

# RESEARCH ROUNDUP

## Tooling up for treating offenders

by *D. Dwayne Simpson and Kevin Knight*



A recent national survey of U.S. voter attitudes concerning CJ offender rehabilitation and reentry policies (Krisberg & Marchionna, 2006) shows a high level of public concern about the release of 700,000 prisoners annually. Rehab services for prisoners were favored by a margin of 8 to 1 (versus “punishment only”), and 70% supported treatment both during prison and after release. The “lack of life skills” was considered a leading factor in the high re-arrest rates following prison release.

2005). Surveys of over 600 treatment counselors from correctional and community programs involved in TCU research projects have focused on this question. Responses from programs located in three different states were similar and show that over 70% believe clinical staff need more instruction on new medications, better interventions to deal with special populations (e.g., women, adolescent, and mentally ill offenders), more efficient tools for diagnostic and performance assessments, and a conceptual guide for managing treatment stages. Concerning needs for training, over 70% requested help for improving offender cognitive skills (thinking styles and problem solving) and wished for direct access to treatment delivery resources via the Internet. ■

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Within the context of this “public mandate” for CJ-based treatment it is reasonable to ask how we are doing and what is needed to do better. While evaluations show return to prison is less likely for offenders treated for drug abuse, the real issue is how to provide *effective* treatment (Belenko & Peugh,

# TCU resources for CJ treatments

**For information on TCU resources and how to download them, go to:**  
<http://www.ibr.tcu.edu/info/rr06w.html>

Providing “better treatment” can be viewed as a 2-stage process. Step one is the establishment of effective resources, and the second is getting these clinical tools widely implemented in practice. Both can be difficult.

The major resources developed at the TCU Institute of Behavioral Research (IBR) over the past 15 years fall into the following four categories.

## Risk assessment

The *TCU Drug Screen* was first developed 10 years ago as a DSM-based tool to screen for drug use and treatment needs of prison admissions. The 5-minute self-administered assessment yields a drug problem severity score (range 0-9) that guides treatment decisions, along with drug use and treatment history information. Its credibility in comparative studies with other assessments (Peters et al., 2000) has made it a leading diagnostic tool that is currently administered to over half of all prison admissions in the U.S. Texas is among the most experienced of its users, where approximately 350,000 inmates have been assessed using the TCU Drug Screen during the past 7 years.

### A word from ....

**Eva Perry, Manager,  
Texas Department of  
Criminal Justice (TDCJ)  
Substance Abuse  
Treatment Program**

“Over half of the inmate population in Texas prisons receive some sort of services, which may include intensive drug treatment. It’s important to be able to assess each inmate’s personal needs, and to be able to make referrals within a “best fit” model. The *TCU Drug Screen* has been a key element in the selection and referral process for TDCJ treatments.”

### A word from ....

**Scott VanBenschoten,  
Probation Administrator,  
Administrative Office of the U.S. Courts**

“Federal Probation and Pretrial Services values the *TCU Drug Screen* as an effective tool for identifying offenders and defendants in need of substance abuse treatment. It helps us continue refining our practices in order to make the most effective match between treatment services and needs.”

## Life skills interventions

Requests for *interventions that focus on life skills* – including social relations and communications, management of emotions, cognitive reasoning and problem solving, and health management—are common at correctional and community treatment settings. A diversified series of 14 TCU intervention manuals and related modules have been developed. These are based on a unique “cogni-

tive” strategy (i.e., node-link mapping) shown to be especially beneficial in treating correctional populations (see Dansereau, 2005; Simpson, in press). The manuals are each designed to be delivered in 4-8 sessions, with counselor-friendly formatting for explaining purpose and procedures. They are being used for customizing new treatment systems, including a national treatment improvement initiative in England. Several states from the southwestern region of the U.S. are following similar strategies in redesigning their CJ treatment curricula based on these manuals.

### A word from ....

**Charles A. King, Bureau Chief,  
New Mexico Corrections Department Addiction Services**

“New Mexico needs help finding and incorporating evidenced-based interventions into Therapeutic Community programming for offenders, as well as integrating prison-based care with transitional services. Working with TCU to evaluate promising interventions is providing us with state of the art approaches that we expect will improve our treatment system.”

## Needs and performance assessments

Brief assessments of client needs and functioning are fundamental to effective clinical management during treatment. Within the context of the *TCU Treatment Model* (Simpson, 2004), the domains of motivation, psychological functioning, social functioning, and therapeutic engagement are central to client progress and performance. The *Client Evaluation of Self and Treatment* (CEST, see Joe et al., 2002) contains scales shown to measure these areas and provides a reliable tool for monitoring change. A version adapted to CJ populations has the same properties and is now being administered at predetermined points throughout treatment to help providers evaluate client progress and plan the appropriate “next stage” of care.

### A word from ....

**Steve Hauge, Consortium Director,  
Klamath Alcohol and Drug Abuse Inc.,  
Oregon**

“We recently began using the **CJ-CEST** in our CJ outpatient program to help pinpoint problems that clients are often unable to articulate. We expect this to help us do a better job by individualizing client treatment plans.”

### A word from ....

**John Carey, Addictions  
Treatment Services Manager,  
Arizona Department of  
Corrections**

“We are revising the drug education and treatment curricula in Arizona and have chosen to use the **TCU manuals** as building blocks for a customized and more flexible programming plan. The focused and user-friendly format of these materials matches up well with our resources and needs. That they are free and research-based is important to our taxpayers and legislators, and the staff training being provided by TCU to help adapt manuals to our settings has been superb.”

### A word from ....

**Ed Roberts, Vice President,  
Clinical Services at CiviGenics,  
Virginia**

“A large treatment facility in Virginia needed some practical and efficient assessments for managing and evaluating its clinical services. We have found the **CJ-CEST and Criminal Thinking Scales** cover the topics relevant to our interests, especially for making judgments about treatment readiness and subsequent stages of the engagement process. TCU is helping us incorporate them more fully into our data system for expanding and improving clinical applications.”

### A word from ....

**Dr. Rick McNeese,**  
Assistant Administrator for  
Behavioral Health, Nebraska  
Department of Corrections

“As a new director of CJ-based treatment, I recently found myself in need of a quick education for planning offender treatment in Nebraska. The TCU group helped me speed up my learning curve and also handed me some useful (and free) treatment resources. Information on the **TCU Treatment Model** was especially useful as a focused and integrated guide to treatment research evidence. It captures the realities of the clinical world and also sets up a great framework for decision making. For instance, I found this model easy to use as a planning matrix for presenting my departmental goals and budget requests for next year. And it worked!”

### A word from ....

**Michael Giniger, Vice President,**  
Gateway Foundation’s Correc-  
tional Treatment Division,  
Illinois

“Gateway values working with TCU on a mutual mission of better understanding and improving the quality of treatment. The **TCU Treatment Model** gives our staff a conceptual framework for viewing ‘recovery stages’ and the role of interventions to sustain and enhance it. Our recent use of some **brief interventions from TCU** as part of an evaluation study also helps our staff understand how this really works—and the results are looking very encouraging for our programs.”

## Treatment process model

A “high altitude overview” of treatment components—care planning, assessments, and interventions—is needed to see how the pieces all fit together in an integrated, stage-based process. The **TCU Treatment Model** (Simpson, 2004) assimilates research findings into a framework that facilitates management applications both at the client and program levels (see Simpson, Knight, & Dansereau, 2004; Simpson, in press). The strategic use of interventions and assessments, described earlier, are the building blocks of this process. In addition to providing program staff with a “treatment action plan,” more novel applications of this model have recently extended it into logistical planning of goals and budgets. ■

## Adopting and implementing innovations

Having effective treatment tools available does not mean they will necessarily be used. TCU studies are focusing on how organizational resources and functioning influence this process of moving research to practice (see Simpson, 2002; Simpson & Dansereau, in press). For correctional systems, this work is embedded in a NIDA-funded cooperative agreement called “CJDATS.”

### What is CJDATS?

In 2002, the National Institute on Drug Abuse (NIDA) funded the cooperative agreement “Criminal Justice Drug Abuse Treatment Studies” (CJDATS). It includes nine Research Centers (two that specialize in adolescent services), a Coordinating Center, and NIDA. Major research themes focus on offender risks and needs assessments, treatment interventions and monitoring, community re-entry, special populations, and systems integration. Collaborative research proposals require involvement of participating treatment providers from at least three national research centers. Formal guidelines facilitate the steps for research review, approval, implementation, monitoring, and reporting study results. This scientific and dissemination management process as well as a series of *Brief Reports* that summarize the rationale, goals, and methods for each approved study are available at the CJDATS Web site ([www.cjdats.org](http://www.cjdats.org)).

### What does CJDATS do?

This initiative includes the goal of studying how treatment effectiveness is achieved with regard to the therapeutic, organizational, and managerial processes within correctional systems. The original NIDA announcement directed that among other things, attention be given to (1) development of measures on offender needs and functioning that can be used as indicators for monitoring treatment

performance as well as evaluating intervention effectiveness, (2) how motivation and other offender attributes affect treatment engagement, participation, and outcomes, and (3) strategies for improving linkages between correctional and community-based treatment services.

The first protocol approved for implementation in CJDATS was the **Performance Indicators for Corrections (PIC)** study. This multi-center study has been lead by Dr. Kevin Knight at the Texas Christian University (TCU) Southwest Research Center and includes collaborating teams from the National Development and Research Institutes, Inc. (NDRI), University of California at Los Angeles (UCLA), University of Delaware, and University of Kentucky. It evaluates two assessment tools on offender functioning – the TCU Criminal Justice Client Evaluation of Self and Treatment (CJ-CEST), and NDRI Client Assessment Inventory (CAI). Specific aims are to establish methodological evidence for assessments that focus on client functioning and treatment engagement, client responses to treatment interventions, monitoring needs and performance over time, and overall program functioning across a diverse national sample involving 26 correctional settings. A journal issue devoted to publications based on this work is being prepared.

Another protocol approved for implementation in CJDATS is the **Targeted Interventions for Corrections (TIC)** study. It too is being lead by the TCU Research Center. This investigation is evaluating the effectiveness of a series of brief (manual-guided) life skills interventions being adapted to correctional settings.

### *Real-world applications*

Each CJDATS Research Center has recruited correctional systems and treatment providers to serve as collaborators in the development and testing of new treatment protocols. Current TCU partners include the Federal Bureau of Prisons (BOP), several state-level departments of corrections (including Texas, Oklahoma, New Mexico, Arizona, Illinois, and Nebraska), the Illinois Treatment Alternatives for Safe Communities (TASC) which specializes in mental health and drug treatment case management services, and national drug treatment provider organizations for correctional systems (Corrections Corporation of America, CiviGenics, Cornell Companies, and Gateway Foundation).

Instead of merely offering “clinical test labs” for investigating CJ treatment resources, these partners collectively allow access to a huge share of the offender-based treatment services provided in the U.S. for evaluating new treatment resources. ■

#### *A word from ....*

**Beth Weinman,**  
National Drug Abuse Programs Coordinator,  
U.S. Bureau of Prisons

“Our staff has worked hand-in-hand with TCU over several years to refine and apply new cognitive treatment assessment tools. The TCU team understands our prison treatment environment and how to conduct ‘real-time’ testing in ‘real-world’ settings. Their feedback on the data we collect and guidance in tailoring it to our needs help dispel negative perceptions of Bureau staff about researchers, thereby facilitating BOP progress in moving assessment innovations into the Federal prison system.”

## Coming this summer ...

Scientific publications are necessary for documenting research evidence for treatment innovations, but they often skip the “how to do it” instructions. Two magazine articles are scheduled for release this summer, and both represent practical guides for TCU resources. We hope they can make a difference!

One explains how counselors can use the **TCU Treatment Model** to navigate the road of treatment with their clients. It will appear in *Counselor: A Magazine for Addiction Professionals*.

The second article explains how programs can conduct self-examinations of organizational needs and functioning, including a guided process to examine the results and develop action plans. It will appear in NIDA’s *Science and Practice Perspectives*.

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**RESEARCH ROUNDUP** is published quarterly by the Institute of Behavioral Research, Texas Christian University. Phone: (817) 257-7226; Fax: (817) 257-7290; E-mail: [ibr@tcu.edu](mailto:ibr@tcu.edu); World Wide Web: [www.ibr.tcu.edu](http://www.ibr.tcu.edu). Norma Bartholomew and Charlotte Pevoto are its production managers.  
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