

COGNITIVE BEHAVIORAL TREATMENT REVIEW

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

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Cognitive Behavioral Treatment Review

& Moral Reconciliation Therapy (MRT®) News

3155 Hickory Hill • Suite 104
Memphis, TN 38115
(901) 360-1564 • FAX (901) 365-6146
email CCIMRT@aol.com
WEB SITES: www.ccimrt.com
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

Gregory L. Little, Ed.D.
Associate Editor

Kimberly J. Prachniak, M.S.
Associate Editor

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Outcome Study on the Tennessee Prison For Women Therapeutic Community Program Utilizing Moral Reconciliation Therapy®

Katherine D. Burnette, Alex Leonard, Kenneth D. Robinson, & E. Stephen Swan
Correctional Counseling, Inc.
& Gregory L. Little
Advanced Training Associates

Summary—Prior reports on the therapeutic community at the Tennessee Prison for Women have found beneficial changes in 828 female offenders. This study reports outcomes for the most recent 84 program discharges and rearrest data on prior participants who had been released to the “free world” after an average of 26 months. 77.4% of clients completed the program spending an average of 263 days in the program. A variety of tests were utilized as pre- to posttest measures to assess changes over the course of program participation. Four of these showed statistically significant changes—all were in desired directions. Scores on life purpose dramatically increased over the course of the program. Scores on the locus of control dramatically decreased from pre- to posttest showing that clients became more internally controlled after program participation. Scores on the Support from Friends scale significantly increased from pre- to posttest. The highest level of moral reasoning significantly increased from pre- to posttest. Other analyses revealed that there were no pretreatment differences between program completers and dropouts. However, a series of statistical analyses shows that the completion of Moral Reconciliation Therapy steps and a cognitive-behavioral relapse prevention program, as opposed to time spent in the program, are the critical factors responsible for desired client changes. Finally, the recidivism rate for 55 participants who had been released an average of 26 months was 27.3% (this includes new arrests, technical violations, etc.). This rate compares favorably to a national 24-month rearrest rate of 49.9% for female offenders.

In January 1998, Correctional Counseling, Inc. (CCI) of Memphis, Tennessee implemented a drug treatment program for female offenders housed at the Tennessee Prison for Women (TPW), a state of Tennessee prison located in Nashville. The program was developed as a drug therapeutic community and is operated under contract from the Tennessee Department of Corrections (TDOC) with the initial five years of funding through RSAT. When the program began, it was housed in a 141-bed Annex of the TPW. In October 2001, the program moved into its own dormitory in the main TPW complex. The program houses 64 female offenders with each participant in the program for at least six months with a one-year maximum. Since its beginning, the program has essentially operated at full capacity.

Several previous outcome evaluations of the TPW Program have been reported. Those evaluations covered the period from January 1998 until June 30, 2003 and included findings from a total of 828 female offenders who had entered the program

—continued on next page—

and were released either because of program completion or other reasons. This report outlines program outcome results for the period of 6/30/03 to 7/1/04, the latter date representing the expiration of RSAT funding for the program. Note that on July 1, 2004, TDOC continued the program with state funding. The current report includes basic information on client completion rates, the program sobriety rate, testing results, and preliminary recidivism of program participants.

Client Participation

Between 7/1/03 and 6/30/04 a total of 84 female offenders were discharged from the program. As of 7/1/04, another 64 clients were actively participating in the program. Of the 84 program discharges, 65 or 77.4 percent completed all program requirements and another three were discharged due to early parole prior to program completion. An unexpected institutional transfer was also imposed on one client. Thus, the program had 69 *stayers*—defined as completers and others who were not dropouts. The successful completion (or stayer) rate was 82 percent. This rate compares favorably to the 72 percent and 73 percent completion rates found in two prior reports. The average age of participants was 33.5 years and two-thirds of clients were age 25.5 to 41.5 years.

Days in Program

The program was designed to be completed by participants within one-year. The average number of days clients spent in the program was calculated. This average includes clients who did not complete the program. During this report period, clients averaged 263.4 days in the program. In the prior reports, clients averaged 255.9 and 246.6 days in the program. Two-thirds of all participants were in the program between 162 to 364 days.

Program Sobriety Rate

During the period covered in this report, a total of 326 drug usage urine screens were obtained from program participants. Each of these urine screens tested for seven different primary drugs of abuse. None of those was positive for any drug use. Thus, the current sobriety rate for the program is 100 percent. The sobriety rates in the previous reports were 99.98 and 100 percent.

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- 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**
- Criminal Justice Staff Training**

Tests Employed

CCI utilizes a battery of five pre-and posttests to assess client changes over the course of programming. The five research tests employed in the CCI therapeutic community are all research tests and are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability. A list of the tests with a brief description of each is below. More information can be found in prior reports.

1. The *Prison Locus of Control* (PLOC) is intended to measure the degree to which an individual believes she has control over her life (Pugh, 1994).
2. The *Life Purpose Questionnaire* (LPQ) is designed to assess the degree to which an individual perceives purpose or meaning in her life (Habeas & Hutzell, 1982).
3. The *Short Sensation-Seeking Scale* (SSS) is a 10-item questionnaire designed to assess risk-taking behaviors (Zuckerman, 1984).
4. The *Multidimensional Scale of Perceived Social Support* (PSS) is designed to assess the degree to which an individual believes she has support from three different areas: *friends, family, and significant others* (Zimmet, et. al., 1988).
5. The *Defining Issues Test* (DIT) is an objective measure of an individual's moral reasoning as defined by Kohlberg's stages of moral reasoning (Rest, 1986).

Pre- to Posttest Results

A total of 65 clients completed all pre- and posttests and all 84 discharged clients completed all of the pretests as well as some posttests. A series of repeated measures *t*-tests were conducted on all pre- and posttest scores on clients who were discharged during this report period. Results showed a total of four significant results. All of the changes from pre- to posttest were highly desirable.

LPQ. Scores on the LPQ dramatically increased from pre- to posttest ($t_{66} = 6.79$; $p = .000$) showing that clients had significantly more perceived purpose in life after program participation. This result has also been found in all previous reports from the program.

LOC. Scores on the LOC dramatically decreased from pre- to posttest ($t_{66} = 5.84$; $p = .000$) showing that clients became more internally controlled after program participation. As with the previous test variable, prior reports all showed a similar finding.

Social Support. Scores on the Support from Friends scale significantly increased from pre- to posttest ($t_{65} = 3.15$; $p = .002$), a finding also mirrored in prior reports. This finding is not surprising since the essence of a therapeutic community is the development of positive, supportive relationships in the closed prison program.

Moral Reasoning. Finally, the DIT scale 6 score (the highest level of moral reasoning) significantly increased from pre- to

posttest ($t_{64} = 2.46; p = .016$). This result showed that the highest level of moral reasoning significantly increased in participants from the pre- to posttest. In addition, the Support from a Significant Other scale approached significance ($t_{57} = 1.83; p = .073$) showing that an increase in support from a significant other occurred over the course of program participation.

Dropouts versus Stayers Pretest Results

A series of ANOVAs and Pearson correlations evaluated possible pretreatment differences between program dropouts and stayers. Most dropouts were terminated from program participation for disruptive behavior while a much smaller proportion left voluntarily. One client left for mental health reasons. The series of ANOVAs and correlations were performed to determine if pretest scores were predictive of program completion or dropout status.

Pretest Comparisons. Twelve ANOVAs were run on pretest scores of all test variables as well as on client age and race to evaluate possible pretreatment differences among stayers, completers, and dropouts. None of these approached statistical significance. A series of Pearson correlations was also completed to assess if client characteristics (i.e., race and age) or pretest scores were possibly related to client completion/dropout. None of these approached statistical significance. Thus, from the available data, the characteristics of program completers, stayers, and dropouts at the time of program entry appear to be similar and neither client characteristics nor any pretest variables measured are related to program completion status.

Evaluations To Determine Causes of Client Change

Prior reports have hinted at the possible factors responsible for the various beneficial test result changes observed in program participants. In brief, results have typically shown that the actual time clients spend in the program isn't the most critical factor. The actual level of client participation in the specific treatment elements of the program appears to be most important. The TPW program employs two primary cognitive-behavioral approaches with each having objective steps: MRT (12 steps) and a specific Relapse Prevention model called Staying Quit (RPSQ), with 8 steps (Little & Robinson, 1988; Little, 1997). The objective nature of these treatment steps allows for analysis to indicate the relative importance of completion of various steps to outcomes. A series of Pearson correlations evaluated the relationship between clients' test scores, both pre- and posttests, with client age at entry, days spent in the program, the number of MRT steps completed, and the number of relapse prevention steps completed. A more detailed analysis was planned if the number of significant findings warranted it. The significant findings are as follows.

Days in program. Of the 24 correlations performed to evaluate the relationships between days in program and other variables, two reached statistical significance. Days in program

significantly correlated with Life Purpose posttest scores ($r_{67} = .240; p = .05$) indicating that as time in program increased, life purpose scores increased. Days in program also significantly correlated with Locus of Control posttest scores ($r_{67} = -.279; p = .022$) indicating that as time in program increased, locus of control scores decreased. (Note that a decrease in locus of control scores is a desired outcome.)

Age. Of the 24 correlations performed to evaluate the relationships between client age at program entry and other variables, only one reached statistical significance. Age was significantly correlated with DIT scale 2 posttest scores ($r_{64} = -.284; p = .023$) indicating that as client age increased, the moral reasoning of "back scratching or reciprocity" tended to decrease. This result is in line with moral reasoning research findings on student populations and offenders.

Moral Reconciliation Therapy steps completed. Of the 24 correlations performed to evaluate the relationships between MRT steps completed and other variables, four reached statistical significance. MRT step completion significantly correlated with Life Purpose posttest scores ($r_{67} = .286; p = .019$) indicating that, as MRT step completion increased, life purpose scores increased. MRT step completion also significantly correlated with Locus of Control posttest scores ($r_{67} = -.394; p = .001$) indicating that, as MRT step completion increased, locus of control scores decreased. MRT step completion significantly correlated with DIT scale 3 posttest scores ($r_{65} = -.267; p = .031$) indicating that, as MRT step completion increased, DIT scale 3 scores decreased, meaning that decisions based on pleasing others were less important. Finally, MRT step completion significantly correlated with DIT scale 4 posttest scores ($r_{65} = .272; p = .028$) indicating that, as MRT step completion increased, DIT scale 4 scores increased, meaning that decisions based on following rules and laws were more important.

The *lack* of significant correlations between MRT steps eventually completed and pretest scores is an insightful and important finding. Since the number of steps completed does not relate to client characteristics at program entry (measured by pretest scores and other variables), it appears that pretreatment characteristics are apparently not an important factor in producing beneficial changes in program participants. On the other hand, since the last MRT step completed does significantly relate to four beneficial pre- to posttest changes, it is likely that the completion of MRT steps is the factor producing the observed changes in clients.

Relapse Prevention steps completed. Of the 24 correlations performed to evaluate the relationships between RPSQ steps completed and other variables, three reached statistical significance. RPSQ step completion significantly correlated with Life Purpose posttest scores ($r_{67} = .281; p = .021$) indicating that as RPSQ step completion increased, life purpose scores increased. RPSQ step completion also significantly correlated with Locus of Control posttest scores ($r_{67} = -.388; p = .001$) indicating that, as RPSQ step completion increased, locus of

control scores decreased. RPSQ step completion significantly correlated with DIT scale 4 posttest scores ($r_{65} = .246; p = .048$) indicating that as RPSQ step completion increased, DIT scale 4 scores increased, meaning that decisions based on following rules and laws were more important. There were no significant correlations between RPSQ steps and pretest scores. Thus, it is likely that the RPSQ component is also responsible for some beneficial client change.

Preliminary Recidivism Data

Post-release recidivism data was collected on program completers in late July 2004. However, since the time of release from the TDOC of participants varied widely, this analysis reports on the first 55 program completers. The large majority of these program participants were released on parole between the time period of November 2001 through November 2002. Thus, the recidivism data reported here covers a release time (that is, time in the “free world”) for a period between 32 months to 20 months. The average time of release on these 55 participants was 25.98 months.

During their average of 26 months of release, 72.7 percent of program participants remained arrest-free, had not absconded from parole, and were free of technical parole violations. On the other hand, 27.3 percent of program participants recidivated. Four, or 7.3 percent, received a new charge (arrest for a new offense). Two participants, or 3.6 percent, absconded from parole supervision. Nine participants, or 16.4 percent, were violated from parole for technical reasons. Appropriate recidivism comparison groups have not been available. However, a 2002 report by the Bureau of Justice Statistics (June 2002, NCJ 193427) reported on two-year recidivism rates of female offenders in 15 states including Tennessee. That study reported that within 24 months of release, 49.9 percent of released female offenders had been rearrested. The TPW two-year recidivism rate of 27.3 percent appears highly favorable in comparison to the national study.

One additional study bears mentioning. A 2001 study by the TDOC (Wilson, *et. al.*, 2001) reported that within two years of release, 38 percent of Tennessee felons had returned to a TDOC facility with a new sentence—a much more severe measure of recidivism as compared to rearrest. In sum, the present report appears to show that recidivism is strongly reduced by the TC programming provided at the TPW.

Summary & Discussion

The results summarized in this report are all highly favorable. The program has a high completion rate (77 percent) and continues to have a 100 percent sobriety rate. In addition, all of the testing results are highly positive and in desired directions. Scores on the LPQ dramatically increased over the course of program participation showing that clients have significantly more perceived purpose in life after program participation. In addition, participants show a more internal locus of control as a result of program participation meaning that they

have more of a sense of personal control over their lives. Clients also see dramatic increases in their perceived support from friends and a significant other over the course of program participation. Finally, participants in the TPW TC show significantly more moral reasoning from the highest level as a consequence of program participation. These beneficial changes should be observed in an objective lowering of subsequent recidivism.

The present report evaluated the available objective variables in the program to determine what programmatic features may be most responsible from the observed changes in client outcomes. Time spent in the program was found to be significantly related to both life purpose and locus of control, but the obtained correlations (.24 & .279) were not the strongest factors associated with these variables. However, it should be noted that time in program strongly correlates with both the number of MRT and relapse prevention steps completed. The relapse prevention program was significantly related to desirable changes in life purpose, locus of control, and increased reasoning from the rules and law stage. These correlations (.281; .388; .246) were generally stronger than those obtained in the evaluation on time spent in the program.

As in all of our previous reports and studies, the most important factor that appears directly related to beneficial client change in the TPW program is the number of MRT steps completed. Client’s MRT steps significantly correlated with life purpose, locus of control, DIT scale 3, and DIT scale 4 (.286; .394; .267; .272). In sum, the correlations indicate that relapse prevention may contribute 6 to 15 percent of the factors associated with three beneficial client changes, while MRT contributes 7 to 16 percent to four of the observed beneficial changes in participants. (Note: squaring correlations gives the percent of variance attributed to a particular factor.) However, these are the simplest of statistical estimates and further research may be able to clarify which programmatic elements promote various aspects of client change.

The recidivism results of the TPW program strongly suggest that the beneficial changes observed in participants over the course of the program are being continued after clients are released into the free world. That is, changes in objective test results that come as a result of program participation appear to be mirrored in subsequent behavior, which, hopefully, is more prosocial and more conducive to law-abiding behavior. This, of course, is the primary goal of the program. While lower rearrest rates appear to be present in these program participants, more appropriate comparisons should be made in the future.

While the cognitive behavioral programming employed in the TPW contributes to the observed success of the program, it should be noted that similar CCI-based programs have lower completion rates. These other programs typically have similar clients, use the same programmatic features, and employ the same TC model. Our observations and evaluations seem to point to the program staff at the TPW as being the critical factor in producing the high completion rate as well as impacting other desired outcomes. In brief, no program can be effective unless the staff implementing it is appropriate and consistent with the

procedures, guidelines, goals, and objectives of the institution and program itself. The staff of the program is to be commended. In sum, the program is truly exemplary in meeting all of its stated goals and objectives and is having a measurable beneficial impact on participants.

References

Hablas, R., & Hutzell, R. R. (1982) The Life Purpose Questionnaire. In: S. A. Wayrytko (Ed.) *Analecta Frankliana*.
 Little, G. L. (2002) Comprehensive review of MRT outcome research. Originally published in *Addictive Behaviors Treatment Review* (1999), revised: www.moral-reconciliation-therapy.com.
 Little, G. L. (1997) *Staying Quit: A cognitive-behavioral approach to relapse prevention*. Memphis: Advanced Training Associates.

Little, G. L., & Robinson, K. D. (1988) Moral Reconciliation Therapy: A step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.
 Pugh, D. N. (1994) Revision and further assessment of the prison locus of control scale. *Psychological Reports*, 74, 979-986.
 Rest, J. R. (1986) *Manual for the Defining Issues Test*. Minneapolis, MN: Univ. of Minnesota Center for Ethical Studies.
 Wilson, J. A., Franklin, A., & Stewart, W. (March 20, 2001) *TDOC Release Trends and Failure Rates*. Nashville: Tennessee Department of Correction.
 Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1998) The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.
 Zuckerman, M. (1984) Experience and desire: A new formula for sensation seeking scales. *Journal of Behavioral Assessment*, 2, 101-114.

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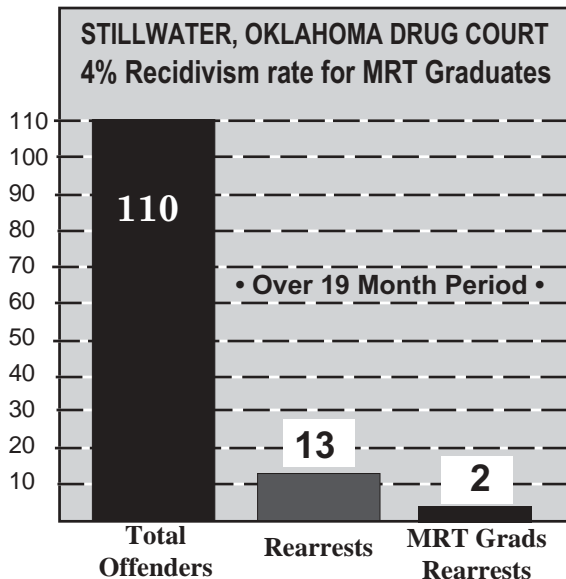
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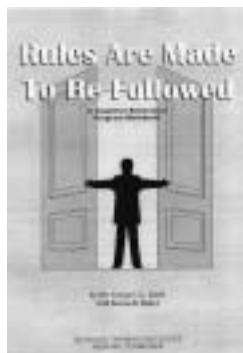
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MRT Research Briefs

2004 Report on the Northwest Correctional Center Annex Tennessee Department of Corrections Therapeutic Community Program

By Katherine D. Burnette, *et. al.*

Summary—Reports on outcomes of 93 male inmates participating in a Tennessee prison TC operated by CCI in 2003-2004. The successful client discharge rate was 89% during the report period with clients averaging 313 days in the program. During the time of the study a total of 603 drug usage tests were obtained from clients with none testing positive for drug use. A series of *t*-tests were conducted on all pre- to posttest scores on clients who were discharged during this report period. Results showed that clients significantly increased scores on Life Purpose from the pre- to posttest. Scores on the highest level of moral reasoning increased from the pre- to posttest at a level approaching significance. Other results showed: Locus of control scores declined from pre- to posttest, indicating more internal control (a desirable outcome); Scores on two of the three Social Support Scales increased while the other stayed static (also desirable).

Mark Luttrell Correctional Center Tennessee Department of Corrections Therapeutic Community Program: 2003-2004 Outcomes

by Katherine D. Burnette, *et. al.*

Summary—Prior reports from this MRT-based TC program included results from 211 female offenders. This study covered 7/2003-7/2004 results from 63 female participants. A total of 325 drug usage tests were conducted on participants with none of these positive for drug usage. A series of repeated measures *t*-tests were conducted on all pre- to posttest scores on clients who were discharged during this report period. Results showed: Clients significantly increased scores on Life Purpose from the pre- to posttest; the Support from Friends scale increased and the Support from Family scale also increased; scores on the highest level of moral reasoning (Scale 6) significantly increased from the pre- to posttest.

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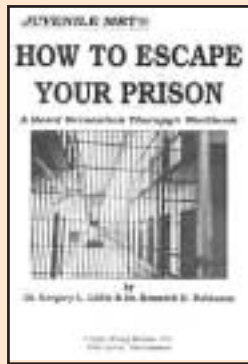
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The Punishment Myth

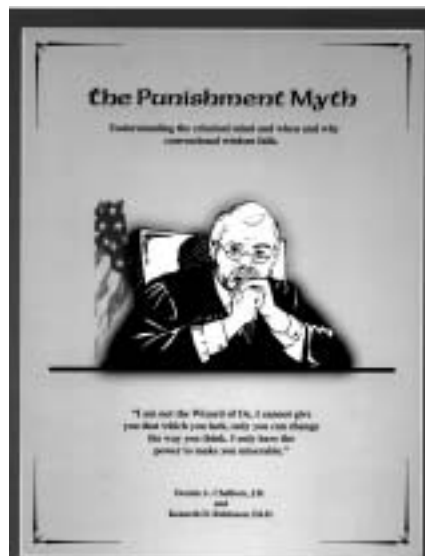
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Research Reviews

Adolescent Protective Factors

Adolescent Violence: The Protective Effects of Youth Assets by C.B. Aspy, R.F. Oman, S.K. Vesely, et. al. (2004), *Journal of Counseling and Development*, 82, 3, 268-276.

In this study, the interview responses of 1098 middle/high school students and their parents living in inner city areas of two Midwestern cities were analyzed to evaluate whether certain youth assets were related to no physical fighting and no weapon carrying. Using logistic regression analyses, two of the nine assets included in the study (family communication and responsible choices) were found to be significantly associated with no physical fighting and six of the nine (family communication, nonparental adult role models, peer role models, community involvement, future aspirations, and responsible choices) were protective for weapon carrying. The authors concluded, "these findings indicated that certain assets may protect youth from physical fighting and carrying a weapon." The study asserted that further research is needed to explore the causal relationships and to better understand how these assets are acquired.

Parole & Probation

Probation and Parole in the United States, 2003 by L. E. Glaze, & S. Palla (July 2004), Bureau of Justice Statistics, Bulletin, NCJ 205336.

The newest report on criminal justice populations in the U.S. was summarized in this newly issued report. In 2003, 6.9 million adults were incarcerated or were on parole or probation in the U.S. This figure represents 3.2% of the adult population. From 2002 figures, probation numbers grew by 1.2% while parole showed a 3.1% increase during the year. Jail populations grew by 3.9% and prisons grew by 2.3% in 2003. A quarter of probationers were on probation for drug law violations and 49% of probationers had been charged with felonies. During 2003, 2.2 million adults entered probation. In 2003, 23% of probationers were female and African Americans comprised 30% of all probationers. The percentage of probationers who have unsupervised (non-reporting) probation was 71% as compared to 76% in 2000. Nationally, only 59% of all probationers who left probation in 2003 were considered to be successful. Of those who failed, 16% were incarcerated and 11% absconded with a host of other reasons accounting for failures. Nationally, 13% of parolees were female and 41% were African American. Only 47% of adults leaving parole in 2003 were considered successful.

Drug Offenders on Probation by D. Olson (May 2000), *Trends & Issues Update*, Illinois Criminal Justice Authority.

This report was undertaken to identify characteristics of drug offenders on probation in Illinois and compare them to other offenders. In 1999, about 40% of all Illinois' prisoners

had been charged with drug offenses and 25% of probationers had drug offenses. Drug offenders on probation in Illinois were 43% White while non-drug offending probationers were 62% White. Drug probationers were also younger than nondrug offending probationers. Drug-offending probationers showed lower incomes than their nondrug-offender probation counterparts. Drug probationers also showed a higher rate of high school dropout than their nondrug-offending counterparts (42% to 30%, respectively). However, drug probationers were less likely to have had prior charges. About 19% of drug probationers eventually had probation revoked as compared to 15% of nondrug probationers. About 30% of all probationers who were ordered into drug treatment failed to complete treatment. About 50% of all probationers who were tested for drug usage tested positive at least once.

Prison Drug Treatment

Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release From Prison by J. A. Inciardi, S. S. Martin, & C. A Butzin, (2004) *Crime and Delinquency*, 50, 88-107.

This study reported on the five-year outcomes of inmates who participated in Delaware's multistage prison TC programs. The main hypothesis tested was that drug offenders who received treatment in the TC (and also continue into aftercare) would have lower recidivism than those who received little or no treatment. The study included 1077 inmates who were approved for drug treatment and work release between 1991-1997. A treatment group was formed from those who attended treatment ($n = 472$) and a control group was formed from the others ($n = 218$). Follow-up interviews and urine testing were conducted at 18 months, 42 months, and 60 months after each inmate was approved for work release (not after institutional release). The highest level of drug usage and rearrests were found in the nontreated groups at all follow-up periods. Only 5% of the nontreated group was drug free at the 42 and 60-month follow-up as compared to 20.5% of the treated group. At the 42-month follow-up, 73% of the nontreated group had been rearrested as compared to 63% of the treated group. By the 60-month follow-up, 77% of the nontreated group had been rearrested as compared to 67% of the treated group. When only those who have both completed the treatment and completed aftercare were studied, 52% were rearrested and 71% were using drugs by the 60-month follow-up.

Do you have a program report or research study you want to be reviewed in Cognitive-Behavioral Treatment Review? If so, send a copy to E. Stephen Swan (address on front) or email to CCI at CCIMRT@aol.com

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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), E. Stephen Swan, M.Ed. (CCI's Vice President of Administrative Services), Patricia Brown, LADAC, Kimberly Prachniak, M.S., or a regional CCI licensee. Dr. Robinson has over 25 years direct experience in criminal justice programming. Ms. Burnette has over 15 years direct criminal justice and substance abuse treatment experience and was involved in the initial implementation of MRT®. Mr. Swan has 30 years in counseling and correctional administration. Those interested in being licensed as exclusive providers of MRT® in regions should call Dr. Ken Robinson.

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 Tuesday January 18, 2005 to Friday January 21 - MRT in Olympia, WA
 Monday January 24, 2005 to Thursday January 27 - MRT in New Orleans, LA
 Monday February 7, 2005 to Friday February 11 - MRT in Memphis, TN
 Tuesday February 22, 2005 to Friday February 25 - MRT in Lima, OH
 Monday March 14, 2005 to Friday March 18 - MRT in Memphis, TN
 Monday April 11, 2005 to Friday April 15 - MRT in Memphis, TN
 Monday May 16, 2005 to Friday May 20 - MRT in Memphis, TN

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See page 16 (this issue) for more information.

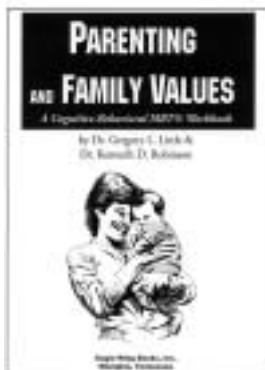
Note: Additional trainings will be scheduled in various locations in the US. See our website at www.ccmrt.com or call CCI concerning specific trainings. CCI can also arrange a training in your area. Call 901-360-1564 for details.

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- Offenders With Children
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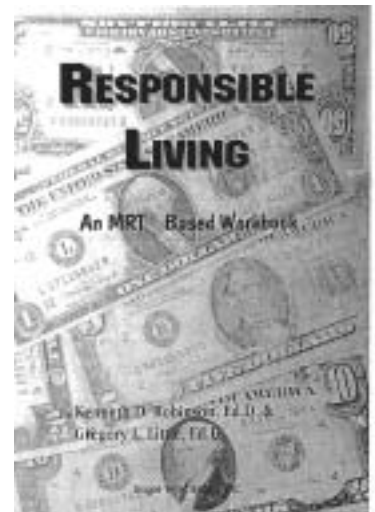
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Treating Youthful Offenders with Moral Reconciliation Therapy®: A Recidivism and Pre- Posttest Analysis

By Katherine D. Burnette, E. Stephen Swan, Kenneth D. Robinson, Marilyn Woods-Robinson, Kenneth D. Robinson,
Correctional Counseling, Inc.,
& Gregory L. Little
Advanced Training Associates

Summary—Twenty-three juvenile offenders participating in MRT within a residential therapeutic community were assessed in a pre- and posttest design on a host of personality variables. In addition, the six-month recidivism of 15 participants was reported as well as the two-year recidivism rate of 79 prior MRT program participants. Results showed that participants showed significantly lower antisocial characteristics, significantly less problem areas, and significantly lower levels of the lowest stage of moral reasoning as a consequence of program participation. All of these changes were desirable. The six-month recidivism rate was 13.3% for program participants, which was (in relative terms) 39% to 60% lower than the recidivism rate for comparable juveniles. The two-year recidivism rate for program participants was 30.38% as compared to 44.4% for comparable populations.

The effects of MRT on juvenile offenders have been reported in 20 published studies and descriptive articles (Little, 2004). Results have been consistently favorable with juvenile offenders participating in MRT in boot camps, in juvenile drug courts, within at-risk educational programs, and in residential programs. In general, rearrest rates following MRT participation have been significantly lower than comparison groups or have approached significance. Other results have consistently shown desirable changes in pre- to posttest scores on objective tests.

One MRT-based residential program for juvenile offenders has operated continuously since September 1999. The Woodland Hills Youth Development Center (WHYDC) located in Nashville, Tennessee was organized and developed as a drug therapeutic community and is operated by Correctional Counseling, Inc. under contract from the Tennessee Department of Children's Services and was initially funded through RSAT. It was designed to house 12 juveniles with each participant in the program for at least six months. The program maintains the classical TC structure and also employs cognitive-behavioral programming (MRT) to optimize effectiveness. RSAT funding for this project ceased on June 30, 2004 and the State of Tennessee assumed funding for the program at that time.

Two previous outcome evaluations on this program have been published (Burnette, *et. al.*, 2003; 2004). Those evaluations showed the average age of participants was 16.33 years. African-Americans comprised 50 percent of participants while 28 percent were White. This report summarizes outcome results for fiscal year 2003-2004. It includes basic information on client completion rates, the program sobriety rate, testing results and recidivism following program participation.

Client Participation

During the period between 7/1/03 and 6/10/04 a total of 35 juvenile offenders participated in the program. As of 6/10/04, a total of 12 clients were actively participating in the program. Thus, over the time period of interest, a total of 23 juveniles were discharged from the program.

Discharge Status. Of the 23 juvenile participants who were discharged from the program, four participants (17.4%) were terminated because of behavioral problems. One participant (4.3%)

voluntarily dropped out from the program. Thus, the rate of program "stayers" during this time period was 78.3 percent. In addition, three stayers were transferred from the unit for reasons beyond the staff or client's control (administrative transfer).

MRT Step Completion. Sixteen (69.6%) of the 23 discharged participants completed at least seven MRT steps. Fifteen (65.2%) completed all 12 MRT steps. MRT training recommends that all 12 of the program's objective steps should ideally be completed, however, previous results have indicated that the completion of at least seven steps leads to long-term beneficial changes in participants.

Program Sobriety Rate. Participants are tested for possible drug usage every four months utilizing urinalysis. No test results showed drug usage. In addition, those participants who were discharged back to their community during this time period were on a 30-day trial home visit and subject to drug usage screens. No discharged program participants were reported as having positive drug screens.

Test Results

With juvenile populations CCI utilizes a battery of six pre- and posttests to assess client changes over the course of programming. The six research tests employed in the CCI therapeutic community are considered to be reliable, valid, and meaningful. All have been shown to have varying levels of predictive ability. A list of the tests is below. More information can be found in prior reports.

1. The *Prison Locus of Control* (PLOC) is intended to measure the degree to which an individual believes he has control over his life (Pugh, 1994).

2. The *Life Purpose Questionnaire* (LPQ) is designed to assess the degree to which an individual perceives purpose or meaning in his life (Hablas & Hutzell, 1982).

3. The *Short Sensation-Seeking Scale* (SSS) is a 10-item questionnaire designed to assess risk-taking behaviors (Zuckerman, 1984).

4. The *Multidimensional Scale of Perceived Social Support* (PSS) is designed to assess the degree to which an individual believes he has support from three different areas: friends, family, and significant others (Zimet, *et. al.*, 1988).

5. The *Problem Oriented Screening Instrument for Teenagers* (POSIT) is a screening tool used to identify problem areas and was developed by NIDA. It is highly recommended by NIDA as a pre- and posttest tool for juveniles in treatment.

6. The *Defining Issues Test* (DIT) is an objective measure of an individual's moral reasoning as defined by Kohlberg's stages of moral reasoning (Rest, 1986).

Client Completion of Tests. All 18 clients who completed the program during this reporting period completed all pre- and posttests. A series of repeated measures *t*-tests were conducted on all pre- to posttest scores on clients who were discharged during this report period.

Pre- to Posttest Results

A total of 12 *t*-tests for repeated measures were performed on pre- and posttest scores. Results showed three statistically significant *t*-tests and four other tests approaching significance. Scores on the sensation seeking scale decreased significantly from the pre- to posttest ($t_{16} = 5.29$; $p = .000$) showing that program participation is associated with a lowering of antisocial characteristics. This desirable finding has been found in a previous report from the program (Burnette, *et. al.*, 2004).

Scores on the POSIT significantly decreased from the pre- to posttest ($t_{16} = 3.97$; $p = .001$) showing that clients reported less problems after program participation. Both previous reports on the program also found this beneficial change over the course of treatment (Burnette, *et. al.*, 2003; 2004).

Scores on Scale 2 of the DIT (measuring the lowest level of moral reasoning) significantly decreased from pre- to posttest ($t_{16} = 2.22$; $p = .04$). All of these results were in expected and desirable directions.

Test results approaching significance included the following. Locus of Control scores changed toward a more internal control from pre- to posttest ($t_{16} = 1.59$; $p = .129$); Pre- to posttest scores on Scale 5 of the DIT (measuring a form of social conscience) increased ($t_{16} = 1.87$; $p = .078$); Pre- to posttest scores on the P% scale of the DIT (measuring all social reasoning) increased ($t_{16} = 1.89$; $p = .075$). All of these changes were in desirable directions and have been previously found in earlier studies.

Recidivism

Program staff routinely monitored participants' recidivism after program discharge. Recidivism is defined as a disposition in the juvenile system after the date of release; a disposition can result from a new charge or technical violation.

Six-month recidivism. Of 15 program completers who were subsequently discharged to their home, a total of two (13.3%) were recidivists. These participants had been released into the community an average of 199.38 days—just over six months.

While comparative juvenile recidivism data in Tennessee is not readily available, recidivism data from other juvenile jurisdictions has been published. For example, the State of Connecticut cites their 6-month juvenile recidivism rate in 1999 as 21.8% (<http://www.juvenilejustice.com/conn.html>). Washington State (Lieb, Fish, & Crosby, 1994) cited its 6-month juvenile recidivism rate to be 33%. Thus, the WHYDC MRT program recidivism rate is 39% lower than the comparable

Connecticut recidivism rate and 60% lower than the recidivism rate of comparable juveniles in Washington State.

Twenty-four month recidivism. Since the program inception in late 1999, 79 participants completed the program. Of those, a total of 24, or 30.38%, were recidivists. Since the average age of all participants was just over 16 years, the resultant recidivism rate for all completers (30.38%) can be considered an estimate of a two-year recidivism rate. This is because juvenile recidivism is not counted after age 18.

The published two-year juvenile recidivism rates for other states are as follows: Washington 43%; Massachusetts 43%; Wisconsin 34%; Utah 48%; and California 54% (Lieb, Fish, & Crosby, 1994). As can be seen, the WHYDC program displays a two-year recidivism rate less than all other comparable states. The range of the lower WHYDC recidivism rate varies between an 11 percent to 44 percent difference. The average two-year recidivism rate of the five comparison states is 44.4 percent. The WHYDC two-year rate of 30.38 percent is 30 percent lower than the average 44.4 percent rate of all the other states.

Discussion

MRT has consistently shown its effectiveness with adult offender populations in producing beneficial and significant changes in numerous personality variables as measured with objective pre- and posttests as well as in demonstrating consistent and significant reductions in recidivism following treatment. MRT implementations in juvenile populations have also shown consistent beneficial changes as a consequence of MRT participation. Published outcome results from MRT treated juveniles have demonstrated desirable personality changes as well as lowered reinvolvement with the juvenile justice system. The present study shows how a fully functioning residential program for juvenile offenders can produce beneficial changes in participants from year-to-year.

References

- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., & Little, G. L. (2003) Effects of MRT on male juvenile offenders participating in a therapeutic community program. *Cognitive-Behavioral Treatment Review*, 12, 2, 2-5.
- Burnette, K. D., Swan, E. S., Robinson, K. D., Woods-Robinson, M., & Little, G. L. (2004) Male juvenile offenders participating in MRT within a therapeutic community program continue to show positive results. *Cognitive-Behavioral Treatment Review*, 13, 1, 3-5.
- Hablas, R., & Hutzell, R. R. (1982) The Life Purpose Questionnaire. In: S. A. Wayrytko (Ed.) *Analecta Frankliana*.
- Lieb, R., Fish, L., & Crosby, T. (1994) A summary of state trends in juvenile justice. Olympia, WA: Washington State Institute for Public Policy.
- Little, G. L. (2002) Comprehensive review of MRT outcome research. Originally published in *Addictive Behaviors Treatment Review* (1999), revised: www.moral-reconciliation-therapy.com.
- Little, G. L. (2004) Treating juvenile offenders and at-risk youth with MRT: Comprehensive review of outcome literature. *Cognitive-Behavioral Treatment Review*, 13, 2, 1-4.
- Little, G. L., & Robinson, K. D. (1988) Moral Reconciliation Therapy: A step-by-step treatment system for treatment resistant clients. *Psychological Reports*, 62, 135-151.
- Pugh, D. N. (1994) Revision and further assessment of the prison locus of control scale. *Psychological Reports*, 74, 979-986.
- Rest, J. R. (1986) Manual for the Defining Issues Test. Minneapolis, MN: Univ. of Minnesota Center for Ethical Studies.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1998) The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52, 30-41.
- Zuckerman, M. (1984) Experience and desire: A new formula for sensation seeking scales. *Journal of Behavioral Assessment*, 2, 101-114.

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 intended for those individuals who have already completed basic MRT training. A certificate of completion is awarded to all attendees. The workshop:

- Reviews each MRT step
- Reviews the purpose of each step
- Reviews objective criteria for each MRT exercise
- Reviews Kohlberg's theory of moral reasoning
- Provides solutions to step-related difficulties
- Provides an opportunity to discuss and problem solve unique situations MRT facilitators may confront
- Provides solutions to program-specific problems
- Provides solutions to client participation problems
- Provides an update on MRT research

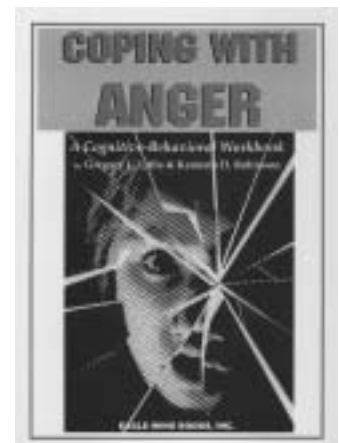
This One-Day MRT Review Training will be held periodically in Memphis and can also be arranged on-site. The basic cost is \$150 per person. For more information or to schedule a training, call Sharron Johnson at 901-360-1564.

FOR CLIENTS IN NEED OF ANGER MANAGEMENT

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A Cognitive-Behavioral Workbook

Coping With Anger is a 49 page cognitive-behavioral MRT® workbook designed for eight (8) group sessions. The groups are conducted in an open-ended fashion where clients can enter at any time and progress through eight sequential modules where each client processes his or her homework and exercises in the group. Used in probation, prisons, schools, 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 anger feelings. Based on the highly successful MRT® method, *Coping With Anger* is an important treatment option that can complement other programming already in place.



Each copy of the workbook is \$10. A facilitator's guide is \$5. See page 19 for ordering details or go online at www.ccmrt.com.

Prison Drug Treatment

Risk and Prison Substance Abuse Treatment Outcomes: A Replication and Challenge by H. K. Wexler, G. Melnick, & Y. Cao (2004), *The Prison Journal*, 84, 106-120.

This study was a follow-up examination of the Amity prison therapeutic community (TC) in San Diego, CA. The Amity facility is widely publicized program consisting of a 200-man housing unit with daily programming conducted "in two trailers located near the housing unit." Participants received some services in the general population including food services, educational programs, and work activities. The program consists of three phases: orientation, designed to last 2-3 months; primary treatment conducted over 5-6 months; and a 1-3 month reentry. A voluntary aftercare program was also made available to program completers. The treatment consisted of encounter groups and "individual counseling" focusing on self-esteem, therapy acceptance, responsibility taking, respect for authority, etc. The study reported a "randomized" assignment to a treatment and nontreatment group with an "intent-to-treat" group consisting of all those assigned to treatment and nontreatment ($N = 715$). The randomness of the group assignment is questionable since participants were "selected from an eligible list of prisoners who volunteered for the prison TC..." Those who were not selected were assigned into the control group. Two risk index scores were obtained on each client from a

preassignment interview utilizing the Lifestyle Criminality Screening Form and the Salient Factor Score. Three-year reincarceration rates were obtained for participants and correlations were performed on client demographic variables as well as risk factor scores. Treatment status showed the highest significant correlation to recidivism (treatment recidivism was lower than recidivism in the nontreatment group). However, age and both risk scores were also significantly related to recidivism status. When the Salient Factor Risk scores were used to form a High-Risk group ($n = 438$) and Low-Risk group ($n = 241$) from the treated and nontreated groups, results showed that 67.9% of the Low-Risk group had recidivated at three years as compared to 75.1% of the High-Risk group. When scores from the Lifestyle Criminality Screening Form assigned participants to a Low-Risk group ($n = 377$) and High-Risk group ($n = 302$), results showed that 69.8% of Low-Risk participants recidivated at three years as compared to 76.5% of the High-Risk group. The authors concluded that "high-risk inmates benefited more than low-risk inmates from prison treatment." Overall, 79% of the TC program completers recidivated by the end of three years as compared to 82% of dropouts. While the authors commend the long-term success of the TC studied, the recidivism rate in both graduates and dropouts seems quite high.

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?

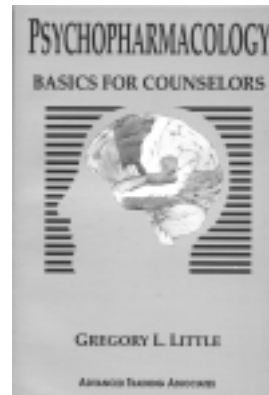
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Imaginary Time Out — 15 minute cassette tape used in MRT® domestic violence to assist clients in visualizing appropriate time out strategies; \$8.95.

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.

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

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

Making Changes for Good— 56-page workbook designed for sex offender relapse prevention group program; \$18.00.

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Untangling Relationships: Coping With Codependent Relationships Using The MRT Model — 28-page workbook for use with those who have codependent issues; \$10.00

Staying Quit: A Cognitive-Behavioral Approach to Relapse Prevention — 40-pg client workbook for relapse prevention groups. 8 program modules; \$10.00.

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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.

Objective Tests & Measures Vol. 1 — 35 copyright-free tests including brief objective tests (ideal for pre-post measures) for relapse prevention, domestic violence, self-esteem, work/employment attitudes, & family/parenting issues; \$105.

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 — large white paper poster of MRT® stages, steps, and personality descriptions (B/W); \$10.00.

How To Escape Your Prison Cassette Tape Set — Three cassette tapes (3.5 hours in length) with the complete text of the MRT® workbook, *How To Escape Your Prison*, containing 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; \$59.95.

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 Audiotope Set in Spanish — The Spanish MRT® workbook on three cassette tapes - boxed.; \$59.95.

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 used on violent perpetrators, 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.

Memphis MRT® Training Daily Agenda

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

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 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.	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.	8:00 a.m. to 5:00 p.m. (Lunch - on your own) MRT® Steps 3 - 5.	8:00 a.m. to 12:30 p.m. (Lunch - on your own) MRT® Steps 6 - 8. About 2 hours of homework is assigned.	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® Or Domestic Violence For Your Program
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Upcoming Trainings

MRT TRAINING:

Monday December 13, 2004 to Thursday December 16 - MRT in Johnson City, TN
Tuesday January 4, 2005 to Friday January 7 - MRT in Lander, WY
Tuesday January 11, 2005 to Friday January 14 - MRT in Taos, NM
Tuesday January 11, 2005 to Friday January 14 - MRT in Chicago, IL
Tuesday January 18, 2005 to Friday January 21 - MRT in Olympia, WA
Monday January 24, 2005 to Thursday January 27 - MRT in New Orleans, LA
Monday February 7, 2005 to Friday February 11 - MRT in Memphis, TN
Tuesday February 22, 2005 to Friday February 25 - MRT in Lima, OH
Monday March 14, 2005 to Friday March 18 - MRT in Memphis, TN
Monday April 11, 2005 to Friday April 15 - MRT in Memphis, TN
Monday May 16, 2005 to Friday May 20 - MRT in Memphis, TN

DOMESTIC VIOLENCE TRAINING:

Monday January 10, 2005 to Friday January 14, 2005 - Domestic Violence in Memphis, TN

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