Strategic Treatment Planning Seminars

Leadership Meetings for Treatment Planning and Applications of TCU Resources

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Summary

Evidence-based treatment resources using **TCU Mapping-Enhanced Counseling** have been widely disseminated through the IBR Website. Responses have included a growing number of requests for advice on developing strategic applications of TCU assessments and interventions as part of an adaptive, stage-based services framework. Therefore, a limited series of IBR seminars on *Strategic Treatment Planning* (STP) conducted by Dwayne Simpson is being offered as a service (usually without fee) for small groups of regional or system-specific program planners and innovation leaders.

Each seminar includes a hands-on and interactive discussion of how treatment elements based on TCU resources "fit together" and can be implemented and organizationally sustained to meet customized agency or program needs. It usually begins with a conceptual overview of addiction treatment process and innovation implementation as a basis for goal-specific discussions with participants about therapeutic applications.

Pre-seminar preparations and staff survey information about the programs represented are required, serving as a context for planning innovations and implementation strategies. Not all requests can be fulfilled, and preferences are given to clustering several 1-day seminars within the same geographic region.

"Houston, we have a problem" (Apollo 13)

Illicit drug use in the U.S. is reported by

- 47% of students before HS graduation
- 33% of young adults (19-28) in 'past year'
- 78-83% of state/federal prisoners (but under 20% receive treatment in prison)

- Over 12 million inmates released per year
- 37% of parolees (2005) are drug offenders

A. Introduction

The series of *2008 Research Reports from IBR* have focused on TCU treatment resources that are helping some programs restructure and enhance their services. In particular, these IBR reports focus on core ingredients of treatment within a conceptual framework and how client assessments of needs and progress might be better integrated with intervention strategies. While these are long-standing goals for most treatment systems, they are not uniformly operationalized. Frequent requests are made to the IBR for help in strategic planning.

Strategic Treatment Planning (STP) seminars are being offered to help treatment leaders work through major planning issues. While the planning process is evidence-based, it is not about doing more research. Instead, a series of practical questions are considered in 1-day sessions with treatment program leaders who have requested structured guidance from the IBR.

This advising model has been refined over several years by the IBR team. Applications have centered around integrated assessment systems, use of TCU Mapping-Enhanced Counseling, selections and scheduling of intervention manuals, innovation implementation strategies, and cost calculations. They have involved community-based treatment provider networks, statewide and regional corrections-based treatment systems, and international teams of treatment planners. Several publications are available that illustrate the impact of this work (Simpson & Flynn, 2007; Simpson & Knight, 2007; Simpson, Rowan-Szal, Joe, Best, Day, & Campbell, 2009).

1. Who should attend the seminar?

A regional team composed of 6-12 strategic planners and clinical services leaders responsible for addressing organizational and policy issues is usually recommended. Key decision makers for assessment and service delivery innovations should be included, but specific composition may vary depending on several factors.

Pre-seminar preparations include brief reading assignments, along with completion of service staff surveys for participants from program units represented. These survey results provide a basis for reviewing program-specific treatment needs and organizational functioning.

Participant learning objectives for the seminar emphasize understanding of (1) *adaptive treatment programming* as represented by the TCU treatment process framework, (2) the functional roles and applications of TCU assessments and manual-guided interventions, (3) core ingredients of the treatment services represented by the seminar participants, their conceptual integration, and strengths and weaknesses as currently applied, and (4) strategic planning procedures and organizational barriers involved in adopting and implementing innovations within treatment programs and system networks.

2. How does the seminar "work"?

Each seminar is unique to the regional and local needs being addressed, but there is a general menu of options. A *regional contact person* coordinates all local arrangements and related communications for the seminar, and works with the IBR to set the meeting agenda and follow-through details.

Making requests for STP seminars:

Email contact: ibr@tcu.edu

Information: Specify name of senior contact, agency/system affiliation, city/state location, program size (clients/clinical units), major services offered, and summary of consulting needs.

It begins with a context-specific presentation (including organizational survey feedback provided confidentially to participant subgroups) before transitioning to table discussions about questions of participants. TCU resources of interest will be described, including instructions on downloading materials from the IBR Website if needed, followed by topical issues specified by seminar participants. Some of the most common topics are summarized below.

B. Focus of STP Seminar

Formulations of major contemporary treatment modalities and approaches in the U.S. emerged during the 1960s with new federal funding of a community-based treatment system for drug addiction (especially to heroin). This shifted the existing practice of making civil and criminal commitments of drug users to large "hospital" facilities (such as the ones in Lexington KY and Fort Worth TX) to establishing a network of programs in community mental health centers. Treatment models were soon defined around three distinct "philosophies"—methadone maintenance, therapeutic communities, and outpatient drug free programs—that stood in contrast to the traditional emphasis on detoxification alone. These models still cast long and easily recognized shadows across today's landscape of treatment programming.

Unbridled claims of "treatment success" among these highly competitive camps soon made it clear that objective evaluation standards and procedures were needed, especially for measuring results within this rapidly growing system of care. The **National Institute on Drug Abuse** (NIDA, officially established in 1974) funded large-scale national treatment effectiveness evaluations during the next three decades, the 1970s, 80s, and 90s. Collectively, these naturalistic studies—known as DARP, TOPS, and DATOS, respectively—examined during-treatment performance and follow-up outcomes for stratified samples of 65,000 admissions to major types of treatment at 272 community-based programs located throughout the U.S. (see Simpson & Sells, 1982; Hubbard, Marsden et al., 1989; Simpson, Joe, Fletcher, Hubbard, & Anglin, 1999). Simpson, Joe et al., 1999). A similar national evaluation study was also conducted in the U.K. during the 1990s (known as NTORS; Gossop, Marsden et al., 2003).

Replicated findings reported in over 250 publications based on these comprehensive and longitudinal research projects provide broad support for the effectiveness of treatment, particularly for clients with an adequate length of stay. Because they examined treatment on a large-scale and as practiced in the "real-world" of community-based uncertainties, however, they often raised more questions than they answered. Especially important were questions about why some programs and some clients had better outcomes than others.

1. How is a "treatment process" framework helpful?

Clinical and field-based studies that indicated "treatment works" turned next to questions about the active ingredients or components that determine effectiveness. Understanding treatment dynamics is essential to issues of quality control and improvement. Treatment program leaders, clinical supervisors, and counselors need to share a common viewpoint to facilitate planning and delivery of effective services.

The **TCU Treatment Process Model** (Simpson, 2004) provides a conceptual framework for describing stages of treatment and how they relate to recovery. It is a framework for integrating findings about how client and program attributes interact to influence the degree to which clients become engaged in treatment and remain long enough to show evidence of recovery while in treatment and at follow-up.

This model likewise portrays how specialized interventions as well as health and social support services promote stages of recovery-oriented change. Important for increasing early engagement in treatment is a set of cognitive and behavioral interventions. Cognitive interventions (especially those for increasing levels of treatment readiness among low-motivated clients) have proven useful for improving subsequent therapeutic relationships and retention. TCU assessment instruments that gauge client and program performance provide a foundation for systematic treatment monitoring and management strategies, and for tracking the evidence for using targeted interventions to improve treatment quality (see *Spring 2008 Research Reports from IBR*).

> ***"Change" is inevitable in treatment programs, but laying plans for making it intentional and constructive is difficult. Leaders pay attention to using the steering wheel for their organization, while managers are satisfied with focusing mainly on the foot pedal and brakes.***

2. What kinds of client assessment measures are needed?

TCU Forms include several major client and program measures conceptually linked to the TCU Treatment Process Model. Historically, these materials were developed in response to assessment needs of treatment clients and programs participating in a series of NIDA-funded projects conducted at TCU. Treatment settings studied have included community-based outpatient methadone and drug-free services, prison-based treatment, and intensive residential care. Clients have included men and women, sometimes with children, reporting a wide variety of drug use histories and legal involvement (such as in-prison treatments and diversion programs for parolees or probationers).

With modest adaptations (including language and cultural translations), these cost-free self-report assessments have been shown to be useful across diverse settings. They have been designed to be highly focused, practical, and flexible in order to meet the needs of "real-world" programs. As core tools in a continuing research program for "improving treatment resources," revisions and refinements have been made to enable "generic" applications across treatment settings.

3. Are there some practical and cost-effective assessment options?

Automated data capture (ADC) techniques have growing importance for clinical applications of tools used to assess client needs and functioning to determine appropriate services. Without this type of information being available in a timely and user-friendly form, frontline clinicians are not optimally positioned to plan and deliver services that meet "evidence-based" criteria. Single-page client assessments appear to be optimal for these applications, so selected TCU Forms have been reformatted and several new ones developed. Copies of these **"TCU ADC Forms"** can be obtained (without charge) from the IBR Website, along with scoring and software user manuals (see *Fall 2008 Research Reports from IBR*).

Several optical reader or on-line internet applications for TCU assessment forms have been considered by the IBR team in recent years, but many require technical and financial resources beyond the practical reach of our treatment-provider collaborators. Security-related restrictions (such as conducting offender Internet-based assessments in correctional settings) also present unique challenges. Scantron© has a history of educational and related applications using a wide range of equipment and software supports which offer potential solutions. By adding customized Microsoft Excel©-based scoring and feedback templates, we have developed a feasible and low-cost "turn-key" system that meets these requirements (see *Spring 2008 Research Reports from IBR*).

In the end, our objective is to make the results of assessments concerning client needs and progress readily available and useful to counseling staff. Just collecting more data to store is not the goal. It is necessary, however, for counselors to know how to make use of this information in client care planning.

4. How can interventions be interlaced with assessment results?

Look again at the *Summer 2008 Research Reports from IBR*, entitled "Revisiting the basics of treatment." It uses the **TCU Treatment Process Model** to explain briefly how client progress and recovery stages are dependent on a series of cognitive, behavioral, psychosocial, and skill-building developments. The change increments generally tend to be sequential—admittedly with fine gradations and in directions that are not strictly linear—and assessments like those just summarized can be used to gauge progress.

Over 20 TCU manuals are available, all based on evidence-based *TCU Mapping-Enhanced Counseling* concepts. They focus on major sequential stages of treatment readiness and motivation, client assessment

applications for care planning and progress monitoring, behavioral techniques for improving treatment participation, therapeutic engagement strategies, emotional self-management, dealing with negative (e.g., criminal) thinking patterns, communication skills, developing healthy relationships, sexuality, parenting, HIV/AIDS awareness, and preparing for relapse risks. These manuals have been grouped on the IBR Website into stage-sensitive "clusters" relevant to the treatment process model.

Spiraling addiction is a bit like being stuck in a busy English traffic round-about while trying to get off onto the right road. Complementary assessments and targeted interventions operate as "GPS navigation systems" to help monitor journey status and progress of treatment clients towards a "recovery" destination.

5. Are there good reasons to consider using TCU manuals?

Most treatment programs already have a curriculum in place. Sometimes it is integrated, well-established, and considered by staff to be effective—but sometimes not. TCU counseling manuals are designed to be **"modular" and needs-driven**. That is, they offer a range of specialized applications that can be used to replace weak links in an existing curriculum, or to serve as add-ons to strengthen or expand services for dysfunctional segments of care.

Evaluations of TCU manual-guided interventions indicate they improve treatment participation and engagement, knowledge levels, pro-social attitudes, and retention in outpatient and residential settings. In recognition of counselor preferences and implementation principles, they feature pragmatic step-by-step layout guides (usually for leading 4-8 counseling sessions on each topic), handouts and worksheets, ideas for presenting key concepts and discussion questions, along with appendices that contain valuable resources.

Most are designed for leading group sessions but they can be readily adapted to individual counseling and they allow flexibility in their sequential delivery to accommodate different profiles of client needs. *TCU Mapping-Enhanced Counseling* is a fundamental communication and decision-making tool that provides continuity across different therapeutic themes and stages of care.

6. What is *TCU Mapping-Enhanced Counseling*?

TCU Mapping-Enhanced Counseling is an evidence-based graphic representation strategy used to visually enhance the counseling process, including the presentation, training, and implementation of TCU intervention manuals (Dansereau, Joe, & Simpson, 1993; Dees, Dansereau, & Simpson, 1994). It is included in **SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)**, and a conceptual overview of this approach is published in *Professional Psychology: Research and Practice* (Dansereau & Simpson, 2009).

In brief, *Mapping-Enhanced Counseling* is effective in increasing client motivation, engagement, participation, and retention in treatment by promoting more positive interactions with other clients and treatment staff, both in community-based and correctional settings. Its bases are *node-link maps* used to depict interrelationships among people, events, actions, thoughts, and feelings that underlie negative circumstances and the search for potential solutions. There are three types of maps that can be used independently or in combination to capitalize on the cognitive advantages of graphical representation while augmenting the flexibility and power of a verbal dialog between clients and counselors/therapists. They also document process and progress across sessions.

Several TCU manuals for adaptive treatment services provide guidance on the use of mapping techniques for group and individual counseling using a variety of structured and free-flow formats, as well as a related series of interventions for treatment motivation and readiness.

7. Why is organizational planning and preparations for change important?

Transferring "evidence-based" techniques into practice is a complicated task which is itself being given systematic scientific study. Organizational climate and

readiness for change are especially important to consider, and the **TCU Program Change Model** (Simpson, 2002; Simpson & Flynn, 2007) offers a conceptual framework that summarizes these and other sources of influence on this stage-based process. The innovation implementation journey properly begins with consideration of program needs and resources, structural and functional characteristics, and general readiness to embrace innovations (Simpson, 2009). Guidelines for conducting agency self-evaluations and defining action plans for addressing system-level changes are explained by Simpson & Dansereau (2007).

C. Concluding Comments

The IBR Website (www.ibr.tcu.edu) has proven to be an efficient and effective dissemination tool for TCU treatment resources developed and evaluated over many years. Web-use activity records show hundreds of visitors each week read and heavily download these files without charge (and 10% are international Internet travelers).

Those who adopt and implement these resources often contact the IBR with comments and questions about application procedures and options. Reaching this step of real-world application is highly rewarding and complimentary to applied scientists. STP seminars are therefore offered as personal gestures of IBR support and concern for service providers trying to deliver the best care possible for their clients. These sessions also are a source of continuing insights into the complexities of organizational preparedness and implementation of innovations.

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