrington, D. P. (2006). How effective is the "Reasoning and Rehabilitation" programme in reducing reoffending? A meta-analysis of evaluations in four countries. *Psychology, Crime & Law*, 12(1), 3-24. DOI: 10.1080/10683160512331316253
- Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1(4), 451-476. DOI: 10.1007/s11292-005-3541-7
- Lipsey, M. W., Chapman, G. L., & Landenberger, N. A. (2001). Cognitive-behavioral programs for offenders. *Annals of the American Academy of Political and Social Sciences*, 578, 144-157.
- Lowenkamp, C. T., Latessa, E. J. (2005). Developing successful reentry programs: Lessons learned from the "what works" research. *Corrections Today*, 67(2), 72-76.
- Marlowe, D. B. (2006). When "What Works" never did: Dodging the "Scarlet M" in correctional rehabilitation." *Criminology & Public Policy* 5(2). DOI: 10.1111/j.1745-9133.2006.00381.x
- Messina, N., Burdon, W., & Prendergast, M. (2006). Prison-based treatment for drug-dependent women offenders: Treatment versus no treatment. *Journal of Psychoactive Drugs*, 38(3), 333-343.
- Morash, M. (2006). *Understanding gender, crime, and justice*. Thousand Oaks, CA: Sage Publications.
- Pearson, F. S., Lipton, D. S., Cleland, C. M., & Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime and Delinquency*, 48(3), 476-497. DOI: 10.1177/0093854804272889
- Reisig, M. D., Holtfreter, K., & Morash, M. (2006). Assessing recidivism risk across female pathways to crime. *Justice Quarterly*, 23(3), 384-405, DOI: 10.1080/07418820600869152
- Seabrook, R. L. (2008). The effects of the Georgia cognitive skills experiment for pre-release female offenders. *Dissertation Abstracts International, DAI-A 68/08*. (UMI No. 3280402.
- Van Voorhis, P., Salisbury, E., Wright, E., & Bauman, A. (2007). New classification instruments for female offenders. *Corrections Today*, 69(4), 96-97.
- Van Voorhis, P., Spruance, L. M., Ritchey, P. N., Listwan, S. J., & Seabrook, R. (2004). The Georgia cognitive skills experiment: A replication of reasoning and rehabilitation. *Criminal Justice and Behavior*, 31(3), 282-305. DOI: 10.1177/0093854803262506
- Wilson, D. B., Bouffard, L. A., & Mackenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, 32(2), 172 – 204. DOI: 10.1177/0093854804272889
- Wilson, J. A., & Davis, R. C. (2006). Good intentions meet hard realities: An evaluation of the Project Greenlight reentry program. *Criminology & Public Policy*, 5(2), 303-338. DOI: 10.1111/j.1745-9133.2006.00380.x
- Wormith, J. S., Althouse, R., Simpson, M., Reitzel, L. R., Fagan, T. J., & Morgan, R. D. (2007). The rehabilitation and reintegration of offenders: The current landscape and some future directions for correctional psychology. *Criminal Justice and Behavior*, 34(7), 879-892. DOI: 10.1177/0093854807301552

*Cognitive Behavioral Treatment Review (CBTR)* is a quarterly publication from Correctional Counseling, Inc. © 2010 — 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**

## 2010 CEU WORKSHOPS Nashville, TN

### Your Lifework Training 2 Days 12 CE Hours

Your Lifework is a 12-hour workshop designed to lead participants through a deep exploration of their work behavior and career ambitions. Your Lifework training dates:

May 20 & 21  
September 16 & 17

July 22 & 23  
December 9 & 10

### One Day Workshops

### 6 CE Hours

April 8	Anger Management Training/Workshop
June 17	Dying for a Smoke Training/Workshop
August 12	Anger Management Training/Workshop
October 28	Relapse Prevention Training/Workshop
November 18	Dying for a Smoke Training/Workshop

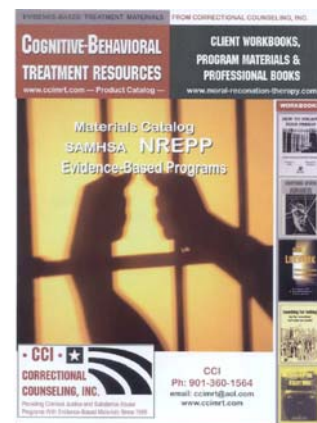
Behavioral Treatment Providers, LLC is an Approved Education Provider: (NAADAC)#747 National Association of Alcohol and Drug Abuse Counselors. Attendees will receive a quality certificate of attendance from Behavioral Treatment Providers with either six or twelve contact hours (depending on training) at the completion of each workshop/training.

**For more information or to enroll visit: [www.btptn.com](http://www.btptn.com)  
or call Kenneth Baker at 615-668-2229**



## NOW AVAILABLE FROM CCI

### A Complete Product Catalog for All of Your Cognitive- Behavioral Treatment Needs



CCI is now including a copy of our new product catalog in each shipment or it can also be downloaded from our website at [www.ccimrt.com](http://www.ccimrt.com). You will find a description of all treatment workbooks, textbooks, and related materials as well as ordering information.

Download a pdf of the catalog at [www.moral-reconation-therapy.com](http://www.moral-reconation-therapy.com)

# 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. Please call or email 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  
or Lacy Kennedy  
2028 Exeter  
Germantown, TN 38138  
(901) 360-1564  
e-mail [ccimrt@aol.com](mailto: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 PAYMENTS.**  
Call (901) 360-1564 or register online.

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.

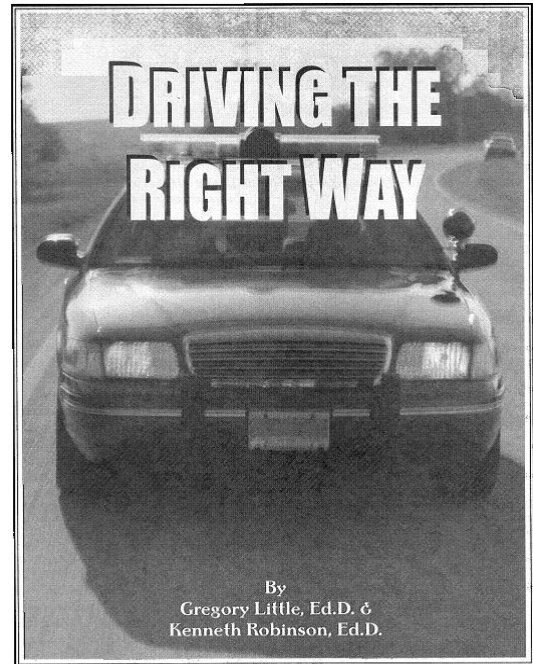
# DRIVING THE RIGHT WAY

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

Traditional educational programs for DWI and DUI offenders have been utilized for nearly 40 years, but research consistently shows that these programs do not impact subsequent reoffending. Cognitive-behavioral interventions-changing how offenders think and make decisions-are the preferred, state-of-the-art treatment approaches for offenders. The *Driving the Right Way* program consists of four sessions, focused on changing thinking and decision-making. The program is implemented in ongoing, open-ended groups. A simple facilitator's guide is available as well as the program on cassette tape.

In addition, CCI can customize workbooks with DUI statistics for your State! Now available for Tennessee, Illinois, Idaho, Ohio, Louisiana, Georgia, Nebraska, New Mexico, and Washington. You only have to order 50 books and we can add your state!

The workbook is only \$10.00 with discounts available for bulk purchases. The *Facilitator's Guide* is free with workbook purchase.



## Moral Reconciliation Therapy® Increases Community Corrections Treatment Effectiveness

A 2005 meta-analysis<sup>1</sup> 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-analysis<sup>1</sup> 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"

For information on MRT and other specific cognitive-behavioral programs:

**Anger Management — Relapse Prevention — Shoplifting**  
— Underage Drinking & False IDs — Parenting —  
**Criminal Thinking — Codependence — Sex Offenders —**  
**Domestic Violence — Juvenile — CBT Training**

call **Correctional Counseling, Inc.**

**901-360-1564**

or visit our websites

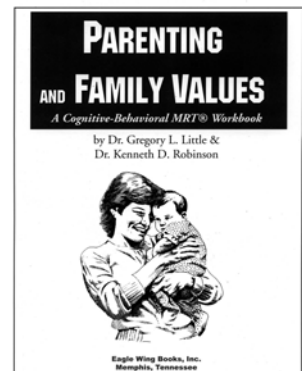
[www.ccimrt.com](http://www.ccimrt.com)

<sup>1</sup> [www.moral-reconciliation-therapy.com](http://www.moral-reconciliation-therapy.com)

## PARENTING AND FAMILY VALUES

### A Cognitive-Behavioral MRT® Workbook

A 12 group session workbook aimed at assisting parents and caregivers to discover and develop appropriate and effective parenting methods while focusing on the underlying family values. In this 75-page workbook, parents confront their own parenting styles, values, and methods of discipline.



*Parenting  
and Family Values*  
is \$15.00 per copy.

- Parents of Delinquents
- Offenders With Children
- Substance Abusers With Children
- Parents Experiencing Problems
- Parents Seeking Understanding

# Upcoming Trainings In MRT® & Domestic Violence

## MRT TRAININGS

February 22, 2010 to February 26, 2010 - Germantown, Tennessee  
 February 22, 2010 to February 25, 2010 - New York, New York  
 February 23, 2010 to February 26, 2010 - Boise, Idaho  
 March 16, 2010 to March 19, 2010 - Olympia, Washington  
 March 16, 2010 to March 19, 2010 - El Paso, Texas  
 March 22, 2010 to March 26, 2010 - Germantown, Tennessee  
 March 23, 2010 to March 26, 2010 - Live Oak, California  
 April 13, 2010 to April 16, 2010 - Prescott, Arizona  
 April 19, 2010 to April 23, 2010 - Germantown, Tennessee

## DOMESTIC VIOLENCE TRAINING

May 24, 2010 to May 28, 2010 - Germantown, Tennessee

## MRT® ADVANCED TRAININGS

February 22-23, 2010 - Las Cruces, New Mexico  
 April 12, 2010 - Prescott, Arizona

**Note:** Additional trainings will be scheduled in various locations in the US. See our website at [www.ccimrt.com](http://www.ccimrt.com) or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

Is your relapse prevention component too complicated for your clients? Is it hard for them to understand or difficult to complete a 300 page "brief relapse prevention" workbook?

## RELAPSE PREVENTION THAT WORKS STAYING QUIT:

### A Cognitive-Behavioral Approach To Relapse Prevention

40-page client workbook based on principles of cognitive-behavioral relapse prevention—designed for eight group sessions. Focuses on risky situations, scripting changes, coping with urges and cravings, being around users, understanding support issues, and taking charge of life. *Recent research (Burnette, et. al., 2004; Little, 2002) shows that the addition of the Staying Quit relapse prevention program significantly increases Life Purpose, significantly shifts Locus of Control to a more internal locus, increases moral reasoning, and enhances several measures of social support.*

The *Staying Quit* client workbook is \$10. A simple-to-follow *Facilitator's Guide* is available for \$5. The *Staying Quit Audiotape Set* (boxed, \$50.00) contains the entire workbook text on CD or cassette, a 15 min. relaxation exercise, a 15 min. progressive muscle relaxation exercise, a 20 min. clean & sober visualization, and a 25 min. desensitization CD or tape. A Group Starter Kit is available and contains 11 workbooks, 1 Facilitator's Guide, review article, and a complete Audio Set. **The Starter Kit is \$140.00 (discounted from \$170).**

### Staying Quit Starter Kit—Contents

11 *Staying Quit* workbooks  
 1 *Facilitator's Guide*  
 Workbook on CD or cassette  
 15-minute *Basic Relaxation* CD/tape  
 15-minute *Progressive Relaxation* CD/tape  
 20-minute *Clean and Sober Visualization* CD/tape  
 25-minute *Desensitization* CD/tape

# COGNITIVE BEHAVIORAL MATERIALS AVAILABLE FROM CCI

To order go online at [www.ccmrt.com](http://www.ccmrt.com), use the coupon on page 23, or call 901-360-1564.

**The Punishment Myth**—Understanding the criminal mind and when and why conventional wisdom fails. 8.5 x 11 softcover by Dennis A. Challeen, J. D. and Ken Robinson. \$20.00.

**Understanding & Treating Antisocial Personality Disorder: Criminals, Chemical Abusers, & Batterers** — 65-page updated softcover text by Drs. Greg Little and Ken Robinson. Covers the gamut of treating the most resistant of clients. With 93 refs.; \$10.00.

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

**Five-Minute Stress Manager** — CD/cassette tape of three, 5-minute relaxation segments used in MRT®, Domestic Violence, & Anger Management; \$8.95.

**Parenting and Family Values** — 75 page, 12 session MRT® group workbook designed to be used with parents of children experiencing problems; \$15.00.

**Imaginary Future** — 15 minute CD/cassette tape used in Step 7 of MRT® to assist clients in visualizing appropriate goals; \$8.95.

**Imaginary Time Out** — 15 minute CD/cassette tape used in MRT® domestic violence to assist clients in visualizing appropriate time out strategies; \$8.95.

**Family Support** — 26 page (8.5 X 11 softcover) CBT workbook used in groups with clients who fail to pay child and family support. Exercises for group work; \$9.00.

**Job Readiness** — 26 page (8.5 X 11 softcover) CBT workbook designed for use in groups with clients who have faulty beliefs about the work world; \$9.00.

**Something for Nothing** — 17 page (8.5 X 11 softcover) CBT workbook used in groups with offenders who are charged with shoplifting. Exercises for group work; \$10.00.

**Something for Nothing** (Spanish)— \$10.00.

**Something for Nothing** (CD/audiotape)—\$50.00.

**You Can Get There From Here** — 85-page softcover book by Father Bill Stelling telling how addictions can be changed. A priest tells how he overcame alcoholism; \$8.95

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

**The Joy of Journaling** — 110-page softcover by Drs. Pat & Paul D'Encarnacao covers the hows and whys of journaling. Shows how counselors can use journaling as a CBT method of aligning clients' beliefs and behavior; \$11.95.

**PSYCHOPHARMACOLOGY: Basics for Counselors** — 279 page softcover text covering the basics of the field - up-to-date and comprehensive; \$24.95.

**Coping With Anger**— 49-page anger management cognitive behavioral workbook. Designed for use in 8 group sessions; \$10.00

**Coping With Anger Group Starter Kit**—contains 15 *Coping With Anger* workbooks, 2 Facilitator Guides, 25-Minute Stress Manager tapes, 2 Basic Relaxation & Progressive Muscle Relaxation CD/tapes, book on cassette tape, Training DVD, plus free Quicktime file of training on CD; \$245.00

**Facilitator's Guide for Coping With Anger** — 8 page how-to guide for implementing the *Coping With Anger* anger management groups; \$5.00.

**Coping With Anger Training DVD**— 1.5 hours, shows how to start and operate an ongoing anger management program; \$100.00

**Coping With Anger (book on CD or tape)**—\$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/Audiotape set for Staying Quit** — CD or cassette audiotapes with the *Staying Quit* workbook on CD/tape, basic relaxation, progressive muscle relaxation, clean & sober visualization, and desensitization; \$50.00.

**Staying Quit Group Starter Kit** — 11 client workbooks, 1 Facilitator's Guide, review article, and CD/audiotape set; \$140.00.

**Responsible Living** — 26-page client workbook with 8 group sessions designed for "bad check" writers, shoplifters, and petty crime misdemeanants; \$10.00.

**Thinking For Good** — Group workbook directly addressing criminal thinking, behaviors, and beliefs from MRT personality stages. 10 sessions — 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.

**It Can Break Your Heart**— 424-page softcover book outlines the issues involved in obesity and weight loss—comes with *SmartLoss 60-Day Health Journal*—81-page, large softcover book. **Special offer:** both books (normally retailing for \$40.90) can be purchased for a total of \$4.00 with any other order from CCI. Programs and individuals can order multiple sets.

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

**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® Counselor's Handbook** — Bound 8.5 X 11, 20-page book giving the objective criteria for each MRT® step. Includes sections on group processes, rules, dynamics, hints, and instructions for starting an ongoing MRT® group; \$10.00.

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

**How To Escape Your Prison CD or Cassette Tape Set** — The complete text of the MRT® workbook, *How To Escape Your Prison*, contains brief explanations by Dr. Little of exercises and tasks. For use with clients in groups where reading assistance is not present. Boxed in a vinyl tape book with color coded tapes for easy reference to steps; \$60.00.

**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/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	Subtotal
The Punishment Myth	\$10.00		
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 Future (CD or cassette)	\$8.95		
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		
<b>MRT Materials below can only be ordered by trained MRT facilitators</b>			
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 <i>Facilitator's Guide</i>	\$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](http://www.ccimrt.com) and click 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.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00 a.m. to 5:00 p.m. <i>(Lunch-provided in Memphis)</i> Introduction to CBT. Treating and understanding APD and treatment-resistant clients. Background of MRT® personality theory.	8:00 a.m. to 12:30 p.m. <i>(Lunch - on your own)</i> Personality theory continued. Systematic treatment approaches. MRT® Steps 1 - 2. About 2 hours of homework is assigned.	8:00 a.m. to 5:00 p.m. <i>(Lunch - on your own)</i> MRT® Steps 3 - 5.	8:00 a.m. to 12:30 p.m. <i>(Lunch - on your own)</i> MRT® Steps 6 - 8. About 2 hours of homework is assigned.	8:00 a.m. to 2:00 p.m. <i>(Lunch - provided in Memphis)</i> 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

February 22, 2010 to February 26, 2010 - Germantown, Tennessee  
February 22, 2010 to February 25, 2010 - New York, New York  
February 23, 2010 to February 26, 2010 - Boise, Idaho  
March 16, 2010 to March 19, 2010- Olympia, Washington  
March 16, 2010 to March 19, 2010 - El Paso, Texas  
March 22, 2010 to March 26, 2010 - Germantown, Tennessee  
March 23, 2010 to March 26, 2010 - Live Oak, California  
April 13, 2010 to April 16, 2010 - Prescott, Arizona  
April 19, 2010 to April 23, 2010 - Germantown, Tennessee

### DOMESTIC VIOLENCE TRAINING

May 24, 2010 to May 28, 2010 - Germantown, Tennessee

### MRT® ADVANCED TRAININGS

February 22-23, 2010 - Las Cruces, New Mexico  
April 12, 2010 - Prescott, Arizona

**Note:** Additional trainings will be scheduled in various locations in the U.S. See our website at [www.ccimrt.com](http://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](mailto:ccimrt@aol.com) for details.

### COGNITIVE-BEHAVIORAL TREATMENT REVIEW

2028 Exeter Road  
Germantown, TN 38138

PRESRT STD.  
U. S. postage  
**PAID**  
Permit # 1  
Memphis, TN