Managing Change in Your Organization: A Systems Approach

D. Dwayne Simpson
TCU Institute of Behavioral Research
Fort Worth, Texas

Bridge to Effective Treatment

- Problem Severity
- Functioning
- Motivation
- Patient Factors
- Dropout

Evidence for your program?

Sufficient Retention
Drug Use
Crime
Social Relations
Posttreatment

Treatment Works

Effective Interventions

Foundations -

- How does treatment “work”?
- Can we improve treatment?
- How do programs change?
- How is progress measured?

Science to Services

DATOS

Drug Abuse Treatment Outcome Studies
NIDA’s Third National Evaluation of Treatment Effectiveness

10,000 Adults
96 Programs
11 Cities

1,200 Adolescents
23 Programs
4 Cities

80+ Studies Published (Special Issues) –
Psychology of Addictive Behaviors (Dec 97)
Drug and Alcohol Dependence (Dec 99)
Journal of Adolescent Research (Dec 01 for DATOS-A)
Journal of Substance Abuse Treatment (in press)
Archives of General Psychiatry (99, 01, & 02)
### 5-Year Outcomes for Cocaine Sample

Changes from Before to After Treatment

<table>
<thead>
<tr>
<th>Intake</th>
<th>Year 1</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine (Weekly)*</td>
<td>29%</td>
<td>21%</td>
</tr>
<tr>
<td>Heroin (Weekly)*</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>Alcohol (Daily)*</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Illegal Activity*</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Any Arrests*</td>
<td>3%</td>
<td>6%</td>
</tr>
</tbody>
</table>

% of DATOS Sample (N=708)

Simpson, Joe, & Broome, 2001 (Arch Gen Psychiatry)

### Weekly Cocaine Use (in Year After Treatment)

#### Weekly Cocaine Use (Adjusted) in Year After Treatment

<table>
<thead>
<tr>
<th>LTR (90+ Days)</th>
<th>ODF (90+ Days)</th>
<th>STI (21+ Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>58%</td>
<td>76%</td>
</tr>
</tbody>
</table>

HIGH Problem Patients (p<.001)

Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999 (Arch Gen Psychiatry)

### Patient Retention Rates for Programs (beyond minimum “thresholds”)

<table>
<thead>
<tr>
<th>Best Program</th>
<th>Poorest Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>65%</td>
</tr>
<tr>
<td>16%</td>
<td>75%</td>
</tr>
<tr>
<td>15%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Simpson, Joe, Broome, Hiller, Knight, & Rowan-Szal, 1997 (PAB)

### Programs with Lower Retention had more “troubled” caseloads!

Admissions to these programs had --

- More cocaine & alcohol problems
- More time in previous treatments
- More psychological problems

But these patient problems did not explain all program differences in retention rates!

Simpson, Joe, Broome, Hiller, Knight, & Rowan-Szal, 1997 (PAB)
Managing Change in Your Organization: A Systems Approach  
Dr. Dwayne Simpson/Texas Christian University (TCU)  

**Counseling Rapport**  
(% with HIGH Scores in 12 Programs)  

TCUNF-ATTC Survey (April 2001; “High” scores = >40)  

**“Black Box” of Treatment**  

<table>
<thead>
<tr>
<th>Changes in –</th>
<th>Sufficient Retention</th>
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<tbody>
<tr>
<td>• Cognitive Functioning</td>
<td>Drug Use</td>
</tr>
<tr>
<td>• Behavioral</td>
<td>Crime</td>
</tr>
<tr>
<td>• Psychological</td>
<td>Social Relations</td>
</tr>
<tr>
<td>• Social functioning</td>
<td>Posttreatment</td>
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</table>

Integrate & Strengthen for Recovery?  

**Stages of Treatment Process**  

- Patient Factors  
  - Psychological Functioning  
  - Motivation  
  - Severity of Problems  

**Foundations**  

- How does treatment “work”?  
- Can we improve treatment?  
- How do programs change?  
- How is progress measured?  

Science to Services  

**Targeted Interventions**  

Joe & Simpson, in review  

**Induction to Treatment**  

(Rediness Training)  

Simpson, 2001 (Addiction)  

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Contingency Management
(Token Rewards)

- Early Engagement
- Early Recovery
- Therapeutic Relationship
- Psycho-Social Change
- Drug Use
- Crime
- Social Relations
- Sufficient Retention
- Posttreatment

Rowan-Szal et al., 1994 (JSAT); 1997 (JMA); Griffith, Rowan-Szal et al., 2000 (JADD)

Counseling Enhancements
(Cognitive “Mapping”)

- Early Engagement
- Early Recovery
- Therapeutic Relationship
- Psycho-Social Change
- Drug Use
- Crime
- Social Relations
- Sufficient Retention
- Posttreatment

Dansereau et al., 1993 (JCP); 1995 (PAB); Joe et al., 1997 (JNMD); Pitre et al., 1998 (JSAT)

Specialized Interventions
(Skills-Based Counseling Manuals)

- Early Engagement
- Early Recovery
- Supportive Networks
- Drug Use
- Crime
- Social Relations
- Sufficient Retention
- Posttreatment

Bartholomew et al., 1994 (JPD); 2000 (JSAT); Hiller et al., 1996 (SUM)

TCU Counseling Manuals
- Treatment Readiness/Induction
- Cognitive Mapping
- Behavioral Management
- Social Relationships (women & men)
- HIV/AIDS Education
- Parenting Skills
- Transition Skills (to Aftercare)

NIDA List of “Scientifically Based Approaches”


Motivational Enhancement (ME)

Voucher Based Reinforcement Therapy
Behavioral Therapy (Adoles/MM/Nicotine)
Community Reinforcement Therapy

- Therapeutic Relationship
- Psycho-Social Change
- Sufficient Retention
- Posttreatment


Matrix Model & Individualized Drug Counseling

- Behavioral Interventions
- Social Skills & Support
- Sufficient Retention
- Posttreatment


Relapse Prevention & Multidimensional Family Therapy

- Behavioral Change
- Psycho-Social Change
- Sufficient Retention
- Posttreatment


Evidence-Based Treatment Model

- Behavioral Interventions
- Social Skills & Support
- Sufficient Retention
- Posttreatment

Simpson, 2001 (Addiction)

“Evidence-Based” Interventions

- Cognitive Interventions
- Recovery Skills Training

Budget Reductions
- Needs assessments
- Treatment duration
- Outcome criteria
- Interventions

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### Evidence-Based Treatment Model

<table>
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<tr>
<th>Patient Severity</th>
<th>Readiness Interventions</th>
<th>Behavioral Interventions</th>
<th>Social Skills &amp; Support</th>
<th>Social Support Services</th>
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<td>Readiness</td>
<td>Early Engagement</td>
<td>Early Recovery</td>
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<td>Supportive Networks</td>
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<td>Program Participation</td>
<td>Change: Behavioral</td>
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<td>Recovery Skills</td>
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Simpson, 2001 (Addiction)

### Impact of Budget Cuts

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- Can we improve treatment?  
- How do programs change?  
- How is progress measured?  

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Improving Treatment
(Panel III: Page 65-85 of NTP)

Program Change Model

Organizational Functioning

Organizational Functioning

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Organizational Functioning

Foundations –

- How does treatment “work”?
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Science to Services

Systems Infrastructure for Treatment Process and Change

Clinical Performance Measures

Program Training Needs (PTN) Survey

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Clinical Performance Measures

TCU Assessments
- Computer scored
- Client profiles
- Treatment planning
- Program profiles

Client Functioning Profile During Trt
(Compared to averages for Other Clients)

Client Engagement & Functioning in Treatment
(for Client & Program)

TCU Assessments
- Computer scored
- Client profiles
- Program profiles
- “Normed” comparisons

Client Evaluation of Self & Treatment (CEST)

Psychosocial
A. Motivational
B. Psychological
C. Social

Treatment Engagement
A. Treatment Participation
B. Treatment Satisfaction
C. Counseling Rapport
D. Peer Support (Clients)
E. Social Support (Family/Friends)

• 6-8 item scales
• Scores = 10-50
• (5-pt Agree-Disagree)
• α = .70 -.90
• Validity evidence

NEW CJ Criminal Thinking Scales

Client Functioning Profiles
(During-Treatment Progress in CJ Program)

TCU Client Evaluation of Self & Treatment (CEST) Scores

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Client Functioning
Comparison of Diverse Set of CBT Programs

TCU Client Evaluation of Self & Treatment (CEST) Scores

Program Change Model

Planning & Evaluating Change

Do those who “want/need” certain training attend?

Is quality of training (satisfaction & value fit) related to its adoption?

Is program functioning (staff & clients) related to adoption of training?