

RESEARCH ROUNDUP

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DATAR-3: Building Foundations for Technology Transfer

TCU Core Forms system helps identify organizational factors that impact technology transfer.

A primary objective of IBR's NIDA-funded [Transferring Drug Abuse Treatment and Assessment Resources project \(DATAR-3\)](#) is to examine the process by which substance abuse treatment programs adopt and use research-based treatment innovations, with a special focus on organizational factors. This issue of *Research Roundup* describes our recent experiences with two regional training conferences designed to encourage technology transfer by introducing participants to a variety of treatment enhancements developed and studied at IBR, including motivational strategies, counseling manuals, contingency management protocols, and treatment monitoring systems. Treatment agencies participating in the training conferences also were offered the opportunity to assess the usability of the TCU Core Forms system by completing a series of organizational and client-level surveys in the months prior to the conference. Those completing these data

sets received program-level feedback reports that provided a "snapshot" of organizational climate, client psychosocial profiles, and client perceptions of treatment services.



IBR Web site: See previous reports in [Research Roundup, Volume 11, Number 1](#), online at www.ibr.tcu.edu.

Getting Started

Initial contacts with substance abuse treatment agencies were made with the help of state mailing lists maintained by collaborating Addiction Technology Transfer Centers (ATTCs). Prairielands ATTC (PATTC) provided contacts for agencies in Nebraska, Iowa, and North and South Dakota and the Northwest Frontier ATTC (NFATTC) assisted with agencies in Oregon, Washington, and Idaho. Approximately 200 information packets were sent to agencies in each region describing the training conference and the workshops to be offered. Twenty-three agencies from PATTC and 26 agencies from NFATTC returned response forms indicating their interest and agreeing to send representatives to the conference. These agencies were contacted by telephone to

Also in this issue:

Research Highlights	7
Upcoming IBR Annual Report	7
What's New on the Web	8

See DATAR-3, page 2.

DATAR-3, continued from front page.

further explain the project, to answer questions about the training, and to encourage participation in the staff and client data collection component. An agency contact person was established, usually someone in a clinical director or supervisory position and this person served as a liaison for IBR

staff and clients. The contact person also helped decide which programs or treatment units within the agency to sample and how many forms would be needed. For the purposes of the research, only program directors, treatment staff, and clients receiving services within a designated program/treatment unit completed forms for that treatment unit. However, larger agencies were allowed to survey several programs within their organization. Over half of the participating agencies operated single programs; the remainder operated multiple programs/treatment units. Those with multiple treatment units generally chose to sample 2-3 representative programs.

packages with the requested number of staff and client forms for each treatment unit/program were sent to participating agencies approximately 3 months before the training conference. The contact person agreed to distribute the surveys, to inform counselors about the need to collect surveys from the client sample, and to otherwise oversee their agency's data collection efforts. The following surveys, part of the TCU Core Forms system, were included in each research package:

Organizational and client surveys provided a snapshot of program climate.

Organizational Readiness for Change (ORC): This 115-item instrument measures staff perceptions based on 19 scales of organizational climate, agency resources, and the program's openness to change over time. To capture potential differences in perceptions of these factors between management and treatment staff, a Program Director's version (DORC)

researchers by providing set-up information such as agency description, a list of programs or treatment units by modality within the agency, types of treatment services provided, and numbers of

Staff and Client Surveys

Based on information provided by the contact person, research

Figure 1

**TCU CORE FORMS
Preconference Data**

**Prairielands ATTC
(PATTC)**

	Mailed	Returned	Percentage
DORC	41	35	85%
SORC	191	121	63%
CEST	851	462	54%

**Northwest Frontier ATTC
(NFATTC)**

	Mailed	Returned	Percentage
DORC	54	34	63%
SORC	291	118	41%
CEST	1806	852	47%

and a Staff version (SORC) were created.

Program Information and

Description (PID): Program directors were asked to complete a PID for each participating treatment unit. The PID was designed to collect general program information such as treatment modality, type of clients served, staffing patterns, and client loads.

Client Evaluation of Self and

Treatment (CEST): This 144-item instrument assesses clients' current psychosocial functioning on 17 scales (e.g., depression, anxiety, motivation, social support) and their general satisfaction with the treatment services they receive (accessibility, relevance, usefulness).

Data Collection Protocol

Clients and staff within the programs/treatment units designated by each agency completed the CEST and ORC instruments approximately 3 months before the training conference. Each survey included an *Information Page for Informed Consent*, which explained the research objectives and confidentiality measures, and an *Instruction Page*, which explained how to properly fill-in answers on the survey's Likert scale format. Forms were clipped to a postage-paid return envelope addressed to IBR, and subjects were instructed that completion and mailing of their form was considered agreement to participate in the research.

The number of CEST forms administered to clients varied by agency with most multi-program agencies opting to sample about 25 clients per program. However,

smaller, single programs (e.g., mother-child residential) administered fewer CEST surveys, usually 10-15, due to their smaller

Organizational Readiness for Change measures include motivation, resources, climate, and staff attributes.

caseloads. Likewise, administrations of staff forms varied, with an average of one DORC and 4 SORC forms for each participating program/treatment unit. In the PATTC region, 85% of DORC, 63% of SORC, and 54% of CEST surveys were returned and in NFATTC 63% of DORC, 41% SORC, and 47% CEST were returned. **Figure 1** shows a breakdown of mailed and returned surveys in the two study regions.

Program Feedback Reports

In general, programs that returned a client sample of at least 15 CEST surveys received a feedback report based on their clients' responses. Exceptions were made for small or specialty programs whose total client census at any time was under 15 clients. These programs also received reports, albeit with a caveat about smaller sample sizes (i.e., awareness that with a small sample, single extreme responses can have undue influence on average scores). The report provided information about how the sample of clients responded to items on the CEST in

four domain areas: *Treatment Motivation, Psychological Functioning, Social Functioning, and Treatment Engagement*. Also included was a special section summarizing clients' perceptions of *Services Received* during treatment. For agencies with more than one treatment unit, the feedback package included separate reports for each unit as well as a report for the agency as a whole.

For the staff-based ORC reports, only programs that returned at least 3 SORC forms were given feedback to help assure that individual staff members could not be identified by their responses. The report provided information about how program staff responded to items on the ORC in four major domains: *Motivation for Change, Program Resources, Staff Attributes, and Organizational Climate*.



IBR Web site: CEST and ORC surveys with domains and scoring guides are available at www.ibr.tcu.edu, go to [Forms](#), [Core Set of Forms](#). Results and examples of feedback also are available under [Presentations](#).

Training Participation

The training conferences were held in Omaha, NE in August 2000 (PATTC region) and Seattle/Federal Way, WA in April 2001 (NFATTC region). These 2-day events were tailored to the expressed interests of the regions in order to better showcase the counseling and treatment monitoring innovations developed and tested at IBR. The conferences for both regions followed a similar design, with an

See DATAR-3, page 4.

RESEARCH ROUNDUP

DATAR-3, continued from page 3.

opening morning plenary session to set the tone of the meeting, followed by a choice of workshops for the afternoon and a second choice of workshops for Day 2. Omaha participants could choose between two workshops each day; Seattle participants were offered three workshop choices each day. **Figure 2** provides a brief description of the training workshops.

The 5-hour workshops were primarily experiential rather than didactic and provided participants with the opportunity to “sample” the interventions and to discuss their practical applications. Workshop participants received materials to encourage them to try out or adopt the interventions, including copies of counseling manuals, samples of activities or workbooks, computerized versions of assessment and monitoring instruments on CD,

and the agency feedback reports discussed earlier.

Participants also were given information about how to access the IBR Web site to download additional copies of manuals or survey forms.

 **IBR Web site: Counseling and training manuals** are available at www.ibr.tcu.edu, go to [Manuals](#). Presentations on manuals are available under [Presentations](#).

conference very high ratings, based on general satisfaction surveys collected by the regional ATTCS. For both PATTC and NFATTC, 92% rated the quality of the training and the instructors as “Good,” to “Excellent,” 94% rated the quality of the materials presented as “Good” to “Excellent,” and about 95% reported that they expected the training would in some way benefit their clients. Additionally, about 95% said they would recommend the training to a colleague.

Two specialized evaluation instruments also were developed to measure the impact of the training workshops on conference participants’ attitudes about and interest in the treatment interventions introduced in the workshops. The TCU Workshop Evaluation (WEVAL) was administered immediately following

Training Evaluation

A total of 65 participants attended from agencies in the PATTC region and 70 attended from NFATTC agencies. On average, each agency sent 2 to 3 staff to the training. Overall, participants gave the

Figure 2

Synopses of Training Workshops

Prairielands ATTC

Cognitive Strategies for Increasing Treatment Engagement/Readiness

Cognitive-based interventions including mapping, Tower of Strengths activity, and Downward Spiral board game.

TCU StarChart:

A Contingency Management System

Contingency management protocols for enhancing compliance with an electronic record-keeping system.

Making Use of Treatment Research

Conducting process assessments throughout a client’s stay in treatment and a review of preconference data.

Time Out! Groups for Men and Women

Gender-specific group interventions address self-esteem, intimacy, communication, and sexual health.

Northwest Frontier ATTC

Cognitive Strategies for Treatment Readiness

Cognitive-based interventions focusing on applications of node-linking mapping, a visual representation system.

Assessment and Monitoring of Client Progress

Conducting process assessments throughout a client’s stay in treatment and a review of preconference data.

Straight Ahead: Transition Skills for Recovery

A solution-focused approach for leading groups to address social networks, aftercare, and recovery maintenance.

Induction Games and Activities for Improving Engagement

Cognitive interventions, Tower of Strengths, Downward Spiral board game, and Personal Power/RAFTing relaxation technique.

Partners in Parenting

A manual-based approach for conducting parenting groups designed to address the needs of parents in recovery.

Time Out! Groups for Men and Women (See Prairielands ATTC.)

each workshop to measure participants' reactions to the training and their intentions to try out the workshop materials. The second—the TCU Workshop Assessment Follow-Up (WAFU)—was sent directly to each participant in the months following the conference. The WAFU asked questions specific to the workshops attended in terms of whether or not they had used any workshop materials, intentions to use the materials in the future, and reasons for not using the materials in cases of no utilization.

WEVAL Results

The post-workshop WEVAL asked participants to rate how likely they were to incorporate workshop materials into their clinical practice in the near future, based on transfer factors such as relevancy of the materials, agency resources, staff constraints, and perceived need for

would be able to use these materials.”

The WEVAL was refined for the NFATTC conference in order to better capture participants' intent to utilize the workshop materials in the near future. Seattle participants reported that they found the workshop materials relevant with 71% agreeing with “You expect the things you've learned in this workshop will be used within the next month or so,” and only 5% agreeing with “My program director would be philosophically opposed to our program adopting this material.” Additionally, 60% agreed with “Your program has sufficient resources to implement this material.” The need for additional training also was noted, with 55% agreeing that “Counselors in my program would need more training before they would be able to use these materials.”

WAFU Results

The Workshop Assessment Follow-Up (WAFU) survey was individualized in that participants received questionnaires specific only to the workshops they attended. A total of 40 WAFU surveys were returned from Omaha (61%) and 36 from Seattle (51%). About 5% of the surveys from each region were returned uncompleted because the staff person who attended the conference was no longer with the agency.

For participants from the PATTC region, the core WAFU questions asked whether or not materials and techniques from the workshop had been used, how often they were used, how clients responded, and whether or not they would recommend the materials to a colleague. For those responding that

they had not used the materials, additional questions asked about their intention to use them in the future, and if there was no intention toward future use, what had influenced that decision.

As might be expected, responses varied considerably across workshops. For example, 25% reported using materials from the *Cognitive Strategies* workshop, 46%

Training participants reported at least some trial use of interventions introduced in workshops.

used *Contingency Management* materials, 69% reported reviewing feedback reports from the *Treatment Assessments* workshop, and 52% reported using materials from the *Time Out!* workshops. Among those reporting that they had not used the workshop materials, intentions to use them in the future also varied with 81% of *Cognitive Strategies* participants saying they would use them in the future, and 57% of *Contingency Management*, 33% of *Treatment Assessments*, and 55% of *Time Out!* participants planning future use of the workshop materials. Among respondents who reported not using any workshop materials and no intention to use them in the future, “lack of time,” “lack of resources to implement,” “already using similar —materials” and “poor fit with personal counseling style” were the cited reasons.

See DATAR-3, page 6.

RESEARCH ROUNDUP

Special instruments were developed to measure specific outcomes of staff training.

additional training. WEVAL results from the PATTC conference indicated that participants thought the workshop materials were relevant, with 79% agreeing with “Clients in my program would be interested in this material.” Additionally, 59% agreed with “My program has sufficient resources to implement this material.” The need for additional training also was noted, with 67% agreeing that “Counselors in my program would need more training before they

Fall-Winter 2001-2002

DATAR-3, continued from page 5.

The WAFU was refined for use with NFATTC participants. A *Conference Overview* section was added that asked participants what influenced their decision to attend the event and their perceptions of the usefulness of general conference features such as continuing education credits, small group sizes, “hands-on” activities, and the opening plenary session. Most participants reported that the workshops they attended had helped them in the 2 months following the conference. The availability of continuing education credits, the use of small group sizes, the opportunity for audience with presenter interactions and “hands on” activities, and the provision of counseling manuals and session materials for the featured interventions were rated as the most useful features of the overall conference by participants.

Almost all NFATTC participants reported at least some trial use of the materials presented in the workshops they attended; likewise the majority indicated plans to make some use of the materials in the future. Once again, responses on the WAFU revealed considerable differences across workshops in ratings of utilization and adoption. For example, 38% of *Straight Ahead* participants responded “a lot” to the question “How often have you used any *Straight Ahead* materials in the past month?” This rating was 23% for *Induction Games*, 16% for *Cognitive Strategies*, 14% for *Time Out!*, and 14% for *Parenting* workshops. For *Assessment and Monitoring*, the workshop in which participants were given copies of the feedback reports for their programs and introduced to computerized versions of treatment assessment

instruments, about 33% reported “a lot” of use of charts and ideas based on the client and staff feedback reports they received, and 44% noted they found these materials very useful. In general for all workshops, lack of time, lack of

Future studies will target how specific training needs impact technology transfer.

resources, and a desire for more training were the primary reasons given for not using an intervention.

Based on results from the PATTC and NFATTC training workshops, the WEVAL and WAFU instruments have shown promise for measuring outcomes of technology transfer strategies aimed at promoting adoption of researched interventions and materials. These instruments have demonstrated sensitivity across workshop topics on factors such as intent to use, actual utilization, and barriers to utilization. Further refinement of the WEVAL and WAFU is underway so that other transfer factors such as adoption and continuation of usage can be more easily measured and studied.

Future Directions

Our training and technology transfer model garnered considerable interest and participation from substance abuse treatment agencies in the Midwest and Pacific Northwest regions of the country. Based on data from the WEVAL and WAFU evaluations, it appears this approach

was successful in increasing knowledge about research-based interventions and their potential applications, and for encouraging participants to try the materials. Postconference contact with several participating agencies indicates that many continue to actively integrate the featured interventions into their treatment protocols. For example, we have received requests for over 50 *Downward Spiral* board games from conference participants, as well as several requests for additional copies of materials and for technical assistance with contingency management and TCU forms.

The majority of agencies that took part in the training conference agreed to participate in a follow-up of CEST and ORC surveys among their clients and staff. This postconference follow-up has been completed for agencies in the PATTC region and is currently underway in the NFATTC region. The follow-up administration of these instruments will allow for comparisons and examinations of changes within programs across time and for refinements of the surveys to better capture elements associated with technology transfer. Future investigations include the pilot testing of a Program Training Needs (PTN) survey to help assess how staff and management in substance abuse treatment programs conceptualize training needs. This will allow for studies of the transfer process resulting from trainings designed to meet specific staff and management needs. In addition, issues related to organizational structure and change will continue to be studied through ongoing administrations of ORC surveys by state and regional treatment providers. ■

Research Highlights

Reports in press

In a 5-year follow-up study of 708 subjects from 45 treatment programs in DATOS, specific factors contributing to long-term recovery from cocaine dependence were examined. Outcomes from 33% of the sample found no drugs detected in hair or urine samples. In addition, these subjects reported no illegal activity or arrests during the past year, less than weekly alcohol use, and no self-reports of use of any drugs. Motivation, positive influence from family, strength from religion and spirituality, and help from drug treatment were major reasons cited for improvements. [Flynn, P. M., Joe, G. W., Broome, K. M., & Simpson, D. D. \(in press\). Looking Back on Cocaine Dependence: Reasons for](#)

[Recovery. American Journal on Addictions.](#)

Employees in high-risk jobs often report more substance use than those in less risky jobs. In a study of two municipal work forces, the relationship of job risk and alcohol problems was explained by personal characteristics such as deviant behavior styles. Employees with more deviance indicators were at higher risk of drug use and problem drinking if they worked in settings with tolerant drinking climates or were exposed to coworker drinking. [Lehman, W. E. K. & Bennett, J. B. \(in press\). Job Risk and Employee Substance Use: The Influence of Personal Background and Work Environment Factors. American Journal of Drug and Alcohol Abuse.](#)

The differences at intake between women with and without a history of sexual abuse were examined for a sample of 137 women entering outpatient methadone treatment. Prior sexual abuse was reported by 39% of the sample and these women presented with more problems at intake, including poorer family relationships, more depression, anxiety, thoughts of suicide, and more drug-related problems. The need for adequate screening of abuse history and for targeted outcomes studies on the impact of abuse are discussed. [Bartholomew, N. G., Rowan-Szal, G. A., Chatham, L. R., Nucatola, D. C., & Simpson, D. D. \(in press\). Sexual Abuse Among Women Entering Methadone Treatment. Journal of Psychoactive Drugs. ■](#)

Upcoming 2001 IBR ANNUAL REPORT Direct Send PDF Available

The IBR Annual Report is produced each February and provides a concise overview of IBR research, projects, and publications from the previous year. The Annual Report is a useful reference tool for researchers, students, and organizations interested in our latest findings in the field of substance abuse treatment. It will be available in February to interested readers as an Adobe Acrobat PDF file e-mailed directly to your home or office. We can instead e-mail you a notice when the Annual Report is available as a download from the IBR Web site. Advantages of obtaining the PDF version are:

- An exact copy of the report in an award-winning online format
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- Immediacy — available much sooner without printing or mailing time

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What's New on the Web

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

Manuals -- Our TCU Counseling Manuals continue to be popular. In order to better understand downloads and utilization, visitors to the Manuals and Downloads sections are being asked to participate in our DATAR-3 research by completing a short online questionnaire.

Downloads — This page provides a convenient, indexed list of all PDF files that can be downloaded from the IBR site.



At the DATOS site, <http://www.datos.org>

The DATOS Web site is redesigned to streamline access and highlight studies focused on Adolescents versus Adults.

Adults -- Includes an [Introduction](#), plus sections on [Services](#), [1-Year Outcomes](#), [Retention](#), [Engagement](#), [History Effects](#), [Cocaine Treatment](#), and [Cost Benefits](#). An additional section for 5-Year Outcomes is planned.

Adolescents — Check out the [Introduction](#), as well as sections on [Services](#), [1-Year Outcomes](#), and [Special Populations](#).

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