

On-line client assessments

by [Dwayne Simpson](#), *IBR Director*

Several weeks ago I was invited to be part of a small national panel of ad hoc advisors to CSAT's leadership regarding the use of new Internet Web-based technology to assess and monitor clients in substance abuse treatment. While acknowledging the obvious security and confidentiality issues, our group (which also included **Drs. Greg Carlson, Pat Flynn, Norm Hoffman, Carl**

Leukefeld, Tom McLellan, and Dick Stephens) gave strong encouragement to seeking out and supporting such efforts. Especially promising is the capacity for gathering "real-time" information and making it immediately available for numerous local, state, and national applications. It was noted that a few states have already begun their journey up this path.

A prominent example is the Texas Commission on Alcohol and Drug Abuse (TCADA), which has made major investments in this arena during the past 2 years. Its system—the Behavioral Health Provider Integrated System (BHIPS)—builds directly on an earlier version that used the Internet successfully to document

See **On-line Assessments**, page 5.

Conference kicks-off technology transfer project

In the first of a planned series of collaborative efforts with national Addiction Technology Transfer Centers (ATTC) around the country, IBR joined with the Prairielands ATTC to sponsor a training conference for substance abuse professionals from four mid-western states. The *Exploring Research to Practice* conference was undertaken as part of **DATAR-3** (Transferring

Drug Abuse Treatment and Assessment Resources), a NIDA-funded project that will investigate organizational factors within substance abuse treatment programs that facilitate or impede the successful transfer and utilization of research findings in clinical practice.

The conference, coordinated by **Dr. Anne Helene Skinstad** and **Erin**

Heppner-Elgin at Prairielands ATTC, attracted participants from treatment programs in Iowa, Nebraska, North Dakota, and South Dakota and featured two days of workshops focusing on research-based treatment enhancements developed at TCU. **Dr. Dwayne Simpson**, IBR Director, discussed the TCU Treatment Process Model (see www.ibr.tcu.edu) with participants during the opening plenary, and subsequent workshops by Dr. Simpson and **Dr. Don Dansereau**, **Dr. Grace Rowan-Szal**, and **Norma Bartholomew** demonstrated how specialized treatment enhancements and client monitoring strategies fit within the model.

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A Different Kind of Conference

Most agencies participating in the Prairielands ATTC conference also agreed to complete and return sets of data instruments prior to the event. These instruments, developed for the DATAR-3 project, focus on dimensions of organizational culture, management, and service delivery and are designed to test technology transfer prediction models. An organizational assessment instrument—the Organizational Readiness for Change (ORC) survey—was created to measure management and treatment staff’s perceptions of organizational climate, agency resources, and programmatic openness to change over time. In addition to having staff and supervisors complete the ORC, participating agencies also were asked to recruit a sample of clients willing to complete the Client Evaluation of Self and Treatment (CEST), an instrument used in a variety of IBR studies over the last decade that assesses psychosocial functioning and general satisfaction with treatment services. A special workshop session was set aside to provide interested participants with feedback on these instruments based on aggregate data from participating agencies. In addition, agencies that provided an adequately sized data sample received individualized reports for their programs. These individualized reports compared agency totals with the aggregate totals. **Figure 1** shows an example of an agency feedback report based on data from the CEST that highlights percentages of clients with psychosocial problems. Combining this information on clients served to demonstrate differences across programs. For instance, **Figure 2** summarizes prevalence rates on depression for clients from several programs.



Dr. Don Dansereau gives some pointers to conference participants.

Future Directions

A comprehensive follow-up focusing on agency adoption and diffusion of materials from the *Exploring Research to Practice* conference is planned, along with a second

administration of the ORC and CEST instruments to identify any changes in organizational climate and client profiles among participating agencies. In addition, ORC instruments have been selectively administered in programs affiliated with both the

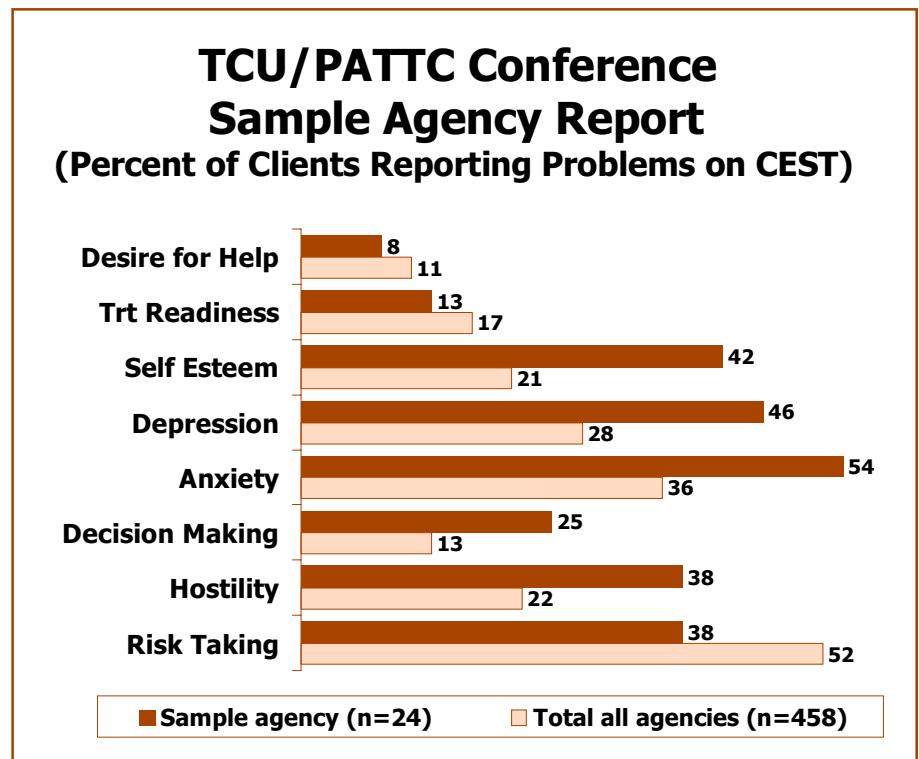


Figure 1.

Oregon Clinical Trials Network (CTN) and the Mid-Atlantic ATTC in order to better establish the reliability and validity of the instrument and its domains. Information from the ORC

is designed to identify some of the strengths and weaknesses of programs. **Figure 3**, for example, emphasizes the need for electronic communication capabilities (such as

e-mail and Internet access), especially for six of the eight programs represented.

One long-term goal of the DATAR-3 project is to study the differential effectiveness of various transfer strategies in helping substance abuse providers incorporate treatment enhancements into their clinical programs. A variety of transfer strategies that vary in complexity and demands on agency resources, such as training workshops like the one in Omaha, downloadable tutorials, Internet-accessible materials, and personalized, site-based consultations and in-services, will be studied during the course of the project. Specific enhancements developed at TCU, such as client assessment forms, specialized treatment manuals, node-link mapping and induction strategies, and a protocol for computerized contingency management, will continue to serve as the focus of transfer strategies. The adoption rates of these enhancements will be looked at in conjunction with repeated assessments of organizational climate and attitudes (using the ORC) across successive phases of the project in order to examine systemic changes in readiness for and perceived value of treatment innovations. ■

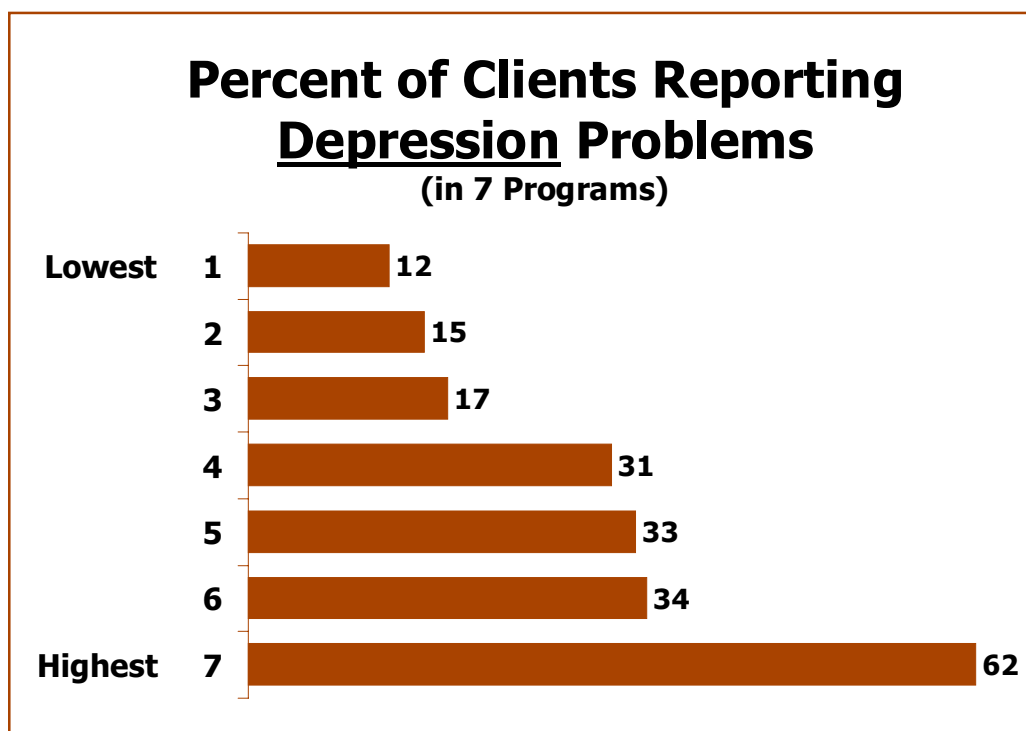


Figure 2.

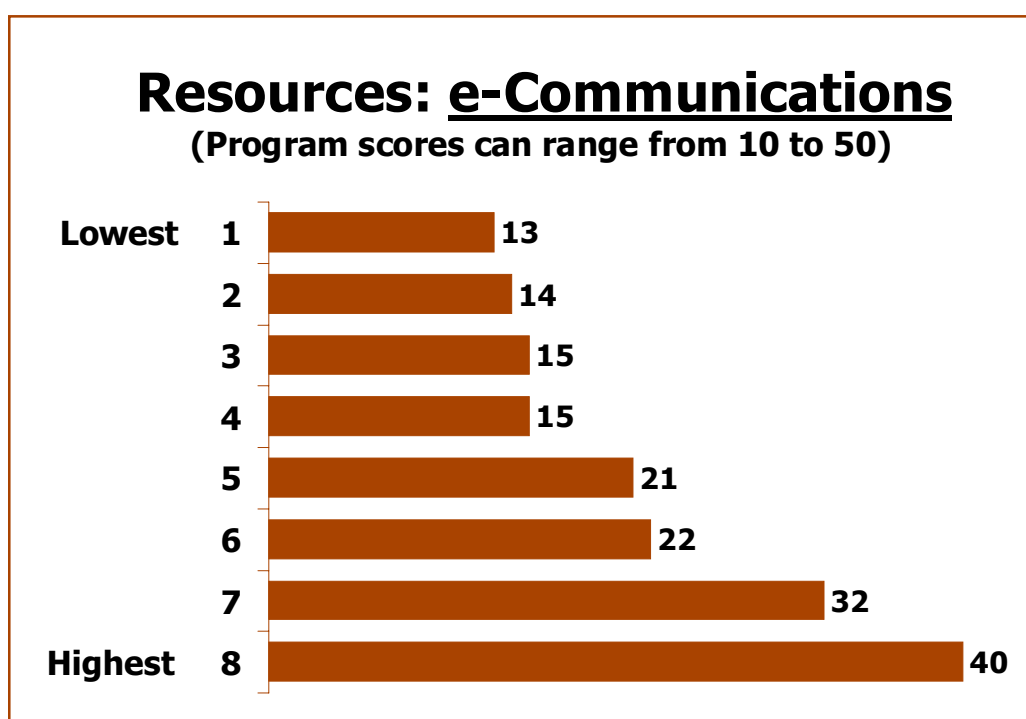


Figure 3.

Research Highlights

Reports in press

In an effort to help identify why some women fail to complete residential treatment, this study examined pretreatment client characteristics as predictors of program completion for 87 women who were pregnant or who entered residential treatment with their children. Three significant predictors of treatment completion were identified: education, recent arrests, and peer deviance. Those who completed the program were more likely to have completed high school or the equivalent, less likely to have been arrested in the 6 months prior to treatment, and to have less deviant friends. Marital status, cocaine use, depression, child welfare involvement, and number of children in treatment with her also were identified as potential predictors of why some women fail to complete treatment. **Knight, D. K., Logan, S. M., & Simpson, D. D. (in press).**

Predictors of program completion for women in residential substance abuse treatment. *American Journal of Drug and Alcohol Abuse.*

The development of a workplace drug and alcohol program that focuses on enhancing work group environments as a way of supporting ongoing prevention is described in this paper. In addition to reviewing research on social contexts that may impact substance abuse prevention efforts, a conceptual model of work group dynamics is presented, along with an enhanced, team-oriented, workplace training design. The training emphasizes help-seeking and peer-encouragement behaviors as a way of addressing employee drug and alcohol-related problems. Organizational context is highlighted as an important variable in any workplace prevention strategy and

team-oriented approaches are seen as useful for employees in situations of greater psychosocial risk, such as social alienation, high stress, or workplace climates with social drinking norms. **Bennett, J. B., Lehman, W. E. K., & Reynolds, S. (2000).** **Team awareness for workplace substance abuse prevention: The empirical and conceptual development of a training program.** *Prevention Science, 1(3), 157-172.*

A study of 748 patients in 12 short-term inpatient programs participating in the national Drug Abuse Treatment Outcome Studies (DATOS) project found that this type of treatment modality shows positive outcomes despite its brevity. Overall, weekly cocaine use dropped from 69% of patients at admission to 22% in the 1-year follow-up period, and frequent alcohol use fell from 15% to 9% of patients. The study examined patient characteristics and posttreatment experiences and found that patients' social support networks following treatment were more important factors than the treatment variables examined in terms of positive outcomes. **Broome, K. M., Simpson, D. D., & Joe, G. W. (in press).** **The role of social support following short-term inpatient treatment.** *The American Journal on Addictions.*

A study of 500 probationers receiving drug treatment in a modified therapeutic community in a criminal justice setting found that treatment readiness training helped probationers view their communities as more engaged and helpful. Subjects were randomly assigned to receive the treatment readiness training or standard treatment used at the facility. Those with higher levels of treatment experience prior to admission gave

more reserved estimates of community engagement, however support was found for the utility of readiness training in criminal justice treatment programs. **Czuchry, M., & Dansereau, D. F. (in press).** **Drug abuse treatment in criminal justice settings: Enhancing community engagement and helpfulness.** *American Journal of Drug and Alcohol Abuse.*

Collaboration between treatment agencies and research institutions is an important factor in the planning, delivery, and assessment of substance abuse treatment programs. This paper describes critical aspects of an ongoing, working collaboration between a residential treatment program for women and children and a university-based research organization with almost 40 years of experience in conducting outcome evaluations of substance abuse treatment (IBR). The history of this collaborative project is discussed and the authors provide a model for developing and maintaining alliances that meet the unique needs of both researchers and service providers and their clients. **Hood, P., Knight, D. K., & Logan, S. M. (in press).** **Mutually beneficial collaboration: Using evaluation to improve service delivery.** In M. Gershowitz (Ed.), *Practices that worked: Women's and children's drug treatment.* Washington, DC: U.S. Government Printing Office.

The effects of animation on attention in processing information from node-link maps and text were examined in a sample of college students. Subjects (N=133) were randomly assigned to view a static node-link map presentation, an animated node-link presentation, a static text presentation, and an animated text presentation and

New CJ project hones prison assessments

A new Cooperative Agreement involving the National Institute of Corrections (NIC), the federal Bureau of Prisons (BOP), and TCU will focus on developing and field-testing data collection instruments for treatment process evaluations in criminal justice settings. The project, with **Dr. Kevin Knight** as Principal Investigator and **Dr. Dwayne Simpson** as Co-Principal Investigator, will review existing data collection procedures in BOP treatment programs as the first step toward implementing a comprehensive assessment system based on the TCU treatment process model. Studies conducted by TCU over the past decade in community-based programs have shown that treatment-related factors such as

psychosocial functioning, motivation, and other adjustment indicators should be assessed at admission as well as at multiple points during treatment so that an accurate picture of treatment process emerges over time. Factors not currently assessed by BOP or needing revision will be identified and recommendations made on how data collection can be improved.

The project also will develop and test instrumentation to assess the relationship of treatment process to cognitive and behavioral changes that occur during treatment. For example, in community-based programs, positive therapeutic relationships during the first two months of treatment have been shown to reduce

drug use during treatment, and more frequent counseling session attendance appears to predict longer retention. In order to translate this work to correctional settings, the TCU assessment system will be modified so that appropriate inmate performance criteria can be identified and monitored. Six BOP correctional treatment facilities in Texas will be reviewed as part of the project to aid in the development of specialized assessment protocols for inmates. These instruments will help identify inmate and treatment variations among BOP facilities and should shed light on how to improve the quality and overall effectiveness of substance abuse treatment in correctional settings. ■

On-line assessments, continued from front page.

new admissions to all TCADA-funded substance abuse programs in Texas, and even more importantly to the programs, to bill TCADA for services provided each client.

In its present form, BHIPS contains a series of electronic assessments that are designed to (1) enumerate how many and when clients entered each participating treatment program, (2) track waiting lists and referrals—in and out—for the treatment network in Texas, (3) record residential and

outpatient services delivered each month, then automatically submit billing to TCADA for reimbursement, and (4) systematize clinical diagnostic and treatment planning records. Pilot testing with volunteer programs in Texas is now in progress (with encouraging results, says **Dr. John Keppler**, who is leading the development of BHIPS for TCADA), and further refinements are being planned in collaboration with our research team at the IBR. For instance, we will help incorporate a

series of client performance assessments from the TCU Treatment Process Model and create tracking reports for program feedback. This will add an important new clinical tool for raising quality of client care, while also providing a data platform for aggregating records for better program management through self-monitoring (see related article on front page).

We'll have more details on our progress later, so stay tuned. ■

to recall information 48 hours later. Participants recalled more main-idea information from animated node-link maps than from static maps or animated text. There were no differences with regard to presentation or display format on the recall of microstructural information. **Blankenship, J., & Dansereau, D. F. (2000). The effects of animated node-link displays on information**

recall. *Journal of Experimental Education*, 68(4), 293-308.

This invited editorial discusses the foundations of knowledge gained from the past three decades of national drug abuse treatment evaluation studies. An emerging model of treatment process and outcome is presented that conceptualizes treatment in discrete phases from

induction to aftercare, with each phase benefiting from specialized intervention and evaluation strategies. The intersection of this model with systemic issues such as service delivery, program management, organizational climates, and technology transfer issues also is discussed. **Simpson, D. D. (in press). Modeling treatment process and outcomes. *Addiction*.** ■

Since published: Simpson, *Addiction*, 96(2), 207-211.

What's New on the Web

At the **IBR site**, <http://www.ibr.tcu.edu>

Manuals — All manuals in this recently reorganized section are available to download in Adobe® Acrobat® PDF format. The section features a separate Web page for each manual with additional information on background, references, and for purchasing printed copies. Two treatment mapping manuals are new to the section, *TCU Guide Maps: A Resource for Counselors* and *Preparation for Change: The Tower of Strengths and The Weekly Planner*.

Newsletters — New *TCU Research Summaries* focus on “Treatment Mapping” and “Treatment Readiness and Induction Strategies” and are provided in PDF.

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