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Technology Transfer Across the Pond

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IBR Director

We are examining the “real world of technology transfer” and the importance of having a conceptual framework for treatment planning.

Last November, I enjoyed conversations over tea and coffee in London with a group assembled by **Mike Ashton**, editor of *Drug and Alcohol Findings* and a specialist in linking practice with research. Included in the group was **Annette Dale-Perera** (Director of Quality for the *National Treatment Agency (NTA) for Substance Misuse*) who described a new initiative for improving treatment effectiveness and quality in England. Because important parts focus on strategies for increasing client engagement and retention, we discussed its similarities with some of our work at TCU.

Much like our international work in the Veneto region of Italy over the past 3 years, this collaboration with NTA is now budding into a significant activity. Sharing a common language makes the work somewhat easier, but we recognize that part of our challenge will be learning the subtle and not so subtle distinctions between the way English is used in the UK compared to the US when it comes to clinical and treatment terminology. As described below, we are examining the “real world of technology transfer” and the importance of having a conceptual framework for treatment planning.

In March, a familiar refrain—“the British are coming”—rang out at the IBR as we began preparations for a friendly invasion by a prominent delegation of 11 leaders representing treatment delivery, research, and policy making from England. The group included a well-known international scientist and long-time friend **Professor John Strang** from the *National Addiction Centre* as well as a talented assembly of other treatment experts who came to hunt down tools that might be useful in the UK. A stretch limousine was needed to fetch this crew from the Dallas/Fort Worth airport, and they immediately went to work. They left 5 days later, better integrated as a team and also armed with ideas from new friends they found in Texas.

With approval from NIDA and a letter of encouragement from its Director, **Dr. Nora Volkow**, our DATAR project will be refocused to include attention on the complicated process of implementing some of our TCU resources in the NTA initiative and its practical impact on treatment effectiveness in England. ■

Inside this issue:

Building Bridges for Treatment Effectiveness 2, 5

Inside Reports: The RISE Day Programme, London 3

Inside Reports: Training Efforts Reflect Needs in the Field 4, 5

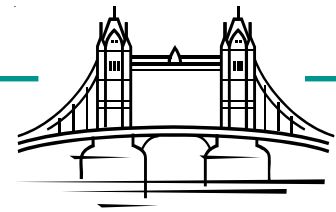
What's New on the Web 6



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PowerPoint® presentations are available to view in [Presentations](http://www.ibr.tcu.edu), at www.ibr.tcu.edu.

Building Bridges for Treatment Effectiveness



Streamlining access to drug misuse services in England is the focus of a multi-phase initiative to address the country's need for more treatment services and improved quality of care. NTA is at the helm of this endeavor, and the results, so far, have been on target. Treatment slots have opened up and waiting list times have been reduced, such that drug misusers secure quicker access to treatment than ever before. For

Some Background

The NTA was created by Parliament in 2001 to oversee improvements in the availability and effectiveness of drug misuse treatment. Its mission—"to ensure that there is more treatment, better treatment, and fairer treatment available to those who need it"—guides the current national drugs strategy. An estimated 300,000 people have serious drug problems in England and Wales, generally related to heroin and/or cocaine use. The country faces issues similar to those in the US in terms of addressing the economic, social, health, and crime-related problems of drug misusers and their families.

Materials from the TCU Treatment System will be adapted as part of the transfer, utilization, and evaluation of evidence-based resources and procedures for clinical practice and program management.

NTA, the next phase involves the implementation of a national treatment effectiveness strategy to improve client retention and outcomes once drug misusers enter treatment. The *Strategies for Improving Treatment Effectiveness (SITE)* collaboration, a scientific partnership between TCU, NTA, and the National Addiction Centre (NAC) at King's College, will provide foundational support and guidance for this effort. Materials from the *TCU Treatment System* will be adapted as part of the transfer, utilization, and evaluation of evidence-based resources and procedures for clinical practice and program management.

The NTA has 9 regional oversight teams that work with 149 Drug Action Teams (DATs) across England whose job it is to allocate central government and local funding to pay for ("commission") treatment delivered by National Health Service programs and voluntary (private nonprofit) providers. The DATs are local consortiums made up of representatives from community agencies that have a stake in drug misuse problems, such as primary health care trusts for the area, law enforcement, probation, and other local authorities. NTA regional teams supply standards and guidance to help ensure that DATs are providing drug misusers with a full range of services including education, needle

exchanges, counseling, residential rehabilitation, detoxification, and community-based prescribing (e.g., methadone, buprenorphine). The overall goal is the provision of easily accessible, "best practices" drug treatment choices for service users (i.e., clients) in England, and it represents the first time a national standard has been set for this endeavor.

The SITE Initiative

The NTA strategy for improving treatment effectiveness over the next 3 years is set to be launched in late June 2005 at a national conference in London. IBR Director **Dr. Dwayne Simpson** will join NTA Chief Executive **Paul Hayes** and Quality Director **Annette Dale-Perera** in introducing the rationale and background for the strategy and discussing its implications for providers working in the drug treatment sector.

For its part in this collaboration, the TCU team will focus on several key objectives: (1) introduction of a method for assessing organizational functioning and treatment progress of service users via evidence-based assessments developed at TCU, the ORC (Organizational Readiness for Change) and CEST (Client Evaluation of Self and Treatment) surveys; (2) training drug services workers and other staff who work directly with clients on how to implement a series of counseling enhancements and interventions that focus on treatment engagement, retention,

See **Building Bridges**, page 5

Inside Reports

The RISE Day Programme, London

You would miss it entirely if you didn't know where to look—a flat, bodega-style door painted bright blue, but otherwise nondescript, facing a busy inner-London street. Once inside, as the door closes, you realize you're in a small garden that leads up to the main building and the sounds of traffic have deadened in the background. The *RISE (Rehabilitation, Integration, Support, Education) Day Programme* is one of several programs funded by *The Community Drug Project (CDP)*, a medium-sized nonprofit agency (“charity”) providing a variety of drug services in the London area. RISE compares easily with Intensive Outpatient programs seen here in the US. It offers a structured, 12-week program, divided into 3 phases, with a progression of responsibility encouraged at each phase. The clearly demarcated difference between the busy London street and the calm entrance-way garden is no accident either. RISE clients are encouraged to think of themselves as “members” of a gated community where learning and lifestyle change can happen in a safe and supportive environment. To receive services at RISE, clients must reside in one of three boroughs in London (Lambeth, Southwark, and Lewisham), be age 18 or older, be stabilized and able to attend the program from 10:00 a.m. until 4:00 p.m., be prepared to participate in a group setting, and be willing to look at making changes.







Treatment focuses on cognitive-behavioral and motivational strategies emphasizing group work in

communication, goal setting, life skills, and relapse prevention. Complementary therapies such as meditation, relaxation, acupuncture, yoga, and Tai Chi round out the treatment plan and are used to encourage stress and anxiety management. Vocational enhancements such as computer courses, reading and math classes, job skills, and self-directed learning also are offered. In addition, clients meet weekly with their Key worker (case manager) for an individual session that includes drug testing, a progress review and feedback, setting plans/goals for the week and reviewing and updating of the client's treatment plan.

The RISE staff warmly offered to host an impromptu mini-pilot of one of the TCU brief interventions (anger management) during our

recent planning meetings in London. Clients from all phases of treatment were invited to take part in a sample group session and offer their impressions. The feedback following a lively group discussion using materials from the intervention was very positive from both clients and staff. **Martin Brown**, CDP Services Director who helped organize our visit at RISE, expressed his support for helping make these evidence-based materials more readily available in England: “we are always hungry to learn and improve, and would be very happy to host some seminars or training sessions. We feel confident that we would be able to generate interest amongst staff from similar services locally.” ■
For more information on RISE or CDP, contact Martin Brown, Services Director, at: m.brown@communitydrugproject.org.uk

Brief Interventions From the TCU Treatment System

 <p>UNDERSTANDING AND REDUCING ANGRY FEELINGS</p>	 <p>Unlock Your Thinking: Avoiding Mind Traps & Other Set Backs</p>
 <p>IDEAS FOR BETTER COMMUNICATION</p>	 <p>COMMON SENSE IDEAS FOR HIV PREVENTION AND SEXUAL HEALTH</p>
 <p>Contingency Management Strategies and Ideas</p>	 <p>BUILDING SOCIAL NETWORKS</p>

The RISE Staff hosted a mini-pilot of one of TCU's Brief Interventions, “Understanding and Reducing Angry Feelings.”

Inside Reports

Training Efforts Reflect Needs in the Field

Treatment planning, process, and outcomes are often the main concerns of program directors and administrators in substance abuse agencies. Although no one denies the importance of these elements in the so-called “black box” of treatment, forward-thinking managers are beginning to ask questions about smaller “boxes” nestled inside the larger one—the interplay of treatment costs, funding requirements, and organizational functioning and how these factors influence the mission and overall health of an organization. The TCOM Project (Treatment Costs and Organizational Monitoring) is addressing this need by providing collaborative training opportunities for selected programs affiliated with the Great Lakes, Northwest, and Gulf Coast Addiction Technology Transfer Centers and the state of Florida that teach participants how to use a practical, self-guided tool for determining the actual service delivery costs of different treatment components. The training also incorporates ideas for using the ORC and CEST instruments for monitoring clinical care and program performance. Unlike some approaches that almost require an Accounting degree to understand, the TCOM tools assist programs in pricing their services competitively and maintaining fingertip access to financial information that can be used for grant writing and negotiating reimbursement rates. In addition, these tools allow agencies to compare their costs and organizational performance with norms for their region. Vehicles for ongoing training and support include peri-

odic feedback and benchmark reports, one-on-one consultations with TCU scientists, as needed, and, planned for the future, a dedicated E-College site for refresher information and quick tutorials.

Criminal justice treatment settings have expressed a need for brief and reliable assessments of offender functioning to meet the demands of both community and criminal justice service providers. As part of the NIDA-funded CJ-DATS Project (Criminal Justice Drug Abuse Treatment Studies), new instruments



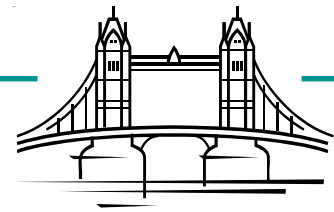
More information at IBR Web site: For more information on training materials from the TCOM and CJ-DATS Projects, see the [Projects](#), [Manuals](#), and [Resource Collections](#) sections at www.ibr.tcu.edu.

are being designed and tested for this purpose and corrections staff are being trained on their utilization by several collaborating research centers. The Inmate Pre-Release Assessment (IPASS), under the leadership of the UCLA center, is designed to screen soon-to-be released offenders to establish the level of care and supervision they will require. Both inmates and primary counselors complete versions of the IPASS to help prioritize the aftercare requirements of graduates of in-prison substance abuse treatment programs. Similarly, the Co-occurring Disorder Screening Instrument (CODSI) is being designed and tested under the

leadership of the NDRI center for use by correctional and drug abuse treatment staff without specialized mental health training. The reliability and validity of the CODSI will be examined in comparison with relevant sections of the Structural Clinical Interview for DSM-IV (SCID), a 1-hour structured interview considered to be too staff-intensive for effective use in most correctional settings. The CODSI, which can be completed in 20 minutes by inmates, will help identify individuals with co-occurring drug abuse and mental disorders and facilitate more effective treatment planning.

Another pressing need in criminal justice settings is for targeted treatment interventions that meet the requirements of both offenders and staff. Stitching together prison-based and re-entry services is especially important. To meet these demands for flexible, evidence-based treatment materials, the CJ-DATS *Treatment Interventions for Corrections* (TIC) modules were developed at TCU. These 4-session units address topics such as anger management, social skills, changing thinking errors, and HIV prevention, and they can be used as stand alone modules or delivered in a series for a more wide-ranging treatment package. The user-friendly lay-out of these materials, along with their “plug and play” format allows for less demanding requirements for staff training. Single-day training sessions are being used successfully to prepare counselors working with the CJ-DATS research centers to use

Continued next page.



Building Bridges, continued from page 2.

and life and social skills; and (3) conducting pilot tests and evaluations of these counseling enhancements and interventions with participating drug programs in several NTA regions.

These primary objectives, based on exposure and trial adoption of organizational and treatment program improvement strategies, will help further the explorations of cross-national technology transfer of the *TCU Treatment System* (visit www.ibr.tcu.edu for a detailed fact sheet). The planned feasibility testing will focus sequentially on samples of treatment programs in different regions in England. While many of the available treatment services mirror what we are familiar with in this country (see *Inside Reports*, this issue), others may require some organizational fine-tuning in order to use TCU resources effectively. NTA and TCU staff will coordinate to review assessment instruments and counseling interventions to assure that language, cultural issues, and therapeutic principles are a good fit for both clients and drug counselors who will use them. The TCU resources identified as most relevant to the NTA's effectiveness strategy involve a combination of evidence-based tools shown to be useful for improving treatment induction and early engagement, including node-link mapping, motivation and

treatment readiness activities, contingency management protocols for reinforcing treatment-positive behaviors, and a series of brief,

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— Peter Martin
CEO, Addaction
London

manualized interventions for enhancing client communication and self-management skills. Training workshops to familiarize program counselors in England with these materials, their rationale, and how to effectively implement them are being planned for the coming year. In addition, special training sessions for program directors and staff supervisors on the use and interpretation of the organizational and client assessments (ORC and CEST) will be scheduled as needed.

The applicability and interest in TCU resources is summed up nicely by **Peter Martin**, CEO of *Addaction*, a leading “voluntary sector” (private nonprofit) provider of treatment services in the UK and a member of the delegation that

visited IBR in March: “The treatment effectiveness agenda must be our highest priority. With TCU’s support we have a far better chance of delivering real health and social gains to clients across the UK. For me, this is probably the most important strategic initiative of its day for the sector. NIDA’s involvement and immense credibility is just what we need. Now we just must get everybody, and I mean everybody, on the programme! Count on our wholehearted support to this ambitious end.”

As this important collaboration unfolds, TCU, NTA, and NAC evaluation scientists will design and manage studies that make optimal use of data from all phases of the project. The importance and far-reaching implications of this international effort present both scientific opportunities and challenges for advancing our current understanding of factors that drive the transfer of treatment effectiveness innovations. The conceptual framework of the TCU Treatment Model, along with a growing base of evidence supporting the use of assessment tools and clinical interventions for guiding changes in service delivery systems, will continue to inform this work. Our Web site (www.ibr.tcu.edu) will feature updates as they become available. ■

Continued from previous page.

these materials. In conjunction, a List Serve has been established to provide “booster” support to participating staff.

For other, more comprehensive TCU manuals, training is tailored to meet the needs of the correctional setting.

For example, the Washington State Department of Corrections recently approved the *Partners in Parenting* curriculum as one of its Standardized Programs. A train-the-trainers workshop was developed to meet the needs of the State’s in-house training staff and to accommodate the

ongoing adoption over time by different in-prison and community supervision groups statewide. **For further information about assessment and intervention trainings at TCU contact ibr@tcu.edu and reference this article.**

What's New on the Web

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



• **TCU Treatment System:** An integrative overview ([PDF: 207 KB / 6 pages](#)) of TCU assessment and intervention resources for clinical and program management applications is now available. Also see special summaries on:

[Conceptual Frameworks](#) --

[Interventions](#) --

[Assessments](#) --

• **Congressional Briefing:** [Dr. Nora Volkow, Dexter Manley, and Dr. Dwayne Simpson](#) recently [discussed addiction research](#) in criminal justice systems on Capitol Hill.

• **Assessment Updates:** [TCU Criminal Thinking Scales \(CTS\)](#) are now available to help assess correctional populations.

• **Resource Collections, Assessment Fact Sheets:** TCU Client Evaluation of Self and Treatment (CEST) [Scales](#) now include [25-75 and 33-67 percentile scores](#) for clients (as well as for gender subgroups).

• **Quick Links** are now available on IBR's homepage to help visitors find the site's most popular pages.

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