Sustaining & improving services?

“How do we keep doing more with less and also show favorable evidence for outcomes”?

- **Calibrate** needs & services for clients (care plans)
  - Triage clients into *intensity* levels (especially CJ)
- **Sustain** effective treatment system & process
  - Assessments & Interventions that work & *inter-connect*
- **Translate** local/national policy statements
  - Special care mandates & resource streams
- **Attend** to organizational climate/functioning
Check List for System Effectiveness

1. Are current **assessments** reliable measures of client needs and stages of change?

2. Do current **interventions** show measureable evidence of effectiveness (related to needs)?

3. Are these **treatment components** clearly interconnected and understood by staff?

4. Has “better” **care planning** improved engagement and retention in treatment?

5. Are there **organizational/staff** barriers that limit operational/performance levels?

NI DA’s National Evaluations of Treatment Effectiveness in U.S.

www.DATOS.org

- **DARP** (1st US Study 1970s)
- **TOPS** (2nd US Study 1980s)
- **DATOS** (3rd US Study 1990s)

300+ Studies Published on 65,000 Drug Users Treated in over 300 Programs

Drug Abuse Treatment Outcome Studies

Collaborating Centers

- TCU
- NIDA
- UCLA
- NIDA

DATOS reports national patterns of treatment effectiveness in the U.S. during the 1990s (much like DARP in the 1970s and TOPS in the 1980s) in over 85 publications summarized below— and listed by year and topic. Three addiction research centers and NIDA scientists conducted the treatment process and follow-up outcome studies.

Special Collections of DATOS publications:
- Methods and Treatment Outcomes
- Treatment Process, Engagement, and Retention
- Adolescent Treatment Outcomes
- Relapse Prevention and Recovery Supports

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Web site: www.ibr.tcu.edu
Pathways to Recovery
(A 12-Year Followup, Simpson & Sells, 1990)

- Tired of the hassle – “hitting bottom” ...
  (intra-individual)
- Health/medical problems, religion ...
- Special events – getting married, family needs
  (inter-personal)
- Fear of jail/violence ...
  (environmental)

Starting place and route of travel differs across individuals!!

“Adaptive” Treatment Approach

Assessments of Client Needs/ Progress

Client Recovery Stages in Treatment

- Early Recovery
  Changes in — Thinking
  Acting
- Early Engagement
  Participation
  Therapeutic Relationship
- Treatment Readiness:
  Needs-Risk
  Severity
  Motivation
- Retention & Continuing Change

Interventions (Behavioral & Cognitive)


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Cognitive science provides foundations for using visual tools (e.g., “node-link mapping”) for communication & decision-making

Dansereau, Dees, & Simpson, 1994 (JCP)
Dansereau & Simpson, 2009 (PPRP)

- Low education
- Attention deficits
- Language deficits

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**TCU Mapping: A Visual Representation Strategy**

- “Free-style” maps
- “Information” maps
- “Guided” maps

‘Maps’ help place events into records with visual context for discussion of impact and action.

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**Texas Institute of Behavioral Research at Texas Christian University**

A National Research Center for addiction treatment studies in community and correctional settings (over 600 free resource files available)

Check for more info on **Mapping Training**

*www.ibr.tcu.edu*
Targeted Interventions (with “Mapping”) for Adaptive Treatment Process

Stages of Treatment

- Treatment Readiness:  
  - Needs-Risks  
  - Severity  
  - Motivation  

- Early Engagement:  
  - Participation  
  - Therapeutic Relationship  

- Early Recovery:  
  - Changes in Thinking  
  - Acting  

- Retention & Change

- Orientation
- Treatment A
- Treatment B
- Re-Entry

Getting Motivated  
Preparing for Change

Reducing Anger  
Unlocking Thinking

Mapping Journey  
CM/Reward Strategies

Better Comm  
Building Networks

Workshop for Women  
Workshop for Men

HIV Risk Reduction  
Parenting Skills

Mapping  
"12 Steps"

Mapping  
Transition to re-entry

Downward Spiral  
"TCU Mapping-Enhanced Counseling"

Over 20 Manuals Available

Maps the stages of treatment and the targeted interventions for adaptive treatment process. Includes detailed stages such as treatment readiness, early engagement, early recovery, and retention & change. Utilizes mapping techniques with various interventions such as mapping journey, CM/reward strategies, mapping care plans, and more. Designed to enhance counseling and improve treatment outcomes.
New! Mapping Atlas

Top 70 Maps!

NO Costs for TCU Manuals

Tools for 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

Intake Interview (e.g., ASI)

Short ID & Background Risk Info

Fam/Friends Networks

Motivation (from CEST)

Psychological (from CEST)

Social (from CEST)

Fam/Friends Networks

Mix, Match, Repeat over time

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Measures of Client Functioning

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Social Functioning</th>
<th>Criminal Thinking</th>
<th>Psychological Functioning</th>
<th>Treatment Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Problems</td>
<td>• Hostility</td>
<td>• Entitlement</td>
<td>• Self Esteem</td>
<td>• Satisfaction</td>
</tr>
<tr>
<td>• Desire for Help</td>
<td>• Risk Taking</td>
<td>• Justification</td>
<td>• Depression/Anxiety</td>
<td>• Rapport</td>
</tr>
<tr>
<td>• TX Readiness</td>
<td>• Social Support</td>
<td>• Irresponsibility</td>
<td>• Decision Making</td>
<td>• Participation</td>
</tr>
<tr>
<td>• Needs/Pressures</td>
<td>• Social Desirability</td>
<td>• Power Orientation</td>
<td>• Expectancy</td>
<td>• Peer Support</td>
</tr>
</tbody>
</table>

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-FMFRFORM)

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)
Core Ingredients of “Effective System”

1. Conceptual framework for treatment process
2. Assessments of client functioning (CEST/CTS)
3. Guides (manuals) for targeted interventions:
   - Motivation/thinking engagement
   - Care planning & behavioral skills training
4. Publications for showing “evidence-base”
5. Implementation principles for organizations
6. Field network of innovation “ready adopters”

Interpreting Client Scores

These are interrelated, and they CHANGE over time...

SEE “USING CEST GUIDE”

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Innovation Implementation

1. Training
   - Relevance
   - Accessible
   - Accredited

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

3. Implementation
   - Effectiveness
   - Feasibility
   - Sustainability/Cost

4. Practice Improvement
   - Outcomes
   - Services
   - Budget

**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

*Simpson, 2002; Lehman et al, 2002; Simpson & Flynn, 2007 (JSAT)
Dwayne Simpson, Ph.D., IBR Emeritus Director

Planning for Effective Treatment Services and Implementing Change

Invited keynote presentation given at Rond-Point 2010: Congress on Addictions, sponsored by Quebec Association of Addiction Rehab Centers, May 14, 2010, Montreal, Canada.

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

Lowest

25% Norm

50% of Programs

75% Norm

Highest

UK (Italy & US)

45 Programs (ITEP/BTEI Projects)

NTA ITEP/BTEI Projects (2006-07); Simpson et al., 2009 (JSAT)

Diagnostic tools for Organizational Change
(Readiness and Capacity)

If LOW, then what can be done -- and how??

Identify Training Needs

Improve Organizational Functioning

Identify Institutional Barriers

Implementing Evidence-based Practices

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**TCU Treatment Process Model**

(Stage-based assessments & interventions)

1. **Drug Use & Risks Screening**
   - Detox/Meds

2. **Treatment Readiness**
   - Needs
   - Severity
   - Motivation

3. **Program**
   - Needs/motives
   - Resources
   - Staff skills
   - Climate

4. **Engagement**
   - Participation
   - Therapeutic Relationship

5. **Change**
   - Changes in
     - Thinking
     - Acting

6. **Retention Threshold**

7. **Other Treatments or Support Networks**
   - Follow-up Outcomes
     - Drug use
     - Crime
     - Social

8. **TCU Mapping**

9. **Corrections**

10. **Therapeutic**

11. **Participation**

12. **Interventions**

13. **Planning**

Based on Simpson, 2004; Simpson & Joe, 2004 (JSAT)