

RESEARCH ROUNDUP

I B R ' S Q U A R T E R L Y N E W S L E T T E R

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Eighty percent successfully completed the therapeutic community program.

Study supports prison-based treatment

IBR's Prison-Based Treatment Assessment (PTA) Project has found promising indications that in-prison drug treatment followed by structured aftercare services in the community can make a difference. **Dr. Dwayne Simpson** is Principal Investigator and **Dr. Kevin Knight** is Project Manager for the PTA study, which is still in progress. The study focuses on treatment outcomes for male inmates at the Kyle New Vision Chemical Dependency Unit, one of the first In-Prison Therapeutic Communities (ITCs) established as part of the Texas Criminal Justice Treatment Initiative. These prison-based therapeutic communities are designed

to provide substance abuse treatment to eligible inmates during the last 9 months before parole, followed by up to 15 months of community-based aftercare upon release.

Of the 343 inmates referred to ITC treatment at Kyle during the last half of 1993, 80% successfully completed the program, 14% were expelled and returned to general prison, and 6% left for medical or other reasons. Of those who graduated, 210 were available for testing and inclusion in the PTA study. They are being compared to a matched sample

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Workplace study looks at organizational change

The impact of organizational change on workplace climate and employee stress is the focus of an in-depth follow-up study designed to assess how change affects such specific variables as team work, job security, and substance abuse. The study is part of an ongoing 5-year investigation of indicators of employee health and wellness involving large and mid-sized municipal workforces in Southwestern cities.

Researchers discovered that one of the study sites, a large, urban municipal workforce, had undergone extensive organizational

changes since its initial assessment 3 years ago. In order to capture some of the dynamics of these changes, Principal Investigator **Dr. Wayne E. K. Lehman**, Associate Research Scientist **Dr. Joel B. Bennett**, and Research Assistant **Jamie Forst** conducted both semi-structured interviews with department heads and focus groups with rank-and-file employees. These interviews assessed the perceived impacts of the organizational changes within specific departments and will be used to develop an

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(N=100) from the general prison population made up of inmates with drug use histories who also met treatment eligibility requirements but were not sent to an ITC facility. The study design calls for follow-up interviews to be conducted 6 and 12 months after release from prison.

Follow-up interviews are conducted 6 and 12 months after release from prison.

About half of the scheduled 6-month follow-up interviews have been conducted with the ITC treatment sample (N=112) and the untreated comparison sample (N=41). Comparisons of empirical outcome indicators show early gains that favor prison-based treatment. Six months after leaving prison, parolees who received ITC treatment were less likely to be arrested (15% versus 20% for nontreated), less likely to have used cocaine or crack based on urine testing (7% versus 26% for nontreated), and based on hair analysis, were less likely to have used cocaine or crack in the 3 months before follow-up (43% versus 61% for nontreated).

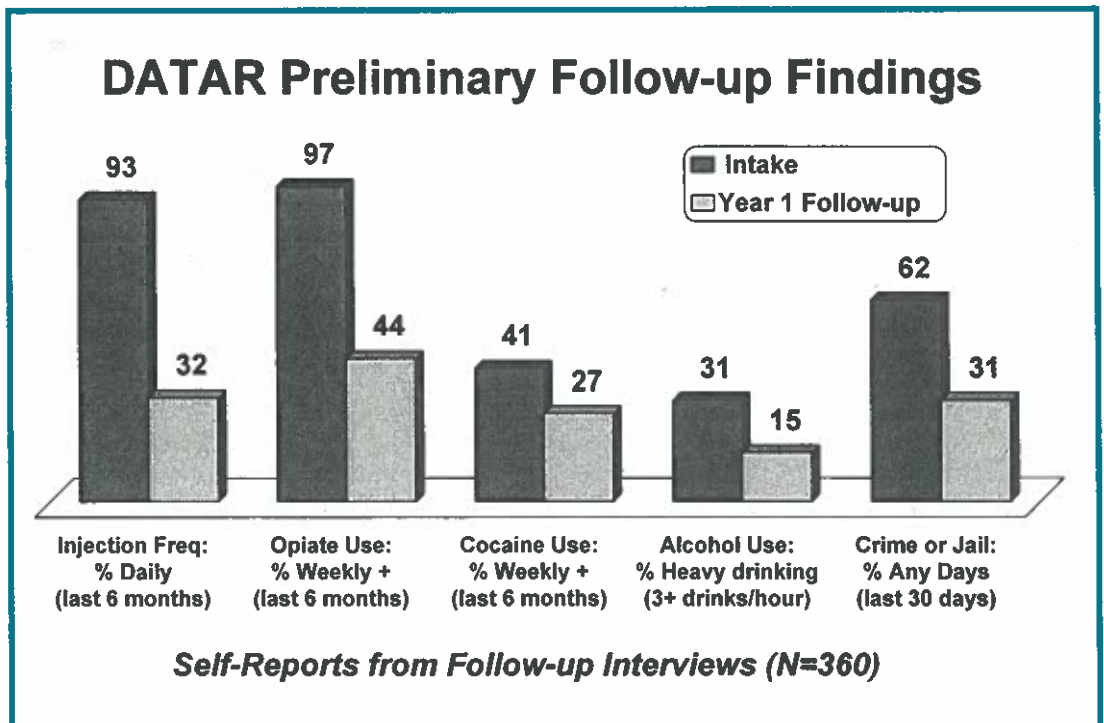
In addition, early results support the importance of structured aftercare programs following prison treatment. Sixty-one percent of the ITC treatment sample completed a 3-month residential care program after leaving prison. Compared to noncompleters, those who finished the aftercare program were less likely to commit crimes for income (1% versus 33%), less likely to use cocaine or crack (35% versus 55%), were more likely to have held legal employment (99% versus 77%) and were less likely to have been arrested or jailed (18% versus 55%).

Drs. Simpson and Knight recently presented their findings at the 5th National Conference on Drugs and Crime in Orlando, Florida. These early findings will be expanded to include the full 6-month follow-up sample as interviews are completed. In addition, the PTA study will address the permanence of these results over time (12-month follow-up) and will examine factors related to differential outcomes. ■

Update on DATAR research

The following chart highlights some of the preliminary findings from the Drug Abuse Treatment for AIDS-Risk Reduction (DATAR) Year 1 follow-up sample (N=360). More in-

depth analyses are underway, including assessments of treatment tenure, node-link mapping, and level of client participation in counseling and other treatment services. ■



Engaging clients in treatment

Historically, the length of time a client spends in drug abuse treatment has been associated with better outcomes at follow-up. A new study by **Drs. Dwayne Simpson, George Joe, Grace Rowan-Szal, and Jack Greener** published in the latest issue of *Journal of Substance Abuse* (1995, Vol. 7 No. 1) examines the role of therapeutic engagement and process in treatment retention and effectiveness. The study looked at counseling session attendance by 557 DATAR clients during their first 90 days in outpatient methadone treatment. Session attendance throughout the first 3 months of treatment was associated with better outcomes and therapeutic involvement by Month 3.

Significant client improvements were found on behavioral and psychosocial measures during the first 3 months of treatment, and session attendance was positively related to favorable behavioral change and to favorable ratings by clients and counselors of their therapeutic interactions. The study showed that participation in counseling was positively associated with recovery-oriented attitudes and behavior changes. The strongest influences were related to elements of therapeutic alliance, including the counselor's focus on rapport building and problem solving during the first weeks of treatment and higher ratings of client motivation and rapport. ■

Study shows therapeutic alliance is associated with clients' participation in counseling.

Women's module effective in residential program

IBR's assertiveness and sexuality module for women, *Time Out! For Me*, has been used successfully with women in outpatient settings. A recent study by **Matt Hiller, Dr. Grace Rowan-Szal, Norma Bartholomew, and Dr. Dwayne Simpson** looked at the effectiveness of the intervention for women in residential treatment programs. The 6-session module was studied at the Gateway Foundation Treatment Program, a therapeutic community located in Houston.

The module was first given to an experimental group (N=11) and compared to a control group (N=10). Later, the control group was allowed to take the module. Participation in the module was associated with increases in knowledge about human sexuality, assertiveness, and communication skills, increases in self-esteem, and more positive attitudes toward being assertive and practicing safer sex. The study supports the use of specialized interventions for improving outcomes for women in residential treatment programs. ■

Knowledge, self-esteem, and safer sex attitudes showed improvement.

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**The program
is based on
the IBR
treatment
manual,
Mapping New
Roads to
Recovery.**

Computer program teaches mapping

An experimental computer-based multimedia program is being developed as an adjunct for helping counselors and clients learn about node-link mapping, a cognitive enhancement to drug treatment developed by **Dr. Don Dansereau**. The program, designed by IBR Communications Specialist **Charlotte Pevoto**, uses hypermedia and interactive features to create a versatile instruction tool suitable for group training or one-on-one teaching. It's called *Mapping New Roads to Recovery* and is based on the IBR treatment manual of the same name.

This innovative computer program is being developed as part of IBR's Cognitive Enhancements for Treatment of Probationers (CETOP) Project, which will study the impacts of node-link mapping and other cognitive approaches on treatment outcomes for probationers remanded to intensive residential treatment. Dr. Dansereau, CETOP Project Manager **Dr. Sandra Dees**, and Training Specialist **Diana**

Newbern will field-test the program later this summer with a group of counselors from the CETOP project. This prototype program is not available to the public at this time. ■

(WORKPLACE—continued from front page)

integrated, qualitative summary of the emerging workplace climate.

Researchers also will design a follow-up questionnaire sensitive to recent workplace changes, including scales that assess orientations toward total quality performance, customer service, continuous improvement, and wellness/health in the new work environment. Data from the study will help managers, human resources staff, and employee assistance programs (EAPs) develop training modules and other interventions to address productivity issues such as employee satisfaction, performance, stress levels, substance use, and general health. ■

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