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First Director, National Institute on Drug Abuse (1973-1978)

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Saul Sells invented treatment evaluation in substance abuse. Well, not exactly. Others had done treatment evaluations, even before Saul. Like Henry Ford did not invent the automobile, Saul did not invent drug treatment evaluation. But like Ford and the car, Saul created the first mass-produced, large scale, ongoing system of substance abuse treatment evaluation. In 1968 he took on the pioneering job of studying a national sample of 44,000 admissions in the original NIMH study of community-based addiction treatment.

So although Saul Sells didn't invent drug abuse treatment evaluation, he sure fooled me because as the First Director of the National Institute on Drug Abuse (NIDA) and the second Director of the White House Special Action Office for Drug Abuse Prevention (SAODAP) in 1973. I needed a comprehensive system for treatment evaluation that covered thousands of patients and hundreds of treatment programs. That is where Saul Sells came into my life. Saul was the man — with the talented team — who could do that vitally important job. The work was needed at that time because that was when drug abuse treatment became a full-fledged partner of the nation's half-a-century old law enforcement response to the drug problem. The creation of the White House drug abuse prevention office on June 17, 1971, marked a profound change in the nation's response to a profoundly changed drug abuse landscape, one characterized for the first time in world history by a wide range of addicting drugs used by huge segments of the population (especially youth) by potent routes of administration. This modern drug abuse epidemic was as new as the computer although, like the computer, it had many antecedents, some of them ancient.

The treatment system was also new at that time although it, also, had many predecessors, all of them small and uncoordinated. The first massive, national investment in substance abuse treatment in the world began in the United States in 1971. It found its home in NIDA which in its early years funded not only research but also treatment, training and prevention, all activities now handled by other federal agencies as NIDA today is limited to research. The nascent substance abuse treatment system was then especially fragile and vulnerable. It needed evaluation to help it grow and improve. The fact is that substance abuse treatment needed evaluation even more urgently to defend itself against its many critics who did not think recovery from addiction was even possible, let alone treatment could facilitate that process.

Enter the White Knight of the story, Saul Sells from Texas Christian University (TCU). He was the most unassuming, modest and hardworking knight I ever knew. His was a reassuring presence with his ever-growing mountain of data and his uncanny ability to put it together to tell a coherent and largely optimistic biography of the first generation of modern drug abuse treatment. Saul's integrity was matched only by his low-keyed ability meet the needs of harried bureaucrats. That group included me in those wonderful years. Saul was generous with his time

and talents. He and IBR were steady anchors in the tumultuous, stormy sea of those early years in our still-young field of addiction treatment.

Saul did more than create modern substance abuse treatment evaluation. He also created an impressive and enduring institution in the Institute of Behavioral Research (IBR) at TCU. One of his most important long-term contributions to the nation's public health was his mentoring the brilliant Dwayne Simpson, Ph.D., who has ably carried on Saul's work for more than two decades after Saul's death. Is there a more meaningful monument to any person's life work than that it not only endures but that it grows and prospers far beyond his death and that it continues to attract new generations of capable leaders?

Everyone today who sups at the table of addiction treatment — researchers, treatment providers and most of all patients and their families — owes a huge debt of gratitude to Saul Sells, the Henry Ford of drug abuse addiction treatment evaluation. I, as one of those grateful beneficiaries of Saul's bountiful gifts, am proud to salute his memory and to say, as I often did directly to my friend Saul Sells in the 1970s, "Thank you Saul Sells for being who you were and for doing what you did. We could not have done what we did without your doing what you did!" (April 2008)

Karst J. Besteman

Assistant Surgeon General, PHS (ret.)

Deputy Director, National Institute on Drug Abuse (1973-1980)

I first met Saul B. Sells in 1968 when I was assigned to the Narcotic Addict Rehabilitation Act (NARA) program at the National Institute of Mental Health (NIMH). The NARA task was to create and manage a national treatment network for addicted patients that were civilly committed by the Federal courts to the care of the U.S. Public Health Service (PHS). Saul was asked by the Division of Field Investigations (DFI) to determine what the program's effect was on patients committed for treatment of narcotic addiction. The treatment process itself was often described as a "black box" within which little was known. There were predecessor civil commitment programs (New York and California) but no available process or outcome data was available to guide the implementation of this federal program. Concurrently, the Division initiated a grant program to support addiction treatment within community-based treatment programs.

Saul discussed with us his ideas of what data and additional reporting structure would be needed to accomplish the data collection for his evaluation research plan. He was always mindful of our priority of patient care services even as he focused on his research on solutions to the problem at hand. His manner and ability quickly engendered trust and cooperation by the NARA staff and the treatment providers.

Over the subsequent years of activity at the Division of Narcotic Addiction and Drug Abuse, NIMH and its successor the National Institute on Drug Abuse, I came to know Saul as a source of data driven information about addiction treatment. His productivity and publications about the treatment process and outcome are landmarks for the entire field. There was a core of practicality in his approach. He was well aware of the theory behind his presentations and interpretation of

the data, but he never lost sight of the importance of expressing his findings in the language of the service community.

Dr. Saul B. Sells was a pioneer in the addiction treatment research field and was an early advocate for evidence based practice. Another of his outstanding accomplishments was establishment of the Institute of Behavioral Research (IBR) and selection of colleagues who shared his goals and vision. Frequently, outstanding scientist and clinicians finish their professional careers without successors to continue to build on their contributions, but Saul recruited individuals who sustained his work and expanded the conceptual framework of study and the practical implications for clinical practice. The IBR has been an outstanding research center that has helped the addiction treatment community more effectively address the clinical needs of the patients and clients. His wisdom in establishing and nurturing it has become an enduring contribution to the understanding and treatment of addictions and substance abuse. (April 2008)

Barry Brown, PhD

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Throughout its 50 year history TCU's Institute of Behavioral Research (IBR) has led the way for a number of the drug abuse field's most significant achievements. It would be no exaggeration to say the field of drug abuse would be far different and far less advanced absent its contributions.

More than 40 years ago through the foresight of Lois Chatham at the federal level, a major initiative was undertaken in conjunction with Saul Sells and his staff at the IBR to understand the effectiveness of the major treatment modalities that had been recently introduced in community settings around the country. The sudden widespread availability of publicly funded treatment was itself a major new undertaking. It was imperative that we learn of the effectiveness of the new treatment forms put in place — not as a mere academic exercise, but to assure the continuing availability of public services to people in need. Saul Sells and his colleagues at the IBR truly blazed new trails in setting forth a rigorous course of evaluative research that survives today in the routine conduct of program evaluation. The findings of those studies, converted from the warmly celebrated “purple monsters” to journal articles, books and government reports, became the bases for Congressional testimony, and thereby a critical support to the establishment and maintenance of a national system of drug abuse treatment.

Nearly as many years ago, the team of extraordinary investigators at the IBR developed the initial studies examining organizational process and functioning in drug treatment programming. Today, Dwayne Simpson and his colleagues have developed much of the most sophisticated study and measures available for analyzing and understanding organizational process and functioning. Once again, the work of the IBR in this important area influences the activities of their fellow scientists in this country and, indeed, internationally.

The IBR is today providing leadership for the field in two additional areas of particular importance. In the seminal work of Dr. Simpson and colleagues in exploring and clarifying treatment process, the much lamented “black box” of treatment has been broadly lit and the pattern and detail of treatment been made far clearer. In an area that has largely endured more name changes than efforts at enlightenment, being variously described as dissemination, technology transfer, blending, knowledge transfer, etc., the IBR team has provided important insight and direction regarding the process for allowing research to be transferred into clinical activity.

For the past 50 years TCU’s IBR has not only influenced thinking and activities in the field of drug abuse research, as significant as that contribution obviously is, the IBR has provided the training and education for an important new cadre of drug abuse investigators who are extending still further the work and the accomplishments of this extraordinary learning center, making it, in all respects, a continuing resource for our field. (April 2008)

Carl Leukefeld, DSW

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It seems that it was yesterday when I made my first trip to Texas Christian University to meet with Dr. Sells and other Institute of Behavioral Research (IBR) faculty. As a Commissioned Officer in the U.S. Public Health Service, I met Dr. Sells — never Saul then — for the first time at the Barlow Building when we were trying to figure out how to evaluate treatment outcomes across sixteen initial and different treatment programs in as many states when the Drug Abuse Reporting Program (DARP) was being birthed. As a Field Representative for the Narcotic Addict Rehabilitation Branch, NIMH, I learned the importance of evaluation to improve clinical outcomes — not unlike the currently popular interest in Evidence Based Practice.

This first trip to TCU/IBR was to discuss my dissertation, although it had passed my university committee. The Public Health Service with the help of a number of people including Karst Besteman and Bob DuPont had approved an application to the NIMH Mental Health Career Development Program which supported me for two years to obtain a doctoral degree focused on treatment outcome and evaluation research. I was looking forward to meeting everyone at IBR to “chat” about my proposal since I had helped develop DARP data collection approaches in several states, was familiar with the data, and was approved by NIMH and my committee to do secondary data analyses in order to understand mandated treatment. By the time I realized my IBR presentation would be formal, lasting several hours and intellectually stimulating, I knew there would be changes; actually, some have called these presentation sessions “crushing.” However, I also realized that it was a great learning experience — on the flight home. Part of the intellectual path that took me from NIMH to the National Institute on Drug Abuse to my current jobs as Director of the Center on Drug and Alcohol Research and Chair of the Department of Behavioral Science is linked to IBR methodological grounding in evaluation and outcome research.

My experience with Dr. Sells was one of many whose “bright light” Saul touched. The beginning of our understanding of treatment outcomes across U.S. treatment programs from the DARP created an intellectual foundation for other data sets including the ASI, CODAP, TOPPS, and a variety of GIPRAs. In fact, the focus on drug abuse behavior continues today long after the temporary buildings of the early IBR have long disappeared.

Dr. Sells, as a scholarly gentleman, anchored IBR’s success. In fact, he treated each of us with respect, understood intellectual curiosity, and always looked forward to facing issues and solving dilemmas. So when Dwayne became responsible for IBR and among other things changed IBR’s intellectual home — also called University — we began to wonder “What’s going on?” But after coming back to TCU with increased productivity, and now embracing organizational research for which Saul is known — All is well at IBR as it looks to the future. Happy 50th! And, Oh yes — Thanks Saul. (April 2008)

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It is difficult to conceive of how the drug abuse treatment field could have evolved without the IBR. The DARP served as the model for field evaluation studies in TOPS, NTIES, and DATOS, as well as NTORS in the UK. Beyond the range and depth of published findings which have shaped policy and practice, however, the scope of IBR’s contributions can be appreciated from the following: field evaluation methodology; design of process and outcome studies; management of large data sets; statistical analytic models; measurement methodology; assessment tools; dissemination and technology transfer capability. Simply put, IBR has helped to define the science that has provided a foundation for treatment research in general.

But Saul Sells, Dwayne Simpson, and the IBR have personal as well as professional meaning to me. In this regard, two remembrances of Saul are notable. Around 1970, I communicated to Saul our initial findings based upon single program TC research (Phoenix House) on the relationship between retention and outcomes. And he informed me that DARP was to report similar findings encouraging me that we were on the right track. Several years later during a national research meeting he and I chatted alone in a San Francisco hotel room on the relevance of evaluation research to policy and practice. He strongly affirmed my view that researchers in our field had to be educators, again entreating me to go forward.

Mentored by Saul Sells, Dwayne Simpson I am sure has nourished and advanced IBR beyond Saul’s imagination. Perhaps Dwayne’s most important legacy is the continuance of IBR itself through his steady leadership in breaking scientific ground and intuitive brilliance in nurturing the people to carry on the mission of IBR. Over a period of some 35 years Dwayne and I have shared a rich friendship as well as common perspective on how treatment science should evolve, namely through an incremental process, grounded in a programmatic research agenda with each study building on the previous ones.

Unfortunately, such a perspective has not always been appreciated much less followed in the shifting priorities of a temperamental funding climate. Nevertheless, over the decades my own work, in much smaller scope with Therapeutic Communities, has parallels in IBR — namely moving from field effectiveness, to treatment process, toward improving treatment. In this development, IBR has been a continuing resource and Dwayne a supportive friend and colleague. (April 2008)
