Strategies for Change: Implementing Innovations for Integrated Services

Dwayne Simpson

Psychosocial Services: Recovery Engagement and Life Skills (RELS)

What are ITEP and BTEI, and how are they interrelated?

Brief Mapping-Intervention Modules + Client Needs & Readiness Assessment + Service Organization Readiness for Change

ITEP  www.nta.org  BTEI  www.nta.org  SORC  Simpson et al, ’09
Psychosocial Services:
Recovery Engagement and Life Skills (RELS)

Visual-representation “Mapping” Communication

- Motivation
- Readiness
- Thinking
- Decisions
- Behaviors
- Retention

Short Forms
- Needs/Risks
- Motivation
SF
- Psycho-Social
- Criminal Thinking
SF
- Engagement
- Changes
SF

Coordinated assessments and brief interventions

TCU Mapping: A Visual Representation Strategy

Node-Link Mapping is core technique for ITEP/BTEI Manuals

Family
- Married & 3 Children
- 8 Grand Kids

West Texas
- Fort Worth
- Prof of Psychology
- Addiction Scientist
- IBR (1962)
- NIDA Grants
- TCU

Treatment Planning and Implementation
- Internation Scientist Award
- 2004 Lunch in London
- Meetings in Texas & UK
- ITEP & BTEI

Addiction Studies
- Innovation Implementation
- Ready to Chg
- Org Functioning

Research
- Process
- FU Outcomes
- Engagement

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“Tools” from ITEP and BTEI for Recovery Engagement and Life Skills (RELS)

1. Conceptual framework for treatment process
2. Assessments of client functioning (CEST)
3. Manuals for “mapping” brief interventions:
   - Motivation/Thinking Interventions (ITEP)
   - Care Planning & Exit Planning (BTEI)
4. Publications growing for “evidence-base”
5. Field network of innovation “early adopters”
6. Implementation principles for organizations

UK Addiction Treatment Services

Services Documentation Data Networks

Treatment Systems

Triage & Referral Process

Harm Reduction Services

Detox/Maintenance Services

Psychosocial Recovery Services

“We need for more comprehensive strategies to help people who are STUCK in treatment”
“Adaptive” Treatment

Assessments of Client Needs/Progress

Client Recovery Stages in Treatment

Treatment Readiness:
- Needs-Risk
- Severity
- Motivation

Early Engagement
- Participation
- Therapeutic Relationship

Retention & Continuing Change

Early Recovery
Changes in --
- Thinking
- Acting

Interventions (Behavioral & Cognitive)

Follow-up Outcomes
- Drug use
- Crime
- Social Functions

Other Treatments or Support Networks

Re-Entry

Orientation

Treatment A

Treatment B

Stages of Treatment

Treatment Readiness:
- Needs-Risks
- Severity
- Motivation

Early Engagement
- Participation
- Therapeutic Relationship

Early Recovery
Changes in --
- Thinking
- Acting

Retention & Change


"TCU Mapping" Interventions for Adaptive Treatment Process

Stages of Treatment

Orientation

Treatment A

Treatment B

Re-Entry

Getting Motivated

Preparing for Change

Reducing Anger

Unlocking Thinking

Better Comm

Building Networks

HIV Risk Reduction

Parenting Skills

Mapping '12 Steps'

Transition to Re-entry

CM/Reward Strategies

Workshop for Women

Workshop for Men

NREPP SAMHSA’s National Registry of Evidence-based Programs and Practices

"TCU Mapping-Enhanced Counseling"
D. Dwayne Simpson, Ph.D.
Strategies for Change: Implementing Innovations for Integrated Services
Invited presentations in the United Kingdom
September-November 2009
Assessing Client Needs and Progress During Treatment

Stages of Treatment

Treatment Readiness: • Needs-Risks • Severity • Motivation

Early Engagement • Participation • Therapeutic Relationship

Early Recovery Changes in • Thinking • Acting

Retention & Change

Measures of Client Functioning

Motivation • Problems • Desire for Help • TX Readiness • Needs/Pressures

Social Functioning • Hostility • Risk Taking • Social Support • Social Desirability

Psychological Functioning • Self Esteem • Depression/Anxiety • Decision Making • Expectancy

Criminal Thinking • Entitlement • Justification • Irresponsibility • Power Orientation • Cold Heartedness • Rationalization

Treatment Engagement • Satisfaction • Rapport • Participation • Peer Support

Joe et al, 2002; Simpson, 2004 (JSAT); Simpson & Knight, 2007 (CJB)
TCU Short Forms for Client Assessments

A. Client Drug Use and Crime Risk Forms:
1. TCU Drug Screen II (DRUG SCREEN II)
2. Global Risk Assessment (A/Y-RSKFORM)
3. Criminal History Risk Assessment (CRHSFORM)
4. Criminal Thinking Scales (CTSFORM)

B. Client Health and Social Risk Forms:
1. Physical and Mental Health Status Screen (HLTHFORM)
2. Mental Trauma and PTSD Screen (TRMAFORM)
3. HIV/Hepatitis Risk Assessment (HVHPFORM)
4. Family and Friends Assessment (A/Y-FMRFORM)

C. Client Evaluation of Self and Treatment (CEST) Forms:
1. Treatment Needs and Motivation (MOTFORM)
2. Psychological Functioning (PSYFORM)
3. Social Functioning (SOCFORM)
4. Treatment Engagement (ENGFORM)

Treatment motivation and psychosocial scores for Client X

These are interrelated, and they CHANGE over time...
Evidence for “Treatment Process”

Criminal Thinking Orientation (CTS Scales)

- Motivation: Desire for Help, Trt Readiness
  - .52, .39
  - (n=998)

- Treatment Engagement
  - Engagement: Participation, Rapport, Satisfaction
  - (CEST Scales)
  - .31, .18
  - .24, .43
  - .48, .37

Client functioning improves over time, and the negative impact of high CTS is “remediated” by stronger engagement!

Counselor Skills/Attributes

Organizational Functioning

Innovation Implementation

Organizational Infrastructure
1. Program needs/resources?
2. Structure/functioning?
3. Readiness for changes?

Services Infrastructure
1. Treatment process/dynamics?
2. Needs/progress assessments?
3. Therapeutic interventions?

Stages of Implementation Process

1. Training
   - Relevance
   - Accessible
   - Accredited

2. Adoption
   - A. Decision
     - Leadership
     - Quality/Utility
     - Adaptable
   - B. Action
     - Capacity
     - Satisfaction
     - Resistance

3. Implementation
   - Effectiveness
   - Feasibility
   - Sustainability/Cost

4. Practice Improvement
   - Outcomes
   - Services
   - Budget

Simpson, 2002; Simpson & Flynn, 2007 (Special Issues of JSAT); Simpson, 2009
Organizational Readiness for Change (ORC)

**Motivation:**
- Program Needs
- Training Needs
- Pressures

**Resources:**
- Offices/Staffing
- Training
- Equipment
- Supervision/Mgmt

**Staff Attributes:**
- Growth
- Efficacy
- Influence
- Adaptability
- Satisfaction

**Climate:**
- Mission
- Cohesion
- Autonomy
- Communication
- Stress
- Open to Change

```
“Better organizations” provide “better services”
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Simpson, 2002; Lehman et al, 2002; Simpson & Flynn, 2007 (JSAT)

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Climate: Cohesion of Staff
(Scale scores range = 10-50)

```
<table>
<thead>
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<th>Climate: Cohesion of Staff</th>
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<tbody>
<tr>
<td>Scale scores range = 10-50</td>
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<tr>
<td>Norm</td>
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<td>25%</td>
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<td>75%</td>
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Lowest
50% of Programs
23
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Highest
NTA ITEP/BTEI Projects (2006-07); Simpson et al., 2009 (JSAT)
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### ORC Mean Scores for 4 Programs

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<th>Agency Needs/Pressures</th>
<th>Resources</th>
<th>Staff Attributes</th>
<th>Organizational Climate</th>
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<td>SN – Staff Needs</td>
<td>GPP – Goals</td>
<td>GRO – Growth</td>
<td>MIS – Mission</td>
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<td>PN – Program Needs</td>
<td>STF – Staffing</td>
<td>INF – Influence</td>
<td>COH – Cohesion</td>
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<td>TN – Training Needs</td>
<td>TRN – Training</td>
<td>ADP – Adaptability</td>
<td>AUT – Autonomy</td>
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<td>PC – Pressures Changes</td>
<td>EDP – Equipment</td>
<td>SAT – Satisfaction</td>
<td>COM – Communication</td>
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**Scale Scores (10-Low; 50-High)**

**Feedback for Organizational Change?**

**Organizational Survey for Treatment Staff (ORC-TS)**

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<th>Agency 14 (n=16)</th>
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### Questions for Further Study of Recovery Engagement and Life Skills (RELS)

1. Does better care planning yield better engagement and retention in treatment?
2. Are the assessments reliable measures of client change? (Intake, CESI, CEST, CTS, TOP…)
3. Is more mapping related to better engagement and retention in treatment?
4. Do brief interventions show measurable effectiveness?
5. Can treatment organizations change their functioning and client performance levels?