



The IBR Annual Report

A Summary of Research Activities for 2005

Institute of Behavioral Research
Texas Christian University
Fort Worth, Texas

The Institute of Behavioral Research (IBR) was established in 1962 by Saul B. Sells to conduct federally-funded research on personality structure, personnel selection, social interactions, and organizational functioning. This work included pioneering research using first-generation computers for integrating personality theories through large-scale factor analysis, development of performance-based criterion selection strategies for airline pilots, and formulation of personal distance needs for humans during long-duration space missions. In 1968, the IBR was selected to develop and conduct the first national evaluation of the newly formed community-based system for treating heroin addiction in the U.S. This work helped define methodological standards for conducting addiction treatment follow-up outcome studies in natural field settings, and since then the IBR has participated in all three national treatment effectiveness studies funded by NIDA. Conceptual frameworks emerging from this research for evaluating treatment process, outcomes, and change—both at the individual client and organizational functioning levels—have yielded assessment and intervention resources now being used internationally.

Improving Treatment in the Real World: A Summary of Research for 2005

The IBR Annual Report

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INSTITUTE OF BEHAVIORAL RESEARCH
TEXAS CHRISTIAN UNIVERSITY

TCU Box 298740
Fort Worth, TX 76129
FedEx/UPS: 3034 Sandage St., 76109
Phone: (817) 257-7226
Fax: (817) 257-7290
E-mail for general contact: ibr@tcu.edu
IBR Web site: www.ibr.tcu.edu
DATOS Web site: www.datos.org
Web site comments/inquiries: ibrwebmaster@tcu.edu

This Annual Report presents a summary of IBR research for 2005. We encourage you to visit the IBR Web site, where our research activities are reported with timely updates. This report also can be downloaded as an Adobe® Acrobat® PDF document from the IBR Web site (direct link: www.ibr.tcu.edu/intro/05annrept.pdf). The electronic version features “Web markers” that function as links to related materials within the IBR and DATOS sites.

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Managing Editor:

Dwayne Simpson

Technical Writer:

Norma Bartholomew

Editorial Assistant:

Barbara Thomsen

Production Assistants:

Elena Garcia, Cindy Hayes, and Helen Huskey

Design and Production Manager:

Charlotte Pevoto

About IBR

Mission

To evaluate and improve the effectiveness of programs for reducing drug abuse and related problems.

Focus

For many years, research staff of the Institute of Behavioral Research (IBR) have given special attention to evaluations of substance abuse and behavioral interventions provided by community-based programs, including prevention and treatment, and to the study of long-term addiction careers. Emphasis is on the use of naturalistic designs for studies in real-world settings and the use of advanced multivariate methodologies. Research interests have broadened in recent years to include related areas of significant public concern, such as drug abuse treatment for criminal justice populations as well as the spread of AIDS among injecting drug users and methods for reducing these and other high-risk behaviors. Other areas of interest include organizational functioning and change, and process research on technology transfer.

Objectives

Research conducted at the IBR is intended to (1) generate and disseminate knowledge that impacts state and national policy decisions in the addictions field, (2) provide critical methodological and substantive research training for graduate students, (3) help IBR research scientists achieve their highest professional and scientific potential, and (4) raise the research reputation and visibility of Texas Christian University (TCU) through professional publications and related scientific contributions.

Scientific Strategy

Science is intended to be programmatic and incremental, thereby requiring a strategy to help maintain focus and build a systematized knowledge base. In the substance abuse treatment field, the emphasis on “evidence-based” interventions and procedures for quality control and improvement dictate scientific discipline—both in the short- and long-run when seeking grants and publishing findings. The IBR therefore strives to be deliberate in its grant applications, emphasizing its evaluation research heritage, staff strengths, and sequential knowledge gaps that need to be filled. A key operational principle is to be scientifically selective in requests and commitments for funding. The IBR scientific strategy is organized around a conceptual framework synthesized from existing knowledge and represented by the TCU treatment process and outcome model and the TCU program change model. These models help staff visualize the foundations of our treatment and organizational research protocols, identify new issues that deserve attention, and integrate new findings with existing knowledge.

Implementation of field-based studies relies on establishing reliable partnerships with treatment systems and honoring the commitments made to address their needs. Providing useful feedback to research partners, funding agencies, policy makers, and other researchers is an important measure of successful science. In particular, scientific publications are strategically planned, integrated with other studies from the appropriate literature, and structured to effectively communicate the salient findings. Finally, “products” from funded research—including intervention manuals, assessments, presentations, and integrative summaries—are expected to be prepared in a user-friendly format and made available without cost to treatment providers, interested researchers, and the general public.

Bringing together qualified and dedicated research scientists to collaborate in a supportive environment promotes an exciting and productive research atmosphere.

IBR Web Site

[About IBR](#) — provides a link to the TCU Psychology Department Web page (www.psy.tcu.edu) that includes information on TCU's "Graduate Program." The required TCU applications for the [Department of Psychology](#) and the [School of Science and Engineering](#) are available for downloading in PDF format.

IBR's research program provides valuable training opportunities in graduate and post-graduate education.

History

The IBR was organized in 1962 by Dr. Saul B. Sells who served as its Director until his retirement. Dr. D. Dwayne Simpson, a member of the IBR faculty since 1970, became its new Director in 1982 when he temporarily moved the Institute to Texas A&M University. Reestablished at TCU in 1989, the IBR's mission and role in the University has remained essentially unchanged since it was founded. In 1996, it was designated as a "Center of Excellence" at TCU. The research program provides valuable training opportunities in graduate and postgraduate education, contributing to the success of many former students and staff members in academic and applied research leadership positions today.

Organization

The Institute operates as a separate academic unit of the University, but through common research training goals and interests it is closely affiliated with the Department of Psychology. Research Scientists in the IBR function much like other University faculty members; they may hold Adjunct Professor and Graduate Faculty appointments, serve on student thesis and dissertation committees, and teach formal courses when time and opportunities permit. Their special skills in advanced data management and multivariate analytic techniques provide the foundation for graduate training in health services evaluation research at TCU.

Graduate Student Training Opportunities

Research training is an integral part of IBR's commitment to the conduct of quality behavioral research. Graduate and postgraduate training is carried out in close collaboration with the Department of Psychology and other departments at TCU. Since IBR does not award academic degrees, the student must meet all requirements of the department in which a degree is to be awarded.

IBR's training program emphasizes:

- Health services research, especially evaluation of drug abuse 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
- Combining theory with practice, and communicating applications of results

A limited number of stipends are awarded on a competitive basis.

Applications

Interested students are encouraged to contact the Graduate Program at TCU's Department of Psychology, TCU Box 298920, Fort Worth, TX 76129 for application information. Specific interest in the IBR and its emphasis on applied evaluation research in the drug abuse field should be noted at the time of the contact. Based on this information, the IBR Director and faculty will be notified of the application and its status. (*Texas Christian University does not discriminate on the basis of personal status, individual characteristics or group affiliation, including but not limited to classes protected under state and federal law.*)

Texas Christian University

TCU, founded in 1873, is an independent and self-governing institution, related to the Christian Church (Disciples of Christ) from which it receives a commitment to open-minded inquiry into all intellectual issues. The University enrolls 7171 undergraduate students in 98 majors and 1578 graduate students in 48 fields (11 doctoral programs); it employs more than 1,500 faculty and staff and has an operating budget of \$230 million and an endowment in excess of \$900 million. Additional information about TCU is available at www.tcu.edu. ■

Research Staff and Personnel

Faculty

**Director and
Saul B. Sells
Professor of
Psychology**

D. Dwayne Simpson (Ph.D., Experimental Psychology)

is Director of the Institute of Behavioral Research (IBR) and the S.B. Sells Professor of Psychology at Texas Christian University. His research on drug addiction and treatment effectiveness (reported in over 250 publications and 10 books or edited volumes) includes several large-scale and longitudinal national evaluations. Over the past 15 years, he has focused on assessments of client functioning and service delivery process, and how these factors influence treatment engagement and retention rates, stages of recovery, and long-term outcomes. This work includes development of cognitive and behavioral interventions shown to enhance client services and improvements in program management. His interests have expanded to the study of organizational behavior and its role in transferring evidence-based innovations into practice in community-based treatment agencies as well as criminal justice settings. Simpson is an advisor to national and international research centers and government organizations that address drug abuse treatment and related policy issues, a Fellow in both American Psychological Association and American Psychological Society, and a member of the editorial boards for several journals.

**Research
Scientist**

Kirk M. Broome (Ph.D., Experimental Psychology)

has been with the Institute of Behavioral Research since 1993, first as a graduate student and then as a Postdoctoral Research Associate in 1996-97. His research focuses primarily on program differences in treatment structure and process, and how they relate to client progress. His experience covers the design and analysis of treatment program evaluations, with special emphasis on structural equation modeling and hierarchical linear modeling. Kirk is the statistician and methodologist for the TCOM Project.

**Research
Scientist**

Michael L. Czuchry (Ph.D., Experimental Psychology)

began working with the IBR in January 1993, and currently serves as a Research Scientist on the CETOP Project. His research interests involve the use of cognitive enhancement tools in educational and treatment settings. Other areas of interest include the development of pedagogical games that may facilitate an openness and readiness for treatment or transition into aftercare.

**Associate
Director for
Cognitive
Interventions
and Professor of
Psychology**

Donald F. Dansereau (Ph.D., Cognitive Psychology)

has been on the faculty at Texas Christian University since 1969, where he is now Professor of Psychology and Senior Research Scientist in the IBR. He also is Principal Investigator for the CETOP (Cognitive Enhancements for the Treatment of Probationers) Project, a NIDA-funded research grant. Dr. Dansereau teaches graduate statistics and cognitive psychology, and his research focuses on cognitive approaches for improving education, drug abuse prevention, and treatment. His interests include the development of theoretical models on how individuals acquire and use complex information. Grants from the Defense Advanced Research Projects Agency, Department of Education, U.S. Army Research Institute, National Science Foundation, and National Institute on Drug Abuse have funded his work. His publications include over 160 papers.

**Research
Scientist**

Sandra M. Dees (Ph.D., Experimental Psychology)

joined the IBR in 1992 and is the CETOP Project Manager. Dr. Dees, a licensed psychologist, came to TCU from the Fort Worth Independent School District where she developed a central special education student database and evaluated special education and substance abuse programs. At TCU, under the aegis of a National Institute on Drug Abuse project directed by Dr. Donald F. Dansereau, she conducted research targeting the use of cognitive tools in drug prevention activities for college students. Her work with IBR has focused on the development and use of cognitive strategies within a framework of substance abuse treatment in the criminal justice system.

Research Staff and Personnel

Deputy Director and Associate Director for Health Services Research

Patrick M. Flynn (Ph.D., Counseling Psychology)

joined the IBR in July of 2000. His research (reported in numerous publications) has focused on the effectiveness and benefits of treatment, and included clinical assessment, questionnaire development, and multi-site clinical trials and survey research. He is a Fellow in several divisions of the American Psychological Association, a frequent member of federal grant review panels, a regular reviewer for professional journals, and has served as chairperson of an NIH health services research study section. He was recently appointed to the NIH/NIDA Health Services Research Initial Review Group for a term of 2004 through 2007. Since 1990, when he returned to the research environs, he has been the Project Director and Co-Director of national outcome studies, and a Co-Principal Investigator and key investigator for a number of other treatment studies. He is currently Principal Investigator on a NIDA project designed to develop and implement a treatment cost and organizational monitoring system. Prior to his return to full-time research, Dr. Flynn worked in therapeutic community, methadone, and outpatient drug-free treatment programs in several capacities, and served in upper-level management positions in higher education. His academic positions and appointments have included tenured associate professor, college vice president, and dean of academic affairs.

Research Scientist

Jack M. Greener (Ph.D., Industrial/Organizational Psychology)

joined the IBR in 1978 and supervised its industrial psychology research program until 1983. Since that time he has been an independent management consultant and was a Visiting Associate Professor of Psychology at Texas A&M University from 1986 to 1988. He rejoined the IBR in 1989. Dr. Greener's major interests are in industrial-organizational psychology, research methodology, measurement, and evaluation. Recent activities include job analysis surveys, data system management, electronic forms development, and substance abuse treatment evaluation research. He has directed contract research projects and published articles in professional journals in these areas.

Associate Director for Process and Outcome Studies

George W. Joe (Ed.D., Research Design and Educational Measurement)

originally joined the IBR at TCU in 1969. In 1983 he became a Research Scientist in the Behavioral Research Program at Texas A&M University, and returned to TCU in 1989. His research has focused on the components of the treatment process, evaluation models for treatment effectiveness, etiology of drug abuse, and statistical methodology. He is senior statistician for the IBR. He is experienced in the application of univariate and multivariate statistical methods, in the analytic modeling of data, in questionnaire development, sample selection, and survey research. His publications include over 80 articles in professional journals. He has served as a member of the NIDA Treatment Research Subcommittee and Special Emphasis Panels. He is also a frequent reviewer for professional journals.

Research Scientist

Danica Kalling Knight (Ph.D., Experimental Psychology)

joined the IBR in 1992. Her research efforts have focused on the effects of substance abuse lifestyles on social relationships, parenting, and child development. Current interests include developing treatment assessments and organizational monitoring systems. She served as Principal Investigator on the Salvation Army First Choice Project, and as Principal Investigator for a NIDA-funded grant, "Social Stress among Mothers in Treatment." She is currently Project Director for the TCOM Project. Her responsibilities include developing cost and project management instruments, creating data structures, and coordinating field activities.

Research Scientist

Kevin Knight (Ph.D., Experimental Psychology)

joined the IBR faculty in 1991 and has conducted several longitudinal evaluations for treatment of probation and prison populations (including the BOP, RSAT, and TCU Drug Screen Projects). As a result, he has worked with criminal justice agencies and data systems at national and regional levels, including the Texas Department of Criminal Justice and the Federal Bureau of Prisons. He is currently Principal Investigator for the CJ-DATS Project, a NIDA-funded cooperative agreement involving nine national research centers. He serves on journal editorial boards, including serving as co-editor of *Offender Substance Abuse Report*, and participates in advisory activities for a variety of organizations that address substance abuse and related policy issues. His primary research interests include assess-

ment strategies, applications of cognitive enhancements to drug abuse counseling and education, and the study of treatment and organizational processes in criminal justice settings.

Research Scientist

Grace A. Rowan-Szal (Ph.D., Behavioral Neuroscience)

joined the IBR faculty in 1990. As a recipient of a National Research Service Award from NIDA, she was a postdoctoral trainee at the University of Pennsylvania (Department of Psychiatry and Pharmacology) in 1988. While her early studies focused on animal models of drug dependence, Dr. Rowan-Szal's recent research centers on behavioral treatment approaches for drug users. Her research interests include the development of client assessment and data management systems, treatment process, gender issues, alcohol and cocaine use among methadone clients, development of a low-cost contingency management strategy for community-based drug treatment programs, and evaluation of technology transfer strategies. She is currently Project Director for the DATAR Project.

Research Scientist

Tiffany L. Sia (Ph.D., Experimental Psychology)

has been with the IBR since 1995, first as a graduate student and then as a part-time Research Associate. As a Research Scientist in the CETOP Project, she is involved in the development of cognitive enhancements in both educational and treatment settings. Her interests include the implementation and investigation of pedagogical games and techniques aimed at facilitating client motivation for treatment, facilitating client transition from treatment back into the community, and improving training techniques.

Research Associates

IBR Clinical Training Coordinator

Norma G. Bartholomew (M.A., Communication and Public Address; M.Ed., Counseling Education; L.P.C., Licensed Professional Counselor)

joined the IBR in 1991. Her background is in community health education, professional training, and media, and she is a licensed professional counselor. As part of the DATAR Project, she has developed psychoeducational intervention modules and counselor training programs in the areas of communication skills and assertiveness, human sexuality, HIV/AIDS, aftercare, and parenting. Norma serves IBR as Clinical Training Coordinator; writer/editor of the quarterly newsletter, *Research Roundup*; and assists with program evaluation studies, publications, and technical reports.

CJ-DATS Project Coordinator

Janis T. Morey (M.Ed., Educational Psychology)

joined IBR in August 2001, and has a background in brain research, psychology, and education. As the CJ-DATS Project Coordinator, she is responsible for coordinating prison meetings and site visits for CJ-DATS Projects, collecting and managing prison data, supervising software formats for final versions of IBR criminal justice forms, overseeing printing and materials distribution, and preparing CJ-DATS project applications for TCU's Institutional Review Board. Janis conducts CJ-DATS training and presentations and also assists with evaluation studies, publications, and technical reports.

IBR Web Services Coordinator

Charlotte W. Pevoto (M.Ed., Instructional Technology)

joined the IBR in 1990. Her background is in software systems, database management, and educational software training. She manages the IBR and DATOS Web sites. Her training in instructional design and cognitive systems, specifically in relation to Web-based design, will help support the implementation of technology in the TCOM Project. She also designs newsletters, consults with staff for presentations and publication graphics, and creates online special reports. Charlotte is a senior member of the Society of Technical Communication and has received awards in STC's Online Communication competitions for the IBR and DATOS Web sites and electronic document design.

Data Collection Specialist

Ryan R. Roark (M.S., Experimental Psychology)

first joined the IBR as a graduate research assistant in 1997 and became a Research Associate in 2000, responsible for developing forms using the IBR's Teleform® software system for the DATAR Project. He also assisted in the development and maintenance of Web-based data collection.

IBR Web Site

www.ibr.tcu.edu

Staff section provides:

- [Research Staff](#) pages with photos and additional information
- [Graduate Research Assistants](#) page
- [Support Staff](#) page
- [Tributes](#) to Dr. Saul Sells and Dr. Robert Demaree

Collaborating Scientists

Barry S. Brown (Ph.D., Clinical Psychology)

holds a faculty appointment with the University of North Carolina at Wilmington, and from there directs research projects on early retention and treatment aftercare services and AIDS prevention in Baltimore. In 1993, he was a Visiting Senior Scientist with the Institute of Behavioral Research after serving 17 years with the National Institute on Drug Abuse where he headed a variety of research units. He continues to work regularly with the IBR as an advisor and research collaborator on several studies, and currently chairs the Steering Committee for the Collaborative CJ-DATS Project. Dr. Brown also is on a number of editorial and advisory boards, and has published more than 100 articles in the professional literature. Most importantly, he claims to be loved by small children and animals.

Lois R. Chatham (Ph.D., Clinical Psychology)

came to the IBR in 1989 from the US Department of Health and Human Services where she served as a member of the Senior Executive Service at NIMH, NIDA, and NIAAA. She served as Deputy Director until 2003 and was Co-Principal Investigator of the DATAR Project. Areas of interest include treatment exposure as a predictor of outcome, gender differences in drug use and response to treatment, and the development of techniques for encouraging the incorporation of treatment research findings into clinical practice. Dr. Chatham now serves as a consultant to the IBR Director for addressing special issues and is active in several community service initiatives.

Support Staff

Alan Crume (Computer Systems Consultant)

maintained computer hardware and network systems.

Linda Ferdinand (Administrative Research Assistant)

coordinates office and clerical functions. Maintains the IBR resource library, mailroom, and office supplies.

Elena Garcia (Administrative Research Coordinator)

supervises clerical support staff, maintains personnel and financial records, and coordinates administrative and academic unit activities.

Julie Gray (Administrative Research Assistant for CETOP Project)

maintains the inventory of grant activity materials, measures, assessments and tools; maintains on-site tracking system database; assists in leading on-site activities; and tracks financial/budget expenditures.

Cindy Hayes (Administrative Research Assistant for CETOP Project)

maintains a tracking system for publications, manuscripts, and grant-produced materials, in addition to providing word processing, graphics, and editing support.

Helen Huskey (Administrative Research Assistant)

oversees secretarial and word processing services, as well as maintains publications and manuscript archives.

Mary Morton (On-site Coordinator for CETOP Project)

acts as a liaison between university and drug treatment facility personnel, maintains record files, administers research measures, and assists with on-site activities.

Barbara Thomsen (Research Assistant)

provides logistical support for data management, coordinates project materials (e.g., Downward Spiral) for production and distribution, and edits communications, reports, and publications.

Additional Project Staff

Paul Bowers (Research Assistant for CJ-DATS)

has been a part-time research assistant since June, 2005. His main responsibility entails interviewing offenders for the Co-Occurring Disorders Screening Instruments (CODSI) project. He also assists with various criminal justice projects. Paul has a M.A. in counseling from Southwestern Baptist Theological Seminary in Fort Worth.

Joy Patton (Research Assistant for CJ-DATS)

is a part-time research assistant and has been with IBR since June, 2005. Her responsibilities have included interviewing offenders for the CODSI-CJDATS project and creating a database of criminal-related research articles. She has a M.A. in counseling psychology from Liberty University in Virginia and is currently working toward her Ph.D.

Graduate Research Assistants

Katherine Ortega Courtney (TCU Graduate Student in Cognitive Psychology)

completed graduate training in 2005 with an interest in organizational functioning and institutional research. Her other interests include gender and racial disparities. Katherine assisted the DATAR Project.

Bryan Garner (TCU Graduate Student in Cognitive Psychology)

is interested in the study of treatment and organizational processes in criminal justice settings. Specific areas of interest include: risk/needs assessment, scale development, and statistical methodologies. Bryan assists the CJ-DATS Project.

Undergraduate Assistants

Jacette Aguiar

Travis Gray

The DATAR Project, Phases 1 & 2 (1989 – 2000)

DATAR Phase 1:

D. Dwayne Simpson, Ph.D.,

Principal Investigator

Lois R. Chatham, Ph.D.,

Project Manager

Funded by:

National Institute on

Drug Abuse (NIDA)

Project Period:

Sept. 1989 to Aug. 1995

Budgeted: \$7.7 million

DATAR Phase 2:

D. Dwayne Simpson, Ph.D.,

Principal Investigator

Lois R. Chatham, Ph.D.,

Co-Principal Investigator

Project Period:

Sept. 1995 to July 2000

Budgeted: \$4.8 million

DATAR Phase 1 studies provided the foundations for the “TCU Treatment Process Model” and demonstrated how cognitive and behavioral management strategies can be used to enhance treatment.

Large studies based on nationwide samples have repeatedly demonstrated the effectiveness of drug abuse treatment in natural settings and the importance of retention. In response to recurring calls for studying “the black box” and the need to know more about *how* treatment works, completion of the 20-year DARP project was followed by a series of 4 phases of our DATAR project. Its first phase, entitled *Improving Drug Abuse Treatment for AIDS-Risk Reduction (DATAR-1)*, began in 1989 as a NIDA treatment research demonstration grant and in 1995 was continued for another 5 years, entitled *Improving Drug Abuse Treatment Assessment and Research (DATAR-2)*. These projects were based on the premise that treatment services research should have practical objectives, be carried out in real-world settings, and be assessed for monitoring client progress over time (with routine feedback to treatment staff). Under DATAR-1&2, over 1,500 opioid users were treated in four outpatient methadone treatment programs in Texas during 1990 to 1999, with the general goal of improving therapeutic interventions as well as understanding the treatment dynamics involved.

These are the foundations for a body of research that now define elements of a model for effective drug treatment. It is a framework for integrating findings about how client and program attributes interact to influence the degree to which clients become engaged in treatment and remain long enough to show evidence of recovery while in treatment and at follow-up. This *TCU Treatment Model* likewise portrays how specialized interventions as well as health and social support services promote stages of change (see [Figure 1](#)). The DATAR-1&2 Project phases have led to the development of a comprehensive set of cognitive and behavioral-based interventions with demonstrated effectiveness as part of a stage-based model of treatment.

Particularly important for increasing early engagement in treatment is a set of TCU cognitive and behavioral-based interventions. The cognitive interventions (especially those related to increasing levels of treatment readiness for low-motivated clients) have proven useful for improving therapeutic relationships and retention. These have become the focus of another TCU project entitled “Cognitive Enhancements for the Treatment of Probationers” (CETOP; PI, Don Dansereau) for correctional populations where treatment readiness and motivation are commonly low. TCU interventions are manual-driven and evidence-based, making them well suited for disseminating these innovations into field practice.

continued on page 12

References

Simpson, D. D., Chatham, L. R., & Joe, G. W. (1993). Cognitive enhancements to treatment in DATAR: Drug abuse treatment for AIDS risks reduction. In J. Inciardi, F. Tims, & B. Fletcher (Eds.), *Innovative approaches to the treatment of drug abuse: Program models and strategies* (pp. 161-177). Westport, CT: Greenwood Press.

Simpson, D. D., Dansereau, D. F., & Joe, G. W. (1997). The DATAR project: Cognitive and behavioral enhancements to community-based treatments. In F. M. Tims, J. A. Inciardi, B. W. Fletcher, & A. M. Horton, Jr. (Eds.), *The effectiveness of innovative strategies in the treatment of drug abuse* (pp. 182-203). Westport, CT: Greenwood Press. ■

DATAR Treatment Intervention Manuals

Bartholomew, N. G., Chatham, L. R., & Simpson, D. D. (1994, revised). *Time out! For me: An assertiveness/sexuality workshop specially designed for women*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

This manual provides counselors with a curriculum for leading a 6-session workshop for women. Issues addressed include sexuality, the impact of gender stereotypes, self-esteem, assertiveness skills, and reproductive health issues. Studies have shown that participation in the *Time Out! For Me* workshop increases knowledge, self-esteem, communication skills, and treatment tenure for women.

Bartholomew, N. G., & Simpson, D. D. (1996). *Time out! For men: A communication skills and sexuality workshop for men*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

This manual features materials for leading an 8-session workshop for men who want to improve their intimate relationships. Communication skills, self-esteem enhancement, sexual health information, and conflict resolution skills are presented as a foundation for helping resolve relationship problems.

Bartholomew, N. G., Simpson, D. D., & Chatham, L. R. (1993). *Straight ahead: Transition skills for recovery*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

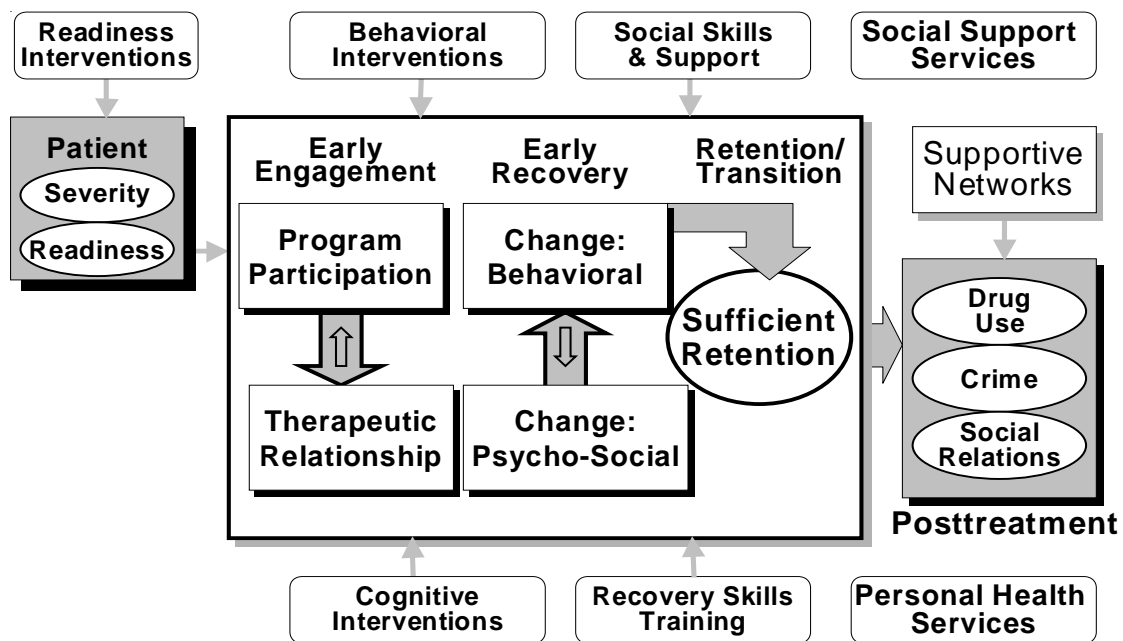
This manual provides a step-by-step curriculum for leading a 10-part workshop designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks in the community (12-step fellowships, family, friends) and on improving social skills, problems solving, and self-efficacy in order to foster recovery maintenance. ■

How to obtain manuals:

The Manuals section of the IBR Web site (www.ibr.tcu.edu/pubs/trtmanual/manuals.html) provides more information and **free downloads** as PDF files for these DATAR manuals.

To order **printed manuals**, contact the Lighthouse Institute Publications Web Site (www.chestnut.org/LI/bookstore/index.html), phone (309) 827-6026, or FAX (309) 829-4661.

Figure 1. TCU Treatment Model



Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcome. *Journal of Substance Abuse Treatment*, 27, 99-121. **Abstract:** Large-scale natural studies of treatment effectiveness and evidence from specialized treatment evaluations form the conceptual backbone for a “treatment model” summarizing how drug treatment works. Sequential relationships between patient and program attributes, early patient engagement, recovery stages, retention, and favorable outcomes are discussed, along with behavioral, cognitive, and skills training interventions found to be effective for enhancing specific stages of the recovery process. The author discusses applications of the treatment model for incorporating science-based innovations into clinical practice in areas such as engagement and retention, performance measures, program monitoring and management, organizational functioning, and systems change.

The DATAR Project, Phase 3 (1999 – 2004)

DATAR Phase 3:

[D. Dwayne Simpson, Ph.D.](#),

Principal Investigator

[George W. Joe, Ed.D.](#),

Co-Principal Investigator

[Grace A. Rowan-Szal, Ph.D.](#),

Project Director

Project Period:

September 1999 to July 2004

Budgeted: \$3.7 million

The TCU Program Change Model integrates our research with the literature. It provides a heuristic framework for the steps involved in “technology transfer.”

Counselor attributes and skills likewise impact the client engagement process, along with other organizational factors recognized as needing additional research. Thus, the third 5-year phase of our DATAR project, entitled *Transferring Drug Abuse Treatment and Assessment Resources (DATAR-3)*, was funded in 1999. The literature identifies major factors seemingly involved in transferring new treatment innovations into practice, but understanding how to do it more effectively needs attention. Incorporating these factors into an integrated framework is expected to help advance the scientific progress and practical contributions in this field, including development of assessments for client, staff, and organizational dimensions represented. Our studies, for example, document that organizational climate is predictive of treatment satisfaction and counselor rapport. It is therefore important to address organizational climate issues, particularly in low climate programs, as well as identifying specific client needs and changes in treatment regimens to help improve client functioning in treatment programs.

The *TCU Program Change Model* integrates related observations from our research with the literature (see [Figure 2](#)). At the core of this heuristic framework are action steps typically involved in the process of technology transfer. **Exposure** to new ideas usually comes through lecture, self-study, workshops, or expert consultants. The second stage, **Adoption**, represents an intention to try an innovation. While this might be a “formal decision” made by program leadership, it also includes levels of commitment made by individual staff members about whether an innovation is appropriate at a more personal level and should be tried. **Implementation** comes next, implying that there is a period of trial usage to allow testing of its feasibility and potential. Finally, the fourth stage moves to **Practice**, reflecting the action of incorporating an innovation into regular use and sustaining it (even if it is in some modified form).

Each of these stages admittedly involves a series of smaller interrelated steps, and the literature identifies several important factors that influence this process and determine ultimately the extent to which the intended program changes occur. Simple innovations often can be adopted and successfully implemented in programs with only minor tremors in organizational functioning. As innovations and new procedures become more complex and comprehensive, however, the process of change becomes progressively more challenging—especially in settings where staff communication, cohesion, trust, and tolerance for change are low.

Organizational-level assessments are perhaps the most challenging because they require data to be taken from individuals within an organization (e.g., leaders, staff, clients) and then aggregated in ways that represent “the organization.” Selection of appropriate scales, data collection format, reliability and validity of measures, selection or sampling of individuals to properly represent the organization, and methodological alternatives for aggregating data are issues that require attention. TCU assessments of organizational needs and functioning have been created with these applications in mind. The *TCU Client Evaluation of Self and Treatment (CEST)* is used to measure client-level and program-level performance indicators in treatment. The *TCU Organizational Readiness for Change (ORC)* focuses on organizational traits that predict program change. It

includes scales from four major domains—motivation, resources, staff attributes, and climate. Comparisons of scale scores from the CEST and ORC assessments with other programs are now being expanded by defining norms (e.g., 25th and 75th percentiles) based on large-scale databases at TCU (see note at right for “Assessment Fact Sheets” in the IBR Web site). The *TCU Program Training Needs* (PTN) survey is used for identifying and prioritizing treatment issues that pro-grams believe need attention. Its items are organized into domains focused on Facilities and Climate, Satisfaction with Training, Preferences for Training Content, Preferences for Training Strategy, Barriers to Training, and Computer Resources. This type of information helps guide overall training efforts as well as predicts which innovations participating programs are most likely to seek out and adopt.

continued on page 14

IBR Web Site

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Other **DATAR Project** information provided:

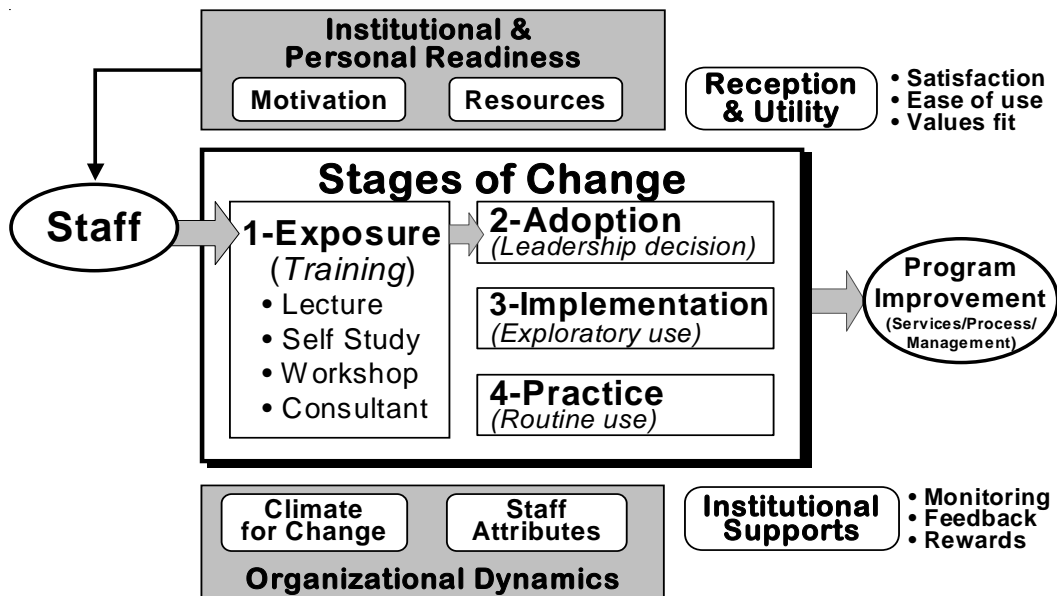
- **Resource Collections** — Explore the “[Treatment Process](#),” “[Organizational Functioning](#),” “[Assessment Systems](#),” and “[Assessment Fact Sheets](#)” collections.
- **Research Summaries** — Download (in PDF) *Research Summaries* on “[Organizational Change](#)” and “[Treatment Assessment](#),” “[Counseling Manuals for Treatment Interventions](#),” and “[Contingency Management](#).”
- **Forms** — Download the CESI, CEST, ORC (Staff and Program Director versions), PTN (Staff and Program Director versions), WEVAL and WAFU forms from the [TCU Community Treatment Assessment Forms](#).

DATAR Phase 3 Supplements

A series of supplements supported research on understanding of how organizational functioning may be related to health disparities among minority populations, cross-cultural generalizability of the ORC in Italy and England, and the applicability of a revised ORC for assessment use for correctional settings.

With respect to health disparities, there were race-ethnic differences observed with regard to types of health problems reported. More importantly, health problems were related to psychosocial functioning and to treatment engagement and these relationships held when adjusted for race, gender and age. An Italian version of the ORC survey was administered, and surveys from 341 respondents (representing 64 programs) were completed, primarily via the Internet. Results in the Veneto Region revealed high similarities between organizational functioning profiles from U.S. and Italian programs. Psychometric analyses also showed reliabilities of the ORC/Italian scales were consistent with U.S. findings, and appended comments collected from respondents confirmed interpretations of ORC profiles. ■

Figure 2. TCU Program Change Model



Reference: Simpson, D. D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment*, 22(4), 171-182.

The DATAR Project, Phase 4 (2004 – 2009)

DATAR Phase 4:

[D. Dwayne Simpson, Ph.D.](#),

Principal Investigator

[George W. Joe, Ed.D.](#),

Co-Principal Investigator

[Grace A. Rowan-Szal, Ph.D.](#),

Project Director

[Patrick M. Flynn, Ph.D.](#),

Research Scientist

[Jack M. Greener, Ph.D.](#),

Research Scientist

[Norma Bartholomew,](#)

[M.A., M.Ed., LPC](#)

Clinical Training Coordinator

Project Period:

NIDA MERIT Award

Sept. 2004 to Aug. 2009

Budgeted: \$3.82 million

The DATAR data system has undergone further development to capture data needed to address hypotheses with regard to the TCU Program Change Model.

In 2004, the fourth phase of DATAR was extended with funding from a NIDA MERIT Award (for recognizing distinctive and exceptional research projects). It pursues three general goals. First, we intend to refine our studies for testing the conceptual model of program change using a longitudinal data collection infrastructure based on TCU assessments of client and program functioning. This work emphasizes the “process” of change, continuing to focus on the treatment contextual role of organizational structure and functioning. Second, we intend to enhance feedback for counselors and program leadership on client progress for monitoring performance at the agency level and to train program leaders to use these TCU assessment-linked reports. Third, we will integrate the TCU manuals into a sequence of treatment system modules that link together to sustain client progress through the major treatment stages. The TCU treatment manuals developed in previous phases of DATAR have been shown to be effective in improving interim performance measures representing each stage of treatment engagement process, but their integrated applications in combination with client performance assessments need further evaluation. Implementation of this goal therefore will be partially dependent on progress with the second goal involving MIS/performance feedback.

2005 DATAR Research Activities

The DATAR data system has undergone further development to capture data needed to address hypotheses with regard to the change model. This set of forms includes the Program Training Needs (PTN), the Organizational Readiness for Change (ORC), the Workshop Evaluation Form (WEVAL), the Workshop Assessment Follow-up Assessment (WAFU), and the Client Evaluation and Satisfaction of Treatment forms at intake (CESI) and during treatment (CEST). The scales in the PTN were examined for supervisor and counseling staff differences as well as for its sensitivity to changes implemented in the programs over time. A set of studies have been completed that operationalized concepts in the change model from the DATAR data system and these studies showed that training utilization is related to counselors’ ratings of workshop training and to organizational functioning. In particular, perceptions at the time of the workshop training in “psychological readiness,” “comfort” and “resources” predicted adoption. The dimensions measured in the ORC predicted utilization, both retrospectively and prospectively in studies. The domains of organizational climate and treatment program resources were important in predicting program-wide utilization outcomes, both general assessments and the more specific outcomes of being a better counselor and improving counselor-client relationships as a result of using workshop training. The staff attributes were very significant to individual utilization.

In a different approach to examination of individual utilization of training, counselor perceptions of the program’s organizational dynamics (staff attributes and organizational climate) were useful in identifying groups of counselors related to training utilization. High functioning counselors were more likely to utilize training than low functioning counselors. Additional research on the relationship of the ORC to treatment process outcomes shows expanded support for the link between each of the domains of the ORC and the client process outcomes of treatment satisfaction, counselor rapport, and treatment participation. Most salient dimensions in the ORC domains were program needs, staffing resources, counselor influence, and autonomy.

In addition to workshops design for transfer to clinical practice, the ORC dimensions were found also to be predictive of responsiveness to a workshop designed organizational enhancement of a treatment program. This work demonstrates the importance of the level of staff agreement about organizational functioning.

“The British are coming”

In March 2005, a familiar refrain—“the British are coming”—rang out at the IBR as we began preparations for a friendly invasion by a prominent delegation of 11 leaders representing treatment delivery, research, and policy making from England. Much like our international work in the Veneto region of Italy over the past 3 years, this collaboration with England’s National Treatment Agency for Substance Misuse (NTA) has now budded into a significant activity. Streamlining access to drug misuse services in England is the focus of a multi-phase initiative to address the country’s need for more treatment services and improved quality of care. NTA is at the helm of this endeavor, and the results, so far, have been on target. Treatment slots have opened up and waiting list times have been reduced, such that drug misusers secure quicker access to treatment than ever before. For NTA, the next phase involves the implementation of a national treatment effectiveness strategy to improve client retention and outcomes once drug misusers enter treatment. The *Strategies for Improving Treatment Effectiveness (SITE)* collaboration, a scientific partnership between TCU, NTA, and the National Addiction Centre (NAC) in London, provides foundational support and guidance for this effort. Materials from the *TCU Treatment System* are being adapted as part of the transfer, utilization, and evaluation of evidence-based resources and procedures for clinical practice and program management. The primary objectives, based on exposure and trial adoption of organizational and treatment program improvement strategies, will help further the explorations of cross-national technology transfer of the *TCU Treatment System*. ■

2005 DATAR Publications

Newbern, D., Dansereau, D. F., Czuchry, M., & Simpson, D. D. (2005). Node-link mapping in individual counseling: Treatment impact on clients with ADHD-related behaviors. *Journal of Psychoactive Drugs*, 37(1), 93-103.

Abstract: Individual drug abuse counseling methods using different types of node-link mapping (a visual representation strategy) were investigated among clients in private methadone maintenance treatment. Standard counseling, enhanced counseling with “free form” maps, and enhanced counseling with both “free form” and “guide” maps were compared at 6 and 12 months of treatment among clients with low and high levels of behaviors related to attention deficit hyperactivity disorder ADHD. Findings replicate prior work suggesting the positive impact of using node-link mapping in individual counseling sessions, with particular benefits noted for clients with higher levels of ADHD-type problems.

Rowan-Szal, G. A., Bartholomew, N. G., Chatham, L. R., & Simpson D. D. (2005). A combined cognitive and behavioral intervention for cocaine-using methadone clients. *Journal of Psychoactive Drugs*, 37(1), 75-84.

Abstract: The effectiveness of combining contingency management with a cocaine-specific relapse prevention counseling module was examined in a study of 61 cocaine-using methadone clients randomly assigned to participate in an 8-week intervention and 8-week follow-up period. Results suggest that contingency management with low-cost rewards for treatment compliance was significantly related to reductions in cocaine use and exposure to the counseling module was positively related to 6-month retention rates. Both interventions were associated with positive treatment gains with effects in different behavioral outcomes. ■

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2005 **DATAR** Project activities reported in:

- **Special Report** — In May 2005, the IBR published an online special report, “[Overview of the TCU Treatment System: Background and Structure](#)” available to download in PDF.
- **Manuals** — New 2005 additions to this section include “[Brief Interventions from the TCU Treatment System](#)” on node-link mapping, anger, communication, social networks, HIV prevention, and contingency management.
- **Newsletters** — The **Research Roundup Fall-Winter 2004-05 issue** features “Models of client and systems change” with special focus on “simplifying client and program assessments.” The [Spring-Summer 2005 issue](#) describes IBR’s collaboration with England’s National Treatment Agency (NTA) for Substance Misuse. The [Fall 2005 issue](#) emphasizes “Improving Treatment in the Real World” and highlights IBR’s “useful assessments” and interventions.
- **Presentations** — The [Feature Presentations](#) Web page includes [the handout](#) (in PDF format) for Dr. Simpson’s June presentation, “Building bridges for treatment effectiveness: Psychosocial interventions and assessments for improving treatment engagement and retention” for the National Treatment Agency for Substance Misuse’s NTA Treatment Effectiveness Launch in London.

The DATOS Project

Drug Abuse Treatment Outcome Studies

Research Center

D. Dwayne Simpson, Ph.D.

Principal Investigator
for the TCU Research Center

George W. Joe, Ed.D.

Co-Principal Investigator

Funded by:

National Institute on
Drug Abuse (NIDA)

Project Period:

Sept. 1995 to Aug. 2001

Budgeted: \$2.14 million

The National Drug Abuse Treatment Outcome Studies (DATOS) was a 5-year collaborative research project, funded by the National Institute on Drug Abuse (NIDA) and based on essentially the same national treatment evaluation strategy developed by the IBR 25 years earlier as part of the DARP Project. It brought together four teams of scientists to explore separate but complementary research themes. As part of this initiative, the IBR team focused on issues of client retention and engagement in treatment, including the significance of selected client and program variables on retention, treatment process, and program compliance. Attention was given to problem severity and its interactions with treatment variables. Also, factors associated with client motivation for treatment and client perceptions of treatment were examined to better understand their impact on program retention.

The National Development and Research Institutes of North Carolina (NDRI-NC) team, with **Dr. Robert L. Hubbard** as Principal Investigator, examined issues involving the selection of treatment by drug users, including client needs, access to services, and support and impediments to treatment selections. In addition, NDRI-NC considered factors related to service delivery and client subtypes. UCLA's Drug Abuse Research Center (**Dr. M. Douglas Anglin**, Principal Investigator) explored factors in the addiction and treatment careers of drug abusers that influence response to treatment, including the relationship of background variables and drug use histories on decisions to enter treatment. The UCLA team also tested models of the process of addiction (initiation, progression, cessation, and relapse) among treatment clients. The Services Research Branch at NIDA, with **Dr. Bennett Fletcher** serving as Principal Investigator, focused on issues significant to policy development including cost-benefit analyses, the changing nature of drug abuse treatment clients and the implications for treatment programming and services, and the relations of client economic conditions to treatment performance.

Within their identified research themes, DATOS investigators examined treatment process, retention, and outcome in relation to four variable domains identified as having particular significance for contemporary drug abuse treatment. These included HIV risk behaviors, cocaine use, psychiatric comorbidity, and criminal justice status and activity. Sequential waves of studies were undertaken to look deeper into these research themes and variable domains.

Core data for the DATOS project included client information from 10,010 admissions to 96 treatment programs between 1991 and 1993, representing outpatient methadone, outpatient drug free, long-term residential, and short-term inpatient services. One-year and 5-year posttreatment follow-ups with DATOS clients were reported in special journal issues (1 year, *Drug and Alcohol Dependence* and *Psychology of Addictive Behaviors*; 5-year, *Journal of Substance Abuse Treatment*). Additional research addressed during-treatment and 1-year posttreatment outcomes of adolescent DATOS clients, and has been reported in a special issue of *Journal of Adolescent Research*. Altogether, 88 papers were published from this third national treatment evaluation funded by NIDA. ■



Visit the
DATOS Web Site
for findings of this
National Treatment
Evaluation

www.datos.org

IBR hosts an entire Web site that focuses on the coordinated research of the four DATOS Research Centers. The DATOS Web site highlights studies on [Adolescents](#) versus [Adults](#). Other sections include [Background](#), [Presentations](#), and [Publications](#).

2005 DATOS Publications

Boles, S. M., Joshi, V., Grella, C. E., and Wellisch, J. (2005). Childhood sexual abuse patterns, psychosocial correlates, and treatment outcomes among adults in drug abuse treatment. *Journal of Child Sexual Abuse*, 14(1), 39-55.

Handelsman, L., Stein, J. A., and Grella, C. E. (2005). Contrasting predictors of readiness for substance abuse treatment in adults and adolescents: A latent variable analysis of DATOS and DATOS-A participants. *Drug and Alcohol Dependence*, 80, 63-81. ■

Selected DATOS Publications

Simpson, D. D., & Curry, S. J. (Eds.). (1997). Special issue: Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behavior*, 11(4), 211-337.

Joe, G. W., Simpson, D. D., & Broome, K. M. (1998). Effects of readiness for drug abuse treatment on client retention and assessment of process. *Addiction*, 93(8), 1177-1190.

Simpson, D. D., & Brown, B. S. (Eds.). (1999). Special issue: Treatment process and outcomes studies from DATOS. *Drug and Alcohol Dependence*, 57(2), 81-174.

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

Broome, K. M., Simpson, D. D., & Joe, G. W. (1999). Patient and program attributes related to treatment process indicators in DATOS. *Drug and Alcohol Dependence*, 57(2), 127-135.

Joe, G. W., Simpson, D. D., & Broome, K. M. (1999). Retention and engagement models for different treatments modalities in DATOS. *Drug and Alcohol Dependence*, 57(2), 113-125.

Rowan-Szal, G. A., Joe, G. W., & Simpson, D. D. (2000). Treatment retention of crack and cocaine users in a national sample of long term residential clients. *Addiction Research*, 8(1), 51-64.

Broome, K. M., Joe, G. W., & Simpson, D. D. (2001). Engagement models for adolescents in DATOS-A. *Journal of Adolescent Research*, 16(6), 608-623.

Hser, Y., Grella, C. E., Hubbard, R. L., Hsieh, S. C., Fletcher, B. W., Brown, B. S., & Anglin, M. D. (2001). An evaluation of drug treatment for adolescents in four U.S. cities. *Archives of General Psychiatry*, 58(7), 689-695.

Simpson, D. D., Joe, G. W., & Broome, K. M. (2002). A national 5-year follow-up of treatment outcomes for cocaine dependence. *Archives of General Psychiatry*, 59, 538-544.

Simpson, D. D. (Ed.). (2003). Special issue: 5-year follow-up treatment outcome studies in DATOS. *Journal of Substance Abuse Treatment*, 25(3). ■

IBR Web Site

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Other [DATOS Project](#) information provided:

- [Resource Collections](#) — Explore the "National Treatment Evaluations" collection.

DATOS

Drug Abuse Treatment Outcome Studies

NIDA's Third National Evaluation of Treatment Effectiveness



88 Studies Published (Special Issues) –

Psychology of Addictive Behaviors (Dec 97)

Drug and Alcohol Dependence (Dec 99)

Journal of Adolescent Research (Dec 01 for DATOS-A)

Journal of Substance Abuse Treatment (Dec 03)

Archives of General Psychiatry (99, 01, & 02)

The CETOP Project – Phase 1

Cognitive Enhancements for the Treatment Of Probationers

[Donald F. Dansereau, Ph.D.](#),

Principal Investigator

[D. Dwayne Simpson, Ph.D.](#),

Co-Principal Investigator

[Sandra M. Dees, Ph.D.](#),

Project Manager

[Michael L. Czuchry, Ph.D.](#),

Research Scientist

[Tiffany L. Sia, Ph.D.](#),

Research Scientist

The focus of the first 5-year phase of the CETOP Project (Cognitive Enhancements for the Treatment of Probationers) was to study the impact of enhancing mandated substance abuse treatment with cognitive/behavioral tools. The Tarrant County Substance Abuse Treatment Facility (SATF) was a 4-month intensive residential treatment program for 420 probationers each year. This facility was located in the Community Correctional Facility in Mansfield, Texas, and shared a physical plant with two other units (a boot camp and a halfway house). Probationers mandated by judges to the SATF spent their 4 months in a small “community” of residents, where counseling was provided daily. The program also offered a variety of educational and life management activities. Standard treatment program components included (1) a modified therapeutic community approach, (2) counseling to provide professional guidance and support in recovery efforts, (3) special induction and transition sessions to plan for treatment, and later, for recovery maintenance, and (4) life skills instruction and recovery education activities.

Funded by:

National Institute on Drug Abuse (NIDA)

Project Period:

Sept. 1994 to Aug. 2000

Budgeted: \$2.3 million

Core elements of the cognitive enhancement system introduced by this project were node-link mapping, motivational tools, cognitive skills activities, and scripted collaboration. These tools were used independently and interactively to enhance the drug abuse treatment components at the SATF. During-treatment and follow-up assessment measures were used to assess reactions to treatment. The comprehensive battery of measures developed in the DATAR Project was modified for use in this project.

Node-link mapping and associated visual representation strategies were designed to enhance communication and understanding. These techniques are simple methods of eliciting, representing, and organizing information so that relationships between ideas, feelings, and actions can be easily recognized and understood.

Motivational tools were designed to enhance the induction and transition phases of treatment. A series of self-study booklets provide training in the **cognitive skills** (e.g., decision making, problem solving) that are the “basics” of life skills.

The final element consisted of a set of strategies structured to encourage **cooperative activities** among probationers. Probationers working together on a specific task can help each other clarify and elicit ideas and feelings, detect “glitches” in thinking, provide emotional support, develop alternative perspectives, and improve decision-making. Responses of residents receiving enhanced treatment were compared to those receiving standard treatment components.

Four studies were conducted. The first three focused on enhancements to counseling, induction/transition, and life skills education, respectively. The overall research design was cumulative in that enhancements developed and tested in each study became a regular part of treatment for all probationers entering the SATF during later studies. The fourth study examined the effectiveness of the enhancements with special populations (e.g., females).

Findings

Mapping. Residents rated counseling sessions with extensive map use as “deeper” and having greater group participation. Compared to residents who were not in mapping communities, mapping residents gave more favorable ratings to: their counselors; group counseling sessions; their fellow-residents; security staff; their own efforts to benefit from treatment; and their own abilities to benefit from treatment. In addition, mapping residents also reported better progress

CETOP’s objectives include the evaluation of enhanced treatment components designed to improve probationer functioning and outcomes.

toward treatment goals, more participation in group sessions, and more positive responses to treatment as a whole.

Readiness and Re-entry (induction into treatment; transition back to society). Residents who received these activities (which included the Tower of Strengths and Downward Spiral) rated their communities as significantly more engaged in treatment and more helpful to them than those receiving the standard treatment. They rated themselves as more involved in treatment and gave higher ratings to the treatment program and personnel. Those with lower levels of educational experience who received the Readiness and Re-entry activities rated their confidence and motivation higher than did a similar group in the standard program.

continued on page 20

Featured Phase 1 CETOP Publications

Blankenship, J., Dansereau, D. F., & Simpson, D. D. (1999). Cognitive enhancements of readiness for corrections-based treatment for drug abuse. *The Prison Journal*, 79(4), 431-445.

Czuchry, M. L., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment*, 17(4), 321-329.

Czuchry, M. L., & Dansereau, D. F. (2000). Drug abuse treatment in criminal justice settings: Enhancing community engagement and helpfulness. *American Journal of Drug & Alcohol Abuse*, 26(4), 537-552.

Czuchry, M., & Dansereau, D. F. (2003). Cognitive skills training: Impact on drug abuse counseling and readiness for treatment. *American Journal of Drug and Alcohol Abuse*, 29(1), 1-18.

Czuchry, M. L., Dansereau, D. F., & Sia, T. L. (1998). Using peer, self-, and counselor ratings to evaluate treatment process. *Journal of Psychoactive Drugs*, 30(1), 81-87.

Czuchry, M. L., Sia, T. L., & Dansereau, D. F. (1999). Preventing alcohol abuse: An examination of the "Downward Spiral" game and educational videos. *Journal of Drug Education*, 29(4), 323-335.

Newbern, D., Dansereau, D.F., & Dees, S.M. (1997). Node-link mapping in substance abuse: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation*, 25(1/2), 83-95.

Newbern, D., Dansereau, D.F., & Pitre, U. (1999). Positive effects on life skills motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug & Alcohol Abuse*, 25(3), 407-423.

Pitre, U., Dansereau, D.F., Newbern, D., & Simpson, D.D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment*, 15(6), 535-543.

Sia, T. L., Dansereau, D. F., & Czuchry, M. L. (2000). Treatment readiness training and probationers' evaluations of substance abuse treatment in a criminal justice setting. *Journal of Substance Abuse Treatment*, 19, 459-467. ■

IBR Web Site

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Other **CETOP Project** materials provided in:

- **Resource Collections** — Explore the "Cognitive Interventions" collection.
- **Research Summaries** — Download (in PDF) *Research Summaries* on "[Treatment Mapping](#)," and "[Treatment Readiness and Induction Strategies](#)."
- **Publications** — Examine all CETOP publications from both Phases 1 and 2 in the list, "[Cognitive Intervention Studies](#)" (some with abstracts).

The CETOP Project – Phase 2

Cognitive Enhancements for the Treatment Of Probationers

[Donald F. Dansereau, Ph.D.](#),

Principal Investigator

[Sandra M. Dees, Ph.D.](#),

Project Manager

[Michael L. Czuchry, Ph.D.](#),

Research Scientist

[Tiffany L. Sia, Ph.D.](#),

Research Scientist

Building on research findings from Phase 1, the primary objective of the 5-year CETOP Phase 2 Project was to assess the impact of introducing into a criminal justice substance abuse treatment program cognitive activities specifically designed to (a) increase probationers' motivation for treatment and (b) promote development of skills that can be useful during treatment. Since probationers frequently come to a criminal justice treatment program with little motivation and no concept of what to do to benefit from treatment, this second project phase employed and extended the motivational and skill-based elements found to be effective with this population. A second major objective was to determine how these activities can be most effectively combined and efficiently delivered.

Funded by:

National Institute on Drug Abuse (NIDA)

Project Period:

March 2000 to Aug. 2005

Budgeted: \$2.3 million

On-site implementation was relocated to the Dallas County Judicial Treatment Center (under the administration of Cornell Companies, Inc.) in Wilmer, Texas, when the Tarrant County Substance Abuse Treatment Facility site was changed to an outpatient program. The Wilmer facility provides 6 months of residential treatment to approximately 450 probationers each year. Three major studies were conducted to assess the effects of the Motivation Module (Study #1), the Skills Module (Study #2), and the combination of Motivation and Skills Modules (Study #3). In all three studies, residents were randomly assigned to receive either enhancements or “treatment as usual.”

The broad research questions addressed by each study were:

1. **What are the during-treatment effects of these modules** on indicators of motivation and on responses to critical aspects of the treatment program and on perceptions of personal change during treatment? Questionnaires were administered at the beginning, middle, and end of treatment.
2. **Who benefits the most?** Answers to this question help determine how to tailor treatment to meet the needs of specific individuals.

The MOTIVATION Module: the “TCU Personal Power Series”

Under Construction. This is a three-part activity that includes the Tower of Strengths (a card sorting task in which individuals select strengths they have and strengths they desire), Building Blocks (selection and generation of quotes that will help individuals attain desired strengths), and a Putting Together Map (where clients see how to apply strengths and quotes to a personal problem). This activity has been shown to improve motivation and therapeutic outcomes in treatment, and helps calibrate self-esteem (too low or too high of self esteem have both been found to be problematic in treatment).

Downward Spiral. Five to six participants take on the roles of people who are committed to a life of substance abuse. In this board game, the “winner” is the player who stays alive and loses the least of the allotted life resources (e.g., health, family, friends). Players “move” by drawing cards to read about real situations; they suffer consequences of continued substance abuse by losing “life points” (Czuchry, Sia, & Dansereau, 1999; Czuchry, Sia, Dansereau, & Dees, 1997).

This phase extended the prior research on the motivational and skill-based elements by examining how they can be combined and efficiently delivered.

Personal Power Manuals and RAFTing. Participants read and complete 4 workbooks, both in session and as homework. They learn a Relax And Focus Technique (RAFTing) that can be used regularly as a self-modulation and control strategy.

RAFTing and Mind Play. This is an audio CD that guides clients through relaxation and visualization techniques that have been shown to be effective in substance abuse treatment. Our research has shown that it facilitates therapeutic improvement in treatment for probationers.

The COGNITIVE SKILLS Module

The Thought Team. Participants are taught to visualize a “team” of people who can give them quality input on personal decisions and plans (i.e., perspective taking). They then use this team as they create written solutions to sets of “tough situation” scenarios. These are real-life situations which they may themselves encounter (Weldon & Dansereau, 1999).

Map Magic (Mapping). Participants will be taught to organize their thoughts into graphic node-link representations using either free form or “guide” maps (a fill-in-the node structure; Czuchry & Dansereau, 1999; Newbern, Dansereau, & Dees, 1997; Newbern, Dansereau, & Pitre, 1997; Pitre, Dansereau, Newbern, & Simpson, 1998; Pitre, Dees, Dansereau, & Simpson, 1997). This is a manual-driven activity followed by a scripted peer cooperative problem-solving activity.

View Point Game. This activity involves playing a perspective shifting game that teaches individuals a difficult cognitive skill in an engaging, social format. Players apply quotes, symbols, people, and personal strengths to personal problems in an effort to develop workable solutions. It has been shown to increase creative problem solving in college students.

Findings

To date, research from the second phase of CETOP has shown that our motivation modules:

- increase motivation to resist drug use and to avoid unsafe sexual practices (Czuchry & Dansereau, 2005)
- help sustain motivation over time (Czuchry, Sia, & Dansereau, *in press*)
- improve perceptions of the counselors and counseling sessions (Dees, Sia, Dansereau, & Witala, manuscript submitted for publication)
- and are especially beneficial for:
 - females (Czuchry, Sia, & Dansereau, *in press*)
 - clients with low need for cognition (Czuchry & Dansereau, 2004) ■

2005 CETOP Brief Intervention Manual

The CETOP team developed and tested an integrated set of maps to guide the counseling process while helping both the counselor and client keep a record of plans and commitments. These fill-in-the-box maps can be used flexibly in tailoring treatment to clients’ unique needs and preferences. The manual, “Mapping the Journey: A Treatment Guide Book” presents an overview of mapping-based interventions and provides mapping guides for helping clients explore themselves and their personal characteristics, their social functioning, ways to make decisions and cope with problems, and ways to manage relapse. In addition, there are general planning and progress monitoring maps to help clients set goals and understand their progress. ■

IBR Web Site

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Other [CETOP Project](#) materials:

- [Project Summary](#) — Check out the CETOP project page for a more detailed explanation of the CETOP Project studies and information on “Downward Spiral.”
- [Manuals](#) — Download (in PDF) the new Brief Intervention, “[Mapping Your Journey](#)” and other [node-link mapping manuals](#) developed in the CETOP Project. See more information below.

How to obtain manuals:

- The Manuals section of the IBR Web site (www.ibr.tcu.edu/pubs/trtmanual/manuals.html) provides more information and **free downloads** as PDF files for CETOP manuals.
- To order **printed manuals**, contact the Lighthouse Institute Publications Web Site (www.chestnut.org/LI/bookstore/index.html), phone (309) 827-6026, or FAX (309) 829-4661.

The TCOM Project

Treatment Costs and Organizational Monitoring (TCOM)

[Patrick M. Flynn, Ph.D.](#),
Principal Investigator
[D. Dwayne Simpson, Ph.D.](#),
Co-Principal Investigator
[Danica K. Knight, Ph.D.](#),
Project Director
[Kirk M. Broome, Ph.D.](#),
Statistician and Methodologist

Funded by:
National Institute on Drug
Abuse (NIDA)

Project Period:
April 2003 to March 2008
Budgeted: \$3.19 million

Collaborators:

Brandeis University:
Heller School for Social Policy
and Management
Schneider Institute for Health
Policy
Donald S. Shepard, Ph.D.
Constance M. Horgan, Sc.D.

Family Health International:
Aaron Beaston-Blaakman,
Ph.D. (candidate)

This project focuses on developing an assessment and information system for treatment providers that will monitor organizational attributes and program resources, and link these factors to client performance and program changes over time. It uses the TCU Program Change Model as a conceptual framework for this technology transfer process. The sample consists of 115 outpatient drug-free (i.e., non-methadone), community-based, treatment providers—by far the most common and diverse setting for addiction treatment in the United States. This work extends our thematic program of research designed to better understand process and research diffusion. It expands applications of our client-level Treatment Process Model (i.e., a framework for integrating interventions with client assessments of needs and measures of performance changes over time).

A primary goal is to develop reliable instruments that can measure and provide feedback on program resources and organizational dynamics (along with aggregated client data) for the purpose of clinical management in real world outpatient community settings. While the ability to effectively use information technology is increasing at most agencies, integrated data systems that meet these crucial clinical management needs have not been developed and tested, and are not yet available for routine use. The specific aims are to: (1) develop a set of field instruments and procedures that treatment programs are willing to implement to assess their organization and its resources, (2) demonstrate the feasibility and utility of these assessments in a sample of 100 or more outpatient drug free treatment providers from different regions in the U.S., (3) monitor organizational changes over time and relate them to client-level indicators of program effectiveness, (4) plan and evaluate a training protocol for program directors on how to use assessment information for improving program management and functioning, and (5) study the process of program change and the long-range implementation of this new technology.

The conceptual approach, assessment strategy, and sampling design build on previous work and experience in conducting organizational and client functioning assessments. Integrated into this plan is work by colleagues from the Heller School for Social Policy and Management at Brandeis University and Family Health International for collecting and interpreting information about program resources. The domains addressed by the comprehensive assessment battery include *organizational factors*, *staff*, *clients*, and *program resources*. In addition to improving scientific understanding of these issues (to be communicated through journal publications, conferences, newsletters, and our Web site), several “application” products are expected from this project. These include (1) development of a practical set of organizational and resource assessment instruments suitable for dissemination, (2) establishment of several fundamental predictive relationships between organizational and resource indicators and program functioning and their inclusion in a conceptual model for presentation to scientific and applied audiences, (3) design of interpretative profiles and guidelines for users, and (4) production of manual-guided protocols for training providers in how to use results from the assessment information system. ■

TCOM Supplement: Computer-Assisted Cost Analysis Interview

This supplement advances research from the parent grant by developing a new methodology for collecting drug abuse treatment cost data. It will adapt computer-assisted data collection and web-based technology to support community-based outpatient drug treatment providers in their efforts to conduct routine economic evaluations of services. The supplement will transform the parent project’s economic assessment tool from accounting-style spreadsheets into an interactive, computer-assisted interview. This costing tool, and a prototype of a web-based version, is being developed by a multidisciplinary research team from IBR, the Heller School for Social Policy and Management at Brandeis University, and Family Health International. ■

2005 TCOM Training Activities

The TCOM Project provided collaborative training for selected programs affiliated with the Northwest (in February), Great Lakes (in March), and Gulf Coast (in September) Addiction Technology Transfer Centers and the state of Florida that teach participants how to use a practical, self-guided tool for determining the actual service delivery costs of different treatment components. The TCOM tools assist programs in pricing their services competitively and maintaining fingertip access to financial information that can be used for grant writing and negotiating reimbursement rates. In addition, these tools allow agencies to compare their costs and organizational performance with norms for their region. ■

IBR Web Site

www.ibr.tcu.edu

2005 TCOM Project activities reported in:

- [Newsletters](#) — Read “Inside Reports: Training Efforts Reflect Needs in the Field” from the [Spring-Summer 2005 issue of Research Roundup](#).

The CJ-DATS Project

Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)

[Kevin Knight, Ph.D.](#),

Principal Investigator
for the TCU Research Center

[D. Dwayne Simpson, Ph.D.](#),

Principal Investigator ('02-'05),
for the TCU Research Center

[Patrick M. Flynn, Ph.D.](#),

Co-Principal Investigator

[George W. Joe, Ph.D.](#),

Project Scientist

[Janis L. Morey, M.Ed.](#),

Project Coordinator

[Norma Bartholomew,](#)

[M.A., M.Ed.](#),

Clinical Training Coordinator

Funded by:

National Institute on Drug
Abuse (NIDA)

Project Period:

Sep. 2002 to Aug. 2007

Budgeted: \$3.56 million

A key objective for this landmark study is the establishment of science-based evidence for the role of corrections-based treatment in reducing drug use and crime-related costs to society.

IBR is one of nine National Research Centers selected to study current drug treatment practices and outcomes in correctional settings and to examine strategies for improving treatment services for drug-involved offenders. The Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), a 5-year cooperative agreement project funded by the National Institute on Drug Abuse (NIDA), investigates key elements of corrections-based treatment systems in the U.S. and makes recommendations for policies to enhance outcomes and improve the overall efficiency of treatment service delivery. A key objective for this landmark study is the establishment of science-based evidence for the role of corrections-based treatment in reducing drug use and crime-related costs to society. States that provide the majority of drug treatment for offenders in the U.S. are participants in CJ-DATS. Its comprehensive research strategy will serve both policy makers and taxpayers alike by providing evidence-based guidelines for delivering effective and efficient drug treatment to correctional populations.

CJ-DATS includes nine Research Centers—at Brown University (**Peter Friedmann**, PI), University of California at Los Angeles (**Michael Prendergast**, PI), University of Connecticut (**Linda Frisman**, PI), University of Delaware (**James Inciardi**, PI), University of Kentucky (**Carl Leukefeld**, PI), University of Miami (**Howard Liddle**, PI), National Development and Research Institutes (**Nancy Jainchill**, PI, and **Harry Wexler**, PI), and TCU (**Kevin Knight**, PI)—as well as a Coordinating Center at University of Maryland (**Faye Taxman**, PI) and NIDA collaborators (**Bennett Fletcher**). Functionally, this project shares similarities with DATOS (see www.datos.org), NIDA's third national evaluation of community-based treatment in which the IBR participated and recently completed.

Joining Dr. Knight as leaders of the TCU team are Drs. Dwayne Simpson and Pat Flynn (as Co-PIs). The Texas Department of Criminal Justice, the Federal Bureau of Prisons, the New Mexico Corrections Department, Illinois TASC, and the Illinois Department of Corrections are collaborating partners with IBR. ■

2005 CJ-DATS Training Activities

New instruments are being designed and tested and corrections staff are being trained on their utilization by several collaborating CJ-DATS research centers. The *Inmate Pre-Release Assessment (IPASS)*, under the leadership of the UCLA center, is designed to screen soon-to-be parolees to establish the level of care and supervision they will require. Both inmates and primary counselors complete versions of the IPASS to help prioritize the aftercare requirements of graduates of in-prison substance abuse treatment programs. In May, IBR conducted IPASS training for the Guadalupe County Correctional Facility in Santa Rosa, NM, and for the Roswell Correctional Facility, Roswell, NM, in June.

Targeted treatment interventions that meet the requirements of both offenders and staff is a pressing need in criminal justice settings. Stitching together prison-based and re-entry services is especially important. To meet these demands for flexible, evidence-based treatment materials, the CJ-DATS *Treatment Interventions for Corrections (TIC)* modules were developed at TCU. These 4-session units address topics such as anger management, social skills, changing thinking errors, and HIV prevention, and they can be used as stand alone modules or delivered in a series for a more wide-ranging treatment package. The user-friendly lay-out of these materials, along with their "plug and play" format, allows for less demanding requirements for staff training. In 2005, IBR used single-day training sessions successfully to prepare counselors working with the CJ-DATS research centers to use these materials. In March, IBR hosted and conducted a CJ-DATS TIC training workshop, *Understanding and reducing angry feelings*, and repeated the training with HIV prevention material in August and October. ■

TCU Drug Screen Evaluation Project

[Kevin Knight, Ph.D.](#),

Principal Investigator

[D. Dwayne Simpson, Ph.D.](#),

Co-Principal Investigator

Funded by:

National Institute of Justice (NIJ)

Project Period:

Jan. 1999 to Jan. 2002

Budgeted: \$234,757

This project helped direct the development of a reliable and valid drug screen that guides efficient and effective treatment decisions by correctional systems in approximately half the states nationwide.

Although most criminal justice agencies across the United States have become invested in treating drug-abusing offenders in the past decade, the demand for treatment resources has continued to exceed availability. Not only must officials decide who should have access to limited treatment services, but they also need to determine the most appropriate type and intensity of treatment in which a drug-involved offender should be placed. These critical decisions are complicated even further in large correctional systems such as the Texas Department of Criminal Justice (TDCJ), which processes over 3,300 new inmates per month. For these agencies, improved drug abuse screening and treatment referral protocols are essential.

The primary goal of this proposal, therefore, was to examine psychometric properties and validity of the Texas Christian University Drug Screen, an experimental instrument then in early stages of implementation at several large correctional settings across the U.S. The TCU Drug Screen is now being used to assess all new admissions to the TDCJ-Institutional Division and the TDCJ-State Jail Division. Psychometric criteria for this instrument have been established, particularly focusing on its internal consistency, and evaluations were conducted of the concurrent validity of the TCU Drug Screen and the ASI Drug Dependence scale. The project is yielding normative data on levels of inmate pre-incarceration drug use and will include prominent subgroups defined by sociodemographic and criminal background variables.

This project helped guide the development of a reliable and valid drug screen that can be used to assess the severity of drug use problems and guide efficient and effective treatment decisions within a wide range of correctional settings. ■

TCU Drug Screen Project Publications

Knight, K., Simpson, D. D., & Hiller, M. L. (2002). Screening and referral for substance-abuse treatment in the criminal justice system. In C. G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of drug offenders: Policies and issues* (pp. 259-272). New York: Springer.

Knight, K. (2002). Factors to consider when choosing a screen for drug-use problems. *Offender Substance Abuse Report*, II (3), 35-39.

IBR Web Site

www.ibr.tcu.edu

Other [TCU Drug Screen Project](#) materials provided in:

- [Research Summaries](#) — Download (in PDF) the *Research Summary* on "[Using the TCU Drug Screen](#)."
- [Forms](#) — Download (in PDF) the [TCU Drug Screen](#) and other [TCU Correctional Treatment Assessments](#) free of charge.

The BOP Project

Bureau of Prisons (BOP) Treatment Process Evaluation

[Kevin Knight, Ph.D.](#),
Principal Investigator
[D. Dwayne Simpson, Ph.D.](#),
Co-Principal Investigator

Funded by:
National Institute of Corrections
(NIC)

Project Period:
Sept. 2000 to Sept. 2001
Budgeted: \$125,000

IBR Web Site

www.ibr.tcu.edu

Other [Criminal Justice Projects](#) and [BOP Project](#) materials provided in:

- [Resource Collections](#)
— Explore the "[Correctional Treatment Evaluations](#)" collection.
- [Research Summaries](#)
— Download (in PDF) the *Research Summary* on "[Drug Treatment Outcomes for Correctional Settings](#)."
- [Publications](#) — Examine complete details of Criminal Justice publications in the list, "[Correctional Treatment Outcome Evaluations](#)" (some with abstracts).

The project reviewed existing data collection procedures in BOP treatment programs as the first step toward implementing a comprehensive assessment system based on the TCU Treatment Model.

Research has demonstrated that one way to reduce criminality and drug use following incarceration is to provide quality drug treatment to drug-involved offenders while they are in custody. Particularly within correctional settings, long-term residential treatment programs, such as residential drug abuse treatment programs (DAP) provided by the Bureau of Prisons (BOP), have been found to reduce post-incarceration drug use and criminal activity. Nevertheless, the majority of offenders with substance abuse problems continue to return to society untreated, and go back to a life of alcohol and drug use and criminal activity. Given the limited availability of treatment, therefore, it is critical that correctional programs know who can benefit most from their treatment program and which components are having the greatest impact on effecting behavioral change.

Through a Cooperative Agreement between Texas Christian University and the BOP's National Institute of Corrections, this project evaluated an assessment instrument for identifying and monitoring the essential components of the therapeutic treatment process that link with favorable during- and post-treatment outcomes. The specific goals were to (1) identify existing key BOP data points relevant to treatment process, (2) prepare a psychometrically sound assessment instrument that tracks changes in inmate attitudes and cognitive processes over time as they progress through DAP programs, and (3) evaluate the assessment instrument in 6 BOP DAP programs.

Data collected on 667 inmates indicated that the revised TCU-CEST has good psychometric properties and was sensitive to variations across CJ sites. Results helped formulate strategies for continuing this research as part of the CJ-DATS Project. ■

BOP Project Publication

Knight, K., Simpson, D. D., & Morey, J. (2002, May). *TCU-NIC Cooperative Agreement: Final Report*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Social Stress Among Mothers in Treatment

[Danica K. Knight, Ph.D.](#),
Principal Investigator

Funding:

National Institute on Drug Abuse (NIDA)

Former Funding:

Center for Substance Abuse Treatment (CSAT) through the Texas Commission on Alcohol and Drug Abuse (TCADA)

Project Period:

Oct. 1995 to Sept. 2004

Budgeted: \$667,520

The focus of the Women and Children Project was to evaluate the effectiveness of treatment services provided to substance abusing women and their dependent children at the Salvation Army's First Choice Program in Fort Worth. Women entering this 12-month residential program lived with their children in small apartments on the First Choice campus and participated in a comprehensive treatment program. They received individual, group, and family therapy, special assistance in relapse prevention, nutrition, and vocational training, and were connected with a variety of local agencies designed to assist them in securing housing, employment, and health care following graduation from the program. Children also received special services and were integrated into the treatment program through special activities, play therapy, and family therapy. Child care was provided for children younger than school age.

The original research project, funded by CSAT, focused on evaluating services provided by the agency and examining individual, family, and treatment-related factors that impact substance abuse problems and facilitate recovery. During the period between April 1996 and September 2000, a variety of **data collection instruments** were administered at intake, regular intervals during treatment, and follow-up interviews were conducted at 6 and 12 months after discharge.

Evaluation of treatment services included documenting the type and intensity of services received by women and children, and evaluating the effectiveness of several specialized interventions, including a specially developed IBR module entitled *Partners in Parenting*.

The project yielded useful information about women and children as they enter treatment. Alcohol and crack/cocaine were the primary drugs of choice among these women. A large percentage had psychosocial problems and nearly all reported a history of victimization. Approximately half of the children also had a history of victimization and a large percentage exhibited behavior problems. A study of social relationships documented significant positive change in family relationships during the first 3 months of treatment, and even greater change among peer relationships during that period, particularly with regard to deviance and the development of supportive relationships with fellow residents. Other studies examining factors related to treatment participation indicated that various aspects of social relationships differentially impact treatment retention and completion. Specifically, clients with a greater number of children in treatment and those with a lack of partner support were more likely to leave treatment prematurely. Additionally, clients reporting higher levels of social deviance (i.e., recent arrests, association with deviant peers) were less likely to complete treatment requirements.

In an effort to more fully explore the role of social relationships in women's treatment engagement and recovery, the women and children's project was extended through September, 2004. Funds from NIDA enabled us to examine the impact of women's social systems on their ability to engage in and profit from treatment. Changes in social networks, the inability to fulfill responsibilities in various roles, and a lack of support from family members and peers, were used to define a measure of "social stress." ■

Researchers explored the role of social relationships in women's treatment engagement and recovery and examined the impact of mothers' social systems on their ability to engage in and profit from treatment.

Selected Women and Children Publications

Knight, D. K., Wallace, G. L., Joe, G. W., & Logan, S. M. (2001). Change in psychosocial functioning and social relations among women in residential substance abuse treatment. *Journal of Substance Abuse, 13*, 533-547.

Knight, D. K., & Wallace, G. (2003). Where are the children? An examination of children's living arrangements when mothers enter residential drug treatment. *Journal of Drug Issues, 33*(2), 305-324.

Hood, P., Knight, D. K., & Logan, S. M. (2003). Mutually beneficial collaboration: Using evaluation to improve service delivery. *Lessons learned: Residential substance abuse treatment for women and their children* (DHHS Publication No. SMA 03-3787). Rockville, MD: Center for Substance Abuse Treatment.

"Partners in Parenting" Manual

Bartholomew, N. G., Knight, D. K., Chatham, L. R., & Simpson, D. D. (2000). *Partners in Parenting*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

2005 Related Training Activities

In April, Danica Knight presented *Parent training using "Partners in Parenting"* and *Partners in Parenting: Skill enhancements for parents in treatment* at the Parenting Skills Symposium, co-sponsored by the Clinical Trials Network Mid-Atlantic Node, Mid-Atlantic ATTC, and Central East ATTC, Baltimore, MD. at the Parenting Skills Symposium, co-sponsored by the Clinical Trials Network Mid-Atlantic Node, Mid-Atlantic ATTC, and Central East ATTC, Baltimore, MD.

Norma Bartholomew conducted *Trainer training for "Partners in Parenting"* in June at the Washington Department of Corrections, Tacoma, WA.

IBR Web Site

www.ibr.tcu.edu

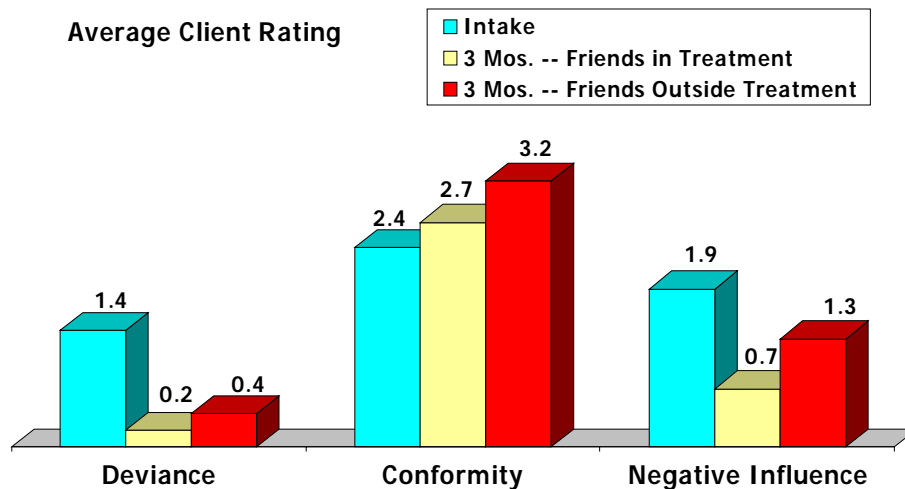
Other [Women and Children Project](#) materials provided in:

- [Forms](#) — Download (in PDF) [Women and Children forms](#) free of charge.
- [Publications](#) — Browse a complete list for "[Special Issues: Women & Children in Residential Treatment](#)" (some with abstracts).

How to obtain a Parenting Manual:

- The Manuals section of the IBR Web site (www.ibr.tcu.edu/pubs/trtmanual/manuals.html) provides more information and a **free download** as a PDF file.
- To order a **printed manual**, contact the Lighthouse Institute Publications Web Site (www.chestnut.org/LI/bookstore/index.html), phone (309) 827-6026, or FAX (309) 829-4661.

Change in Relationships with Friends During the First 3 Months of Treatment



Publications and Presentations

PUBLICATIONS NEW IN 2005

Book Chapters

Dansereau, D. F. (2005). Node-link mapping principles for visualizing knowledge and information. In S. O. Tergan & T. Keller (Eds.), *Knowledge visualization and information visualization — Searching for synergies*. Heidelberg: Springer-Verlag.

Flynn, P. M. (2005). Issues in the assessment of personality disorders and substance abusers with the MCMI. In R. J. Craig (Ed.), *New directions in interpreting the Millon Clinical Multiaxial Inventory III*. New York: John Wiley & Sons.

Journal Articles

Bahr, G. S., & Dansereau, D. F. (2005). Bilingual knowledge maps (BiK-Maps): Training transfer effects. *Journal of Experimental Education*, 73(2), 101-118.

Bartholomew, N. G., Courtney, K., Rowan-Szal, G. A., & Simpson, D. D. (2005). Sexual abuse history and treatment outcomes among women undergoing methadone treatment. *Journal of Substance Abuse Treatment*, 29, 231-235.

Czuchry, M., & Dansereau, D. F. (2005). Using motivational activities to facilitate treatment involvement and reduce risk. *Journal of Psychoactive Drugs*, 37(1), 7-13.

Newbern, D., Dansereau, D. F., Czuchry, M., & Simpson, D. D. (2005). Node-link mapping in individual counseling: Treatment impact on clients with ADHD-related behaviors. *Journal of Psychoactive Drugs*, 37(1), 93-103.

Rowan-Szal, G. A., Bartholomew, N. G., Chatham, L. R., & Simpson, D. D. (2005). A combined cognitive and behavioral intervention for cocaine-using methadone clients. *Journal of Psychoactive Drugs*, 37(1), 75-84.

Rowan-Szal, G. A., Chatham, L. R., Greener, J. M., Joe, G. W., Payte, J. T., & Simpson, D. D. (2004). Structure as a determinant of treatment dose. *Journal of Maintenance in the Addictions*, 2(4), 55-70.

In Press

Czuchry, M., Sia, T. L., & Dansereau, D. F. (in press). Improving early engagement and treatment readiness of probationers: Gender differences. *The Prison Journal*.

Hiller, M. L., Knight, K., & Simpson, D. D. (in press). Psychosocial functioning, treatment dropout, and recidivism of probationers mandated to a modified therapeutic community. *Criminal Justice and Behavior*.

Hiller, M. L., Knight, K., & Simpson, D. D. (in press). Recidivism following mandated residential substance abuse treatment for felony probationers. *The Prison Journal*.

Joe, G. W., Simpson, D. D., & Rowan-Szal, G. A. (in press). Interaction of counseling rapport and topics discussed in sessions with methadone clients. *Substance Use & Misuse*.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (in press). An assessment for criminal thinking. *Crime and Delinquency*.

Rampazzo, L., De Angeli, M., Serpelloni, G., Simpson, D. D., & Flynn, P. M. (in press). La flessibilità organizzativa nei dipartimenti per le dipendenze: Lo studio transnazionale realizzato nella Regione del Veneto in collaborazione con la Texas Christian University — Institute of Behavioral Research. *Bollettino per le Farmacodipendenze e l'Alcolismo*.

Rampazzo, L., De Angeli, M., Serpelloni, G., Simpson, D. D., &



Updated comprehensive lists of IBR publications, arranged by year and research activity, are maintained in the [Publications](#) section of the IBR Web site (www.ibr.tcu.edu).

Flynn, P. M. (in press). The Italian Survey of Organizational Functioning and Readiness for Change: A cross-cultural transfer of treatment assessment strategies. *European Addiction Research*.

Simpson, D. D., & Dansereau, D. F. (in press). Assessing organizational functioning for making program changes. *Science & Practice Perspectives*.

Thompson, S. J., McManus, H., Lantry, J., Windsor, L., & Flynn, P. M. (in press). Insights from the street: Perceptions of services and providers by homeless young people. *Evaluation and Program Planning*.

Manuals

Brief Interventions from the TCU Treatment System

Bartholomew, N. G., Rowan-Szal, G. A., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Contingency management strategies and ideas* (A planning guide for using rewards and star charts to reinforce goal setting, early engagement, and retention in treatment settings). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Building social networks* (A collection of materials for leading counseling sessions on ways to build and strengthen social support in recovery). Fort Worth: Texas

Christian University, Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Common sense ideas for HIV prevention and sexual health* (A collection of materials for leading counseling sessions that address knowledge and skills to reduce HIV and other STD risks). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Ideas for better communication* (A collection of materials for leading counseling sessions on ways to improve relationships through communication). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Understanding and reducing angry feelings* (A collection of materials for leading counseling sessions that encourage new ways of thinking about and responding to anger). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Unlock your thinking, open your mind* (A collection of materials for leading counseling sessions that address thinking patterns that can hamper behavior change). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Dansereau, D. F., & Simpson, D. D. (Eds.). (2005). *Brief Intervention—Mapping the Journey: A treatment guide book* (A collection of materials for exploring needs and planning treatment, improving communication, and reviewing treatment progress). Fort Worth: Texas Christian University, Institute of Behavioral Research.

2005 CONFERENCE and TRAINING PRESENTATIONS

February

Flynn, P. M., Broome, K. M., & Knight, D. K. (2005, February). *Improving practice through organizational and client assessment*. TCOM training workshop, co-sponsored by Texas Christian University and the Northwest Frontier ATTC, Portland, OR.

Garner, B. R., Simpson, D. D., Knight, K., Flynn, P. M., & Morey, J. T. (2005, February). *Monitoring client performance during treatment*. Invited presentation for the 2005 Winter Training Institute of the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS), sponsored by the American Probation and Parole Association (APPA), Anaheim, CA.

March

Bartholomew, N. G., & Morey, J. T. (2005, March). *Understanding and reducing angry feelings*. CJ-DATS TIC training workshop, Fort Worth, TX.

continued

Courtney, K. O., Bartholomew, N. G., & Rowan-Szal, G. A. (2005, March). *Treatment motivation and psychosocial functioning of sexual offenders*. Poster presentation at the 51st Annual Convention of the Southwestern Psychological Association, Memphis, TN.

Flynn, P. M., Broome, K. M., & Knight, D. K. (2005, March). *Improving practice through organizational and client assessment*. TCOM training workshop, co-sponsored by Texas Christian University and the Great Lakes ATTC, Chicago, IL.

Labansat, H. A., Ten Eyck, L. L., Prestwood, D. M., Dansereau, D. F., & Lord, C. G. (2005, March). *Directed thinking and the stages of change*. Poster presentation at the 51st Annual Convention of the Southwestern Psychological Association, Memphis, TN.

Simpson, D. D. (2005, March). *Treatment research in correctional settings*. Invited congressional briefing for "Effectively Breaking the Cycle of Drugs & Crime," Washington, DC.

April

Bartholomew, N. G. (2005, April). *Implementation strategies for "Straight Ahead" & "Tower of Strengths"*. Invited trainer at the Central Texas Council on Alcohol & Drug Abuse, Killeen, TX.

Knight, D. K. (2005, April). *Parent training using "Partners in Parenting"*. Presented at the Parenting Skills Symposium, co-sponsored by the Clinical Trials Network Mid-Atlantic Node, Mid-

Atlantic ATTC, and Central East ATTC, Baltimore, MD.

Knight, D. K. (2005, April). *Partners in Parenting: Skill enhancements for parents in treatment*. Presented at the Parenting Skills Symposium, co-sponsored by the Clinical Trials Network Mid-Atlantic Node, Mid-Atlantic ATTC, and Central East ATTC, Baltimore, MD.

Knight, K. (2005, April). *Evidence-based practices: What does and doesn't work*. Invited keynote at the Metamorphosis 2005 18th Annual Spring Conference of the Texas Association of Addiction Professionals, Fort Worth, TX.

Morey, J. T. (2005, April). *Targeted Interventions for Corrections (TIC): Addressing re-entry needs through brief "plug and play" interventions*. Training workshop at national meeting of Criminal Justice Drug Abuse Treatment Studies (CJ-DATS), Bethesda, MD.

May

Bartholomew, N. G. (2005, May). *Communicating about anger*. Group demonstration at the RIISE Day Program, Community Drug Project, London, England, U.K.

Glass, S., Czuchry, M., Dansereau, D. F., Newbern, D., & Simpson, D. D. (2005, May). *Mapping strategies to reduce heroin addiction*. Poster presentation at the 17th Annual American Psychological Society Convention, Los Angeles.

Knight, D. K. (2005, May). *Maximizing resource development for small agencies*. Presented at the Wisconsin

Association on Alcohol and Other Drug Abuse Management Institute, Chicago, IL.

Knight, K. (2005, May). *Overview of CJ-DATS Performance Indicators for Corrections (PIC) Study*. Invited presentation at the National Committee on Community Corrections (NCCC) meeting, Washington, DC.

Morey, J. T., & Calhoun, S. (2005, May). *Inmate Pre-Release Assessment (IPASS): Assessing risk, relapse and recidivism in New Mexico prison-based therapeutic communities*. CJ-DATS training workshop at Guadalupe County Correctional Facility, Santa Rosa, NM.

Wickham, R., Droege, T. C., Sia, T. L., & Czuchry, M. (2005, May). *Facilitating creative processes: The Viewpoint Game*. Poster presentation at the 23rd annual American Psychological Society convention, Los Angeles.

June

Bartholomew, N. G. (2005, June). *Trainer training for "Partners in Parenting"*. Invited trainer at the Washington Department of Corrections, Tacoma, WA.

Garner, B. R., Knight, K., Simpson, D. D., & Flynn, P. M. (2005, June). *Offender substance abuse treatment for women: An evaluation of gender differences*. Poster presentation at the 2005 College on Problems of Drug Dependence scientific meeting, Orlando, FL.

Knight, K. (2005, June). *The importance of science in drug courts*. Invited plenary presentation at the

NADCP 2005 11th Annual Drug Court Training Conference, Orlando, FL.

Morey, J. T. (2005, June) *Inmate Pre-Release Assessment (IPASS): Assessing risk, relapse and recidivism in New Mexico prisons*. CJ-DATS training workshop at Roswell Correctional Facility, Roswell, NM.

Simpson, D. D. (2005, June). *Building bridges for treatment effectiveness: Psychosocial interventions and assessments for improving treatment engagement and retention*. Invited presentation for the National Treatment Agency for Substance Misuse's NTA Treatment Effectiveness Launch, London, England, UK.

July

Garner, B. R. (2005, July). *Assessing criminality and drug use*. Invited workshop for the 2005 Annual Texas Substance Abuse and Mental Health Institute, Austin, TX.

Rowan-Szal, G. A., Joe, G. W., Greener, J. M., & Simpson, D. D. (2005, July). *Health care needs and drug treatment engagement*. Presented at Health Disparities and Drug Abuse: Where have we been and where are we going? Bethesda, MD.

August

Bartholomew, N. G., & Morey, J. T. (2005, August). *Understanding and reducing angry feelings and common*

sense ideas for HIV prevention and sexual health. CJ-DATS TIC training workshop, Fort Worth, TX.

Czuchry, M., & Sia, T. L. (2005, August). *The Downward Spiral of substance abuse*. Invited workshop at the annual Louisiana Association of Substance Abuse Counselors and Trainers meeting, Lafayette, LA.

Greener, J. M., Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., & Lehman, W. E. K. (2005, August). *Organizational climate factors related to treatment process outcomes in substance abuse treatment programs*. Presented at the Research on Organizational Effectiveness in Substance Abuse Treatment 113th Annual Conference of the American Psychological Association, Washington, DC.

Hiller, M. L., Saum, C. A., Knight, K., & Simpson, D. D. (2005, August). *Changes in psychological and social functioning in a modified therapeutic community for probationers*. Paper presented at the annual meeting of the American Society of Criminology (ASC) Conference, Toronto, Ontario, Canada.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2005, August). *Measuring treatment performance and progress*. Paper presented at the annual meeting of the American Society of Criminology (ASC) Conference, Toronto, Ontario, Canada.

Sia, T. L., & Czuchry, M. (2005, August). *The value of switching perspectives: The Viewpoint Game*. Invited workshop at the annual Louisiana Association of Substance Abuse Counselors and Trainers meeting, Lafayette, LA.

September

Bartholomew, N. G. (2005, September). *Implementing TCU Brief Interventions*. Training consultant at the Treatment Alternatives for Safer Communities (TASC), Chicago, IL.

Flynn, P. M., Broome, K. M., & Knight, D. K. (2005, September). *Improving practice through organizational and client assessment*. TCOM training workshop co-sponsored by Texas Christian University and the Gulf Coast ATTC, Fort Worth, TX.

October

Bartholomew, N. G., & Morey, J. T. (2005, October). *Common sense ideas for HIV prevention and sexual health*. CJ-DATS TIC training workshop, Fort Worth, TX.

Beaston-Blaakman, A., Flynn, P., French, M., & Shepard, D. (2005, October). *Capturing reliable cost data from substance abuse treatment programs: Findings from a pilot study*. Presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

continued



Several online and "[Feature Presentations](#)" of IBR conference materials are provided in the [Presentations](#) section of the IBR Web site (www.ibr.tcu.edu).

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2005, October). *Program context and client engagement in drug abuse treatment*. Poster presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

Ettner, S., Conover, C., Weaver, M., Ang, A., Arno, P., & Flynn, P. (2005, October). *Costs of care for people living with combined HIV/AIDS, chronic mental illness, and substance abuse disorders*. Presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

Flynn, P. M., Beaston-Blaakman, A., Broome, K. M., Shepard, D., Knight, D. K., & Horgan, C. (2005, October). *Drug abuse treatment provider estimates of accounting and economic costs of treatment using the Treatment Cost Analysis Tool (TCAT)*. Plenary panel presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

Knight, D. K., Broome, K. M., Simpson, D. D., & Flynn, P. M. (2005, October). *Variations in outpatient drug-free programs across the United States*. Poster presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

Knight, K., Garner, B. R., Morey, J. T., Flynn, P. M., & Simpson, D. D. (2005, October). *Evaluating treatment services by monitoring offender criminal thinking and psychosocial functioning*. Poster presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

Rowan-Szal, G. A., Joe, G. W., Greener, J. M., & Simpson, D. D. (2005, October). *Assessment of the TCU Program Training Needs (PTN) Survey*. Poster presentation at the annual Addiction Health Services Research Conference, Santa Monica, CA.

November

Flynn, P. M. (2005, November). *Facilitating implementation of evidence-based practice into faith-based treatment programs*. Invited presentation at the National Institute on Drug Abuse technical review meeting titled Enhancing Linkages with the Drug Abuse Treatment System: The Role of Faith Leaders, Communities, and Organizations, Bethesda, MD.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T. & Flynn, P. M. (2005, November). *Using treatment process indicators to monitor client change*. Paper presented at the annual meeting of the American Psychological Association (APA) Conference, Toronto, Ontario, Canada.