

RESEARCH ROUNDUP

IBR'S QUARTERLY NEWSLETTER

Volume 14, Number 1

Spring 2004

Getting them motivated: A key element in treatment process

by D. Dwayne Simpson, IBR Director

“Client motivation appears to play its most critical role in the early stages of the treatment process.”

As we developed our TCU Treatment Model over the past decade, it became apparent early on that client motivation had a huge impact on key elements of treatment process and outcome.

While important throughout the course of treatment, motivation appears to play its most critical role in the early stages of the treatment process, those associated with participation, engagement, and the beginnings of client-counselor rapport (see our Web site at <http://www.ibr.tcu.edu> for more on the *TCU Treatment Model*).

The client's initial level of motivation to engage fully in treatment can vary considerably across programs and treatment modalities. We know,

for example, that counselors working with court-mandated clients often struggle with issues of how to motivate and engage them. In this issue of *Research Roundup*, we offer an overview of the advances made by IBR's **CETOP project** in developing practical strategies for addressing motivational issues in criminal-justice settings using a series of innovative and imaginative cognitive-based interventions shown to be highly appealing to clients and treatment staff alike. As Shakespeare's Hamlet reminds us, “The readiness is all.” CETOP's family of research-supported strategies offers clinicians a good foundation for the task. ■

CETOP motivation and cognitive enhancements

Substance abusers mandated to treatment programs via the criminal justice system often show poor motivation to fully engage and participate once they arrive. Many enter treatment angry and resentful, sometimes battling with self-reproach and depression – factors obviously at odds with having the mental energy needed to make the most of treatment offerings. Over the past 10 years, IBR's CETOP Project (Cognitive Enhancements for Treatment of Probationers) has been developing, testing, and turning out materials specifically designed to address these very issues.

working with community-based criminal justice treatment facilities, have created over a dozen Motivation tools and Cognitive Skills packages that help clients focus on getting the most out of treatment, both individually and within their assigned groups. Recent CETOP studies have found that these interventions significantly improve critical elements of during-treatment and aftercare success. These include higher client ratings of therapeutic progress, more positive responses to treatment, improved alliance with counselors, and more active participation in group and assignments.

The CETOP team, **Drs. Don Dansereau, Michael Czuchry, Tiffany Sia,** and **Sandra Dees,**

See CETOP, page 2.

Also in this issue:

Research Highlights 2

What's New on the Web 4

CETOP, from front page

Two medium-sized treatment facilities for probationers in north-central Texas (a minimum-security residential program and an intensive outpatient program) serve as CETOP research sites. This diversity allows for enhancement strategies and targeted interventions to be tested with different mixes of clients. Study designs have compared adding Motivation tools to standard treatment alone, adding Cognitive Skills modules to standard treatment alone, and adding a combined motivation and cognitive intervention to standard treatment alone. In all, these modules have produced uniformly positive results when compared to treatment-as-usual (see **Figure 1**).

In one recent study, participation in the Treatment Motivation Modules resulted in client self-reports of higher motiva-

tion to reduce substance abuse and HIV risk behaviors. In addition, evaluations of counselors and sessions, and evaluations of peers and the treatment community as a whole, were significantly higher for those participating in these motivational enhancements than for clients in regular treatment (see **Figure 2**). Other studies have found that women appear to make more rapid changes than men when exposed to motivation elements, especially in terms of greater improvement over the course of treatment in self-esteem, depression, decision-making, and intentions to avoid HIV-risky behaviors. In addition, clients rated as having lower levels of cognitive functioning seem to find these materials particularly helpful.

Future directions for CETOP involve using this solid foundation of research to

focus on another level of targeted strategies for readiness and engagement activities. Plans are being developed for a flexible, interactive computer program to deliver selected CETOP materials to clients at intake, using a multimedia package that would require little or no counselor involvement to administer. In addition, companion pieces of this intervention are planned that also will use interactives and CDs. This package is expected to bolster client motivation and enhance readiness for regularly occurring counseling sessions, while also providing clients with cognitive tools for actively engaging and participating in their treatment program. *For information about CETOP studies and materials, contact Dr. Mike Czuchry at m.czuchry@tcu.edu* ■

Research Highlights

Recidivism rates for a sample of 406 Texas probationers admitted to a 6-month, community-based, residential, modified therapeutic community drug treatment program were examined and compared with those for 100 probationers with drug-related charges not admitted to the program. Year 1 and 2 recidivism rates for program graduates, dropouts, and comparisons showed that dropouts were more likely to have been re-arrested for a serious felony offense within 2 years of leaving the program. During the second year, treatment effects emerged such that graduates of treatment were significantly less likely to have been re-arrested than the dropout and comparison groups. However, after adjusting for pre-existing group differences, results suggested a limited impact of the program on recidivism, with graduates only slightly less likely to be re-arrested within 2 years of completing treatment. Implications for these findings are discussed. Hiller, M. L., Knight, K., & Simpson, D. D. (in press). Recidivism following mandated residential substance abuse treatment for felony probationers. *The Prison Journal*.

The total amount of time actually spent in counseling sessions during a 6-month period was examined for a sample of 298 clients in methadone maintenance treatment. Clients were divided into “low,” “medium,” and “high” groups based on the total number of minutes actually spent in counseling sessions. Clients in the low exposure group did not report as much rapport or bonding with counselors as did clients with more treatment exposure. Several factors predicted clients who spent more time in counseling sessions, including being female, heavy alcohol use, history of childhood problems, being on a higher methadone dosage, and structured counseling sessions. The most significant predictor was participation in some form of structured counseling sessions, lending support for the use of structured or manualized interventions as a way of improving participation in counseling sessions and improving the client/counselor relationship. Rowan-Szal, G. A., Chatham, L. R., Greener, J. M., Joe, G. W., Payte, J. T., & Simpson, D.D. (in press). Structure as a determinant of treatment dose. *Journal of Maintenance in the Addictions*.

A comprehensive version of the TCU Treatment Model was tested using recent methodological advancements for structural equation modeling that allowed for examination of the hypothesized sequential relationships of treatment stages. Specifically, the sequential relationships of early engagement components (participation, therapeutic relationship) and early recovery indicators (psychosocial and behavioral changes) were tested for their contributions to retention and posttreatment recovery. Relationships among patient motivation at intake, treatment process, treatment strategy, retention, and drug use outcomes were estimated using intake, during-treatment, and 1-year follow-up data for 711 patients in outpatient methadone treatment. Hypothesized sequential elements representing treatment process and patient functioning were supported. These relationships also were estimated as odds ratios to help translate the findings and increase their clinical usefulness in the field. Simpson, D. D., & Joe, G. W. (in press). A longitudinal evaluation of treatment engagement and recovery stages. *Journal of Substance Abuse Treatment*. ■

Motivation Tools

Downward Spiral is a board game for 5-6 players who take on the roles of people who continue to abuse drugs and alcohol. Players move through the game by rolling dice and drawing “chance” cards that pertain to real life situations designed to focus awareness on the health, family, legal, social, and mental consequences of substance abuse. One of CETOP’s first interventions, **Downward Spiral** has been used successfully in a variety of drug treatment settings.

Under Construction addresses treatment motivation and readiness by focusing on client self-efficacy. Participants build a *Tower of Strengths* by selecting cards that describe current strengths and strengths they hope to possess one day. Next they select *Building Blocks* by choosing motivational quotes that address a current problem they are working on. The activity concludes with a *Putting it Together* worksheet used to help clients visualize how to apply their strengths and quotes to help solve the problem.

Inward Bound combines a relaxation technique called *RAFTing*, with a visualization activity (*Mind Play*) to help clients with mood management and behavioral control. Facilitator scripts use guided imagery to help clients learn how to master these techniques. *RAFTing* and *Mind Play* CDs also are being developed to teach these skills.

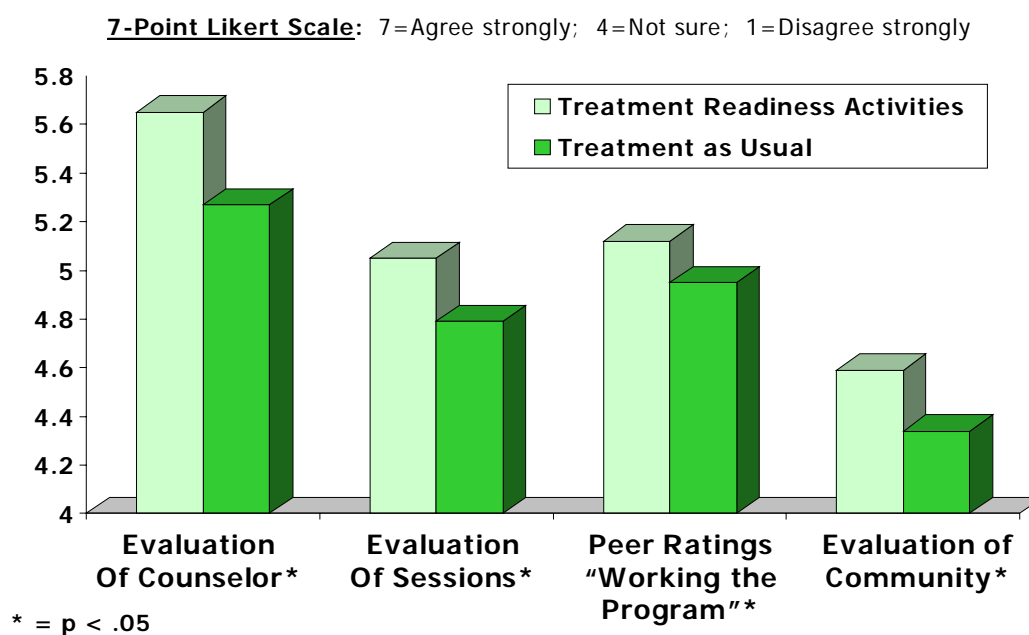
Cognitive Tools

Map Magic has its origins in *node-link mapping*, a representational technique that encapsulates key ideas graphically within boxes (*nodes*) and explores their relationships using connecting lines (*links*) to create a visual “picture” of a problem or issue. **Map Magic** uses both free mapping (generated free-form by client and counselor) and guide maps (structured nodes with guiding questions for clients to complete) to encourage problem elaboration, peer cooperation, and feedback within groups, to help strengthen group cohesion, and to improve retention of concepts and information. **Map Magic** is manual driven and includes scripted, peer cooperation problem-solving activities.

The **Viewpoint Game** promotes cooperation with peers through an experiential problem solving activity. A deck of cards with problem descriptions (typical of issues faced by clients in treatment) and another deck with potential aids to problem solving (people, qualities, quotes, symbols) are used to structure the activity. Groups of 4-5 players take turns discussing how a problem might be solved using a problem solving card as the foundation, with peer group audience assistance. Flexible thinking and cooperation help win the game.

In **Thought Team** activities, participants are taught to visualize a team of people who can give them quality advice and guidance on personal decisions, plans, and problems that need to be solved. They use this team as they create written solutions to sets of tough scenarios based on real-life situations that participants may one day encounter.

Figure 1. CETOP Motivation and Cognitive Skills Modules



From Sia, Dansereau, & Czuchry, 2000; Czuchry & Dansereau, 2000.

Figure 2. Treatment Readiness compared to “Treatment as Usual” Counseling Groups

What's New on the Web

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

Annual Report: The IBR 2003 Annual Report is available for downloading in Adobe Acrobat PDF format.



Forms: Spanish versions are available in PDF for the following Criminal Justice treatment assessments:

- ❑ **TCU/CJ CESI Encuesta de Pretratamiento para Poblaciones Recluidas**
Pretreatment Survey for Incarcerated Populations (includes scoring guide in Spanish)
[Client Evaluation of Self at Intake (CESI)]
- ❑ **TCU/CJ CEST Encuesta para Poblaciones Recluidas**
Survey for Incarcerated Populations (includes scoring guide in Spanish)
[Client Evaluation of Self and Treatment (CEST)]

Presentations: “**Feature Presentations**” provides PDF handouts from invited plenary and keynote conference presentations. Bookmark and visit this page often to download the most current IBR conference materials.

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

Publications: Funding for the DATOS project has ended, but a concluding set of **5-year outcome studies** is published in a special issue of *Journal of Substance Abuse Treatment* [2003, 25(3)], and brings the total publications from this project to 85. ■

IBR Research Staff

Director and Professor
D. Dwayne Simpson

Associate Directors
Donald F. Dansereau
Patrick M. Flynn
George W. Joe

Research Scientists
Kirk M. Broome
Michael L. Czuchry
Sandra M. Dees
Jack M. Greener
Danica K. Knight
Kevin Knight
Grace A. Rowan-Szal
Tiffany L. Sia

Consulting Scientists
Barry S. Brown
Lois R. Chatham

Research Associates
Norma G. Bartholomew
Janis T. Morey
Charlotte W. Pevoto
Ryan R. Roark

TCU

Institute of Behavioral Research
TCU Box 298740
Fort Worth, TX 76129

Non-Profit Org.
U. S. Postage
PAID
Ft. Worth, TX 76129
PERMIT NO. 2143

RESEARCH ROUNDUP is published quarterly by the Institute of Behavioral Research, Texas Christian University. For more information—Phone: (817) 257-7226; Fax: (817) 257-7290; E-mail: ibr@tcu.edu; World Wide Web: www.ibr.tcu.edu. This newsletter is prepared by Norma Bartholomew and Charlotte Pevoto. Copyright © 2004 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.