

RESEARCH ROUNDUP

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Pacific Northwest hosts research-based interventions conference

The second of a planned series of research-based training conferences, hosted by TCU and the Addiction Technology Transfer Centers (ATTC), was held in the Seattle metro area (Federal Way) in April. **Steve Gallon** and his team at the Northwest Frontier ATTC (NFATTC) coordinated the event, which drew over 70 participants from 30 programs in Washington, Oregon, and Idaho. The conference, *Research-Based Interventions to*

Improve Treatment Outcomes, followed the format developed for a similar training held in Omaha, NE last year in conjunction with the Prairielands ATTC (see [Research Roundup, Fall 2000, Volume 10, No. 3](#)). These meetings are part of IBR's [DATAR-3 project](#), which is investigating and testing process models of technology transfer in substance abuse treatment, including the development of instruments designed to measure organizational

climate, rates of technology adoption and utilization, and organizational changes over time (see *Simpson article below*).

Hands-on Needs Assessment

One goal of these training conferences has been to help substance abuse treatment providers

See **Research-based interventions**, page 4.

Assessments of organizational functioning

by [Dwayne Simpson](#), IBR Director

There has been a surprisingly high level of interest in the *TCU Organizational Readiness for Change* (ORC) assessment over the past several months. This was prompted in part by reports in the last two IBR Newsletters on our NIDA-funded technology transfer research and use of organizational assessments. In response to the

large number of inquiries about its availability, we have therefore posted it as part of a set of new forms which can now be downloaded from the IBR Web site (go to [Core Set of TCU Forms](#)).

Although the ORC scales have good descriptive and psychometric integrity, their predictive utility is

still under study. Thus, the decision to distribute them to interested users at this time is earlier than we originally intended. On the other hand, the second TCU training conference for our technology transfer research project was recently completed (this time in conjunction with treatment providers in the Northwest Frontier ATTC), and we have gained further experience with our organizational assessment battery. One of the six

See **Assessments**, page 2.

Also in this issue:

Research Highlights 5 What's New on the Web 6

Assessments, continued from front page.

training sessions in the workshop focused on these measures, including feedback to participants on their own program functioning indicators (see IBR Web site) as well as training for new computerized versions of several client-level assessments that are part of the new Core Set of TCU Forms.

75% of this client sample received Psychological services as well as Social (e.g., food and housing) aid.

In contrast, *Figs 2 and 3* indicate **Program B** served clients with comparatively high Hostility (HS) and Risk-taking (RT) problems, and who also had low self-ratings of

treatment Needs (TN), Rapport (TR), Participation (TP), and Peer Support (PS) scores. In **Program C**, clients reported the lowest levels of psychological and social problems (but they also had the lowest motivation), along with the highest treatment participation and engagement scores. Furthermore,

Program variations in profiles of organizational functioning, client functioning, and client services are illustrated in the following charts describing 3 programs that have participated in TCU Workshops. *Fig 1* is based on information from 3-5 staff at each of these programs who completed the ORC, and *Figs 2-4* are based on CEST surveys completed by a sample of 25-50 clients from each program. *Fig 1* shows that **Program A** had the lowest staff ratings on Program Needs for training (PN) and adequacy of Office facilities (OF); it also had the lowest scores on staff Cohesion (CH) and Communication (CM), and the highest Stress (ST) scores. *Fig 2* shows an extremely high percentage of clients in this program reported problems in Self-esteem (SE), Depression (DP), and Anxiety (AX). Treatment engagement indicators (presented in *Figure 3*) show these clients also had the highest Needs index (TN) as well as the lowest Satisfaction (TS) and Social Support (SS) scores. Finally, *Fig 4* shows that

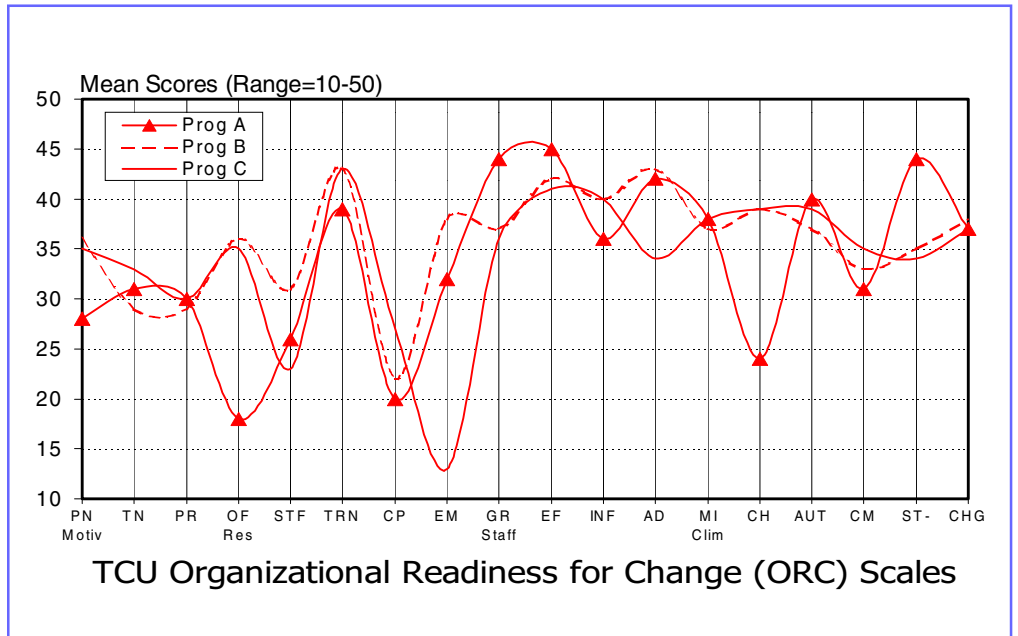


Figure 1. Organizational Functioning Profiles

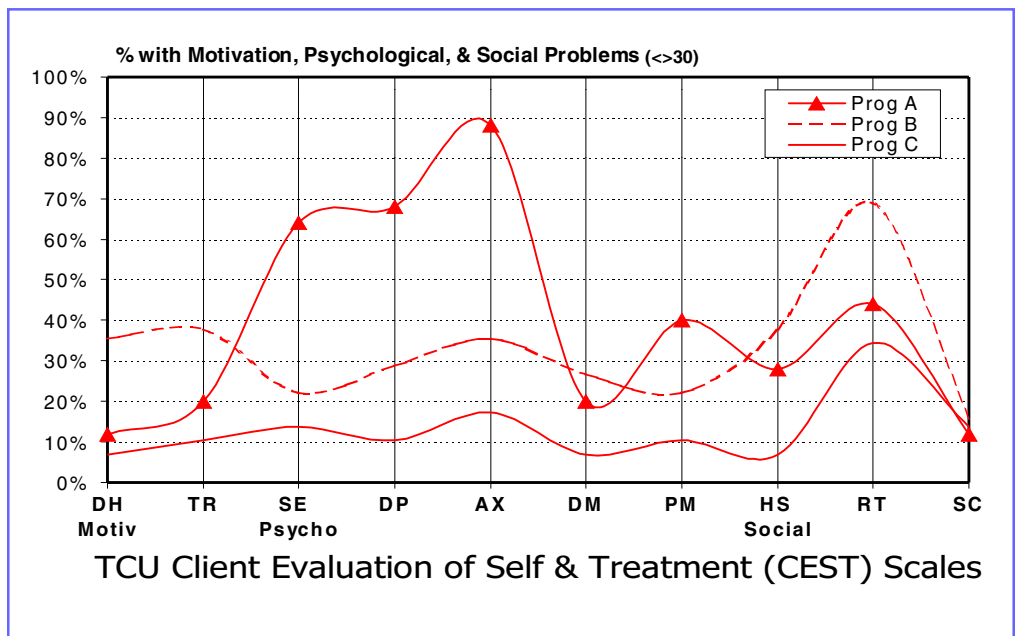


Figure 2. Client Functioning Profiles

clients in Program C reported they received more Parenting Skills training, Child Care, 12-Step meetings, and Aftercare services (Fig 4).

As one might infer from these profiles, **Program A** treats predominantly *dual diagnosis*

cases, **Program B** treats *adolescents*, and **Program C** treats primarily *DUI offenders*.

In closing, it is noted that Fig 1 shows all 3 programs have high scores (39-43) on the Training (TRN) resources scale, which reflects organizational emphasis on

staff training. This is typical of agencies that have sent participants to the TCU workshops, representing a form of “self selection” of programs and staff who are most likely to take advantage of new training opportunities. There also are striking differences across programs in terms of staff access to the Internet and e-mail communications (EM).

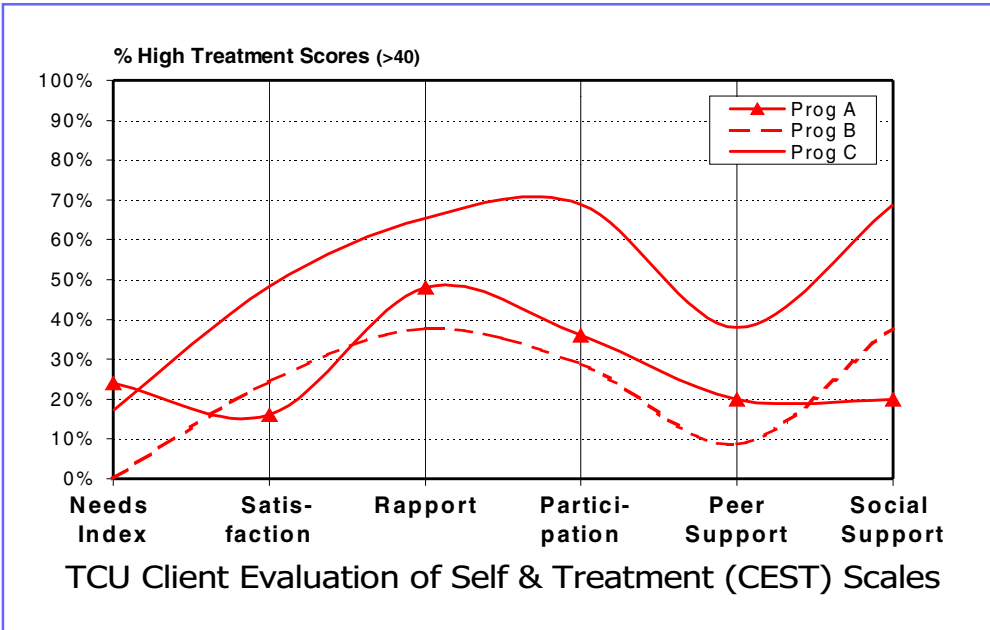


Figure 3. Treatment Engagement Profiles

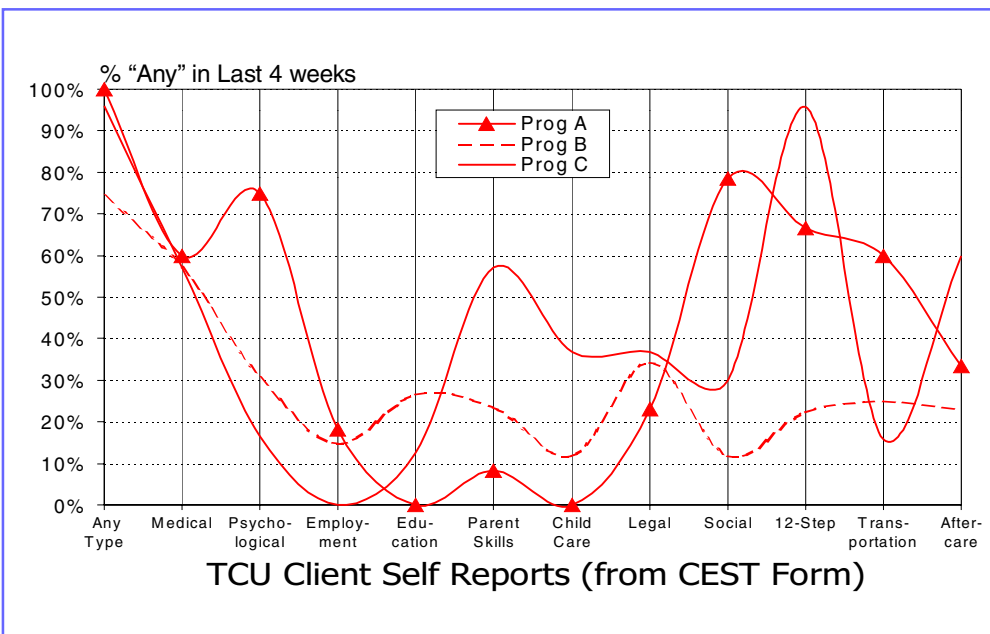


Figure 4. Client Services Profiles

These profiles help us begin looking more deeply into the “black box” of organizational change factors, but we still need to learn more about the perceptions held by the larger “universe” of treatment programs. This is especially important in areas related to training, such as identifying prominent training needs, preferences for training content and format, and major accessibility barriers. Without such information, it is difficult to know if workshop attendees are representative and how well new training resources are being distributed to the field. We therefore are pilot testing a new survey instrument for assessing **Program Training Needs (PTN)**, designed to be completed jointly by the director and clinical supervisor from a representative set of programs (e.g., defined by state or regional boundaries). Check our Web site for new developments as this work progresses. ■

Research-based interventions, continued from front page.

identify issues within their organizations that may impact treatment effectiveness and to offer possible solutions. In any technology transfer venture, identification of the problem or potential problem that is amenable to change starts the ball rolling. The DATAR-3 model addresses this important step by asking treatment providers interested in attending in the training to also participate in a research component in the months preceding the conference. The pre-conference research package consists of the Program Identification (PID) form, a general information survey completed by the program director for each treatment unit scheduled to participate in the research, the Organizational Readiness for Change (ORC) form which is completed by program directors and treatment staff, and the Client Evaluation of Self and Treatment (CEST) form which is completed by a sample of active clients in each participating treatment unit ([forms available at www.ibr.tcu.edu](http://www.ibr.tcu.edu)). The individualized feedback reports generated by these data provide participating programs with information about strengths and weaknesses within their organization that may encourage or hamper change efforts, as well as composites of client functioning and satisfaction that may point to problems that impact treatment outcomes.

To bring it all together, the workshops offered during the conference are designed to showcase several research-based treatment interventions developed at IBR over the last decade that have been shown effective in addressing common needs in drug treatment programs, such as increasing client motivation,

improving treatment engagement and tenure, and providing life skills training for clients. In addition, a special workshop for program directors is offered to further explore the organizational and client monitoring systems used in the research (the ORC and CEST) and to offer technical assistance for programs wishing to begin using these evaluation instruments in their organizations. Follow-up activities, carried out during the 6 months after the conference include assessments of how the various treatment interventions were utilized by programs, as well as barriers to utilization. In addition, programs will participate in a re-administration of the ORC and CEST instruments to help gauge programmatic and client-profile changes over time.

Conference Highlights

The opening plenary session of the conference, *An Evidenced-Based Treatment System: What it Means and How to Use It*, was presented by [Dwayne Simpson](#) and provided participants with an overview of the TCU Treatment Process Model and the scientific evidence on which it is based ([a version of this presentation](#) can be viewed at the IBR Web site). The plenary also highlighted how each of the 6 workshops being offered during the two-day conference (3 concurrent workshops each day) could be conceptualized in terms of treatment process and improved outcomes.

□ *Assessing Programs & Clients (Program Director's Meeting)*

The primary focus of this training was to familiarize program directors and other interested participants with the

results of the organizational and client assessments completed by their programs in advance of the conference (ORC and CEST). Each agency that provided an adequate sample of respondents was provided with a confidential report of their results, and the relevance of these reports was discussed. In addition, laptop computers were used to allow interested participants to explore applications of an electronic version of the CEST, along with electronic versions of two other assessment instruments developed at IBR (participants received copies of these electronic instruments on a CD-ROM).

□ *Cognitive Strategies for Increasing Treatment Engagement*

This workshop introduced participants to node-link mapping and associated cognitive strategies designed to enhance communication and understanding between client and counselor. *Freestyle mapping, guide maps, and thought team* activities were among those introduced and participants had the opportunity to practice using these interventions and discuss their applications in treatment settings.

□ *Straight Ahead: Transition Skills for Recovery*

Participants in this workshop were introduced to a solution-focused group approach for helping clients build interpersonal skills and better prepare themselves for aftercare and recovery maintenance. Group activities and exercises focused on improving social networks,

Research Highlights

Reports in press

Two studies were conducted to examine the attitudes and behaviors of supervisors in responding to employee substance abuse. In the first study, supervisors appeared more likely to refer employees to Employee Assistance Programs (EAP) following dialogue about the role of tolerance in ignoring or minimizing employee problems. In the second study, supervisors receiving a team-oriented training that incorporated cognitive mapping strategies were more likely to improve on several dimensions of responsiveness compared to supervisors who received standard

didactic training or no training at all. The authors conclude that while supervisor tolerance of coworker substance abuse inhibits EAP utilization, it may be possible to address this tolerance through team-oriented training in the workplace. **Bennett, J. B., & Lehman, W. E. K. (in press). *Supervisor tolerance-responsiveness to substance abuse and workplace prevention training: Use of a cognitive mapping tool.* *Health Education Research: Theory and Practice.***

A sample of 77 undergraduate students participated in a study of the use of BiK-maps in learning German-English word pairs.

Subjects studied 32 word-pairs in 1 of 4 conditions: BiK-maps (words presented in a spatial and semantic array), simple words lists, BiK-maps with semantic emphasis materials, and simple word lists with semantic emphasis materials. Free recall, cued-recall, and multiple choice tests were used to measure learning. Results found that BiK-map learners outperformed list learners on all dependent measures and that semantic emphasis appeared to have a negative impact over time. **Bahr, G. S., & Dansereau, D. F. (in press). *Bilingual knowledge maps (BiK-Maps) in second language vocabulary learning.* *Journal of Experimental Education.*** ■

identifying recovery resources, reducing relapse, and improving problem solving were presented and participants took part in experiential exercises designed to encourage a solution-focused perspective.

- ***Induction Games and Activities for Improving Treatment Readiness*** This workshop highlighted a collection of exercise and activities that have proven useful for increasing client motivation and engagement in treatment. These included *Tower of Strengths*, an exploration of personal resources, *Downward Spiral*, a Monopoly-like board game on the consequences of addiction, and *Personal Power/RAFT*, a system for teaching relaxation and self-control. Participants were given the opportunity to participate experientially in each

of the activities and to learn ideas for using and processing these activities with clients.

- ***Partners in Parenting*** The special needs of parents who also are in recovery was the focus of this workshop, along with the introduction of a group approach for teaching parenting skills in treatment settings. Participants were introduced to activities and exercises for use with clients that address common parenting issues such as self-esteem, age-appropriate expectations for children, problem-solving, and guidance and discipline as well as ideas for helping clients increase their empathy for and understanding of their children.
- ***Time Out! Groups for Men and Women*** Participants in this workshop were introduced to

ideas for leading gender-specific groups for clients to address issues such as intimacy, communication, and sexuality. Participants took part in a variety of experiential exercises and activities for use with clients that explored gender stereotypes, values and attitudes about relationships, physiology, sexual functioning, and sexual health.

Participants have rated the content and relevance of these training workshops very highly, both in Omaha and Seattle. Most often, participants note that the materials and strategies presented in the trainings provided them a wealth of new ideas that could be used “as is” or modified for their treatment programs. As one Seattle attendee stated, “I am excited about leaving this workshop knowing I have something concrete to begin using.” ■

What's New on the Web

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

Forms — A new [Core Set of TCU Forms](#) page added to this section features:

- Organizational Assessments for new studies on technology transfer (along with presentations highlighting sample findings from TCU Workshops).
- New set of Client Assessments for intake and during-treatment progress designed for multiple settings and optical scanning.

All forms in this section are available for downloading free-of-charge in Adobe® Acrobat® PDF format. See the frontpage article, "Assessments of Organizational Functioning," for more information.

Newsletters — A new *TCU Research Summary* (May, 2001) focuses on [Treatment Assessment](#) with features on the forms described above. IBR newsletters can also be downloaded in PDF.

Web Posters — Watch for this section's new name, [Presentations](#), and updated materials, which will feature [Microsoft PowerPoint®](#) and [HTML presentations](#) with a calendar of recent IBR conference papers, posters, and workshops.

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

Recently graduated? Check out IBR's graduate training opportunities in [About IBR](#).



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