

20

ANNUAL REPORT

INSTITUTE OF BEHAVIORAL RESEARCH

COLLEGE OF SCIENCE & ENGINEERING

TEXAS CHRISTIAN UNIVERSITY



COLLEGE OF
SCIENCE & ENGINEERING

INSTITUTE OF BEHAVIORAL RESEARCH

OUR MISSION



DR. SAUL B. SELLS
DIRECTOR 1962-1982

Dr. Sells implored fellow scientists “to consider more seriously the dimensional nature of the behavior repertoire and the measurement characteristics of his apparatus, as well as the dimensions of the environments in which ‘the behavior occurs’ within multivariate analytic process models.”

The mission of the IBR is to evaluate and improve health services that address substance use as well as related mental health and social problems. For many years, research staff at the IBR have given special attention to addictions, treatment, and the evaluation of cognitive and behavioral interventions provided by community-based and criminal justice programs. Emphasis has been on the design of studies in real-world settings and the use of advanced multivariate methodologies.

Research interests in recent years include a focus on areas of significant public concern — especially addiction treatments for justice-involved populations (both adult and youth). Other areas of interest include: prevention efforts in the spread of HIV and related infections among substance users and the implementation of evidence-based practices, organizational functioning, and process research. For many years, the IBR functioned as a separate research unit of the university. Common research, training goals, and interests have and continue to align the IBR with the Department of Psychology. At the IBR, research scientists function much like other university faculty members in that the director is a psychology professor, and all IBR scientists hold graduate faculty appointments,

A key operational principle of the IBR is to be scientifically selective in requests and commitments for research funding. The IBR scientific strategy is organized around conceptual frameworks synthesized from existing knowledge as evidenced by both the TCU Treatment Process and Outcome Model as well as the TCU Program Change Model.

These two frameworks help staff visualize the foundations of our treatment and organizational research protocols, identify emerging issues that deserve attention, and integrate new findings with existing knowledge. Implementing innovations from field-based studies depends heavily upon partnerships with treatment systems and honoring

commitments to address their needs. The ability to provide useful and meaningful feedback to researchers, funding agencies, and policymakers is a vitally important element of science. In particular, scientific publications are strategically planned, integrated with other studies from relevant literature, and structured to effectively communicate salient findings.

Finally, products developed from funded research (i.e., intervention manuals, assessments, presentations, and integrative summaries) are made available without cost to treatment providers, interested researchers, and the general public. IBR researchers believe that dissemination and sustained implementation of science-supported innovations deserve as much attention as discovery.

OUR OBJECTIVES

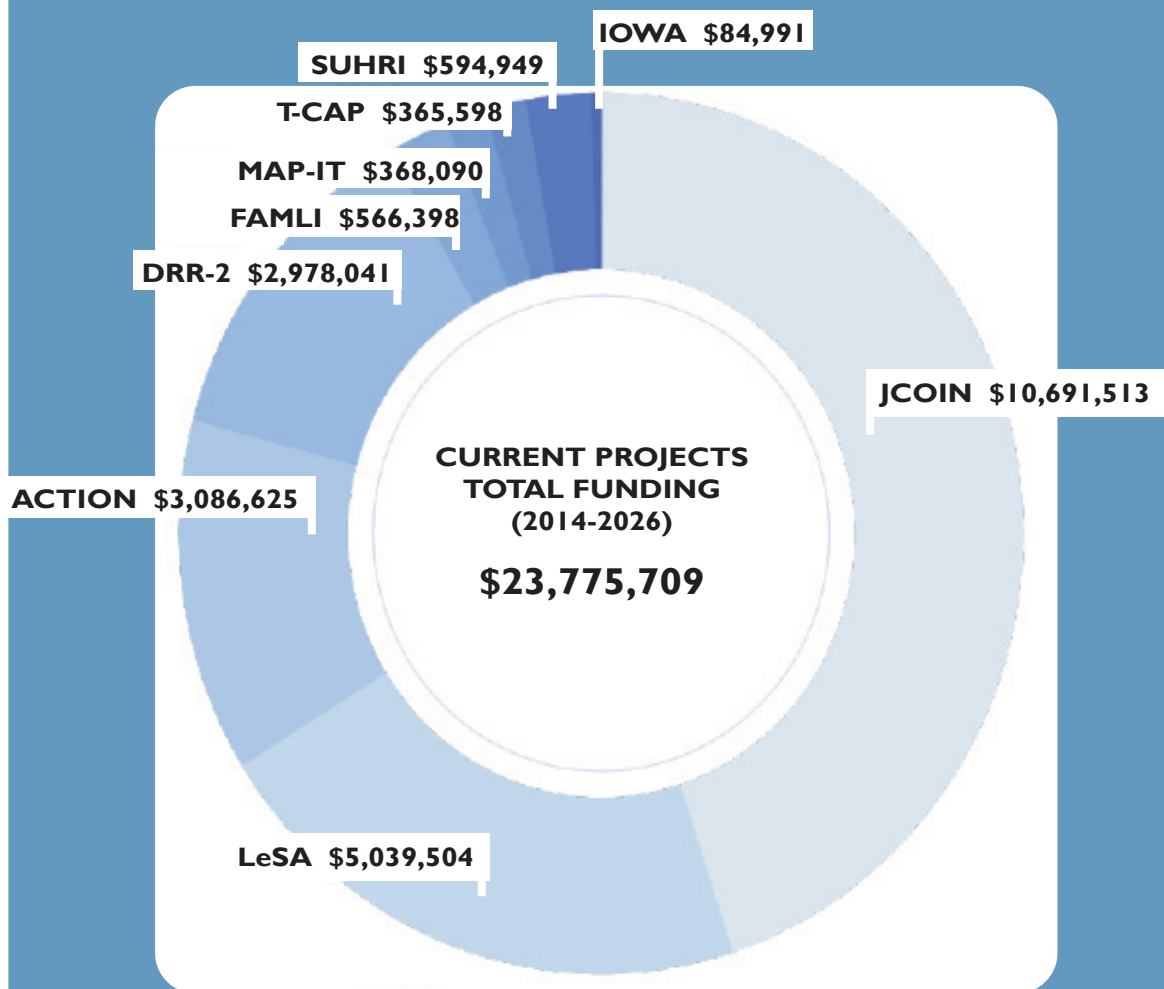
Raise the research reputation and visibility of TCU through scientific and public health contributions.

Facilitate collaboration among scientists to achieve their highest scholarly potential.

Provide undergraduate and graduate students with critical methodological and substantive research training.

Generate and disseminate knowledge that impacts policy decisions in the addiction field at local, state, national, and international levels.

TOTAL AWARDED FUNDS FOR CURRENT IBR RESEARCH PROJECTS



CONTENTS

OUR HISTORY and STAFF

Mission & Objectives (p. 1)

Our History (p. 6)

IBR Director (p. 10)

Research Scientists and Associates (p. 13)

Administrative and Support Staff (p. 26)

RESEARCH PROJECTS, INTERVENTIONS, & FORMS

DRR-2 (p. 29)

MAP-IT (p. 32)

FAMLI (p. 35)

JCOIN (p. 38)

SUHRI (p. 41)

T-CAP (p. 43)

LeSA (p. 44)

IOWA (p. 46)

ACTION (p. 47)

TCU Interventions & Forms (p. 52)

Downward Spiral Board Game (p.55)

TRAINING, STUDENTS, & FIELD IMPACT

Training Academy (p. 59)

SOAR: Undergraduate Student Lab (p. 60)

Graduate Students (p. 61)

IBR in the Media (p. 63)

Changing with the Times (p. 67)

OUR HISTORY

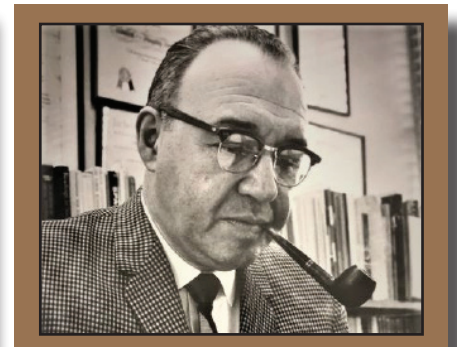
The Institute of Behavioral Research (IBR) was established in 1962 by Dr. Saul B. Sells to conduct research on personality structure, personnel selection, social interactions, and organizational functioning. This pioneering work used first-generation computers to assess personality theories through large-scale factor analyses, develop performance-based selection criterion for airline pilots, and formulate personal distance needs for humans during long-duration space missions for NASA. In 1968, the IBR was invited to develop and conduct the first federally-funded national evaluation of the newly formed community-based system for treating heroin addiction in the U.S. This work helped define methodological standards for addiction treatment process and follow-up outcome studies in natural field settings, leading to the IBR's participation in all three major national treatment effectiveness studies funded by the National Institute of Health (NIH) from 1968 through 2001. Conceptual frameworks emerging from this research for evaluating treatment dynamics, outcomes, and change—both at the individual client and organizational functioning levels— have yielded assessment and intervention resources as well as implementation strategies now being used internationally.

Dr. Sells began to formulate plans for establishing a center for applied behavioral research soon after joining the TCU Department of Psychology in 1958. His paper on “interactive psychology” [American Psychologist, 1963, 18(11), pp. 696-702] foretold his commitments to merging interests in personality profiles, selection techniques that could predict performance outcomes, and organizational functioning with real-world applications. Dr. Sells implored fellow scientists “to consider more seriously the dimensional nature of the behavior repertoire and the measurement characteristics of his apparatus, as

well as the dimensions of the environments in which ‘the behavior occurs’ within multivariate analytic process models” (p. 698).

Following establishment of the IBR in 1962, Dr. Sells served as its director until his retirement from this role 20 years later. Dr. Sells received his Ph.D. from Columbia University in 1936 and was trained under Robert S. Woodworth and Edward L. Thorndike. He recruited Robert I. Watson and Phillip H. Dubois to serve as members of his first IBR Advisory Council. Dr. D. Dwayne Simpson, a student of Dr. Sells and a member of the IBR faculty since 1970, became director in 1982 and, subsequently, moved the IBR to Texas A&M University when Dr. Sells retired.

In 1989 the IBR was re-affiliated with TCU, continuing the long-standing tradition of providing training opportunities for graduate students in



PICTURED ABOVE LEFT: (from left to right): BACK ROW - George Joe, Richard Demaree, and D. Dwayne Simpson; FRONT ROW - John Ball, Saul B. Sells, and Y. P. Low

PICTURED ABOVE RIGHT: Dr. Saul B. Sells

PICTURED LOWER RIGHT: Dr. D. Dwayne Simpson

health services research. The IBR's mission and role within TCU has remained essentially unchanged since its founding. The IBR received the designation of "Center of Excellence" in 1996 for providing valuable training opportunities in graduate and postgraduate education and contributing to the professional success of many former students and staff members in both academic and applied research leadership positions.

In April 2009, Patrick M. Flynn became director. As a professor of psychology, he strengthened the collaborative relationship with TCU's Department of Psychology as well as continued the long-standing tradition of providing training opportunities for IBR graduate students in health services research. Dr. Kevin Knight became director in 2019, serving as the fourth IBR director in its long history.



PICTURED ABOVE: Dr. George Joe working on statistics in 1969.



PICTURED ABOVE: *The American Flag that accompanied the Apollo 13 crew into space and was presented to the IBR in appreciation for Dr. Sells' work on astronaut selection criteria.*

WHO WE ARE

IBR research activities represent a dedication to our primary goal - helping people who have, or are at risk for, a substance use disorder by conducting studies of health services in community and correctional settings.

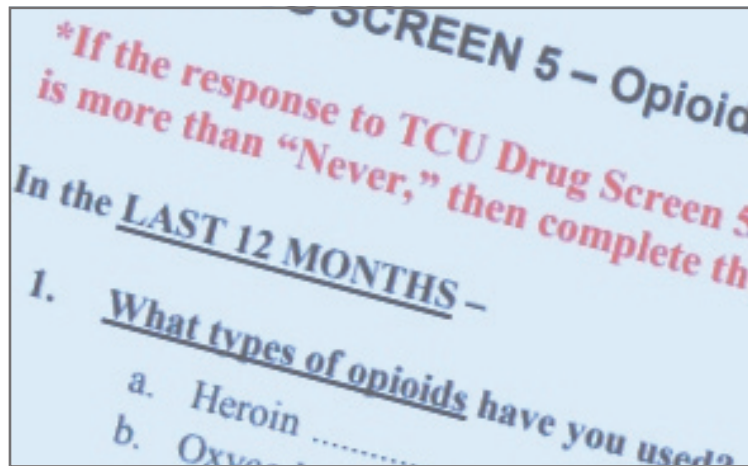
Dr. Kevin Knight, IBR Director

Since joining the IBR faculty in 1991, Kevin Knight's career has focused on conducting research with substance-using, justice-involved populations. He has served as the Principal Investigator (PI) on research projects funded by NIDA (the National Institute of Drug Abuse), the National Institute of Justice, and the National Institute of Corrections. Dr. Knight currently serves as a Multiple PI on the Justice Community Opioid Innovation Network (JCOIN):TCU Clinical Research Center project, and as a Multiple PI on the Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now Among Justice-Involved Populations (ACTION). He recently served as the TCU PI on a NIDA-funded Cooperative Agreement called Criminal Justice Drug Abuse Treatment Studies (CJ-DATS); a multisite project spanning over 12 years and focused on testing strategies to improve the implementation of evidence-based practices within a criminal justice setting. Following the CJ-DATS project, Dr. Knight was a Multiple PI on a six-year project studying HIV-positive prisoners from North Carolina and Texas being released back into the community.

All of these studies include the development, implementation, and psychometric testing of tools that are provided to the field at no cost for non-commercial use. This includes the development of screening tools for substance use disorders, psychosocial functioning,



client motivation, and treatment engagement. The TCU Drug Screen 5 and TCU Opioid Supplement are two recently developed instruments that have been widely adopted in the field. In addition to serving on journal editorial boards, Dr. Knight participates in advisory activities for organizations addressing criminal justice, substance use, and related policy issues. He currently oversees the IBR as the IBR Director and Professor of Psychology, and was appointed the S. B. Sells Chair of Psychology in 2020.



2020 Highlighted Publications and Presentations

Knight, D., Becan, J., Olson, D., Painter Davis, N., Jones, J., Wiese, A., Carey, P., Howell, D., & **Knight, K.** (2020). Justice Community Opioid Innovation network (JCOIN): The TCU Research Hub. *Journal of Substance Abuse Treatment*.

Lehman, W. E. K., Pankow, J., Muiruri, R., Joe, G. W., & **Knight, K.** (under review). An evaluation of StaySafe, a tablet app to improve health risk decision making among people under community supervision. *Journal of Substance Abuse Treatment*.

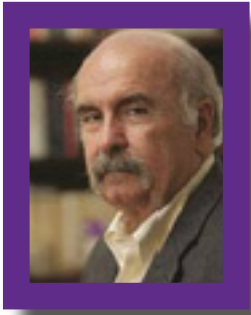
Muiruri, R., Pankow, J., Bonnette, B., Goldberg, G., **Knight, K.**, & Lehman, W. E. K. (2020). Methodological Considerations for Conducting Research in Correctional Settings: A Field Perspective.

Taweh, N., Schlossberg, E., Frank, C., Nijhawan, A., Kuo, I., **Knight, K.**, & Springer, S.A. (2020). Linking Criminal Justice-Involved Individuals to HIV, Hepatitis C, and Opioid Use Disorder Prevention and Treatment Services Upon Release to the Community: Progress, Gaps, and Future Directions (under review at *International Journal of Drug Policy*).

2020 Highlighted Service Activity

National Institute of General Medical Sciences Grant Reviews: Center of Biomedical Excellence review meeting, June 2020.

Dr. Patrick Flynn, Professor Emeritus



After a long, prolific, and distinguished academic and research career, Dr. Patrick Flynn retired in 2020 following a one-year sabbatical leave from TCU. He served as director of the IBR since 2009. Dr. Flynn held the Saul B. Sells Chair of Psychology and served as a TCU tenured Professor of Psychology. His scientific work encompasses professional publications centering on treatment effectiveness, benefits for adolescents and adults, and other public health issues in both community and correctional populations including adherence to medications and treatment. The broad and international scope of his work with community-based programs included clinical assessment, questionnaire development, multisite clinical trials, and intervention dissemination and implementation across the U.S., United Kingdom, Italy, and Chile. Dr. Flynn is a Fellow in multiple divisions of the American Psychological Association as well as the American Educational Research Association. He served on chartered federal grant review panels, has served as chairperson of an NIH/CSR health services research study section, as well as Chairperson of the NIH/CSR Behavioral and Social Science Approaches to Preventing HIV/AIDS Study Section (BSPH). He is currently enjoying life in the Sunshine State, being with family, exercising, and fishing and traveling when public health conditions permit.

GROUP ZOOM PICTURE



PICTURED ABOVE: The IBR staff routinely meets weekly to communicate about events and progress on research projects. For much of 2020, we continued to meet weekly by a virtual platform to discuss research projects, events, university news and COVID impact.

Dr. George Joe, Senior Research Scientist

George Joe originally joined the IBR in 1969. In 1983, he became a Research Scientist for the Behavioral Research Program at Texas A&M University and later returned to TCU in 1989. His research focuses on the components of the treatment process, evaluation models for treatment effectiveness, etiology of drug abuse, and statistical methodology. He is a senior statistician for the IBR and specializes in the application of univariate and multivariate statistical methods, analytic modeling of data, questionnaire development, sample selection, and survey research. Dr. Joe's professional work includes over 100 professional journal publications. He was a member of the NIDA Treatment Research Subcommittee and Special Emphasis Panels, and is a frequent reviewer for professional journals.



2020 Highlighted Publications and Presentations

Lehman, W. E. K., Pankow, J., Muiruri, R., **Joe, G.W.**, & Knight, K. (2020). An evaluation of StaySafe, a tablet app to improve health risk decision making among people under community supervision. *Journal of Substance Abuse Treatment*.

Robertson, A. A., Fang, Z., Weiland, D., **Joe, G.**, Gardner, S., Dembo, R., McReynolds, L., Dickson, M., Pankow, J., Dennis, M., & Elkington, K. (2020). Recidivism Among Justice-Involved Youth: Findings From JJ-TRIALS. *Criminal Justice Behavior*, 47(9), 1059–1078.

2020 Highlighted Service Activity

Reviewer for scientific journals, including *Drug and Alcohol Dependence*, *Journal of Substance Abuse Treatment*, *AIDS and Behavior*, and *Addiction*.

Dr. Wayne Lehman, Senior Research Scientist



Wayne Lehman has been a Senior Research Scientist at the IBR since 2009. Dr. Lehman began as a graduate research assistant in 1978 and worked as a research scientist for the Behavioral Research Program at Texas A&M University from 1982 to 1989. He returned to TCU IBR as a scientist for 13 years conducting research on substance use in the workplace and assessment of organizational factors of drug treatment programs. In 2002, he

went to work as a senior statistician for the Litigation Support Services division at a consulting firm in Colorado, and subsequently as a statistician with Project Safe at the University of Colorado in Denver where he conducted research on HIV prevention among out-of-treatment drug users in Colorado and the Ukraine. Since returning to the IBR in 2009, Dr. Lehman's major research efforts have focused on organizational improvement and change strategies in drug treatment programs, technology transfer, and strategies for reducing HIV risk behaviors in criminal justice populations. He is currently helping to develop a mobile app for the Iowa Department of Corrections. In addition to being the PI for the DRR-2 Project, he serves on the editorial board for the Journal of Substance Abuse Treatment and has served as a reviewer for NIH study sections and special emphasis panels.

2020 Highlighted Publications and Presentations

Becan, J., Amanda, W., **Lehman, W. E. K.**, Thomas, S., & Elizabeth, J. (2020, December). *Mapping approaches to prepare for implementation transfer: A randomized pilot study of an organizational intervention to promote successful implementation best practices*. 13th Annual Conference on the Science of Dissemination and Implementation in Health. Online/Virtual Presentation.

Lehman, W. E. K., Pankow, J., Muiruri, R., Joe, G. W., & Knight, K. (under review). An evaluation of StaySafe, a tablet app to improve health risk decision making among people under community supervision. *Journal of Substance Abuse Treatment*.

Muiruri, R., Pankow, J., Bonnette, B., Goldberg, G., Knight, K., & **Lehman, W. E. K.** (under review). Methodological Considerations for Conducting Research in Correctional Settings: A Field Perspective.

Welsh, W., Dembo, R., **Lehman, W. E. K.**, Bartkowski, J. P., Hamilton, L., Leukefeld, C. G., & Wiley, T. (2020). Critical factors influencing inter-organizational relationships between juvenile probation and behavioral health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*.

2020 Highlighted Service Activity

NIH Grant Reviews: HIV/AIDS Intra- and Inter-personal Determinants and Behavioral Interventions Study Section (HIBI) review meetings, March & November, 2020, and Special Emphasis panel, March, 2020.



PICTURED ABOVE: Two students are seated with Elaine Tinius and Wayne Lehman to play the Downward Spiral Board Game.

Dr. Danica Knight, Senior Research Scientist



Danica Kalling Knight joined the IBR in 1992. She is an IBR Senior Research Scientist, a TCU Associate Professor of Psychology, and Associate Director of Research at the Karyn Purvis Institute of Child Development. Her research includes large-scale projects designed to improve health and reduce substance use by strengthening relationships, including caregivers and family members. Her recent publications focus on identifying factors affecting adolescent recovery from substance use; improving substance use screening, assessment, and

treatment services for justice-involved youth; understanding organizational factors associated with the adoption, implementation, and use of best practices; and testing strategies for improving identification and coordination of substance use treatment programs and other health services.

Dr. Knight is currently PI for the TCU research center of NIH/NIDA's HEAL Prevention Grant called *Preventing Opioid Use Among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults or LeSA*, and one of the Multiple PIs for the TCU hub of NIDA's *Justice Community Opioid Innovations Network (JCOIN)*. She is also PI for the NIDA grant, *Family Assessment, Linkage, and Motivation Intervention or FAMILI*, and multiple PI on *The Substance Use and Health Risk Intervention for Justice-Involved Youth (SUHRI)*.

The *LeSA* project targets the initiation and escalation of substance use by equipping parents with tools to better support their justice-involved youth as they transition home after being detained in secure juvenile justice (JJ) facilities. Trust-Based Relational Intervention® (TBRI®) serves as the primary intervention. The *JCOIN* project seeks to improve local community public health and safety outcomes for reentering justice-involved individuals who either have a history of or are at risk for using opioids. The *FAMILI* project aims to increase family engagement and support among justice-involved youth with substance use treatment needs. The *SUHRI* project seeks to develop an integrated health risk-reduction and motivational enhancement intervention for JJ youth that will be sustainable within a JJ supervision/case management context.

2020 Highlighted Publications and Presentations

Becan, J., Horan Fisher, J., Johnson, I. D., Bartkowski, J., Seaver, R., Gardner, S. K., Aarons, G. A., Renfro, T. L., Muiruri, R., Blackwell, L., Piper, K. N., Wiley, T. A., & **Knight, D. K.** (2020). Improving Substance Use Services for Juvenile Justice-Involved Youth: Complexity of Process Improvement Plans in a Large Scale Multi-site Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 47, 501–514.

Dennis, M., Smith, C., Belenko, S., **Knight, D. K.**, McReynolds, L., Rowan, G., Dembo, R., DeClemente, R., Robertson, A., & Wiley, T. (2020). Operationalizing a behavioral health services cascade of care model: Lessons learned from a 33-site implementation in juvenile justice community supervision. *Federal Probation Journal*, 83(2), 52–64.

Elkington, K., Spaulding, A., Gardner, S., **Knight, D.**, Belenko, S., Becan, J., Robertson, A., Oser, C., & DiClemente, R. (2020). A system-level intervention to encourage collaboration between juvenile justice and public health agencies to promote HIV/STI testing. *AIDS Education & Prevention. AIDS Education and Prevention*, 32(4), 337–355.

Knight, D., Becan, J., Olson, D., Painter Davis, N., Jones, J., Wiese, A., Carey, P., Howell, D., & Knight, K. (2020). Justice Community Opioid Innovation network (JCOIN): The TCU Research Hub. *Journal of Substance Abuse Treatment*.

2020 Highlighted Service Activity

Editorial Board, *Journal of Substance Abuse Treatment*.



PICTURED ABOVE: BACK ROW - Jen Pankow, Jennifer Becan, Amanda Wiese, Wayne Lehman, Kevin Knight, and George Joe; FRONT ROW - Danica Knight, Amy Johnson, and Roxanne Muiruri

Dr. Jen Pankow, Research Scientist



Dr. Jen Pankow celebrated her 10th anniversary in 2020 as a member of the TCU IBR investigator team. Prior to completing her graduate studies in 2010 in Experimental Psychology at TCU, she served in different roles working with adults receiving substance use treatment at the Illinois Sheridan Correctional Center. Her experience at Sheridan as a case manager

with TASC Inc. and as a licensed substance use counselor with Gateway Foundation and Westcare agencies, provided clinical experience that continues to inform her research at the IBR. In the past decade, she has collaborated on two large-scale federal research initiatives as Project Director: the 6-year Criminal Justice Drug Abuse Treatment Studies (CJ-DATS 2) protocols; one testing implementation strategies designed to improve access to HIV care in the community, and a second study testing organizational strategies to implement medication-assisted treatment options for individuals with an opioid and/or alcohol addiction. As Project Director on the 6-year Sustainable HIV Risk Reduction Strategies for Criminal Justice Systems Project (DRR2), she was instrumental in developing and testing an app for improving decision-making skills to reduce health risks for adults on probation. She also served as an Investigator on the Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS), and is lead author on a study being prepared for submission that examines the mediating effect of substance use treatment on recidivism for youth under supervision.

Currently, Dr. Pankow serves as PI on the Telehealth-Clinical Advocacy Project (T-CAP) funded by NIDA. The two-year project is a feasibility study testing a multidisciplinary telehealth intervention integrated within a state-supported police opioid diversion program. Recently, she was named as a Co-Project Director on the 5-year ACTION study comparing two models of linking and retaining individuals recently released from custody to the continuum of community-based HIV and

Opioid Use Disorder prevention and treatment services. Additional leadership roles include IBR Training Program Coordinator, developing training opportunities on IBR interventions and assessments with digital and virtual programs, and supervising qualitative analyses across IBR projects. Additionally, she coordinates activities and programs for the IBR Undergraduate Student Lab—Student Overview of Applied Research (SOAR) and Training Academy.

2020 Highlighted Publications and Presentations

Lehman, W., **Pankow, J.**, Muiruri, R., Joe, G., & Knight, K. (n.d.). An evaluation of StaySafe, a tablet app to improve health risk decision making among people under community supervision. *Journal of Substance Abuse Treatment*.

Muiruri, R., **Pankow, J.**, Bonnette, B., Goldberg, G., Knight, K., & Lehman, W. E. K. (2020). Methodological Considerations for Conducting Research in Correctional Settings: A Field Perspective.

Pankow, J., & Knight, K. (n.d.). Asociality and engagement in adult offenders in substance abuse treatment. *Behavioral Sciences & the Law*, 30(4), 371–83.

Robertson, A. A., Fang, Z., Weiland, D., Joe, G., Gardner, S., Dembo, R., McReynolds, L., Dickson, M., **Pankow, J.**, Dennis, M. L., & Elkington, K. (2020). Recidivism among justice-involved youth: Findings from JJ-TRIALS. *Criminal Justice and Behavior*, 47(9).

2020 Highlighted Service Activity

Coordinator of the S.O.A.R. Undergraduate Student Lab at TCU.

Dr. Jennifer Becan, Research Scientist



Jennifer Becan joined the IBR in 2006 and has served as both Investigator and PI on NIDA-funded research projects investigating substance use treatment processes, intervention adaptation and effectiveness, and the role contextual factors and implementation strategies play in improving treatment services.

Dr. Becan currently serves as a PI on two NIDA-funded projects - Mapping Approaches to Prepare for Implementation Transfer (MAP-IT) and Substance Use and Health Risk Intervention (SUHRI). MAP-IT examines the preliminary intervention efficacy and skill development among agency leadership and frontline staff regarding the deliberate, ongoing, and agency-driven preparation for implementing evidence-based practices. SUHRI assesses the feasibility of a unique, tablet-based intervention to teach and encourage positive, prosocial, and healthy behavioral choices as well as enhance the motivation for justice-involved youth to enroll and participate in substance use treatment and related health services.

Dr. Becan serves as Project Director on the Family Assessment, Motivation, and Linkage Intervention (FAMLI), which is developing and testing a caregiver-youth intervention designed to increase motivation for change and facilitate successful navigation of logistical challenges (e.g., how to recognize and overcome a problem and how to find help when you need it). Additionally, Dr. Becan serves as an Investigator and Project Director for the TCU hub of the Justice Community Opioid Innovation Network (JCOIN). This five-year project targets opioid use disorder (OUD) and is designed to increase access to and retention in behavioral health and medication-assisted treatment programs among adults involved in the justice system.

Dr. Becan also serves as an Investigator on the ACTION study, a 5-year project designed to compare two models of linking and retaining individuals recently released from custody to community-based HIV and OUD prevention and treatment service cascades of care.

Dr. Becan serves as a grant reviewer for both NIH and SAMHSA, is a recipient of the NIH Training Institute Award for Dissemination and Implementation Research on Health (TI-DIRH), and serves on the Addiction Health Services Research (AHSR) conference planning committee.

2020 Highlighted Publications and Presentations

Becan, J., Horan Fisher, J., Johnson, I. D., Bartkowski, J., Seaver, R., Gardner, S. K., Aarons, G. A., Renfro, T. L., Muiruri, R., Blackwell, L., Piper, K. N., Wiley, T. A., & Knight, D. K. (2020). Improving Substance Use Services for Juvenile Justice-Involved Youth: Complexity of Process Improvement Plans in a Large Scale Multi-site Study. *Administration and Policy in Mental Health and Mental Health Services Research*.

Elkington, K., Spaulding, A., Gardner, S., Knight, D., Belenko, S., **Becan, J.**, Robertson, A., Oser, C., & DiClemente, R. (2020). A system-level intervention to encourage collaboration between juvenile justice and public health agencies to promote HIV/STI testing. *AIDS Education & Prevention*.

Moullin, J.C., Dickson, K.S., Stadick, N.A., **Becan, J.E.**, Wiley, T.A., Phillips, J., Hatch, M., & Aarons, G.A. (2020). *Chapter 2: Exploration, Preparation, Implementation, Sustainment (EPIS) framework*. Handbook on Implementation Science, 32-61.

Knight, D. K., **Becan, J. E.**, Olson, D., Painter Davis, N., Jones, J., Wiese, A., Carey, P., Howell, D., & Knight, K. (in press). Justice Community Opioid Innovation Network (JCOIN): The TCU Research Hub. *Journal of Substance Abuse Treatment*.

2020 Highlighted Service Activity

Member of the Conference Planning Committee: Addiction Health Services Research (AHSR)

Dr. Yang Yang, Research Scientist



Yang Yang is a graduate of the IBR and joined the IBR as a Research Scientist in January 2020. Before returning to the IBR, she served as an Assistant Professor in the Department of Psychology at the University of Louisiana at Lafayette. She served as a PI on an externally funded project looking at factors associated with health-risk behaviors among young adults. Her research interests include substance use treatment for justice-involved individuals, health disparities, and advanced research methodology.

Yang serves as the Project Director for the LeSA project.

2020 Highlighted Publications and Presentations

Yang, Y. (2020). Aggression and Somatic Symptoms: the Role of Emotion Regulation and Distress Tolerance. *International Journal of Behavioral Medicine*, 27, 466–474.

Yang, Y. (2020). Daily stressor, daily resilience, and daily somatization: The role of trait aggression. *Personality and Individual Differences*, 165, 110141.

Yang, Y., & Perkins, D. R. (2020). Association between childhood adversity and criminal thinking: The role of attachment. *Psychology, Crime & Law*.

2020 Highlighted Service Activity

Journal Reviewer: *Behavioral Science and the Law*; *Child Abuse & Neglect*; *Contemporary Clinical Trials*; *Criminal Justice and Behavior*; *Evaluation and Program Planning*; *Journal of Substance Abuse Treatment*; *Journal of Mixed Methods Research*; *Journal of Offender Rehabilitation*; *Qualitative Health Research*; *Substance Abuse Treatment, Prevention, and Policy*; *Journal of Child and Family Studies* (Associate Editor)

Dr. Rachel Crawley, Associate Research Scientist

Rachel Crawley is a graduate of the IBR and joined the IBR as an Associate Research Scientist in March 2020. Before earning her Ph.D. in Experimental Psychology, Rachel was a Licensed Chemical Dependency Counselor working with adults involved in the criminal justice system. She is currently a Licensed Professional Counselor. Before returning to the IBR, she was a behavioral health data analyst (lead suicide analyst) with Headquarters Marine Corps in Quantico, Virginia, and then served as an Associate Research Scientist with the Karyn Purvis Institute of Child Development (KPICD) at TCU.



At the KPICD, she served as the quantitative specialist and research team lead and was the PI on program evaluation and research projects. Her research interests include substance use and mental health treatment and prevention, organizational functioning and general implementation issues, technology-facilitated intervention and data collection, and trauma-informed intervention effectiveness and implementation.

2020 Highlighted Publications and Presentations

Crawley, R., Snyder, K., Hunsley, J., Parris, S., Razuri, E., Call, C. D., Austin, M., & Cross, D. (2020). *A retrospective examination of Trust-Based Relational Intervention (TBRI) Dissemination in an Urban Collaborative of Child Welfare Organizations.*

Hunsley, J. L., Ekas, N. V., & **Crawley, R.** (2021). An Exploratory Study on the Impact of Adoption on Adoptive Siblings. *Journal of Child and Family Studies.*

Hunsley, J., **Crawley, R. D.**, Styffe, E., West, A., Call, C., & Hategekimana, C. (n.d.). Effectiveness of a trauma-informed intervention in Rwanda's deinstitutionalization program. *International Journal of Social Welfare.*

2020 Highlighted Service Activity

Journal Reviewer: *Residential Treatment for Children & Youth; Preventative Medicine Reports; Adoption Quarterly; Journal of Substance Abuse Treatment*

PUBLIC HEALTH RESEARCH ASSOCIATES



Roxanne Muiruri, MPH

Roxanne Muiruri joined the IBR in 2012 from the field of social work where she focused on implementation of programs for foster children, asylum seekers, and refugees. Roxanne has experience in HIV prevention activities with young adults and youth in a university setting. As a Public Health Research Associate, she has worked on IBR NIDA-funded projects including

JJ-TRIALS, DRR-2, STT (“Seek, Test, and Treat,”), CJ-DATS 2 and MAP-IT. Currently, she primarily works on the NIDA-funded projects T-CAP and FAML. Her interests include the intersection of healthcare and technology, the impact of social-cultural factors on health choices/decision-making, and the use of evidence-based research to modify and adapt interventions for vulnerable, underserved, and minority populations with a focus on mental health, substance use, and chronic diseases.

Justin Jones, MPH

Justin Jones joined the IBR in 2019. He is a Public Health Research Associate working on two NIDA-funded projects, MAP-IT and JCOIN. Previously, he worked as a Research Associate on a malaria and genomics study and has worked as a project coordinator for an HIV/TB project in South Africa. He earned his Masters in Public Health from Yale in 2019 and is trained in epidemiology and microbial diseases.



Sanjana Puri, MPH

Sanjana Puri grew up in Flower Mound, Texas, and attended Rice University in Houston, Texas as both pre-med and a Health Sciences major in the Kinesiology department. She went on to complete her masters in public health (MPH) as a Rice-UT Public Health Scholar and worked on a Schweitzer Fellowship project on mental health in the South Asian community. Since moving back to Dallas, she has been working across projects at the IBR, primarily focusing on the Iowa mobile app with Dr. Wayne Lehman.



PUBLIC HEALTH RESEARCH ASSOCIATES

Shatoya Young, LPC

Shatoya joined the IBR in March 2020 as a Public Health Research Associate. She earned her Bachelor's Degree in Psychology from the University of Texas at San Antonio and began her career as a Case Manager at a foster and adoption agency serving children and youth involved in the foster system. After obtaining her Master's in Professional Counseling from Liberty University in Lynchburg, Virginia, Shatoya gained extensive knowledge in working with justice-involved youth and their families. Shatoya is a Licensed Professional Counselor interested in working with children, justice-involved youth and families, and those who have experienced trauma and face a variety of mental challenges such as depression and anxiety. Shatoya joins the IBR as the Training and Implementation Specialist for the LeSA study, and as the Project Coordinator for the FAMLI study.



Elaine Tinius, LMSW

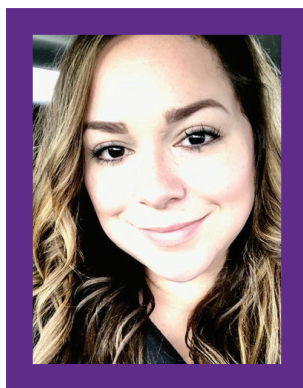
Elaine joined the IBR team in January 2020 as a Public Health Research Associate. She transitioned from a background of social work, where the majority of her career had been rooted in the child welfare arena, directly serving families and vulnerable youth. She has completed both undergraduate and graduate studies in Social Work, and is a TBRI practitioner. Elaine has a passion for combatting abuse and neglect, focusing on effective ways to support and impact children, youth, and families. Her experience includes investigations, permanency work, as well as family preservation, implementing foster care systems, curriculum facilitation, and partnering with the legal system in numerous capacities. Elaine believes all young people deserve and are meant to connect to a positive, caring, supportive, and nurturing caregiver. She works to advocate, educate, and empower others to be more trauma informed, believing everyone possesses their own unique catalogue of experiences. Elaine joins the IBR as the Project Coordinator for the LeSA study.

OUR ADMINISTRATIVE TEAM



**Audrey
Armstrong, M.A.**

Audrey joined the IBR in 2019 as a Research Support Specialist and works on various projects, manages publication and manuscript submission, maintains a bibliographic database for all of the research scientists, and assists with software support. Previously, Audrey served as a licensed specialist in school psychology for over 20 years, working with special education students in the public school setting.



**Amanda
Soto, B.S.**

Mandy joined the IBR in 2019 as an Administrative Support Assistant. She performs clerical, budgetary, and receptionist duties and is the “face of the office” for visitors. Additionally, she assists the operation coordinator with various projects for the IBR. Mandy has a bachelor’s degree in economics with experience in public school as an after-school technology instructor.



**Daisha
Sipho, B.A.**

Daisha joined the IBR in 2019 as an Administrative Support Assistant working on web-based and media projects, updating the IBR website, and developing web-based forms and surveys for IBR operations and projects. She also assists IBR staff with web-based technology needs. Daisha earned her bachelor’s degree in journalism from TCU and is finishing her graduate degree in criminology and criminal justice.

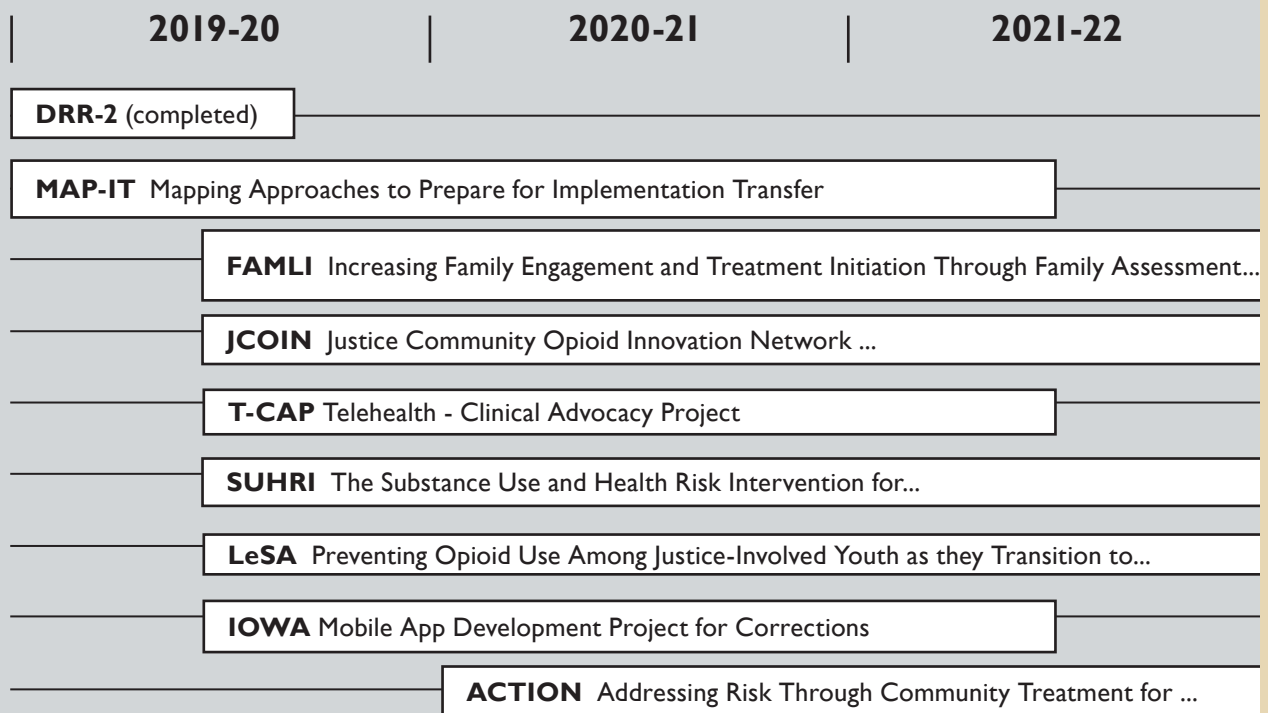


Amy Johnson, B.S.

Amy joined the IBR in 2015 as an Operations Coordinator with a Bachelor’s degree in Workforce Education and Development and over 14 years of budgetary experience in higher education. She manages the day-to-day operations of the IBR, maintains financial records, and coordinates administrative and financial functions.

**P R O J E C T
D E S C R I P T I O N S**

PROJECT TIMELINE



DRR-2	MAP-IT	FAMLI	JCOIN
R01D025885	R21DA044261	UG3DA050250	UGIDA050074
9/15/2008 - 3/31/2020	9/30/2018 - 8/31/2021	6/15/2019 - 4/30/2022	7/15/2019 - 4/30/2024
2020 Funding: \$139,241 (Indirect \$39,277)	2020 Funding: \$121,814 (Indirect \$45,842)	2020 Funding: \$187,246 (Indirect \$49,246)	2020 Funding: \$2,021,759 (Indirect \$254,903)

2022-23

2023-24

2024-25

... Motivation, and Linkage Intervention (**FAMLI**)

...TCU Clinical Research Center (**JCOIN**)

...Justice-Involved Youth (**SUHRI**)

...Adulthood: Leveraging Safe Adults (**LeSA**)

...Infectious Disease and Opioid Use Disorder Now Among Justice-Involved Populations (**ACTION**)

T-CAP	SUHRI	LeSA	IOWA	ACTION
R21DA048232	R34DA048065	UG3DA050250	MA20270	U0IDA053039
8/1/2019 - 7/31/2021	9/30/2019 - 8/31/2022	9/30/2019 - 8/31/2024	9/30/2020 - 8/31/2021	9/30/2020 - 8/31/2025
2020 Funding: \$199,068 (Indirect \$49,068)	2020 Funding: \$168,665 (Indirect \$43,665)	2020 Funding: \$1,100,705 (Indirect \$185,393)	2020 Funding: \$84,991 (Indirect \$5,791)	2020 Funding: \$428,847 (Indirect \$67,136)

DRR - 2

Sustainable HIV Risk Reduction Strategies for CJ Systems

**Principal Investigator:
Wayne E. K. Lehman**

Well-established and consistently used HIV/HBV/HCV risk reduction prevention/intervention programs with continuity of care do not exist in most criminal justice treatment systems due to a lack of policy development and integration between institution and community-based corrections, health, and social service agencies. Risk reduction interventions targeting re-entry are crucial to address the return of risky behaviors upon returning to the community. Community corrections populations need approaches that have the capability to address motivational, social, and cognitive deficits.

The current project developed a tablet computer app, StaySafe, to improve decision-making around HIV health-risk behaviors for probationers under community supervision or in residential substance use disorder treatment programs. The app borrows key concepts from the earlier WaySafe intervention and adapted them for community corrections populations. StaySafe is based on cognitive processing models derived from Analytically-Created Schemas (ACS) and TCU Mapping Enhanced Counseling (MEC). These models help participants to organize information through a series of steps and exercises that develop analytic thinking through twelve 10-15 minute self-administered sessions.

The 12 StaySafe sessions include 9 sessions that use the WORKIT schema (a specific ACS that teaches a simplified structure for analyzing problems) and 3 sessions called Participant Choice during which the participant chooses a different information-based activity around HIV and health risks. WORKIT sessions start with the participant choosing a topic from a list of 11 problem themes related to (1) people (e.g., “Asking a partner about his or her HIV testing”), (2) places (e.g., “Favorite high-risk places to hang out”) or (3) things (e.g., “Practicing safe sex”). The participant then views a vignette showing actors working through a risky situation related to the chosen topic (vicarious learning). WORKIT steps involve choosing a response from a list, such as “Who is affected by the decision?” or “Who can help with

(DRR-2 Project Description Continued)

the problem?” or imagining a response. Supporting health facts for each option “pop up” on the screen, thus providing educational information embedded within the decision-making schema. The goal is to help participants internalize an analytic process through repeated practice using relevant examples rather than solving specific problems. WORKIT sessions close with a “maze” game in which an animated character moves through a maze as participants respond to quiz questions reinforcing the information presented during the session.

The StaySafe app was tested with people on probation in community supervision settings and in probation-run residential substance use disorder treatment in three large Texas counties. Participants who signed informed consent documents completed baseline surveys and were then randomly assigned to a StaySafe or standard operating procedure (SOP) arm. A total of 163 participants completed a baseline survey in the community supervision sample and 348 in the residential treatment sample. Participants in the StaySafe arm also completed up to 12 weekly StaySafe sessions. All participants were asked to complete post-intervention measures at 3 months after baseline and sustainability measures at 6 months after baseline; all were compensated for their time in the form of payments toward their required probation fees.

Key outcome measures included knowledge, confidence and motivation (KCM) around HIV knowledge, avoiding risky sex, HIV services and reducing health risks, in addition to talking about issues such as making better decisions, avoiding HIV risks and HIV prevention or treatment with others (probation officers, counselor, trusted friends or advisors, or family members).

A number of important and promising results supported the feasibility and efficacy of StaySafe. First, participants were willing to complete multiple StaySafe sessions, averaging 7.3 completed sessions in the community supervision sample and 10.1 in the residential sample.

Overall, StaySafe participants showed greater improvements in the KCM measures at post-intervention than did participants in the SOP arm, with more significant differences in the residential sample than the community supervision sample. Secondly, for participants in the StaySafe arm in the community sample, completing more sessions was associated with greater improvement on the outcome measures.

Finally, researchers conducted a qualitative analysis of interviews with those StaySafe participants completing at least 6 sessions, revealing two major themes: 1) increased awareness of HIV information/risks and 2) increased awareness

of problem-solving and decision-making processes, both of which can lead to behavior regulation.

DRR-2 Project - Current Status

This project ended in March 2020. Manuscripts from the project are currently being completed.

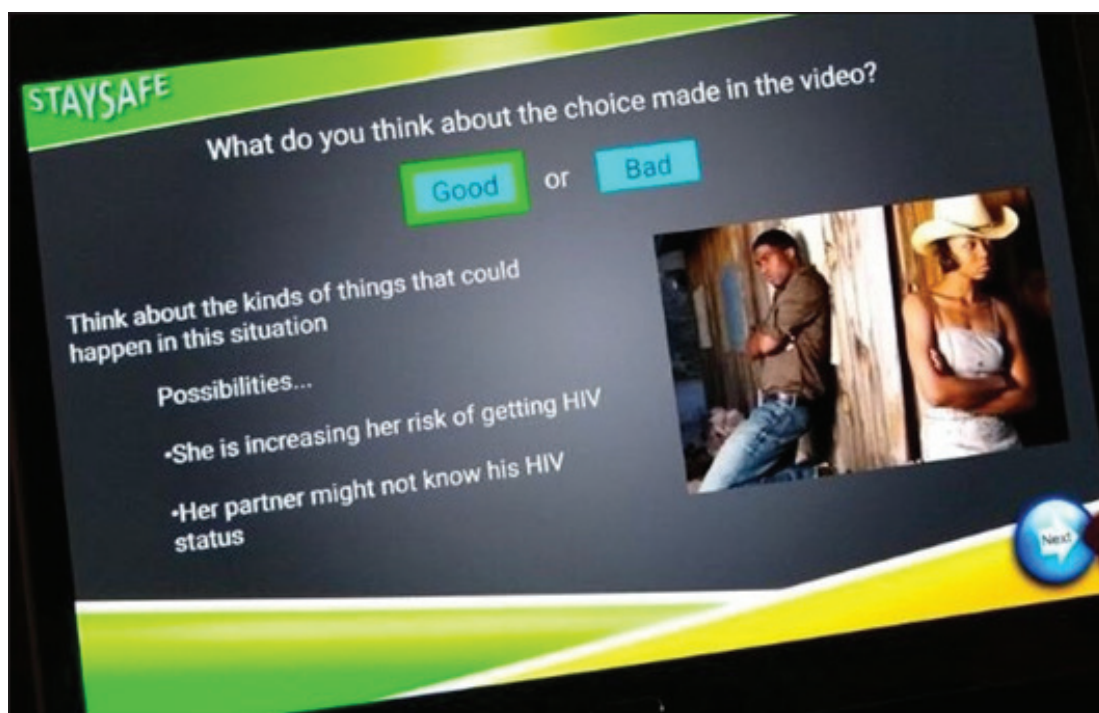
DRR-2 Selected Publications & Presentations

Joe, G., Lehman, W. E. K., Rowan, G., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services*, 19(1), 61–69.

Lehman, W.E.K., Pankow, J., Muiruri, R., Joe, G.W., & Knight, K. (under review). An evaluation of StaySafe, a tablet app to improve health risk decision making among people under community supervision. *Journal of Substance Abuse Treatment*.

Muiruri, R., Pankow, J., Bonnette, B., Goldberg, G., Knight, K., & Lehman, W.E.K., (under review). Methodological considerations for conducting research in correctional settings: A field perspective. *The Journal of Behavioral Health Services & Research*.

Pankow, J., Lehman, W.E.K., Muiruri, R., Goldberg, & Knight, K. (2019, October). *Substance use and treatment-seeking experiences for adults on probation in a county residential treatment setting: A qualitative study*. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.



PICTURED ABOVE: A screen shot from the tablet app, StaySafe.

M A P - I T

Mapping Approaches to Prepare for Implementation Transfer

**Principal Investigator:
Jennifer E. Becan**

For successful implementation and sustainment of new interventions, it is critical that barriers are identified and addressed prior to change. It is challenging, however, for agencies to independently assess their own strengths and weaknesses in order to develop plans for organizational improvement. Furthermore, the sheer number of strategies that promote implementation also make it difficult for agency leadership to identify the most appropriate evidence-based intervention for their own contexts and needs.

This project develops and pilot tests Mapping Approaches to Prepare for Implementation Transfer (MAP-IT). MAP-IT is an organizational intervention that includes three key elements: (1) instruction on mechanisms known to impact implementation, (2) tools and instruction for conducting an agency-driven diagnosis of potential implementation barriers, and (3) tools for developing an implementation blueprint to address identified barriers (including instruction on strategies for addressing potential barriers prior to implementation).

The premise of this application is significant in that it provides a low-cost and sustainable alternative to promoting effective organizational adoption of new practices. First, the MAP-IT intervention is low cost in that it provides for deliberate, agency-driven opportunities to prepare for implementation change without ongoing external coaching. Second, the intervention provides a sustainable alternative for promoting organizational program change via targeted skill development for multiple people within the organization or agency.

The specific aims of the proposed research are as follows:

Aim 1 – Synergistically integrate and adapt three established implementation intervention tools to promote deliberate agency implementation preparation – organizational assessment and feedback; taxonomy of implementation strategies; and visual-spatial decision making techniques – as combined into a comprehensive training and manualized bundle, MAP-IT.

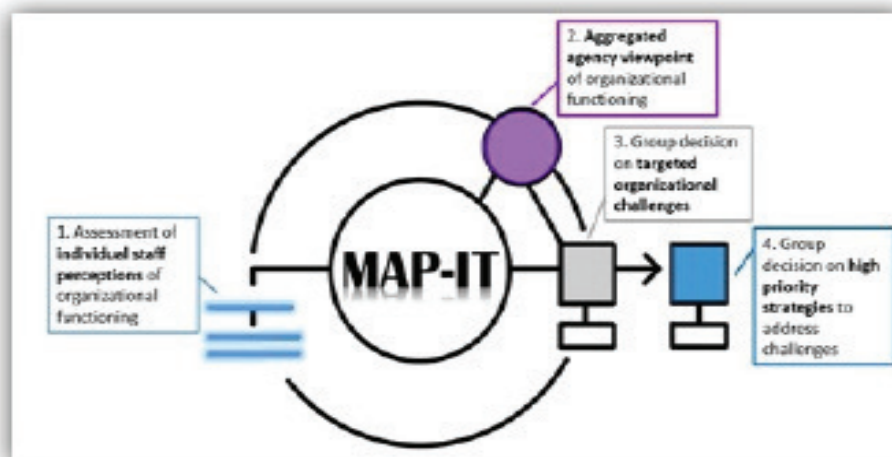
(MAP-IT Project Description ... continued)

Aim 2 – Conduct a 2-arm cluster randomized efficacy trial of the MAP-IT intervention with twelve substance abuse treatment community-based residential and juvenile justice secure agencies serving adolescents (including those with opioid use disorders) randomized to either MAP-IT (evidenced-based practice and MAP-IT trainings) or the non-intervention control condition (evidence-based practice training only).

Successful completion of the following aims is expected to:

- (1) establish preliminary evidence for the efficacy of a low-cost, sustainable alternative for improving implementation preparation that agencies can use to support and expedite implementation transfer
- (2) shift the current paradigm by encouraging researchers (designing uptake studies) and health care agencies (independently striving to implement new practices) to place greater emphasis on pre-implementation preparations for change
- (3) provide an empirical examination of how exploration and preparation can support implementation, using established measurement platforms and theoretical frameworks
- (4) provide documentation of agency selection of implementation strategies for promoting change in real-world settings

Findings from this R2I study will inform intervention effectiveness testing and implementation strategy selection in a future R0I study aimed at improving uptake of best practices within behavioral healthcare delivery services using a full-scale randomized control trial.



PICTURED ABOVE: A model of the MAP-IT intervention.

MAP-IT Project: Current Status

In 2020, the MAP-IT project team completed instrument development, protocol instrumentation, and data collection for the study closeout staff survey (representing 70 staff nested within 6 juvenile justice and 6 community residential treatment agencies located in Texas) and agency focus groups (representing 6 agencies randomized to the MAP-IT condition). Study findings will be presented at two national conferences including a summary of preliminary efficacy at the Correctional Health Conference (originally scheduled for April 2020, postponed for 2021) and a presentation of the project main findings at the Dissemination and Implementation Conference (December 2020).

Analyses and study findings will indicate (1) in what way the MAP-IT implementation bundle is effective in supporting identification of organizational challenges, strategy selection, and implementation planning; (2) what organizational challenges and applicable strategies are prioritized by agency trainees; (3) perceptions of the MAP-IT implementation bundle in regards to feasibility, acceptability, and utility; and (4) how the MAP-IT bundle compares to the control condition on implementation outcomes such as penetration of the TRIP intervention to staff caseloads, TRIP curriculum adherence, and number of pre-implementation strategies used and organizational challenges improved.

MAP-IT Selected Publications & Presentations

Becan, J.E., Crawley, R.D., & Knight, D.K. (2019). Using a Train-the-Trainer Model to Promote Practice Change among Agencies Serving Justice-Involved Youth. *Federal Probation*, 83, 3, 47-53.

Becan, J.E., Pankow, J., Lehman, W., Wiese, A., Joe, G., & Goldberg, G. (2019). *Mapping Approaches to Prepare for Implementation Transfer (MAP-IT)*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Becan, J., Wiese, A., Lehman, W. E. K., Goldberg, G., & Knight, D. K. (October, 2019). *Using the Consolidated Framework for Implementation Research (CFIR) to Predict Agency Use of a Motivational Enhancement Curriculum*. Presentation at the Addiction Health Services Research Conference, Park City, UT.

Becan, J., Wiese, A., Lehman, W., Sease, T., & Joseph, E. (December 2020). *Mapping Approaches to Prepare for Implementation Transfer (MAP-IT): a randomized pilot study of an organizational intervention to promote successful implementation of best practices*. Presentation at the 13th Annual Conference on the Science of Dissemination and Implementation in Health.

F A M L I

Increasing Family Engagement and Treatment Initiation Through Family Assessment, Motivation, and Linkage Intervention

**Principal Investigator:
Danica K. Knight**

The FAML I study will test the integration of existing tools applied to juvenile justice (JJ) populations and examine the feasibility, acceptability, and preliminary efficacy of a caregiver-youth intervention aimed at increasing substance use (SU) treatment initiation. The Family Assessment, Motivation, and Linkage Intervention (FAML I) is an adaptive intervention that incorporates three evidence-based components:

- 1) Assessment of motivation and linkage-related barriers with personalized feedback
- 2) Mapping-Enhanced Counseling (MEC) for improving readiness for change and interpersonal communication
- 3) Active Linkage (AL) for addressing logistical barriers to service initiation

Using a Sequential Multiple Assignment Randomized Trial (SMART), 80 youth-caregiver dyads are randomly assigned to receive an initial dose (two one-hour sessions) of either MEC or AL. After 30 days, participants are classified as Responders (one or more services initiated) or Non-responders (no service initiation).

Responders receive encouragement to continue SU services, but no further MEC or AL. Non-responders are randomized to one of two interventions: an additional dose (two one-hour sessions) of the initial intervention (MEC or AL) or a different dose (two one-hour sessions of the other). The specific aims are to:

- 1) Integrate and adapt appropriate evidence-based intervention components as a dyadic intervention approach for JJ youth and caregivers
- 2) Test the feasibility, acceptability, and optimal configuration of the dyadic intervention components and the protocol used to evaluate effectiveness (including feasibility of recruitment, implementation, and measurement)

(FAMLI Project Description ... continued)

3) Preliminarily explore whether:

- a) an initial dose of MEC or AL is sufficient for promoting early initiation
- b) an additional dose of MEC or AL or a change in dose is more effective for non-responders
- c) which component sequence is most effective for non-responders

Primary outcomes consider both youth and caregiver measures. For the youth, measures consist of documenting youth initiation of assessment or counseling and counseling attendance. Caregiver measures are comprised of documenting caregiver attendance at assessment, first counseling session, and/or family sessions.

Secondary outcomes include both youth and caregiver attitudes (problem recognition and desire for help), normative beliefs (SU norms), perceived control (stressors and obstacles), and youth SU (self-report corroborated by urinalysis results).

This study addresses the sizeable gap in service receipt among JJ youth by addressing family engagement and focusing on improving motivation to change, linkage to services, and treatment engagement.



PICTURED ABOVE: A screen shot of a virtual version of the Downward Spiral Game.

FAMLI Project: Current Status

In 2020, the FAMLI Project team finalized the curriculum for both the Mapping Enhanced Curriculum and the Active Linkage intervention arms. Finalizing the intervention included adapting the originally intended in-person intervention as a fully-virtually based curriculum. Among other innovative features, the tablet-based FAMLI intervention includes a family version of the Downward Spiral Game and a Jeopardy style game for talking through family specific barriers to starting treatment.

The team finalized the measurement protocols, including the baseline and follow-up assessments for youth and caregivers, as well as fidelity measures including the end of session participant satisfaction evaluation, end of session fidelity checklist, and research staff tracking participant database. Protocol development was enhanced by incorporating focus group feedback from our justice partners (representing 15 justice leadership and line staff).

During 2020, the team started youth and caregiver dyad recruitment and secured a data sharing agreement with the participating justice partner agency, as well as expanded the Investigator Team to include a Project Coordinator, Data Manager, and 3 staff to deliver the virtual-based curriculum.



PICTURED ABOVE and RIGHT: Elaine Tinius and Shatoya Young wear their best brain hats to lead the virtual pilot sessions with youth and caregivers for the FAMLI project.



JCOIN

Justice Community Opioid Innovation Network: TCU Research Hub

**Multiple Principal Investigators:
Kevin Knight and Danica Knight (TCU),
Noah Painter Davis (UNM), and David
Olson (Loyola)**

Recognizing the current opioid crisis among justice-involved individuals and the corresponding need to intervene at the intersection of justice and community health, the JCOIN study explores positive outcomes associated with a multi-level hybrid implementation approach. This approach capitalizes on facilitated collaboration (coaching), training, and cross-system data sharing in an effort to leverage improvements in interagency collaboration between criminal justice and community behavioral health (CBH). Ultimately, JCOIN seeks to improve local community public health and safety outcomes for reentering justice-involved individuals who have a history of (or are at risk for) using opioids. Specific aims include:

- 1) Increase access to and retention in appropriate CBH and medication treatment programs for opioid use disorders (MOUD) for reentering justice-involved individuals who have a history of (or are at risk for) opioid use
- 2) Improve outcomes (including costs) associated with public health and safety
- 3) Compare two implementation approaches on systems-level outcomes designed to increase service initiation and receipt with respect to implementation and service outcomes
- 4) Examine the impact these two approaches have on individual outcomes for justice-involved individual outcomes

The JCOIN project examines both implementation fidelity and efficacy, seeking to answer the question of which implementation strategy (top down versus horizontal cascading) is most effective for rapid uptake of evidence-based practices within justice settings. The study also examines which strategy is most effective for increasing service linkage and initiation, service retention, and improved opioid-related public health safety outcomes.

A Hybrid Type 3 study design will be used mainly to compare two implementation strategies and two interventions at two levels (client and system). A secondary aim is to assess client-level outcomes associated with

(JCOIN Project Description ... continued)

the trial. This design integrates two robust methodologies (stepped wedge and cluster randomized trial) and includes over a dozen clinical research performance sites (communities) located across Texas, New Mexico, and Illinois. The multisite JCOIN CRC application includes a highly experienced team of Multiple PIs, investigators, and partners, all of which contribute to the JCOIN network. This network serves to establish a national consortium of investigators examining promising approaches designed to improve the capabilities and capacity of the justice system to more effectively address the opioid epidemic.

Clinical Intervention: The Opioid Treatment Linkage Model (O-TLM)			
Exploration 4 Months	Preparation 2 Months	Implementation 12 Months	Sustainment 12 Months
<ul style="list-style-type: none">• Build interagency collaboration.• Needs assessment of current BH and OUD services.• Train key community network stakeholders on best practices for BH and OUD services.	<ul style="list-style-type: none">• Identify objectives, procedures, and specify targets along BH and OUD service cascade for community.	<ul style="list-style-type: none">• Train justice agency staff on stakeholder identified best practices.• Promote collaboration and action monitoring among key community network stakeholders during community implementation.	<ul style="list-style-type: none">• Promote continued implementation of best practices including monitoring targets and adapting procedures.

JCOIN Project: Current Status

Under Dr. Becan’s lead, the JCOIN project began piloting this past year in participating New Mexico communities. This effort included JCOIN orientation presentations and stakeholder interviews with regional correctional managers and transition coordinators who assist with the parolees transitioning from facilities to substance use treatment in the community. The orientation presentations were co-led by Texas Christian University and our partner institution, University of New Mexico, and included the Director of Probation and Parole for New Mexico. Additional project activities included stakeholder interviews designed to capture baseline knowledge, attitudes, practices, and beliefs regarding substance use services for individuals upon release. These

interviews also served to assess existing partnerships with sectors outside of criminal justice as well as the use of medications for opioid use disorder (MOUD).

A client cohort study was developed and rolled out to assess the effects that COVID-19 has had on the targeted criminal justice populations as well as any additional affect upon JCOIN client recruitment and services documentation in the later phases of the project. This client cohort study includes analyses of client records from Illinois and New Mexico between November 2018-April 2019 and November 2019-April 2020. Ultimately, this effort will allow us to measure not only the impact that COVID-19 has had on the number of clients that were released from participating treatment correctional facilities, but also the impact upon substance use services accessed after release.

Finally, a major focus of 2020 was on the development of the Opioid Treatment Linkage Model (O-TLM) Resource Guide as one of the primary intervention components for the TCU JCOIN Hub. Once finalized, the manual will provide resources for criminal justice partners, metrics for best practices, and appendices with links to an extensive library of training materials. The O-TLM is separated into screening/assessment, referral, treatment initiation and treatment retention sections, and has been developed by research staff and consultants with extensive experience providing substance use screening, referral and treatment to criminal justice populations.



S U H R I

The Substance Use and Health Risk Intervention for Justice-Involved Youth

**Multiple Principal Investigators:
Jennifer E. Becan and Danica K. Knight**

This project adapts and pilot tests an integrated health risk-reduction and motivational enhancement intervention for justice-involved youth that, after full testing through a subsequent large-scale randomized clinical trial or RCT, will culminate in a sustainable intervention that can be implemented within a JJ supervision/case management context to teach and facilitate positive, prosocial, and expected behaviors. The intervention will use graphical approaches to encourage introspection and problem identification, enhance self-regulation, improve analytical problem-solving skills, and promote healthy behaviors in two interrelated target areas: substance use and risky sex practices.

Existing evidence-based intervention materials will be incorporated and delivered through a web-based application. Sessions will be self-directed (e.g., require minimal instruction/interaction assistance) and include a service-referral piece whereby youth are provided with a list of treatment and health agencies at the end of their sessions that address specific topics. Research activities are carried out in two pilot studies: (1) Intervention Adaptation and Feasibility and (2) Protocol Feasibility and Preliminary Efficacy Trial. More specifically, this study aims to examine intervention feasibility and acceptability, as well as preliminary efficacy of the intervention for addressing health-related behavior change.

Proximal outcomes are based on improvements in change mechanisms (e.g., problem recognition, decision making, intention to reduce personal risk) and service initiation (SU or STI-related services). Distal outcomes are based on a reduction in risky behaviors, including substance use (self-report and urinalysis) and sexual health risks (self-reported risky sex practices). Research questions, preliminary hypotheses, and successful completion of the aims will result in an intervention that is appropriate and feasible for use with justice-involved youth, provide important information regarding the feasibility of a full-scale RCT, inform future study design (and a subsequent ROI application), and provide preliminary information regarding the efficacy of the intervention. The study has considerable potential to address an important vulnerable population—justice-involved youth—and focuses on a significant problem—youth behaviors that are self-detrimental and unhealthy.

(SUHRI Project Description ... continued)

Target Population: Juvenile justice youth who will participate in an intervention within a JJ supervision/case management context.

Pilot 1: Intervention content will be adapted from existing evidence-based interventions so that it is developmentally appropriate for the target population and suitable for a web-based format (N = 30; 20 youth, 10 JJ staff).

Pilot 2: A scaled-down version of the intervention efficacy RCT will be tested, comparing the web-based intervention to a time-matched, information-only group using a two-arm, randomized design whereby 120 youth from one juvenile probation department are enrolled and randomly assigned to a condition.

SUHRI Project: Current Status

The investigator team was expanded to include a Project Director and Graduate Research Assistant, and progress was made towards development of the web-based application. In cooperation with Fort Point Design, the app developer, the team outlined specific content for the app including specifications and adapted materials from previous projects (DRR-2, DATAR-5) as well as the content for the comparison group intervention. To ensure the app content would be clinically appropriate and engaging, the team worked with an external contractor, with clinical and training experience, to develop content and improve the presentation. A theater testing version of the app was created as well as the corresponding materials for youth and juvenile justice staff focus groups.

To further evaluate and adapt the content of the SUHRI app, youth and staff focus groups were proposed and approved by the TCU IRB, and youth participants were recruited in late 2020. In addition, the team submitted the initial Pilot 2 (randomized controlled trial; RCT) IRB protocol review request in late 2020 that was approved in January 2021.

The team worked with two juvenile justice departments in 2020 to discuss gathering feedback about the app contents and implementation. A research proposal was submitted to an urban juvenile justice department to work with their staff and youth and received approval in January 2021. A state-level research proposal was also submitted to request existing background and service data for youth who will participate in the RCT.

T - C A P

Telehealth - Clinical Advocacy Project

**Principal Investigator:
Jennifer Pankow**

The Telehealth-Clinical Advocacy Project (T-CAP) examines the impact of integrating clinical telehealth services within a police opioid diversion program via a mobile application. The app focuses on the need to provide participants with rapidly available professional level clinical services as part of a police diversion program. Modifications to the protocol addressing TCU guidelines for conducting in-person research during COVID-19 have been approved, and the project will begin recruiting and consenting participants in early 2021.

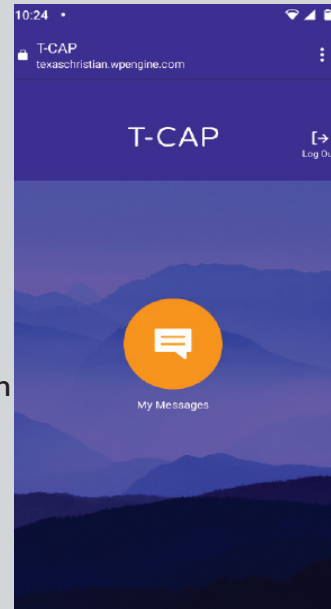
The T-CAP intervention focuses on (1) introducing a telehealth model linking participants to a trained clinician throughout the intervention process, and (2) expanding the community treatment services infrastructure to include expanded options for pain management and increased access to medical services that provide medication-assisted treatment or MAT. Volunteer participants will be randomly assigned to one of two conditions:

- (1) The TAU or “treatment as usual” comparison group who will meet with a research assistant (RA) to complete surveys at three time points
- (2) The T-CAP intervention group who will complete surveys and receive seven telehealth clinical sessions featuring brief intervention services with Motivational Interviewing (MI), “assertive” referrals, and three months of on-going clinical support and advocacy from a clinician.

This study aims to demonstrate intervention feasibility and evaluate the proposed T-CAP measures regarding their ability to gauge the impact of telehealth on treatment initiation, short-term treatment retention, and access to other appropriate treatment services. The study’s potential to reduce opioid use and related health problems will have major implications for police diversion, policy, and practice.

T-CAP Project: Current Status

Significant progress was made in 2020 with the development of the T-CAP app in collaboration with Fort Point Design, LLC. The app is now fully functional and ready for use on both Android and iOS platforms for the T-CAP research.



LeSA

Preventing Opioid Use Among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults (LeSA)

Principal Investigator:
Danica K. Knight

Across the U.S., with an estimated 11.1 million misusing prescription opioids, substance use is a significant public health concern. Rates of opioid use disorders (OUDs) have increased exponentially with 60% of overdoses attributed to heroin and illicit synthetics (such as Fentanyl). Although opioid use among youth is low compared to adults, as youth transition to adulthood, experimentation and regular use increases later in adolescence. Juvenile Justice (JJ) involved youth represent a particularly vulnerable population with mental health disorders, dysfunctional family/social relationships, and complex trauma - placing them at greater risk for substance use (SU) and SU disorders. To ensure that these youth do not become another opioid statistic, innovative and effective prevention interventions are needed.

This project adapts and tests the Trust-Based Relational Intervention® - for preventing initiation and/or escalation of opioid misuse among older JJ-involved adolescents (15 to 18 years of age) who are aging out of juvenile justice centers and transitioning back into their communities after detainment in a secure treatment or correctional facility.

The Trust-Based Relational Intervention® (TBRI®) intervention is a relational, attachment-based intervention that promotes emotional regulation through interaction with responsive, trained adults that will be adapted for use as a prevention intervention. Safe adults (e.g., parent/guardian, extended family member) will be trained in behavior management techniques for empowering youth to appropriately express their needs, connecting them with others in pro-social ways, and correcting or reshaping undesirable behavior.

Phase 1 adapts the elements of TBRI® for JJ-involved youth, develops intervention manuals and study protocols, examines the acceptability of the adapted intervention, and tests the feasibility of the proposed study protocol (e.g., agency and youth recruitment). Feedback from youth/safe adult dyads will be solicited as part of this phase.

Phase 2 examines both the effectiveness of TBRI® for preventing opioid misuse and the comparative utility of three support formats: (1) TBRI® Training only, (2) TBRI® Training + Structured Coaching, or (3) TBRI® Training + Responsive Coaching (triggered by the youth's need/risk).

(LeSA Project Description ... continued)

A total of 360 youth/safe adult dyads will be recruited from eight participating JJ facilities over a 3-year period and followed for 18 months post-release. This design enables a comparison of the TBRI® versus Standard Reentry Practice (using a stepped-wedge design in which each facility serves as its own control) plus an RCT comparing three TBRI® support formats.

Phase 3 examines barriers and facilitators of TBRI® sustainment. Eighty staff (10 from each JJ agency) provide input annually via focus groups and surveys. TCU will work with administrators and staff at each JJ facility to implement a sustainment plan including the provision of TBRI® training and implementation assistance to develop in-house TBRI® expertise. Successful completion of the study aims to test the adapted intervention and facilitate sustainment by providing training and implementation support to participating facilities.

LeSA Project: Current Status

The TBRI® intervention is being adapted for JJ-involved youth. The adaptation team, comprised of a group of experts who have been using TBRI® with youth and young adults in both non-JJ and JJ contexts, conducts a series of focus groups with JJ agencies that have used TBRI. The focus groups are used to gather input from the JJ staff on the needs of youth, caregivers, and JJ systems as well as the role that TBRI can play in meeting those needs. Information gained from the JJ focus groups is integrated in the adaptation of TBRI® manual.

The adapted TBRI intervention has been pilot tested with two research sites. Eight youth/safe adult dyads, comprised of both English and Spanish speaking families, have participated via a secure virtual platform in 9 youth-only modules, 10 caregiver-only modules, and 4 family modules (i.e., joint roleplay activities). The pilot study concludes with reentry supports comprised of 2 coaching sessions after the youth's release. Information gleaned from the pilot study is being used to further adapt the TBRI® intervention.

I O W A

Mobile Application Design for State of Iowa

**Principal Investigator:
Wayne E. K. Lehman**

Amidst the COVID-19 pandemic, the IBR has added a new research project. The Iowa Department of Corrections (IDOC) has recognized that justice-involved clients in many of their rural counties are not receiving recommended dosages of services. Several factors play a role, including limited or lack of services in many rural areas, and transportation issues getting to services which may be a county or two away.

IDOC has provided funds to design a mobile app prototype to improve service access and communication with clients under community supervision where they are and when they need it most in order to assist them in monitoring and managing their own behavior. The app will be designed to captivate the user, be fun and exciting, and encourage continuous use in an activity that they might not be motivated to participate in otherwise.

Involving stakeholder groups in the app development will help to ensure that it will be accepted and utilized by users and be ultimately sustainable. Thus, a critical initial phase of the project has been to facilitate stakeholder input regarding the mobile application design, the included elements, the look and feel of the app, and to insure that it meets user needs.

IOWA Project: Current Status

Interviews and focus groups have been held with a cross-section of stakeholders including central office officials, division directors, supervisors, probation/parole officers, and probation/parole clients. This input is being used to develop prototype designs for an app which will be presented to stakeholders for further input before making final revisions.

ACTION

Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now Among Justice-Involved Populations

**Multiple Principal Investigators:
Sandra Springer (Yale), Ank Nijhawan
(UTSW), and Kevin Knight (TCU)**

Community reentry from incarceration represents a critical opportunity to link at-risk individuals to vital HIV prevention and treatment and opioid use disorder (OUD) services. Thus, the ACTION study specifically focuses on screening, linkage, and service adherence for these individuals along the treatment and prevention service cascades of care. This study is a 5-year, multisite research project that engages community partners and examines the effect of patient navigation (PN) versus mobile health units (MHU) on HIV, substance use, and related outcomes in communities in Connecticut (New London and Windham/Tolland Counties) and Texas (Tarrant and Dallas Counties). Specific aims include the following.

Aim 1 (Intervention Effectiveness) is to compare the effectiveness of PN vs. MHU service delivery on outcomes such as time to PrEP/ART medication following release from custody. Secondary outcomes focusing on the continuum of PrEP and HIV care outcomes and OUD and substance use disorder (SUD) diagnoses will also be examined.

Aim 2 (Implementation) is to evaluate PN and MHU feasibility, acceptability, sustainment, and costs. Barriers to service access across the community provider spectrum will be assessed as well.

ACTION includes a preliminary community needs assessment in each of the target communities followed by a randomized controlled trial (RCT) designed to recruit individuals with identified risk factors who are being released to the participating communities. Participants will be randomized to either: (a) the PN condition where patient navigators will link study participants to community-based service agencies, providing participants with access to PrEP/ART and medications for opioid use disorder (MOUD); or (b) the MHU condition where participants will be linked to a MHU directly providing or referring to PrEP/ART, MOUD, and/or harm reduction services within their community.

(ACTION Project Description ... continued)

The project is led by experienced Multiple PIs at TCU, Yale, and UTSW and includes partnerships with service provider leaders in the participating communities. ACTION represents the opportunity to engage in a community-wide effort focused on addressing gaps along the service/prevention cascade of care for the target population, with the primary goal being the improvement of linkage to HIV/MOUD and related services for justice-involved individuals.

ACTION Project: Current Status

The ACTION grant began in August 2020 with initial efforts focused on developing a Needs Assessment Survey to be administered to community partners during the Year I Implementation Phase of the study. Other TCU IBR activities included the finalization of data use agreements and purchase of a mobile health unit, similar to the one pictured below. This unit will be used to provide services as well as link participants to services within Tarrant County as part of the subsequent Randomized Controlled Trial Phase, beginning in late 2021.



PICTURED ABOVE: This is a mobile health unit similar to the one to be used in the ACTION study.

**H I G H L I G H T E D
I N T E R V E N T I O N S
& F O R M S**

O V E R V I E W

Over the past three decades, studies and research performed through the IBR have had a major impact on the field of substance use treatment and justice-involved settings. Evidence from this research has formed the foundation for the TCU Treatment Process Model (Simpson, 2004; 2006) and involves induction into treatment, engagement in treatment, early recovery in treatment, adequate retention before treatment release, and preparation for community re-entry.

All TCU Interventions rely on a cognitive-based visual representation strategy for counseling—that is, TCU Mapping-Enhanced Counseling (Dansereau, Joe, & Simpson, 1993; Dansereau, Dees, & Simpson, 1994). These interventions have been shown to enhance client communication, planning, and decision-making skills. As a clinical technique, node-link mapping incorporates visual tools (e.g., guide maps, free-form maps, information maps) to help clients and counselors more readily identify and address the variety of concepts covered during treatment.

These interventions include a set of assessments and manual-guided procedures that “target” the specific needs and status of clients in different stages of change during treatment. In addition to client considerations, the needs and functioning of an organization or treatment agency may also adversely affect the delivery and efficacy of treatment services. Additional research-based programs and interventions have been developed to mitigate this.

An integrated set of TCU Forms is available on the IBR website for free download for interested agencies and service providers for non-commercial purposes; all of the products available online are “copyrighted.” With modest adaptations in language and illustrations, these interventions have shown great utility across highly diverse treatment settings. Manuals have been designed to be highly focused, practical, and flexible in order to meet the therapeutic needs of “real-world” programs.

HIGHLIGHTED INTERVENTIONS & FORMS

DESCRIPTION: Partners in Parenting focuses on the identified concerns of recovering parents and encourages learning and skill-building in key areas such as parent-child communication, developmental expectancies, guidance and discipline, problem solving, and self-care.

SIZE: 294 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA05Aug-Anger.pdf>



Partners in Parenting

DESCRIPTION: The Unlock Your Thinking, Open Your Mind intervention is aimed at addressing the ingrained pattern of criminal thinking. Individuals involved in a lifestyle steeped in drug use and other criminal activity are likely to return to the community and continue making poor decisions based on their thinking errors.

SIZE: 55 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA05Aug-mind.pdf>



**Unlock Your Thinking,
Open Your Mind**

(Highlighted Interventions & Forms ... continued)



Getting Motivated to Change

DESCRIPTION: Participants are encouraged to make a commitment on a specific behavior or attitude they are willing to work on and report on to the group over the course of the intervention. It features a leader's script, with notes and suggested discussion questions for exploring the meaning of motivation and ways in which clients can develop it and put it into action.

SIZE: 63 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA06Sept-mot.pdf>



Understanding and Reducing Angry Feelings

DESCRIPTION: This intervention is designed to help clients learn to understand and respond to anger in more appropriate ways by identifying anger triggers, differentiating between healthy and unhealthy anger, setting goals, planning strategies for interrupting angry patterns, and utilizing progressive muscle relaxation.

SIZE: 42 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA05Aug-Anger.pdf>

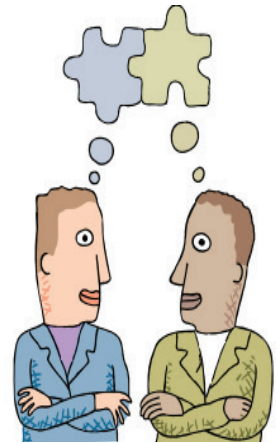
(Highlighted Interventions & Forms ... continued)

DESCRIPTION: This intervention is a mapping-focused guide for working with clients to establish meaningful and useful treatment goals.

SIZE: 54 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA07May-TrtPlans.pdf>



Mapping Your Treatment Plan: A Collaborative Approach

DESCRIPTION: This intervention is a collaborative, mapping-based intervention for helping clients identify goals for re-entry and aftercare.

SIZE: 72 pages

URL:

<http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA-MapReEntryPlan-CJ.pdf>



Mapping Your Re-Entry Plan: Heading Home

DOWNWARD SPIRAL BOARD GAME

Downward Spiral is a sole-survivor board game developed to encourage people to think about the consequences of substance use in a personalized but indirect format that looks, on the surface, like fun. With this format, players feel less of a need to build counter-arguments, or justify their freedom to use, as can be the case with direct anti-substance use messages. As players roll the dice and move across the game board, they encounter potential downfalls and opportunities related to family, health, friendships, finances and self-esteem. The objective of the game is to stay alive without losing all social and financial resources due to substance use — a task that becomes more challenging the longer the player stays in the game. The last player left “alive” in the game “wins.”

The Downward Spiral game comes in two versions (adult and adolescent) and uses vignettes, as well as facts and quotes, to emphasize the negative consequences connected to continued drug use. An after-game discussion helps the players identify and "reflect" on issues that surfaced during the course of play.



PICTURED LEFT: George Joe, Daisha Sipho, and two students are playing the Downward Spiral Game at a SOAR Student Lab meeting.

Download Links:

Gameboard (Lg) - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DSgameboard21x251.pdf>

Gameboard (Sm) - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DSgameboard8-5x111.pdf>

Intervention instructions - http://ibr.tcu.edu/wp-content/uploads/2013/09/DS_Treatment_Manual1.pdf

Rules - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DS-Appendix-D-TheRules1.pdf>

Consequence Card Selection and Developers' Contact Information -

<http://ibr.tcu.edu/wp-content/uploads/2014/02/DS-Appendix-G-BytheBook-rev.pdf>

Purchase Link:

https://secure.touchnet.com/C21491_ustores/web/store_main.jsp?STOREID=34

TREATMENT READINESS AND INDUCTION PROGRAM (TRIP)



The Treatment Readiness and Induction Program (TRIP) focuses on increasing motivation for treatment by helping clients think more clearly and systematically about their drug use and personal problems. TRIP is a compilation of effective tools and materials, originally developed with adult treatment samples, adapted for use with adolescent clients. These modules are designed to be delivered in the first 30 days of substance use treatment (orientation or induction phase). TRIP consists of 8 modules that can be used in either open or closed groups through 90-minute group sessions and organized around four main tools: (1) Mapping Enhanced Counseling (a graphically enhanced analytic decision-making technique), (2) the Downward Spiral Experiential Board Game (provides a model for understanding the consequences of poor decision-making often resulting from continued drug use), (3) Nudge (a technique to help clients practice identifying, developing, and using cues and signals to enhance metacognition), and (4) Work-It (a technique that repetitively uses structured maps or templates to foster the development of wisdom/expertise relative to problem-solving).

Download Link:

<http://ibr.tcu.edu/wp-content/uploads/2013/12/TRIP-Manual-12.2013.pdf>

Video Links:

Video Segments

<https://www.youtube.com/watch?v=WYyopv4-Bt0&feature=youtu.be>

<https://www.youtube.com/watch?v=TArmDjXAKaY&feature=youtu.be>

<https://www.youtube.com/watch?v=Eci7RGvr-x4&feature=youtu.be>

TCU DRUG SCREEN 5 AND OPIOID SUPPLEMENT

One promising brief (and free) screener is the TCU Drug Screen 5 (TCU DS 5), which is comprised of 17 self-report items that map directly onto the DSM-5 criteria for SUDs. Originally developed based on the DSM-3R, the TCU DS 5 was updated to reflect changes put forth in the DSM-5 (e.g., use of "disorder" instead of "dependence;" addition of three classifications: mild, moderate, and severe disorders). When the two versions of the TCU DS were compared in a sample of justice-involved adolescents and adults, results indicated similar SUD classification rates; however, the TCU DS 5 diagnosed significantly more individuals with a SUD, of which most were classified as mild (Knight, Blue, Flynn, & Knight, 2019).

Download Links:

<http://ibr.tcu.edu/wp-content/uploads/2017/09/TCU-Drug-Screen-5-PLUS-Opioid-Supplement-v.Sept17.pdf>

TCU Drug Screen 5 - Opioid Supplement (v. Sept 17) 5 of 5
 Copyright © 2017 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.

TCU Drug Screen 5
 During the last 12 months (dates being checked up, if applicable) -

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? Yes No

2. Did you try to control or cut down on your drug use but were unable to do so? Yes No

3. Did you spend a lot of time getting drugs, using them, or recovering from their use? Yes No

4. Did you have a strong desire or urge to use drugs? Yes No

5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? Yes No

6. Did you continue using drugs even when it led to social or interpersonal problems? Yes No

7. Did you spend less time at work, school, or with friends because of your drug use? Yes No

8. Did you use drugs that put you or others in physical danger? Yes No

9. Did you continue using drugs even when it was causing you physical or psychological problems? Yes No

10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? Yes No

10b. Did using the same amount of a drug lead to it having less of an effect as it did before? Yes No

11a. Did you get sick or have withdrawal symptoms when you quit or missed using a drug? Yes No

11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? Yes No

12. Which drug caused the most serious problems during the last 12 months? (CHECK ONE)

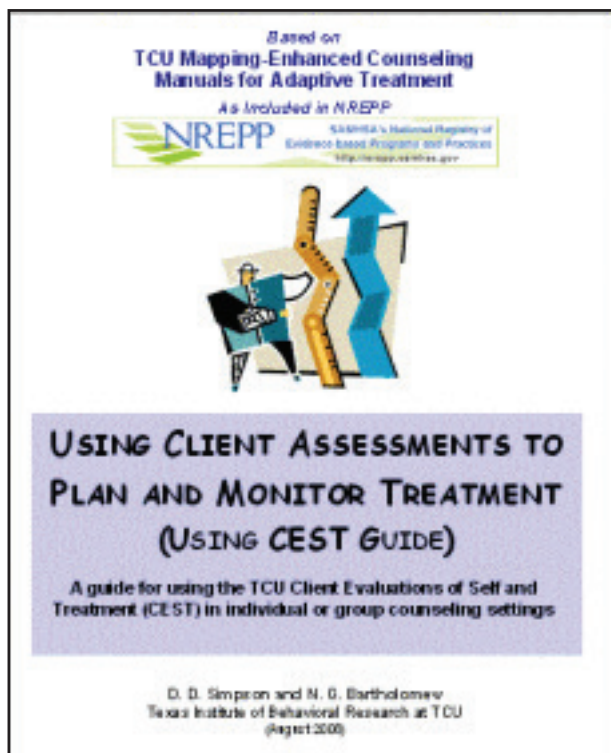
None Stimulants - Methylamphetamines (meth) Cocaine
 Alcohol Barbiturates (Barb) Sedatives
 Cannabis - Marijuana (weed) Club Drugs - MDMA, Ecstasy, Risperidol (Risperidol)
 Cannabis - Hashish (hash) Dissociative Drugs - Ketamine (PCP) (Special ID)
 Synthetic Marijuana (S2) (Spice) Hallucinogens - LSD/Mescaline (acid)
 Opioids - Heroin (smack) Inhalants - Solvents (glue sniffers)
 Opioids - Prescription (Vicodin) Prescription Medications - Depressants
 Stimulants - Prescription (Adderall, Ritalin) Prescription Medications - Stimulants
 Stimulants - Crack Cocaine (crack) Prescription Medications - Opioid Pain Relievers
 Stimulants - Amphetamines (speed) Other (specify):

TCU Drug Screen 5 - Opioid Supplement (v. Sept 17) 1 of 5
 Copyright © 2017 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.

**TRAINING,
STUDENTS, &
FIELD IMPACT**

IBR TRAINING ACADEMY

In response to the growing number of requests for remote trainings during the COVID-19 pandemic, the IBR is expanding its Training Academy with the addition of digital and live virtual training options on TCU Interventions and Assessments. The Training Academy will be rolled out in two phases, beginning with digital presentations highlighting the research behind the TCU evidence-based materials and guidance on applications for field use. The first new trainings in the works, developed in conjunction with inquiries from the field will provide digital content on the TCU Criminal Thinking Scales and TCU Mapping Enhanced Counseling Intervention. Digital presentations can be combined on request, with virtual live interactive training to facilitate understanding and provide opportunities for Q & A with trainers. Additionally, digital presentations will be made available to agencies who register for a training event, for their future training needs. A second phase will expand training presentations to include in-person opportunities. Visit the IBR website for updates on the availability of digital training presentations and a complete list of materials available for download.



UNDERGRADUATE STUDENT S . O . A . R . L A B

TCU undergraduate students returned to the SOAR (Student Overview of Applied Research) Lab in 2020 with virtual meetings during the fall semester. The IBR-hosted S.O.A.R. Lab features monthly meetings (Tier 1 activity) that are open to all students, and a more immersive research opportunity for interested students, available as an independent study (Tier 2 activity). Currently, there are two undergraduate students enrolled in independent study placements for the Spring semester.

The S.O.A.R. Lab offers an introduction to applied research coupled with interactive activities aimed at enhancing academic skills and providing networking and mentoring opportunities with research-interested peers, graduate students, and experienced IBR research scientists. Monthly virtual meetings are planned for February, March and April 2021 and will be held on the third Thursday each month. Interested students should contact Dr. Jen Pankow (j.pankow@tcu.edu) for more information about monthly meetings and Tier 2 activities.

S.O.A.R. Lab presentation topics covered during 2020 include:

- TRIP and Downward Spiral Board Game Interventions
- Project Overview: MAP-IT
- Project Overview: T-CAP
- Project Overview: LeSA
- Planning for a Career in Research & Introduction to Graduate School

GRADUATE STUDENTS

As a member of the TCU College of Science and Engineering, the IBR continues its commitment to the highest standards of scientific scholarship. More specifically, the IBR offers Ph.D. graduate students a valuable opportunity to train and learn, through close partnerships with faculty researchers in the areas of behavioral and health services research.

Graduate and postgraduate training is carried out in close collaboration with the Department of Psychology and other departments at TCU resulting in publications and professional presentations. Since IBR does not award academic degrees, its students must meet all requirements of the department in which an advanced degree is to be awarded. A limited number of stipends are awarded on a competitive basis.

IBR's training program emphasizes:

- Health services research, especially evaluation of drug addiction interventions,
- Formulating original research plans and appropriate data collection instrumentation,
- Collecting and editing data, and management of large data systems,
- Use of sophisticated analytic techniques, and publication of findings, and
- Combining theory with practice, and communicating applications of results.

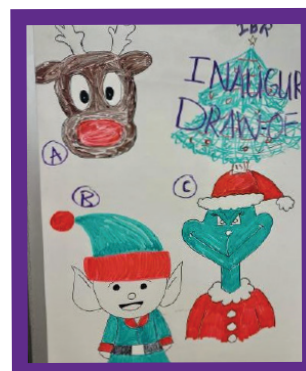
Amanda Wiese, M.S.

University of Texas at Dallas, Psychological Science



Amanda is a third-year graduate student in the Experimental Psychology, Ph.D. program. She assists IBR researchers with the startup of new grants, with significant effort dedicated to the NIDA-funded project — Justice Community Opioid Network (JCOIN):TCU Research Hub. She has also been participating in the Texas Violent Gang Task Force led by the Dallas County Community Supervision and

Corrections Department, helping lead evaluation efforts on their intervention project. She is currently working on her dissertation and is scheduled to defend during Spring 2021.

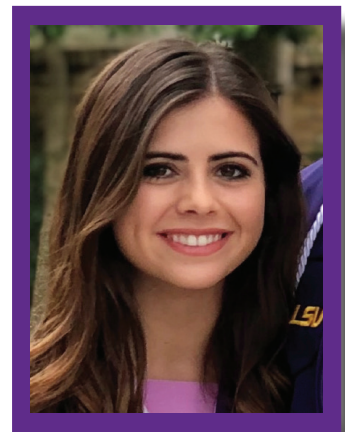


PICTURED ON THE RIGHT: *The IBR Inaugural Grad Student Christmas Draw Off A) Lizzie Joseph; B) Amanda Wiese; and C) Thomas Sease, winner.*

Elizabeth Joseph, B.S.

Louisiana State University, Psychology

Elizabeth is a second-year graduate student in the TCU Experimental Psychology PhD program. She is currently assisting with the FAMLl and LeSA projects. She has experience as a student researcher for the Pennington Biomedical Research Center in Baton Rouge, Louisiana, in a pediatric obesity lab. She is currently working on her thesis and is scheduled to defend during Spring 2021.



Thomas Sease, B.S.

Dickinson State University, Psychology



Thomas is a first-year graduate student in the TCU Experimental Psychology PhD program. He is currently assisting with the SUHRI project. He has experience as a student researcher for the Process of Rehabilitation and Recovery Lab at the University of Louisiana at Lafayette.

Lillyan Thomas, B.S.

University of Houston, Psychology

Lillyan is a first-year graduate student in TCU's Experimental Psychology PhD program, working closely with both the KPICD and IBR. Her IBR activities have focused on assisting with the LeSA project. Prior to coming to TCU, she worked as a student researcher for the Social Influences and Health Behavior lab as well as the Personality, Emotion, & Social Cognition lab at the University of Houston.



IBR IN THE MEDIA

Research projects and research scientists from the IBR continue to receive mention and attention in the media.

**TCU COLLEGE
OF SCIENCE
AND
ENGINEERING**

In January, we **welcomed the Institute of Behavioral Research into the College of Science and Engineering.** The Institute is a national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems.

January '20

TCU TODAY

**CLINICAL
TRIALS
NETWORK
YOUTH SIG
WEBINAR**

Dr. **Danica Knight** discussed 3 NIDA-funded projects designed to improve substance use outcomes among justice-involved youth. **JJ-TRIALS** investigates an intervention to assist juvenile justice systems in their efforts to identify substance use and address gaps in services among the behavioral health services cascade (screening, identification of need, referral, linkage to substance use treatment).

January '20

TCU - This Week

<p>TCU COLLEGE OF SCIENCE AND ENGINEERING</p>	<p>The IBR and KPICD’s “LeSA” grant (“Preventing Opioid Use Among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults (LeSA)”) has been awarded Years 2-5 (\$4,460,305) of funding.</p>
<p>January ‘20</p>	<p><i>CSE - Announcements</i></p>

<p>DRR-2 EXTENSION UNTIL JUNE 2020</p>	<p>Wayne Lehman (Institute of Behavioral Research) received an extension for DRR-2, Sustainable HIV Risk Reduction Strategies for CJ Systems, \$545,835 Year 8 award from the National Institutes of Health-National Institute on Drug Abuse (NIH-NIDA).</p>
<p>February ‘20</p>	<p><i>TCU - This Week</i></p>

<p>TCU COLLEGE OF SCIENCE AND ENGINEERING</p>	<p>Kevin Knight (TCU), Sandra Springer (Yale), and Ank Nijhawan(UTSW) are the principal investigators in a study entitled “Addressing risk through Community Treatment for Infectious disease and Opioid use disorder Now (ACTION) among justice-involved populations.” The ACTION grant totals \$11,113,030, of which TCU will receive approximately \$2.5 million. This includes over \$500,000 provided back to TCU as part of finance and administration, as well as indirect costs.</p>
<p>August ‘20</p>	<p><i>CSE - Announcements</i></p>

(IBR in the Media ... continued)

LeSA Award to Dr. Danica Knight	Danica Knight Leads NIH-Funded Research - The Institute of Behavioral Research (IBR) and Karyn Purvis Institute of Child Development (KPICD) have been awarded \$4,460,305 of funding from the National Institutes of Health (NIH) for the continuation of their project, “Preventing Opioid Use Among Justice-Involved Youth as They Transition to Adulthood: Leveraging Safe Adults (LeSA).”
October ‘20	<i>TCU - Endeavors</i>

MAP-IT WEBINAR	Dr. Jennifer Becan lead a webinar presentation for the 13th Annual CSDIH on mapping approaches to prepare for implementation transfer. The presentation was based on the MAP-IT research project implementation practices.
December ‘20	<i>13th Annual Conference on the Science of Dissemination and Implementation in Health</i>

CHANGING WITH THE TIMES

COVID - 19

In January of 2020, the advent of a global pandemic impacted every aspect of our personal and professional lives on an unprecedented scale. Since COVID-19, health advisories have changed the way many of our jobs are done. For faculty and staff members at the IBR, many of us worked remotely for much of the year. All staff and project meetings became virtual through Zoom. We also planned social hours as a team, via Zoom, and created a Slack channel for social debriefing and as a quick getaway from work. In fall 2020, many of us returned to the office and continued to meet virtually, in compliance with TCU COVID-19 guidelines.

In the past, our holiday staff party has always been an event to remember with lots of food and socializing with each other and others attending from other departments. This year was no exception. We had lunch and socialized via Zoom, followed by a holiday-themed, professionally-hosted Zoom murder mystery party: “Murder on the Polar Express”! While we continue to meet and gather virtually, it’s comforting to know we can still maintain the real-life camaraderie and joy of working and laughing together.



PICTURED ABOVE: Elaine Tinius led the group in guessing the identities of these adorable and prodigious children.

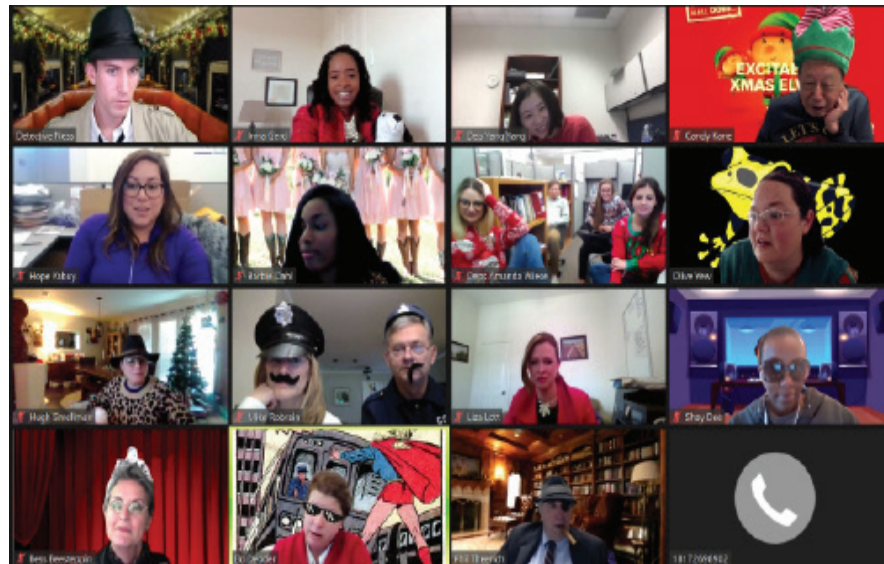
.... A holiday rag tag bunch of murderous ne'er-do-wells

Can you find a slipping moustache on the security guard, Mike Robrain?



Can you find the wealthy man, Phil Therich, with his cigar and fedora?

How about the record producer's sunglasses, Shay Dee?



What about the Zoologist, Hugh Smellman, or the gossip columnist, Liza Lotts?

Which PhD researcher played a dinosaur-obsessed child on the train?

Can you find the retired Russian ballerina, Bess Beesteppin?

Can you find the mischievous mall Christmas elf, Kandy Cane?

BRAVE NEW WORLD

In alignment with TCU's focus on Diversity, Equity and Inclusion initiatives, the IBR began an introspective look into how we can broaden our perspective and understanding of current research practices, particularly regarding the disparities among our minority study participants. Our research sampling strategies, assessment instrument wording, and language we use in our interventions are being re-examined so that they do not inadvertently contribute to systematic racial disparities within justice and substance use disorder treatment systems.

In July of 2020, IBR staff began meeting bi-weekly via Zoom to present and discuss a variety of topics related to what we call our "Brave New World." These meetings include in-depth discussions of research articles, current statistics, lack of available treatment resources, and assessment methods and research constructs impacted by racial disparity. Meetings typically include a brief presentation followed by meaningful group discussions; to date, topics have included:

- the impact on individuals incarcerated for drug offenses based on the relevance and issues presented in the "13th" documentary
- the social determinants of health most directly associated with racial disparities for incarceration and substance use
- the racial inequities when accessing treatment services, such as managing substance use issues in a treatment desert
- the impact of how differently individuals self-report their racial identities for civic and research data

“Each semester this year has been intrinsically critical, not solely because of the challenges we’ve faced but largely because they will chart TCU’s destiny for the next five to ten years ... and beyond.

While we cannot control this destiny, we can influence it in some powerful ways, and I have confidence that each of us will rise to this lifetime-defining challenge.”

*--Phil Hartman, PhD
Dean of the College of
Science and Engineering*

20



Institute of Behavioral
Research
Kevin Knight,
Director

3034 Sandage Ave.
Fort Worth, TX
76129
(817) 257-7226

www.ibr.tcu.edu
ibr@tcu.edu
2020 Annual Report composed by
Audrey Armstrong and
Kevin Knight with input
from all IBR staff.