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RESEARCH REPORTS FROM TEXAS IBR

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IBR Website Updates. . .

As noted in our **last Newsletter** (Summer-Fall, 2010), the entire IBR Website is getting a makeover, starting with the frequently visited sections on assessment forms and evidence. It will finish up with a re-designed homepage in a few weeks.

A major new feature of the Website is a *Short Forms Selection Matrix* for TCU assessments. Different versions of each form and its scoring guide are just a click away. This is expected to become a popular companion to the *Manuals Matrix* and *Mapping Atlas* tools already available.

This work coincides with a series of new CJ outcome and assessment **evaluation studies** scheduled for publication in a special issue of the *Journal of Offender Rehabilitation* late this spring. The current newsletter reflects some of our progress in these activities.

And for the latest overview of IBR staff and new projects, you might want to download our *2010 Annual Report*.

IN THIS ISSUE

Making Treatment Work

Evidence shows that placing high-severity drug users in high-intensity addiction services yields better post-treatment behavioral improvements. This information deserves more attention by system planners, especially as addiction recovery resources continue to vanish both from community-based and correctional settings**.(1,2)** To make any treatment system "work," however, client selections and connections with appropriate services are pivotal.

Brief and specialized client assessments are optimal for applications in correctional settings, so selected TCU Forms have been reformatted and new ones developed.

We therefore have seen growing needs in recent years for more targeted assessments that allow automated data capture (including online techniques) for efficient clinical applications of tools to measure client needs and functioning. Without this type of information being available in a timely, efficient, and user-friendly format, frontline clinicians are not optimally positioned to plan and deliver services that meet "evidence-based" criteria.

Several optical reader and online internet applications for TCU assessment forms have been explored but many require technical and financial resources beyond the practical reach of our treatment provider collaborators. Security-related restrictions (such as using offender internet-based assessments in correctional settings) also present unique challenges.

Brief and specialized client assessments are optimal for these applications, so selected TCU Forms have been reformatted and new ones developed in response to needs expressed by our clinical collaborators (also see IBR

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Newsletters, 2008, Vol. 17, 1 & 3). The resulting TCU Short Forms are available from a newly created section of the IBR Website—along with scoring and related software user manuals—and they are designed for strategic packaging by interested users.

Assessment Framework

The **figure below** illustrates relationships of the *TCU Client Assessments* to stage-based *Treatment Process Stages for Client Recovery*, and to various *TCU Treatment Interventions*. It indicates some TCU Short Forms are intended primarily for pre-treatment (Intake stage) assessments of problem severity, special needs, and motivation for making changes. Others focus on during-treatment functioning and the therapeutic engagement process (for Process and Progress stages) to help gauge on-going needs and effectiveness of specific interventions.

Because progress towards client recovery (Re-Entry stage) involves both cognitive and behavioral changes, some forms are designed to be re-administered periodically throughout treatment and after release of clients for community re-entry. Program goals and client care strategies should dictate testing and re-testing protocols. Psychological, cognitive, and social functioning measures typically are included in addition to behavioral indicators of substance use disorders (SUD).

Ideally, clinical phases and goals developed for any given treatment program serves as the basis for selecting and scheduling assessments. While some programs rely on comprehensive client intake interviews

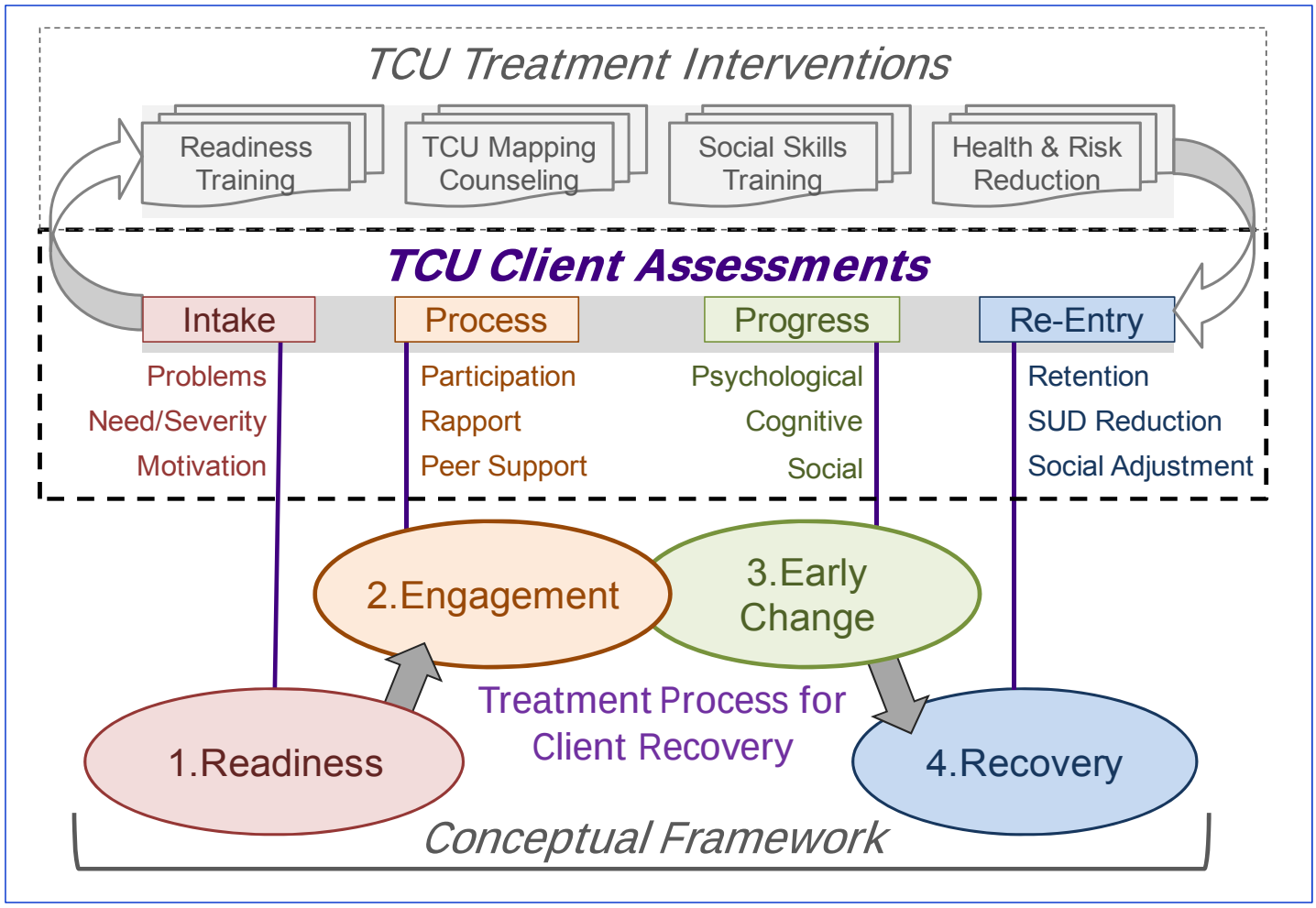

Figure 1. The *Assessment Framework illustrates relationships of the* ***TCU Client Assessments*** *to stage-based* ***Treatment Process Stages for Client Recovery*** *and* ***TCU Treatment Interventions.***

(sometimes by mandate), others choose to "customize" their assessments by selecting instruments and scales that meet particular service delivery and reporting needs. The principle of "get what you will use and use what you get" should prevail in either case.

An expanded set of TCU Short Forms is now available for measuring four core domains: 1) Client Health and Social Risk, 2) Client Drug Use and Crime Risk, 3) Client Functioning and Treatment Engagement, and 4) Client Recovery Indicators. The scales they contain have been extracted and reconfigured empirically from earlier research versions of TCU assessments.

A new "Selection Matrix" (see Figure 2) has been created for the TCU Short Forms which organizes assessments according to their treatment-stage applications.

The result is a more streamlined, focused, and flexible series of short forms, enhanced with an automated scoring and feedback protocol for making normative clinical interpretations of results. New evidence now "in press" on the psychometric properties of these modified assessment formats indicate they are scientifically sound and consistent with their earlier *original* aggregated versions. **(3)** Work also is progressing on an automated online data collection system that generates immediate client-level feedback for clinical management as well as program-level records representing therapeutic impact.

Where to start

It is recommended that potential new users of TCU Short Forms begin with a technical review of the assessment framework illustrated above. ***First***, clinical leaders for treatment programs should enumerate core elements of the intervention curriculum in relation to conceptual stages of treatment process for client recovery. Of course, existing mandates or system requirements can sometimes restrict the options for action.

Next, client assessment tools should be listed in relation to treatment stages and interventions being used. This list should include: 1) assessments currently administered, 2) how/when they are conducted, and 3) what else may be needed for effective care planning. Keep in mind that information collected at intake and for recurring periods during (as well as after) treatment should include common indicators that allow direct comparisons over time. Do not collect information merely because it "might be interesting." If it is not relevant to service planning and particular program interventions available, then leave it.

Finally, assessment scheduling should be examined to determine optimal timing and information feedback methods for use by clinical staff (as well as other interested parties, such as drug court officers or probation officers). It should address client needs, response to services, and indicators of progress over time. Pay particular attention to "decision-making" criteria that are needed.

Selecting the "right" assessments

A new ***Selection Matrix*** (see **Figure 2, page 4**) has been created for the TCU Short Forms. It organizes assessments according to their treatment-stage information applications. Akin to the popular companion selection matrix for TCU Manuals, this serves as a convenient one-stop shopping tool.

Unfortunately, there is no combination of "right" instruments that work for all types of treatment, and it is very unlikely that the administration of all forms would ever be appropriate for any setting. By reviewing application details from the selection matrix along with specific items and scales contained in the forms, however, a well-tailored plan can emerge. Previous

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Assessment selection matrix for TCU Short Forms	TCU Treatment Process Model Stages				TCU Client Assessments/Conceptual Framework											Specialized Versions		
					Intake			Process			Progress			Reentry				
Texas Institute of Behavioral Research at TCU Website: www.ibr.tcu.edu (Page 1 of 3) Assessments availability: Download free from IBR Website © Copyright 2011 Texas Institute of Behavioral Research at TCU, Fort Worth. All rights reserved. Matrix URL: www.ibr.tcu.edu/pubs/datacoll/MatrixTCUShortForms.pdf Forms listed in alphabetical order. Click on links below to download an assessment or its scoring guide. Some have Spanish language versions available.	Trt needs/Readiness/Motivation	Trt engagement/Participation	Early change/Recovery progress	Reentry/Follow-up program	Problems (alcohol, drugs, crime)	Psychosocial functioning	Motivation/Readiness	Treatment participation	Treatment rapport/Satisfaction	Peer support	Psychological	Cognitive	Social	Substance use reduction	Social adjustment	Spanish language	Youth/Adolescents	Staff/Counselors/Training
Alcohol Use and Problem Symptoms in Last 3 Months (TCU ALCForm-R3) • Short Form; *Scoring Guide* • Scanable version (not yet available)	X		X	X	X									X				
Criminal History Risk Assessment (TCU CRHSForm) • Short Form; *Scoring Guide* • Scanable version; Spanish	X				X											X		
Criminal Thinking Scales (TCU CTSForm) • Short Form; *Scoring Guide* • Scanable version; Spanish	X		X	X	X							X			X	X		
Drinking Problems Index (DPIForm) • Short Form; *Scoring Guide* • Scanable version (not yet available)	X				X													
Drug Use and Problem Symptoms in Last 3 Months (TCUDRGForm-R3) • Short Form; *Scoring Guide* • Scanable version (not yet available)	X		X	X	X									X				
Family and Friends Assessment (TCU FMFRForm) *ADULTS* (TCU A-FMFRForm) • Short Form; *Scoring Guide* • Scanable version; Spanish	X			X		X							X		X	X		
Family and Friends Assessment (TCU FMFRForm) *YOUTH* (TCU Y-FMFRForm) • Short Form; *Scoring Guide* • Scanable version; Spanish	X			X		X							X		X	X	X	
General Crime, Employment, and Life Status in Last 3 Months (TCU CELForm-R3) • Short Form; *Scoring Guide* • Scanable version (not yet available)	X		X	X	X	X							X		X			
Global Risk Assessment (TCU RSKForm) *ADULTS* (TCU A-RSKForm) • Short Form; *Scoring Guide* • Scanable version	X				X													
Global Risk Assessment (TCU RSKForm) *YOUTH* (TCU Y-RSKForm) • Short Form; *Scoring Guide* • Scanable version	X				X												X	

Figure 2. ***Assessment selection matrix for TCU Short Forms***

illustrations (see IBR Newsletter, 2008, Vol. 17, 3) have shown how assessment needs tend to vary across 1) adult intensive outpatient programs, 2) corrections-based treatments, and 3) short-term residential services for youth (reflecting different treatment settings, goals, structures, and planned durations).

Assessment needs vary across treatment settings with different goals, structures, and planned durations.

As a further illustration, assessments for *adult substance users in a court-mandated treatment program* for probationers generally include a drug screen for gauging severity and needs (TCU Drug Screen II), followed by a battery of general background and behavioral risk assessments focused on substance use patterns and criminal orientation (A-RSKForm, CRHSForm, CTSForm, DRGForm-R3, and ALCForm-R3). Measures of readiness for treatment (MOTForm) and psychosocial functioning (PSYForm, SOCForm) relate to treatment motivation and needs, while therapeutic engagement and behavioral progress indicators (ENGForm, DRGForm-R3, ALCForm-R3, and CELForm-R3) are informative for monitoring changes over time.

In a different setting, *women being referred to drug services* often benefit from assessments focused on physical/mental health and trauma (HLTHForm, TRMAForm) as well as relationships with family and friends (A-FMFRForm, A-RSKForm). Because each of the TCU Short Forms can be administered in roughly 5 minutes, packaging together subsets of the forms for specialized applications is recommended (especially for use as a customized intake assessment). In all cases, information gathering should be linked into decision-making options—and be repeated to track change when appropriate.

Computing and interpreting scale scores

Scoring guidelines have been developed and tested for each of the TCU Short Forms, but explicit clinical interpretations or score classifications according to pre-defined "cut-off" thresholds are not provided. The reason is that most of the forms are not *clinical diagnostic* assessments, but rather are "screening tools."

While they are based on research that shows their resulting scale scores are statistically reliable and related to cognitive or behavioral indicators of recovery progress, few have rigid thresholds for clinical interpretations. Although large-sample scoring norms (using 25-75th or 33-67th percentiles) are available on the IBR Website for many of the scales, they are based on aggregated data across many programs and settings.

Our advice is pragmatic and simple to users who wish to use the scale scores as part of a structured decisional sequence (such as making referrals to fill available treatment beds). After a sufficient sample size (e.g., over 100 cases) accumulates at any given program using these assessments, local scoring norms typically can be calculated as a framework for making clinical recommendations. Namely, ranking scores according to problem severity or needs represents the preferred option.

In effect, this "automatically adjusts" comparisons of local sampling characteristics so that client needs are viewed from within the service provider's own base of previously completed assessments.

Implementing innovations

Based on a programmatic self-review like the one suggested earlier, decisions might be made to adopt and implement a new battery (or procedures) for client assessments. If so, keep in mind that a "good plan"

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sometimes does not translate into "good delivery." Much like the recovery path of clients they treat, organizations also vary in their readiness for change, preparation, and attention to sustaining actions that influence outcomes.

Complex innovations are particularly difficult to mount, and using "big steps" for system change often fails. IBR studies (see the *Website section for* Evidence on Organizational Readiness) provide more details on effective dissemination and implementation of innovations. In addition to the client-focused assessments already described above, Organizational (Staff) Assessments also are available as part of the TCU Short Forms. They examine program needs, attributes, and functioning as viewed from the staff perspective. Forms for Staff Training and Workshop Evaluations help monitor innovation implementation.

As already noted, TCU assessments can be conducted in several different ways. The Short Forms offer both 1) a traditional hard-copy format for client paper-and-pencil administration, followed by hand-scoring by treatment staff, and (2) a single legal-size page formatted for "fill in the bubble" administration, followed by optical scanning and scoring (with graphic feedback options).

Further variations have been generated by users who converted the assessments for online administration and real-time feedback to counselors. Others have made adaptations for use as part of brief automated telephone interviews and follow-up monitoring. In some instances, the item wording for scales is altered for circumstantial adaptations, but this might introduce unfavorable shifts in scale reliability and interpretation.

Clearly, organizational resources and leadership commitment must be weighed before launching any evidence-based innovation. The benefits can make the efforts worthwhile, but the challenges and complications of system change should not be underestimated.

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(1) Simpson, D. D., Joe, G. W., Fletcher, B. W., Hubbard, R. L., & Anglin, M. D. (1999). A national evaluation of treatment outcomes for cocaine dependence. *Archives of General Psychiatry, 56*(6), 507-514.

(2) Knight, K., et al. (in press). Fifteen-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *Journal of Offender Rehabilitation*.

(3) Knight, K., Simpson, D. D., & Flynn, P. M. (Special Issue Eds.). (in press). Introduction to special volume: Brief addiction interventions and assessment tools for criminal justice. *Journal of Offender Rehabilitation.*

Additional articles in *Journal of Offender Rehabilitation* "in press" special issue:
Joe, G. W., Knight, K., Simpson, D. D., Flynn, P. M., Morey, J. T., & Bartholomew, N. G., Tindall, M. S., Burdon, W. M., Hall, E. A., Martin, S. S., & O'Connell, D. J. An evaluation of six brief interventions that target drug-related problems in correctional populations.

Simpson, D. D., Joe, G. W., Knight, K., Rowan-Szal, G. A., & Gray, J. S. Texas Christian University (TCU) short forms for assessing client needs and functioning in addiction treatment.

Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Pankow, J., & Simpson, D. D. Brief trauma and mental health assessments for female offenders in addiction treatment.

Pankow, J., Simpson, D. D., Joe, G. W., & Rowan-Szal, G. A. Examining concurrent validity and predictive utility for the Addiction Severity Index and Texas Christian University (TCU) Short Forms.

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