

Illinois DOC; Springfield, IL
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The TCU Toolbox: Assessments, Interventions, & Findings

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A National Research Center for addiction treatment studies in community and correctional settings

- NEW - The Research Roundup Spring 2009 issue highlights the motivation and cognitive enhancements of the CBT Project.
- TCADA service provider applications call for use of the TCU Treatment Model and related resources, including resources such as -
 - TCU Treatment Model
 - Operational Change
 - Counseling Manual
 - Treatment Assessment
 - Sample of TCU Assessments
- Feature Presentations: Handouts are available for invited conference presentations.
- TCOM Project focuses on developing the Treatment Costs and Organizational Priorities Information System for drug treatment providers (Research Roundup Newsletter, Spring/Summer 2003 issue).
- CA-DATS Project, NIDA's cooperative agreement for the Central Justice Drug Abuse Treatment Studies, includes the IBR as one of its National Research Centers.
- Update on Penner: TCU Treatment Assessment Forms are available for community and correctional treatment. New forms include the Spanish language version of the TCU-CSS and the TCU-CO-CST.
- Research Summaries give brief conceptual overviews of IBR studies and resources. These focus on treatment process and outcomes, organizational change, assessments, readiness and reduction, mapping, special interventions, and

www.ibr.tcu.edu




TCU Resource Dissemination

- Web Sites-www.ibr.tcu.edu
- Journal Abstracts
- Newsletters
- Presentations
- Research Summaries
- Abstracts – Special Issues




National Evaluations





DARP

Drug Abuse Reporting Program

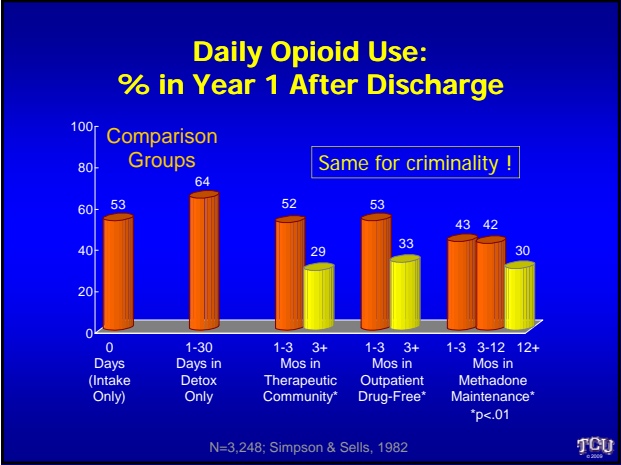
First National Evaluation of Treatment Effectiveness

Funded by the
NIDA NATIONAL INSTITUTE ON DRUG ABUSE



1969-73
35 Cities
139 Programs
~44,000 Patients
All treatment types
Follow-ups: 1,3,6,12 Yrs


Sells, Simpson, Demaree, & Joe
6 books & 150 papers published (funded 1970-1990)





TOPS

Treatment Outcome Prospective Study


Second National Evaluation of Treatment Effectiveness

Funded by the




1979-81
 10 Cities
 37 Programs
 ~11,000 Patients
 All treatment types
 Follow-up: 1 year
 2 year
 3-5 year

Hubbard, Marsden et al. *Drug abuse treatment: A national study of effectiveness* (1989)




"Treatment Process" in TOPS

- ❖ **Comparisons between 21 MM programs**
- ❖ **Programs with Longer Retention had -**
 - Better assessment & program planning
 - Higher MM dose & better UA monitoring
 - Comprehensive ("wrap-around") services
 - Higher patient ratings for "meeting needs"

Similar findings for other modalities

Joe, Simpson, & Hubbard, 1991, *J Substance Abuse*



DATOS

Drug Abuse Treatment Outcome Studies

Third National Evaluation of Treatment Effectiveness

NIDA NATIONAL INSTITUTE ON DRUG ABUSE



10,000 Adults
 96 Programs
 11 Cities

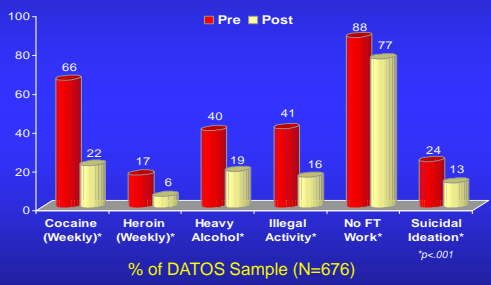
1,200 Adolescents
 23 Programs
 4 Cities

85 Studies Published (Special Issues) -
Psychology of Addictive Behaviors (Dec 97)
Drug and Alcohol Dependence (Dec 99)
Journal of Adolescent Research (Dec 01 for DATOS-A)
Journal of Substance Abuse Treatment (Dec 03)
Archives of General Psychiatry (99, 01, & 02)



Long-Term Residential (LTR) Treatment

Changes from Before to After Treatment

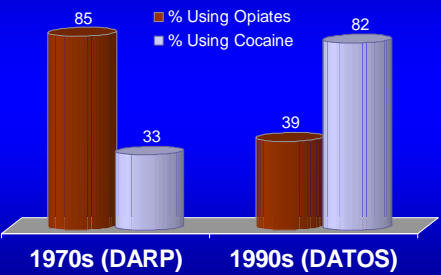


% of DATOS Sample (N=676)


Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997, *PAB*

Changes in Drug Use Patterns

alters Treatment Systems



1970s (DARP) **1990s (DATOS)**



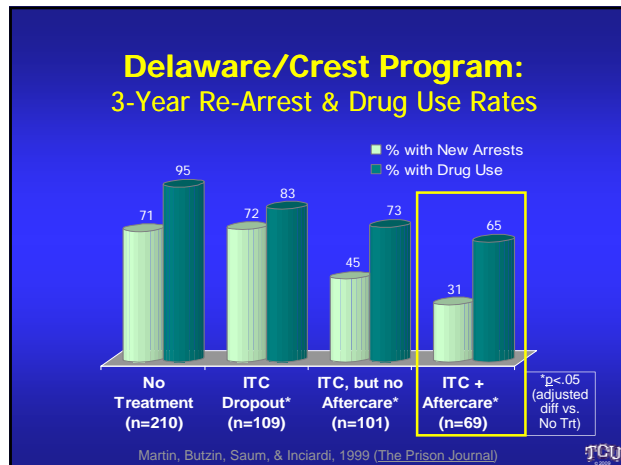
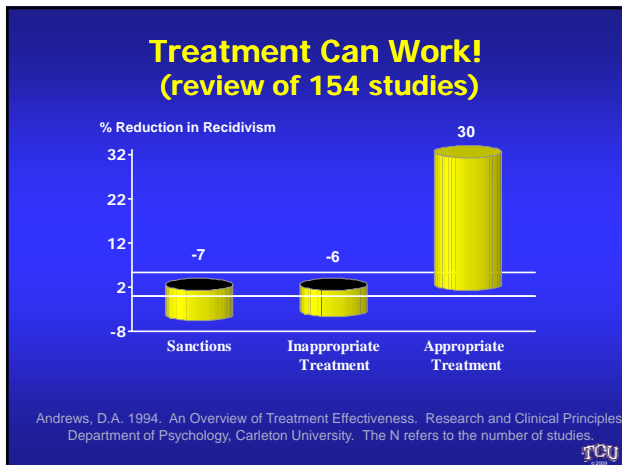
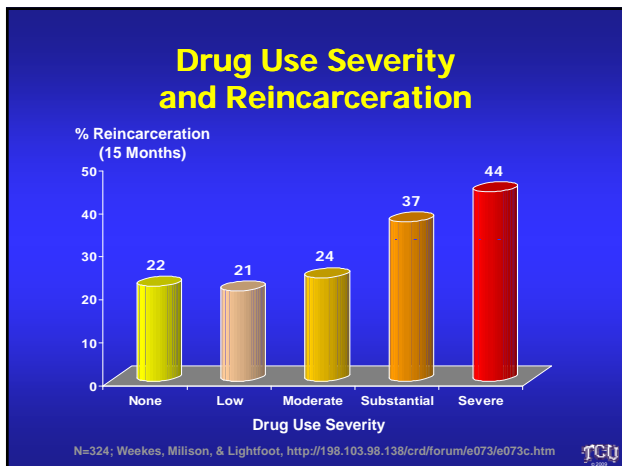
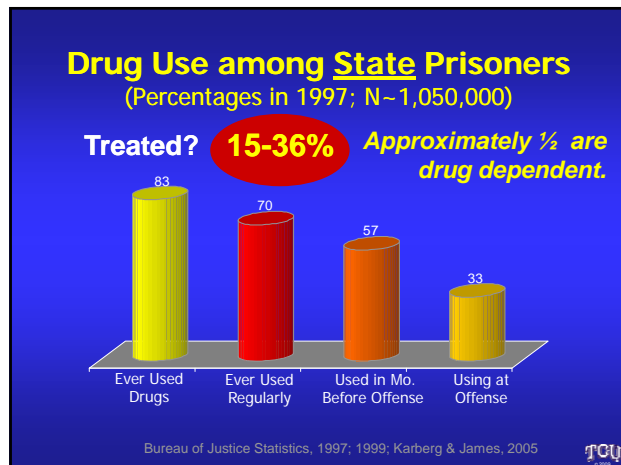
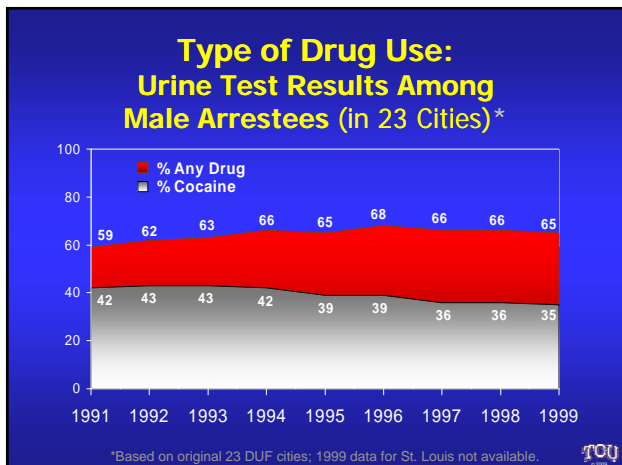
Record Number of Offenders in US

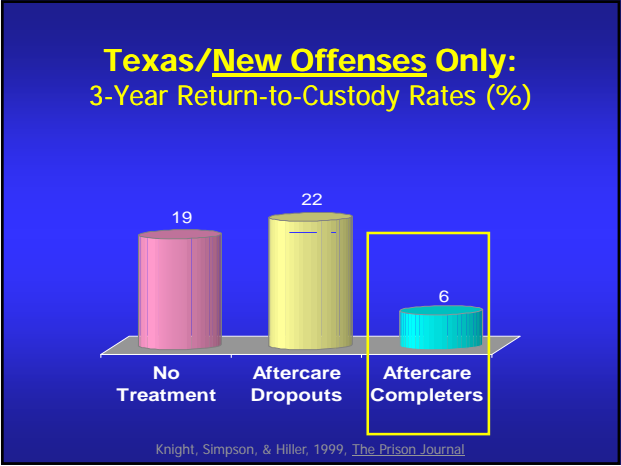
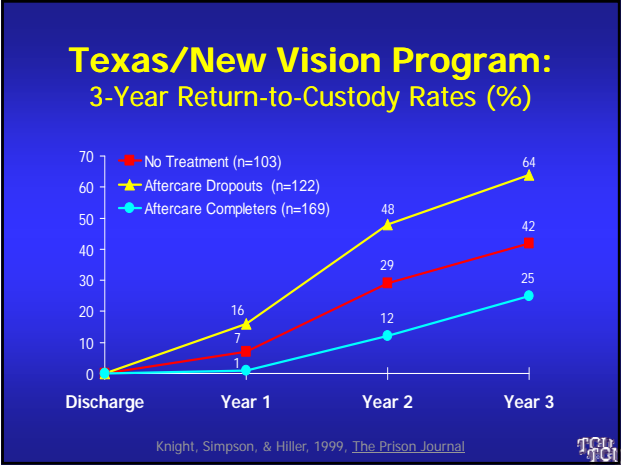
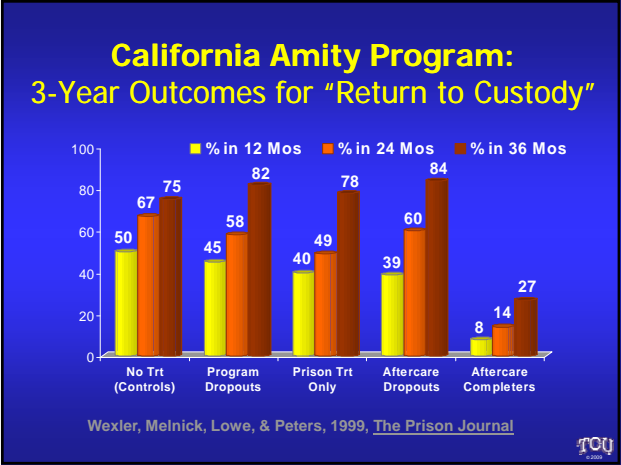
In 2003, the correctional population in the US reached a new record of 6.9 million offenders.



Bureau of Justice Statistics, 2004

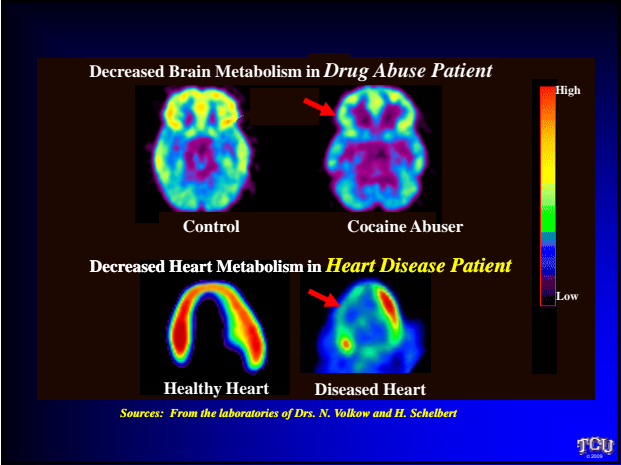


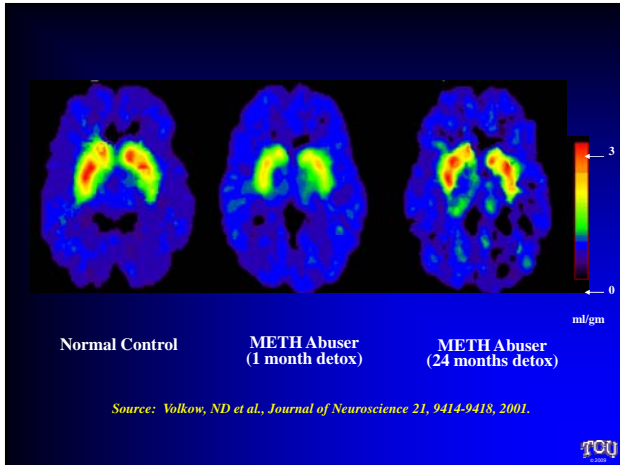




Not
"Does Treatment Work?"
but
"What Works?"

Addiction changes the brain
As with other "diseases,"
*its **chronic** nature*
affects tissue function





Addiction

A *chronic but treatable condition*

("relapses" are common -- like other diseases or chronic health problems)

- Other Chronic Health Problems**
- Hypertension Treatment
 - Diabetes Treatment
 - Asthma Treatment

- Common Characteristics**
- Chronic Conditions
 - Genetic Component
 - No Cures, but Effective Treatments

Genetic Component: Heritability Estimates

Eye Color	1.00
<hr/>	
Asthma (adult only)	.35 - .70
Diabetes Type I	.70 - .95 (males)
Type II	.30 - .50 (males)
Hypertension	.25 - .50 (males)
<hr/>	
Alcohol (dependence)	.40 - .60
Opiate (dependence)	.35 - .50 (males)

- Effective Treatments**
- Adherence to prescribed medications
 - Adherence to recommended behavioral changes (e.g. diet, exercise, etc.)
 - Relapse Indicators

Hypertension

- Adherence to medication regime: < 60%
- Adherence to diet and exercise: < 30%

- Retreated in 12 months: 50 - 60%
(by Physician, ER, or Hospital)



Diabetes (Adult Onset)

- Adherence to medication regime: < 50%
- Adherence to diet and foot care: < 30%

- Retreated in 12 months: 30 - 50%
(by Physician, ER, or Hospital)



Asthma (Adult Onset)

- Adherence to medication regime: < 30%
- Retreated in 12 months: 60 - 80%



Adherence

- 50% of medical patients LIE about adherence

Sources: National Center Health Stats; Harrison, 13th Ed. (more than 30 published studies)



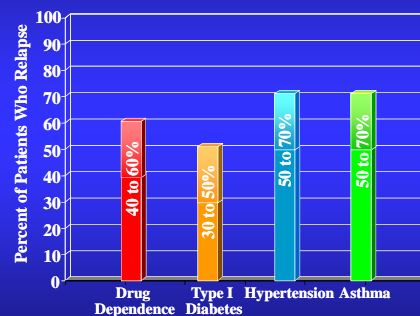
Relapse Indicators

- Lack of adherence to diet, medications, or behavior change
- Low socioeconomic status
- Low family supports
- Psychiatric co-morbidity

Sources: National Center Health Stats; Harrison, 13th Ed. (more than 30 published studies)



Relapse Rates Are Similar



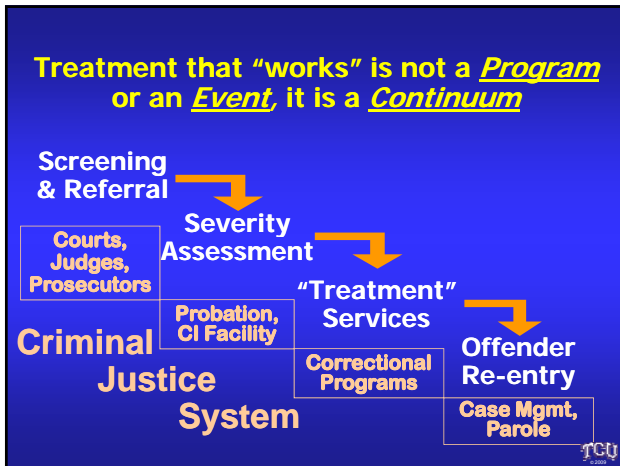
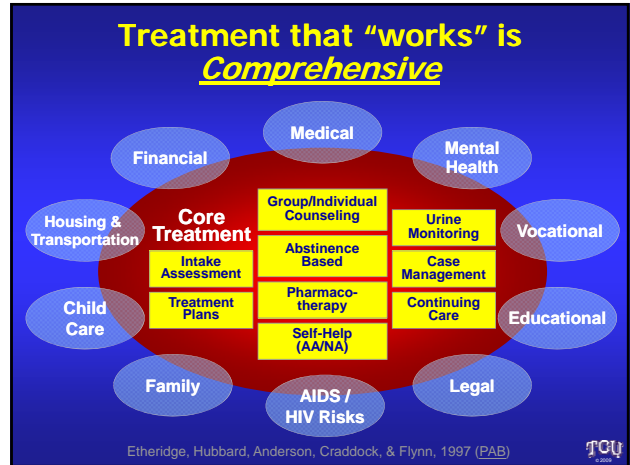
Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.



Need for Rapid Treatment Admission

- **Research Has Shown -**
 - ✓ Rapid admission improves engagement
- **Current Treatment -**
 - ✓ Waiting lists
 - ✓ "Pre-Certification"
 - ✓ Only outpatient treatment is rapidly available

TRI | science addiction



Retention Predicts Outcomes

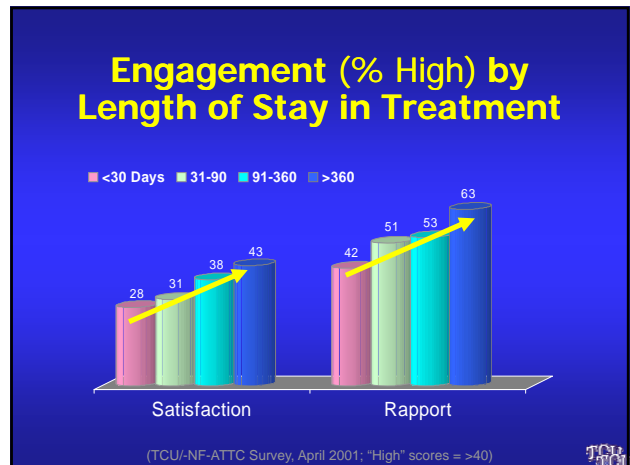
- ♦ **Findings Consistent from National Studies**
 - ✓ 1970s (44,000 admissions in DARP)
 - ✓ 1980s (11,000 admissions in TOPS)
 - ✓ 1990s (10,000 admissions in DATOS)
 - ♦ Also in England's NTORS (1990s)!
- ♦ **Conclusions from Major Reviews**
 - ✓ Institute of Medicine ('90, '96, & '98)

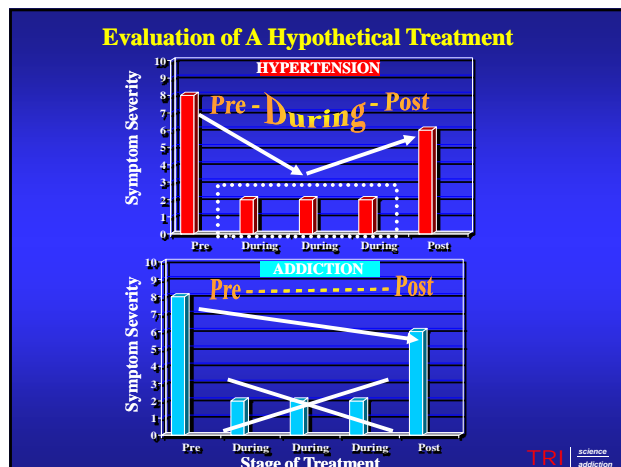
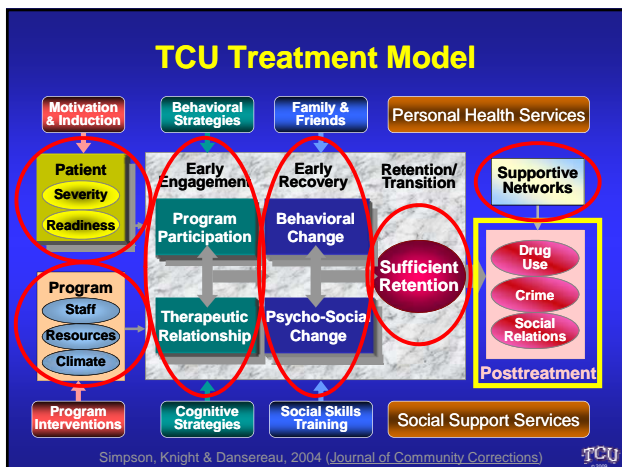
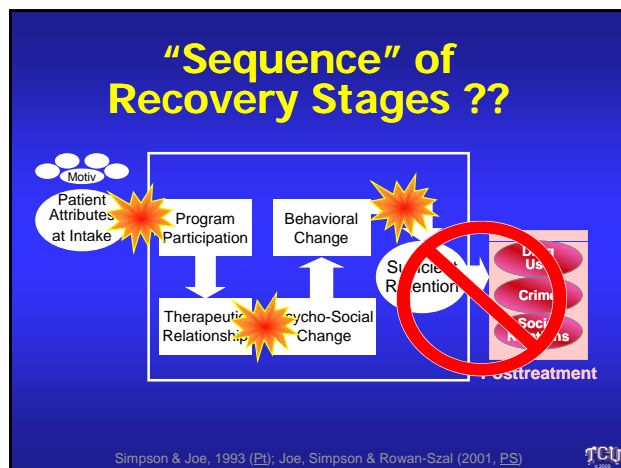
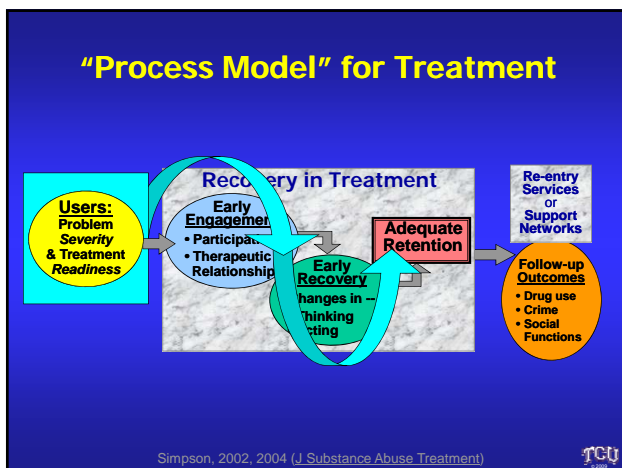
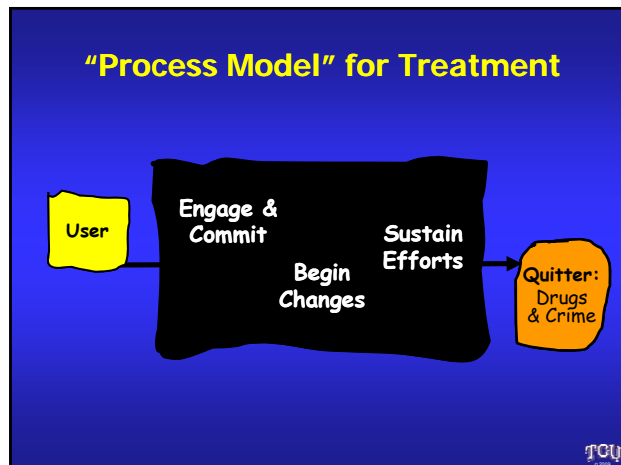
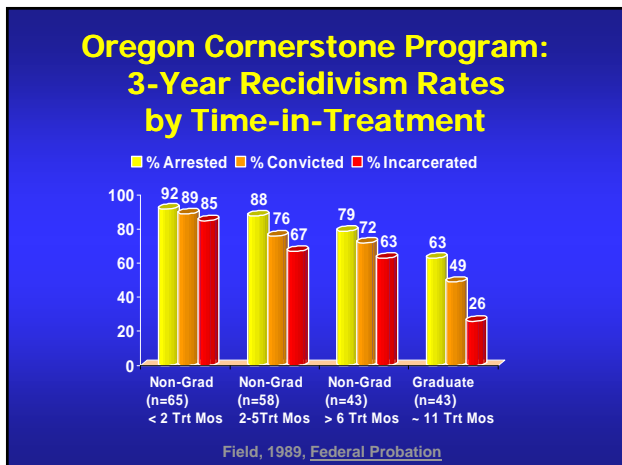
TCU

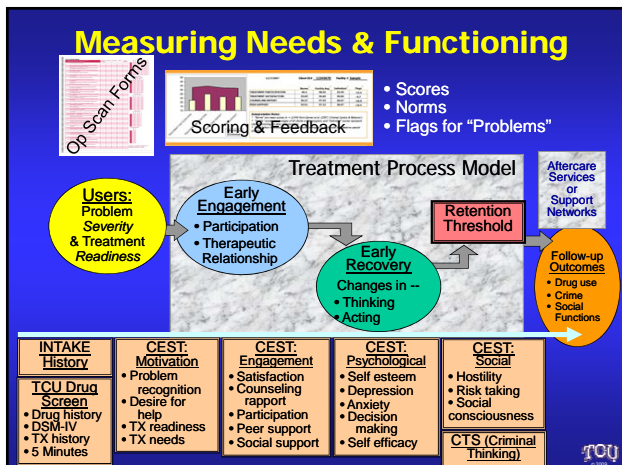
Duration of Care

- **Research Has Shown -**
 - ✓ Longer stay = better outcomes
 - ✓ 90 days may be minimum duration
 - ✓ "Aftercare" shown effective
- **Current Treatment -**
 - ✓ Most care is less than 30 days
 - ✓ Only "aftercare" available is AA/NA

TRI | science addiction







CJDATS

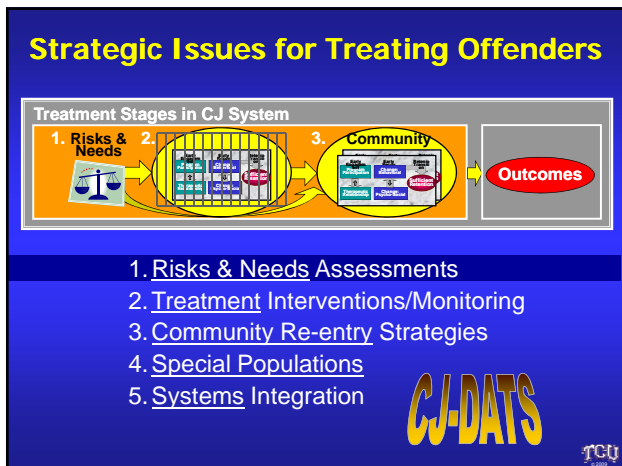
9 Research Centers funded by the National Institute on Drug Abuse

NIDA NATIONAL INSTITUTE ON DRUG ABUSE

Collaborating with Correctional Systems in about a dozen States

Surveys
Evaluations
Assessments
Interventions

CJDATS



5 Participating Centers at 26 Sites

TCU (9 Sites)	2106
U Del (6 Sites)	428
NDRI (5 Sites)	317
U Ky (4 Sites)	282
UCLA (2 Sites)	133
Total Clients:	3266

Sites Sampled --

1. Men/Women
2. ModTC/CBT
3. Resid/OP

CJ CEST/CTS

CJ-Client Evaluation of Self and Treatment (CEST)

Treatment Needs/Motivation	Treatment Process Domains
Desire For Help	Treatment Participation
Treatment Readiness	Treatment Satisfaction
Treatment Needs Index	Counselor Rapport
External Pressures Index	Peer Support
	Social Support
Psychological Functioning	Criminal Thinking Scales (CTS)
Depression	Entitlement
Anxiety	Justification
Self Esteem	Personal Irresponsibility
Decision Making	Cold Heartedness
	Criminal Rationalization
Social Functioning	Power Orientation
Hostility	
Risk Taking	

5-point Likert Scale (Strongly Agree – Strongly Disagree)

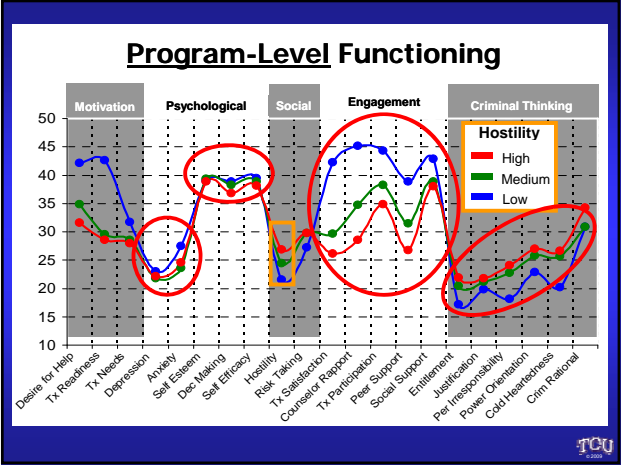
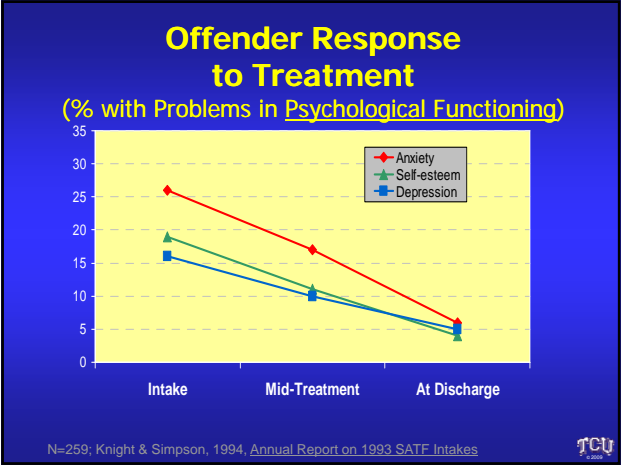
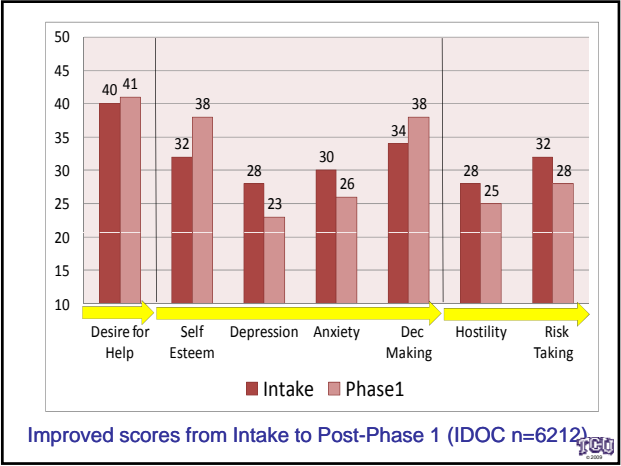
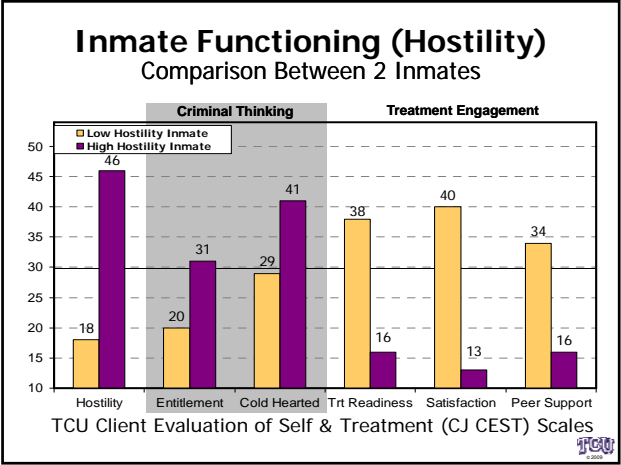
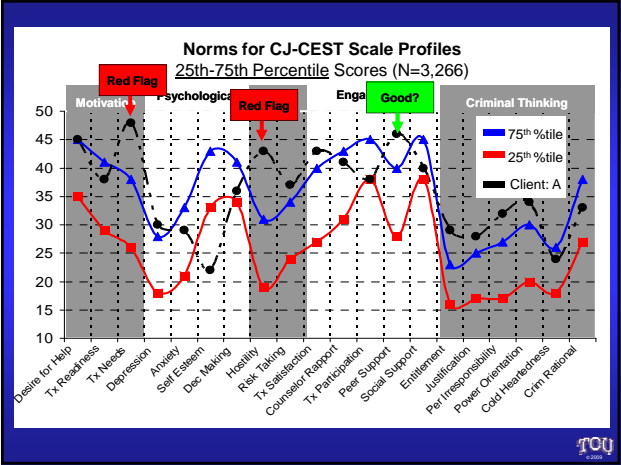
5 – 13 Items per Scale

30-45 Minutes (Self-Administration)

Community-based Version: Good Reliability and Validity

PIC RESULTS for CJ Version

- Good Reliability (Internal Consistency)
- Good Test-Retest Reliability
- Predictive Validity?



Assessment Fact Sheet: Front

Client Functioning in Treatment
(see www.tcu.edu for more information)

Brief Description of Instrument
This assessment of client needs and performance in treatment can be self-administered or completed in an interview by program staff. It includes short scales for general coping, desire for help, treatment readiness, needs, and preparedness, psychological functioning (self-esteem, depression, anxiety, decision-making, and self-efficacy), social functioning (family, friends, social connections, depression, and social support), and criminal thinking (hostility, risk taking, entitlement, and peer support). These instruments are used for monitoring client performance and program change during treatment as well as program-level functioning, and are a core choice for monitoring client performance in the TCU Treatment Evaluation System (2004).

Psychometric Properties
Reliability: A number samples of over 1700 clients from 87 programs were used to study reliability and validity of the CEST (see et al., 2002). The 18 scales contain an average of 9 items each, and they require about 25 minutes to complete. Confirmatory factor analysis was used to identify the best structure. Confirmatory factor analysis was conducted on an inventory of internal consistency, and structure. Confirmatory factor analysis was also conducted on an inventory of internal consistency, and structure. The program level reliability is high for all scales, with the exception of the Hostility scale, which has a reliability of .70. The program level reliability is high for all scales, with the exception of the Hostility scale, which has a reliability of .70.

Norms for comparison
Validity: The graphic display of CEST score profiles was calculated for data clients studied to date, and is highly aligned to socio-demographic characteristics, problem severity, treatment setting, and treatment program. Client functioning information should be assessed for treatment planning and management.

Limitations
The graphic display of CEST score profiles was calculated for data clients studied to date, and is highly aligned to socio-demographic characteristics, problem severity, treatment setting, and treatment program. Client functioning information should be assessed for treatment planning and management.

Key References
Knight, G. P., Simpson, M. M., Rowan-Slack, G. A., & Simpson, D. D. (2002). Measuring patient attitudes and needs in the criminal justice system. *Journal of Substance Abuse Treatment, 24*(1), 10-18.
Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*(1-2), 1-11.



TCU ADC (Automatic Data Capture) Forms

Client Background, Family, Health, and Discharge Forms:

Global Risk Assessment Adults (TCU A-RSKFORM)
This form documents age, gender, race/ethnicity, education, employment, family involvement, living arrangements, and a broad checklist of background problems.

Family and Friends Assessment Adults (TCU A-FMFRFORM)

1. Family Relationships – quality of family time and family interactions.
2. Family Drug Use – a lack of healthy role models. A high score reflects greater family dysfunction.
3. Peer Socialization – being involved with positive peer groups.
4. Peer Criminality – Friendships with negative peers. A high score indicates negative peer affiliations.

Physical and Mental Health Status Screen (TCU HLTHFORM)

1. Physical Health in the last year – 11 items.
2. Psychological Stress in the last 30 days – 10 items on symptoms of psychological distress during the past 30 days; based on US Health Interview Survey, K10 scale (see Kessler, Barker, Colpe, et al., 2003).

TCU ADC (Automatic Data Capture) Forms

Client Background, Family, Health, and Discharge Forms:

Mental Trauma and PTSD Screen (TCU TRMAFORM)

1. Based on US Veterans Administration PTSD civilian version (Weathers, Litz, Herman, et al., 1993).
2. PTSD positive is a combination of a total score over 43 and 3 DSM-IV criteria.
 - a. Re-Experiencing symptoms
 - b. Avoidance symptoms
 - c. Hyper arousal

HIV/Hepatitis Risk Assessment (TCU HVHPFORM)
Contains 17 items focused on risks associated with sexual behavior and injection drug use as well as health concerns and related attitudes concerning disease risk.

Discharge Form (TCU Discharge)
The Discharge Form documents dates and reasons for leaving treatment.

TCU ADC (Automatic Data Capture) Forms

Client Drug Use and Crime Risk Forms:

TCU Drug Screen II (TCU DRUG SCREEN II)
The TCU Drug Screen is a self-administered, brief screen that identifies individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule) and who therefore should be eligible for treatment options

Criminal History Risk Assessment (TCU CRHSFORM)
Contains 22 items focused on previous arrests, convictions, and incarcerations.

TCU Criminal Thinking Scales (TCU CTSFORM)

1. Entitlement – sense of ownership and privilege, misidentifying wants as needs.
2. Justification – justify actions based on external circumstances or actions of others.
3. Power Orientation – need for power, control, and retribution.
4. Cold Heartedness – callousness and lack of emotional involvement in relationships.
5. Criminal Rationalization – negative attitude toward the law and authority figures.
6. Personal Irresponsibility – unwillingness to accept ownership for criminal actions.

TCU ADC (Automatic Data Capture) Forms

Client Evaluation of Self and Treatment (CEST) Forms:

Treatment Needs and Motivation (TCU MOTFORM)

1. Problem Recognition - acknowledgment (or denial) of behavioral problems resulting from drug use.
2. Desire for Help – awareness of intrinsic need for change and interest in getting help.
3. Treatment Readiness – accepting “action” in the form of specific commitments to formal treatment.
4. Treatment Needs (index) – types of special needs clients believe they have.
5. Pressures for Treatment (index) – types of pressures experienced from external sources.

Psychological Functioning (TCU PSYFORM)

1. Depression – feeling depressed, sad, lonely, or hopeless.
2. Anxiety – feeling anxious, nervous, tense, sleepless, or fearful.
3. Self-Esteem – having favorable impressions of oneself.
4. Decision Making – having difficulty making decisions, considering consequences, or planning ahead.
5. Expectancy – likelihood of refraining from drug use within the next few months.

TCU ADC (Automatic Data Capture) Forms

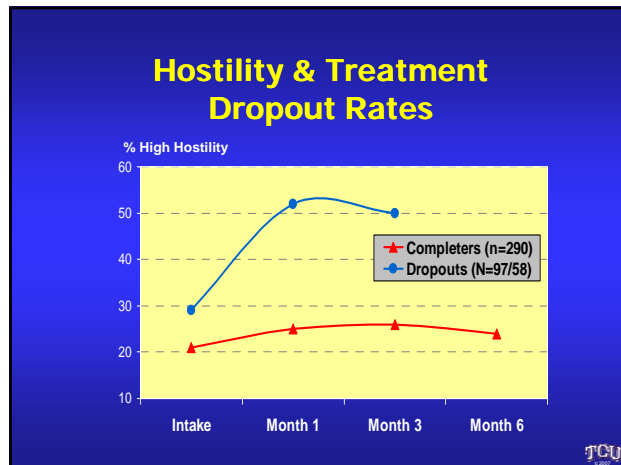
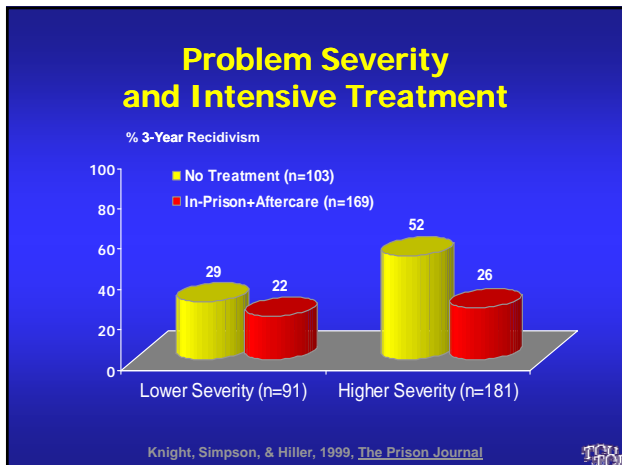
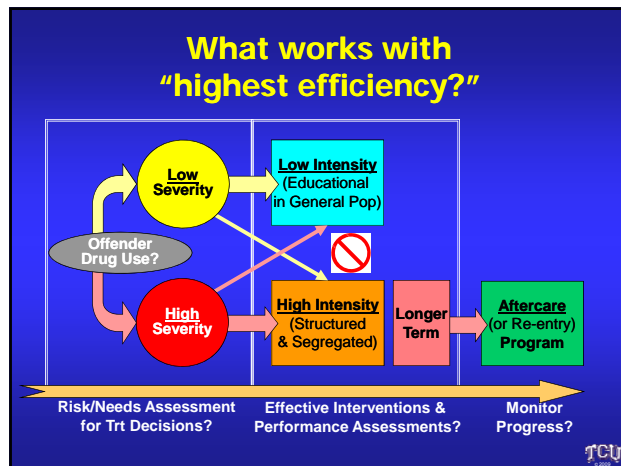
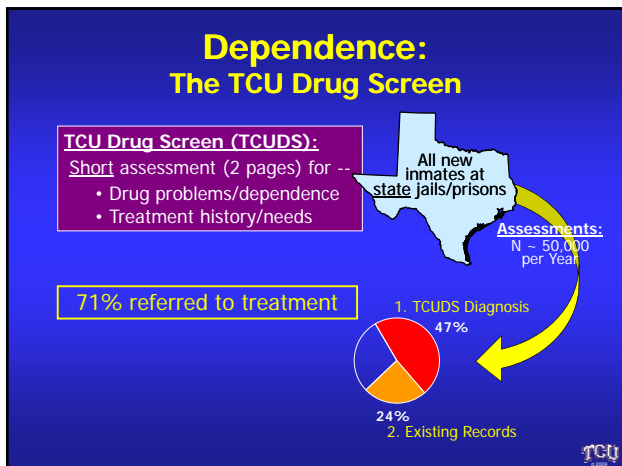
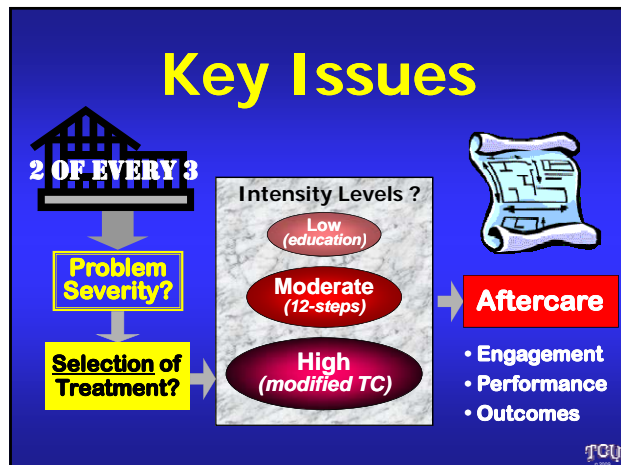
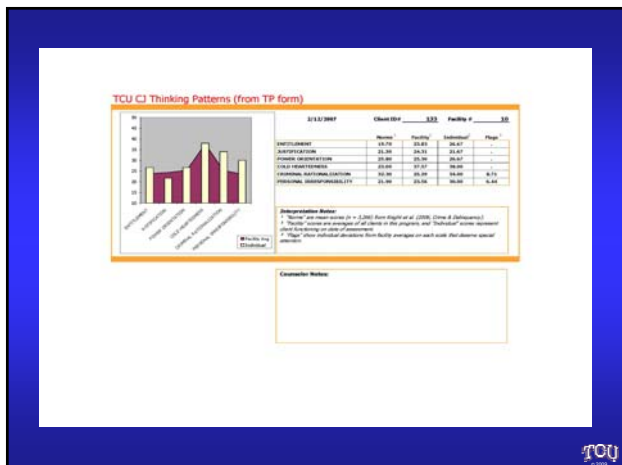
Client Evaluation of Self and Treatment (CEST) Forms:

Social Functioning (TCU SOCFORM)

1. Hostility – having bad temper or tendency to intimidate, hurt, or fight with others.
2. Risk-Taking – enjoys taking chances, being dangerous, or having wild friends.
3. Social Support – having external support of family and friends.
4. Social Desirability – distortion of self-presentation for the purpose of socially desirable bias.

Treatment Engagement (TCU ENGFORM)

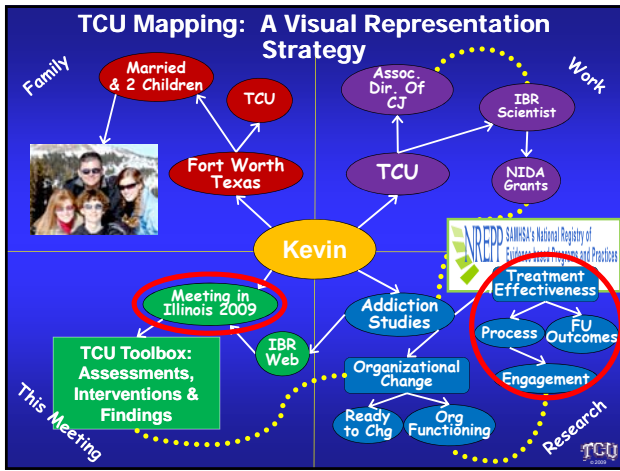
1. Treatment Participation – being involved and participating in treatment, talking about feelings.
2. Treatment Satisfaction – satisfaction with the treatment program, services, and convenience.
3. Counseling Rapport – having a therapeutic and trusting relationship with counselor/staff.
4. Peer Support – having supportive relationships with other clients in the program.



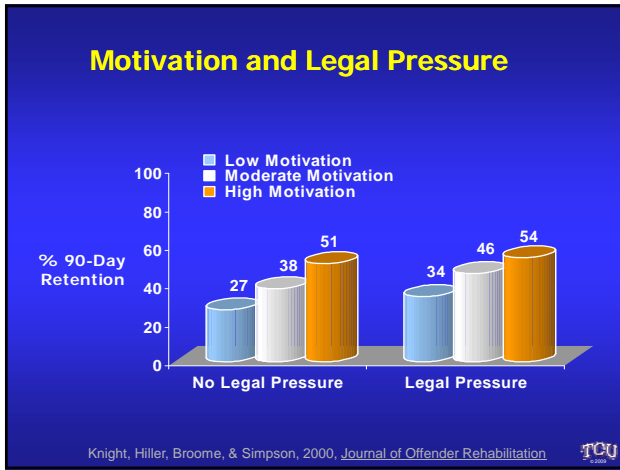
Topic-focused TCU Manuals Using Mapping

"TCU Mapping" Interventions for Adaptive Treatment Planning

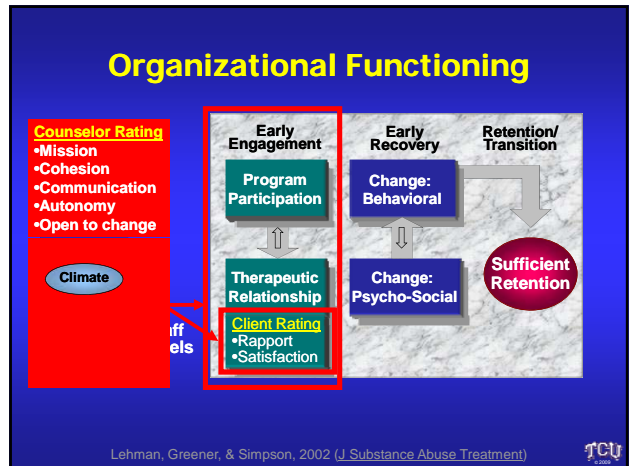
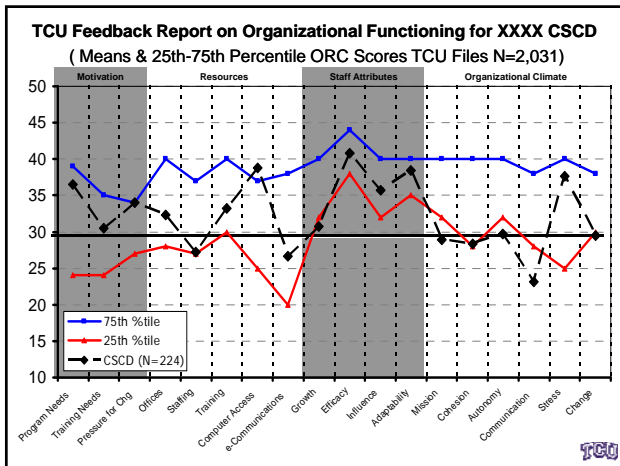
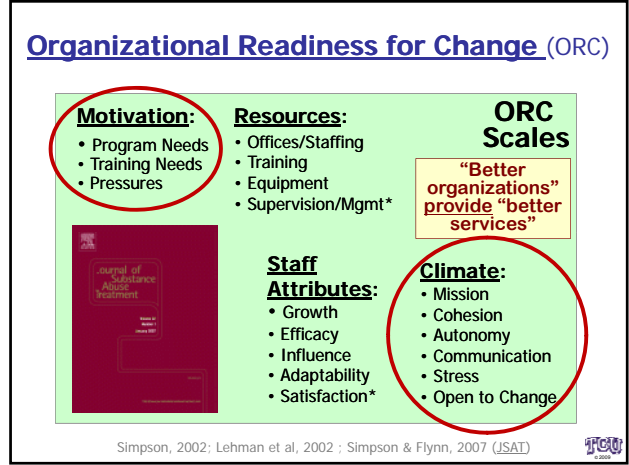
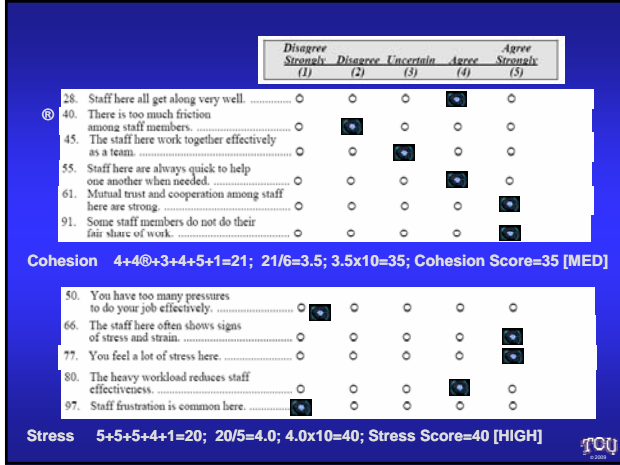
Stages of Treatment



Manuals



	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
28. Staff here all get along very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. There is too much friction among staff members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. The staff here work together effectively as a team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Staff here are always quick to help one another when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Mutual trust and cooperation among staff here are strong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Some staff members do not do their fair share of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. You have too many pressures to do your job effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. The staff here often shows signs of stress and strain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. You feel a lot of stress here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. The heavy workload reduces staff effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Staff frustration is common here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- ### Budget Reductions
- Needs assessments
 - Treatment duration
 - Outcome criteria
 - Interventions

