



The IBR Annual Report

*A Summary of
Research Activities
for 2006*

*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.



The IBR Annual Report

A Summary of Research for 2006

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This Annual Report presents a summary of IBR research for 2006. 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/06annrept.pdf). The electronic version features "Web markers" that function as links to related materials within the IBR and DATOS sites.

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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.

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

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.

IBR Web Site

www.ibr.tcu.edu

About IBR –

Provides a link to the TCU Psychology Department Web site (www.psy.tcu.edu) that includes information on TCU's "Graduate Program." Also, 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 post-graduate 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 7267 undergraduate students in 100 majors and 1598 graduate students in 48 fields (11 doctoral programs); it employs more than 1,500 faculty and staff and has an operating budget of \$233 million and an endowment in excess of \$1.1 billion. Additional information about TCU is available at www.tcu.edu.

Research Staff and Personnel

Faculty

*IBR Director and
Saul B. Sells
Distinguished
Professor of
Psychology and
Addiction
Research*

D. Dwayne Simpson (Ph.D., Experimental Psychology) is Director of the Institute of Behavioral Research (IBR) and the S.B. Sells Distinguished Professor of Psychology and Addiction Research at Texas Christian University. His research on drug addiction and treatment effectiveness (reported in over 300 publications, 12 books and special issues) 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 the American Psychological Association and American Psychological Society, and a member of the editorial boards for several journals.

*Deputy Director
and Professor
of Psychology*

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 also 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 post academic positions and appointments have included tenured associate professor, college vice president, and dean of academic affairs.

*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 served 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.

Research Staff and Personnel

Associate Director
for Cognitive
Interventions and
Professor of
Psychology

Research
Scientist

Associate
Director for
Process and
Outcome
Studies

Research
Scientist

Research
Scientist

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 Associate Director of IBR. 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 180 papers.

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.

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.

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 assessment 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, where she oversees project management, coordinates field activities, and prepares manuscripts for publication.

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 assessment 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)

started with the IBR in 1995, first as a graduate student and then as a part-time Research Associate. As a Research Scientist in the CETOP Project, she was 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; M.S., Experimental 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 all aspects of data and field management on multiple CJ studies conducted in the criminal justice system nation wide. These responsibilities include collecting and analyzing prison data; presenting research design protocols at CJ-DATS conferences/workshops; preparing documentation for submission to TCU's Institutional Review Board and federal agencies; and assisting with evaluation studies, publications, and technical reports. Janis' research focuses on offender gender differences and cognitive strategies targeting decision-making which coincides well with her full-time work as a research associate and student work as a third-year Ph.D. experimental psychology student.

**IBR Web
Services
Coordinator**

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

joined the IBR in 1990. She manages the IBR Web site and maintains the dissemination of materials from IBR's digital library of evidence-based treatment materials and evaluation resources. She also designs newsletters, consults with staff for presentations and publication graphics, and creates online special reports. As a senior member of the Society of Technical Communication, she has received awards in STC's Online Communication competitions for the IBR and DATOS Web sites and electronic document design. Charlotte is also studying to complete the M.S. in Information Science degree (Health Informatics/Information Systems) from the University of North Texas School of Library and Information Sciences in Denton.

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

Linda Ferdinand (Administrative Research Assistant)

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

Elena Garcia (Administrative Coordinator)

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

Julie Gray (B.S. Education, Research Assistant)

adapts computer-based applications to meet large-scale data collection needs using optical scanning and the Internet. Designs and tests new assessment forms for IBR projects, and develops protocols for feedback reports.

Cindy Hayes (Administrative Research Assistant)

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.

Barbara Thomsen (B.A. English, 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

Joy Patton (Research Assistant for the CJ-DATS Project)

was a part-time research assistant at IBR in 2005 and 2006. Her responsibilities included interviewing offenders for the CODSI-CJDATS project and creating a database of criminal-related research articles. Joy has a M.A. in counseling psychology from Liberty University in Virginia and is currently working toward her Ph.D.

Graduate Research Assistants

Jennifer Edwards (M.A. Psychology; TCU Graduate Student in Cognitive Psychology)

joins the IBR with an M.A. in Psychology and is interested in the evaluation of program differences in treatment structure and organization. Her specific interests include the dynamics of organizational change. Jenny assists with the TCOM Project.

Bryan Garner (Ph.D.; TCU Graduate Student in Cognitive Psychology)

completed graduate studies in 2006 with a Ph.D. in Experimental Psychology from TCU. Bryan assisted the CJ-DATS Project. His research interests include the study of treatment and organizational processes in criminal justice settings, specifically risk/needs assessment, scale development, and statistical methodologies.

Jennifer Pankow (M.A. Psychology; TCU Graduate Student in Cognitive Psychology)

is interested in the study of substance abuse treatment in criminal justice settings. Specific areas of interest include: substance abuse treatment approaches based on offender needs, community reentry programs, and longitudinal outcomes assessments. Jennifer joins the IBR program with an M.A. in Developmental Psychology from Northern Illinois University and is a Certified Alcohol and Drug Counselor (C.A.D.C.). She assists with the CJ-DATS Project.

Undergraduate Assistants

Jacette Aguiar

Projects

Treatment Process and Technology Transfer

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.

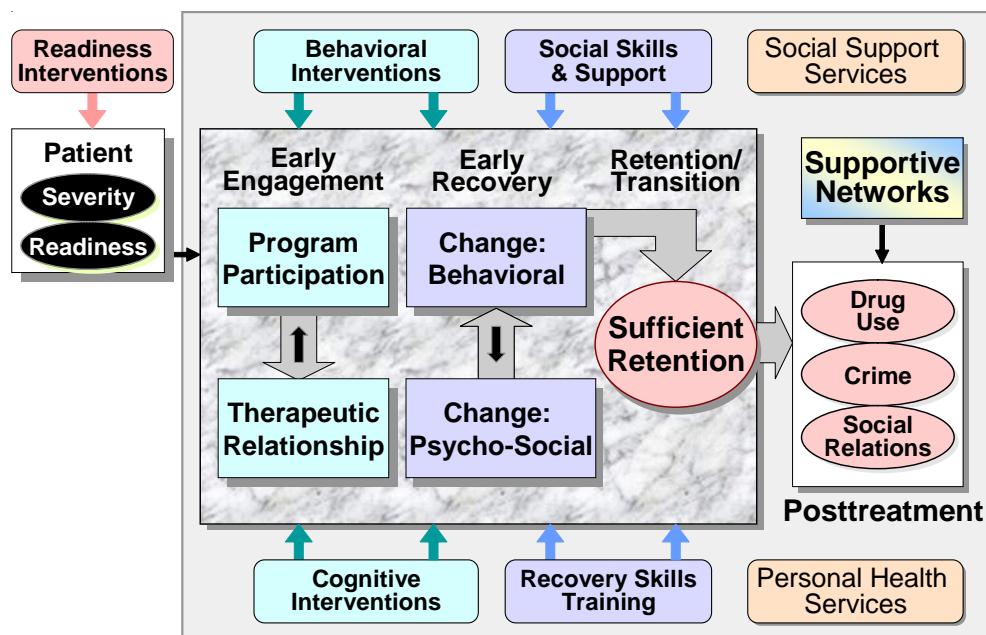
This manual provides a step-by-step curriculum for leading a 10-part workshop designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks in the community (12-step fellowships, family, friends) and on improving social skills, problems solving, and self-efficacy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

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.

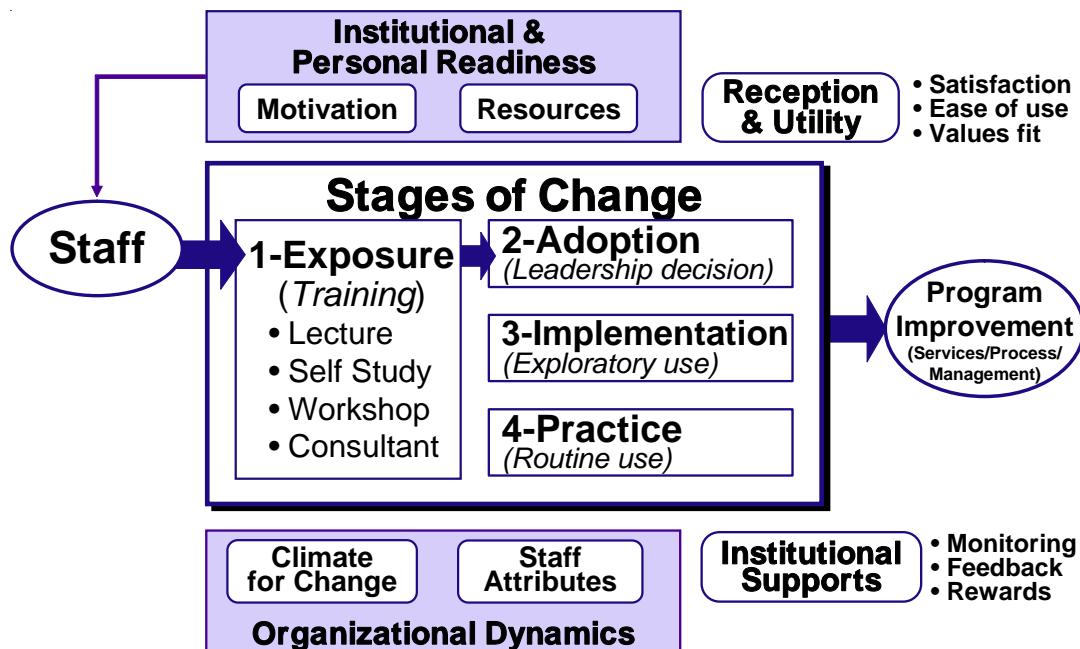
IBR Web Site

www.ibr.tcu.edu

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*.

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 are 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 refinement work on the model emphasizes the “process” of change, continuing to focus on the treatment contextual role of organizational structure and functioning. Second are enhanced feedback to counselors and program leadership on client progress that can be used for monitoring performance at the agency level. Program leaders were also trained to use these TCU assessment-linked reports in workshops. A third goal is integration of 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.

Strategic stage-based intervention

The collection of TCU Brief Intervention (BI) modules was finalized and added to the IBR Web site as part of the Internet-based Treatment Intervention Library. Module topics include anger management, communication, social networking, HIV/AIDS, cognitive distortions, contingency management, and node link mapping. These along with other materials produced through the past 16 years of the DATAR project are available for free download.

2006 DATAR Research Activities

As part of the research activities, the DATAR data system has undergone further development to capture data needed to address hypotheses with regard to the change model (Simpson & Flynn, 2007/in press). This model, portrayed in [Figure 3](#), has several components representing strategic planning, organizational needs, and program improvement. The 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 (CEST-Intake) and during treatment (CEST).

Research Studies for 2006

A series of studies were completed as part of a concerted effort to address implications suggested in the conceptual framework for transferring technology to clinical practice as proposed by Simpson (2002) and are now in press in the *Journal of Substance Abuse Treatment*.

Study 1 (Assessment of Program Training Needs) addressed issues in Strategic Planning. It found the Program Training Needs survey (PTN) to be psychometrically sound and results of a validity analysis confirmed strong relationships between the PTN and the Organizational Readiness for Change survey (ORC). The study indicated that the PTN is useful as a strategic planning tool for guiding overall training efforts as well as in predicting the types of innovations that participating programs are likely to adopt.

Study 2 (Using Organizational Assessment as a Tool for Program Change) Logistic regression analysis was used to examine attributes related to program-level decisions to

engage in a structured process for making organizational changes. Findings showed that programs with higher needs and pressures, and those with more limited institutional resources, and poorer ratings of staff attributes and organizational climate were most likely to engage in a change strategy.

Study 3 (Workshop Evaluation as Predictor of Transfer of Training to Clinical Practice) examined the hypothesized relationships of Training to Adoption Decisions. It showed that counselors' ratings of their workshop trainings predicted subsequent use of those trainings. The findings suggested that a favorable post-training attitude toward the workshop (indicators of *comfort* with material, *interest* in more training, program *resources*, and workshop *satisfaction*) was related to later trial use.

Study 4 (Drug Treatment Counselors and Levels of Work Environment) addressed the role of the counselor in workshop training utilization through their perceptions of work environments and perceived abilities. This addresses Personal Readiness issues and relationship to adoption. Three classes of counselors were identified through latent profile analysis using the measures of organizational climate and staff attributes. These classes were found to be related to utilization of workshop training, with counselors who perceived themselves as being integrated into their programs being more likely to use training than those who perceived themselves as more isolated.

Study 5 (Organizational Climate Index and Factors Related to Treatment Process Outcomes) examined the relationship of organizational functioning to the process component of program improvement. Using three measures of client engagement in treatment (rapport, satisfaction, and participation) as process outcomes in a sample of 531 clinical staff and 3475 clients from 163 substance abuse treatment programs located in 8 states from three Addiction Technology Transfer Centers (ATTC), it was found that engagement was higher in programs with more positive indicators of organizational functioning.

IBR Web Site

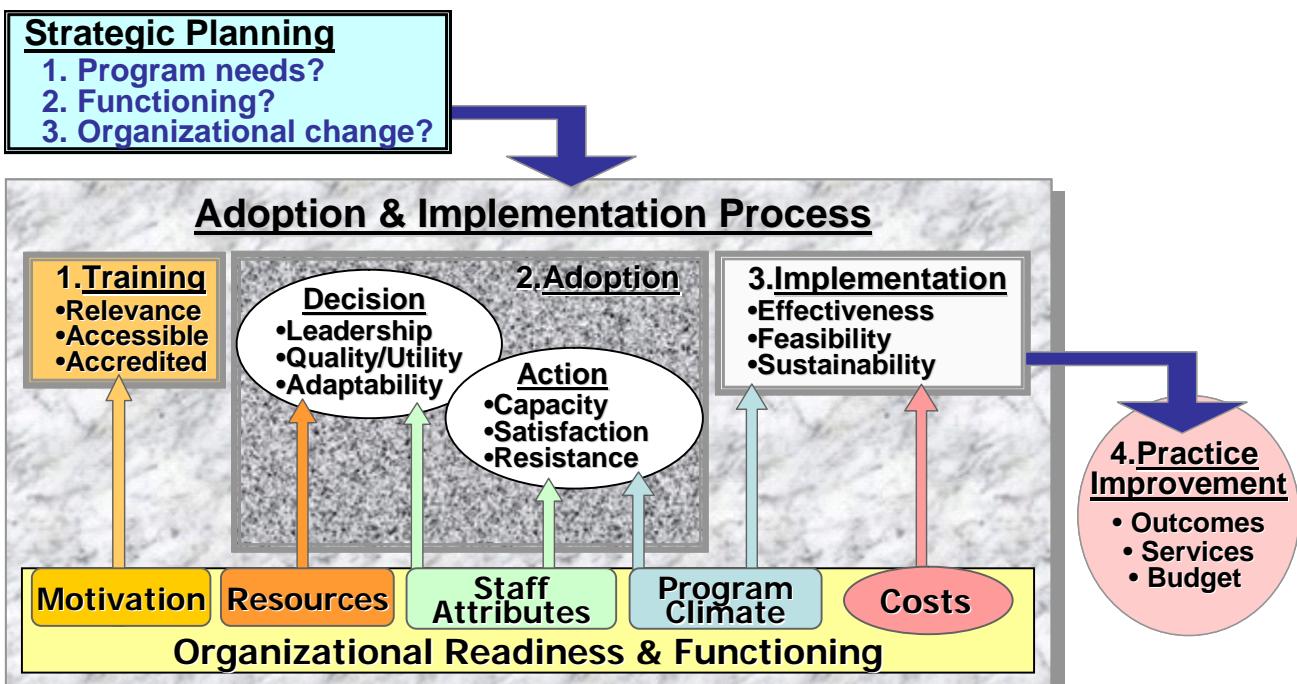
www.ibr.tcu.edu

2006 DATAR Project Web highlights

- **Manuals** – 2006 additions to this section from the DATAR Project include a “Brief Interventions from the TCU Treatment System” on motivation for treatment entitled, “Getting Motivated to Change.”
- **Newsletters** – *Research Reports from IBR* begins with two issues in 2006. The Fall 2006 issue features an upcoming special issue of the *Journal of Substance Abuse Treatment* entitled, “Organizational Readiness for Change.”

continued on page 16

Figure 3. Modified TCU Program Change Model



Projects

This collaboration with England's National Treatment Agency for Substance Abuse (NTA) has now budded into a significant activity.

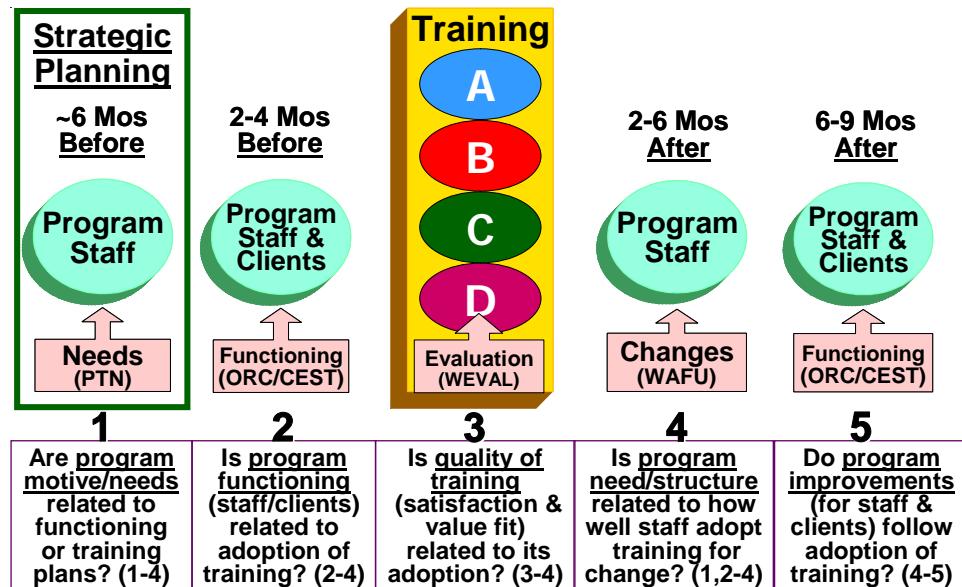
Study 6 investigated stages in the evaluations of technology model in **Figure 4**. As part of that study, it examined current adoption of workshop training in terms of the ORC instrument, which addresses issues in technology needs using the technology transfer framework (Figure 3). Organizational climate, treatment program resources, and staff attributes predicted adoption. Openness to change, autonomy, opportunities for growth, and training resources were the most salient predictors. Additionally, the study integrated findings from the previous studies by showing how each fit within the evaluations model (Figure 4), and presented results showing that workshop training based on strategic planning was related to adoption of that training and that implementation of training was related to program improvements in client engagement.

International collaborations

In March 2005, the IBR hosted 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 in previous 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 current emphasis 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*.

In collaboration with the NTA in England, selected TCU Brief Intervention materials were used to create a manual for the International Treatment Effectiveness Project (ITEP)

Figure 4. Program Needs, Functioning, and Innovation Implementation



designed to address early engagement and cognitive readiness for treatment. The Itep manual incorporated materials from the Brief Interventions (BI) on mapping (“Mapping Your Journey”) and thinking errors (“Unlock Your Mind”). Subsequently, DATAR staff conducted a train-the-trainers event for 40 drug treatment counselors in the Greater Manchester region of England where the Itep manual is being piloted in 25 programs. In addition, the ORC and CEST surveys were administered to assess organizational functioning and treatment progress of service. Similar research is now in progress in Birmingham, England. This international effort presents both scientific opportunities and challenges for advancing our current understanding of factors that drive the transfer of treatment effectiveness innovations.

New research initiatives

A project undertaken with MHMR in Fort Worth addresses the goal of creating shorter, targeted assessments based on the CEST. The reliability and validity of one of these short forms (CEST-TNM) as a stand-alone instrument for investigating treatment motivation and the utility of using client profiles to provide timely feedback to counselors are being assessed. Another new research collaboration involves the Cenikor drug treatment programs, with the research objectives of: (a) introducing a method for assessing organizational effectiveness and generating client profiles within Cenikor drug treatment programs using evidence-based assessments developed at TCU (PTN, ORC, and CEST), (b) training Cenikor drug treatment staff who work directly with drug users on how to implement a series of counseling enhancements and interventions that focus on treatment planning and engagement, life and social skills, and improving retention and (c) conducting evaluations of the above referenced series of counseling enhancements and interventions.

2006 DATAR Publications

Rampazzo, L., De Angeli, M., Serpelloni, G., Simpson, D. D., & Flynn, P. M. (2006). The Italian Survey of Organizational Functioning and Readiness for Change: A cross-cultural transfer of treatment assessment strategies. *European Addiction Research*, 12, 176-181.

Abstract: This article reports on the results of a U.S.-Italy collaborative study of organizational functioning and its relationship to innovation implementation and systems change. It was part of a NIDA-funded grant to the Institute of Behavioral Research at Texas Christian University (TCU) for cross-cultural comparisons of the TCU Organizational Readiness for Change (ORC) instrument. The assessment was translated into Italian and administered to 405 staff of local health programs representing both public and private sectors in the Veneto Region of northern Italy. The findings indicate the psychometric properties of the ORC in the American and Italian programs examined are consistent, and organizational climate score profiles were remarkably similar. Comparisons between public and private programs in northern Italy revealed that staffs in the public sector reported more resources, including computer access and electronic communications. They also reported higher ratings for professional growth and adaptability, but lower levels on influence and cohesion than in private programs. Because evidence shows that the Italian version of the ORC is psychometrically acceptable, it enables cross-cultural applications in the study of organizational attributes related to innovations and effectiveness of services.

Simpson, D. D. (August, 2006). A plan for planning treatment. *Counselor: A Magazine for Addiction Professionals*, 7(4), 20-28.

Abstract: This paper is adapted from a publication in *Journal of Substance Abuse* (Simpson, 2004) as part of a special arrangement with JSAT to present selected scientific publications for clinicians. It summarizes evidence for the *TCU Treatment Model* and elaborates clinical applications for counselors and clients in terms of how they might view treatment as a process for recovery. The purpose is to offer a conceptual framework for showing how assessments of client needs and performance can be integrated with decisions about particular therapeutic strategies/interventions over time. At a conceptual level, this also can help refine and focus clinical discussions among counseling staff about care planning and client needs (individually and collectively) within a program. Specific TCU resources for these applications are described, along with information about the challenges that programs face when trying to implement innovations.

Selected TCU Brief Intervention materials were used to create a manual for the **International Treatment Effectiveness Project (ITEP)** designed to address early engagement and cognitive readiness for treatment in England.

IBR Web Site

www.ibr.tcu.edu

2006 DATAR Project Web highlights

- **Presentations** — The Feature Presentations Web page includes the handout (in PDF format) for Dr. Simpson's September presentation, “Planning and Managing Change for Clients and Organizations,” in New York City.
- **Publications** — The full list of publications for the DATAR Project are available in lists by year and topic.

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)

Patrick M. Flynn, Ph.D.,
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Project Coordinator

Norma Bartholomew,
M.A, M.Ed.,
Clinical Training Coordinator

Jennifer Pankow, M.S.
Graduate Research Assistant

Funded by:
National Institute on Drug
Abuse (NIDA)

Project Period:
Sep. 2002 to Aug. 2008
Budgeted: \$3.56 million

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

In 2002, the National Institute on Drug Abuse (NIDA) funded the “Criminal Justice Drug Abuse Treatment Studies” (CJ-DATS) cooperative agreement. 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 primary mission is to investigate 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 of this landmark project 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 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 Virginia Commonwealth University and University of Maryland (**Faye Taxman**, PI) and NIDA collaborators (**Bennett Fletcher**).

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 Arizona Department of Corrections, the New Mexico Corrections Department, Illinois TASC, and the Illinois Department of Corrections are collaborating partners with IBR.

2006 Activities

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 after release. Both inmates and primary counselors complete components of the IPASS to help prioritize the aftercare requirements of graduates of in-prison substance abuse treatment programs.

Targeted treatment interventions that meet the requirements of both offenders and staff are 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 address topics such as anger management, social skills, changing thinking errors, HIV prevention, and motivation, 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 2006, IBR used single-day training sessions for preparing counselors working with the CJ-DATS research centers to use these materials.

2006 Selected Publications

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. *Crime and Delinquency*, 52(1), 159-177.

Knight, K., & Simpson, D. D. (2006, Winter). Treatment versus incarceration for substance-abusing offenders. *Cenikor News*, 1(1), 2.

Special Issue of Criminal Justice and Behavior (in press)

Simpson, D. D., & Knight, K. (Guest Eds.). (in press). Offender needs and functioning assessments (Special Issue). *Criminal Justice and Behavior*.

A major objective of CJ-DATS includes the study of how treatment effectiveness is achieved with regard to therapeutic, organizational, and managerial processes. To this end, the CJ-DATS “Performance Indicators for Corrections (PIC)” multi-center protocol centered on studies of client performance indicators, focusing on the evaluation of the TCU Criminal Justice Client Evaluation of Self and Treatment (CJ CEST) and the NDRI Client Assessment Inventory (CAI) in diverse correctional settings. This special issue describes these studies, representing one of the first of several sets of studies being prepared as part of CJ-DATS.

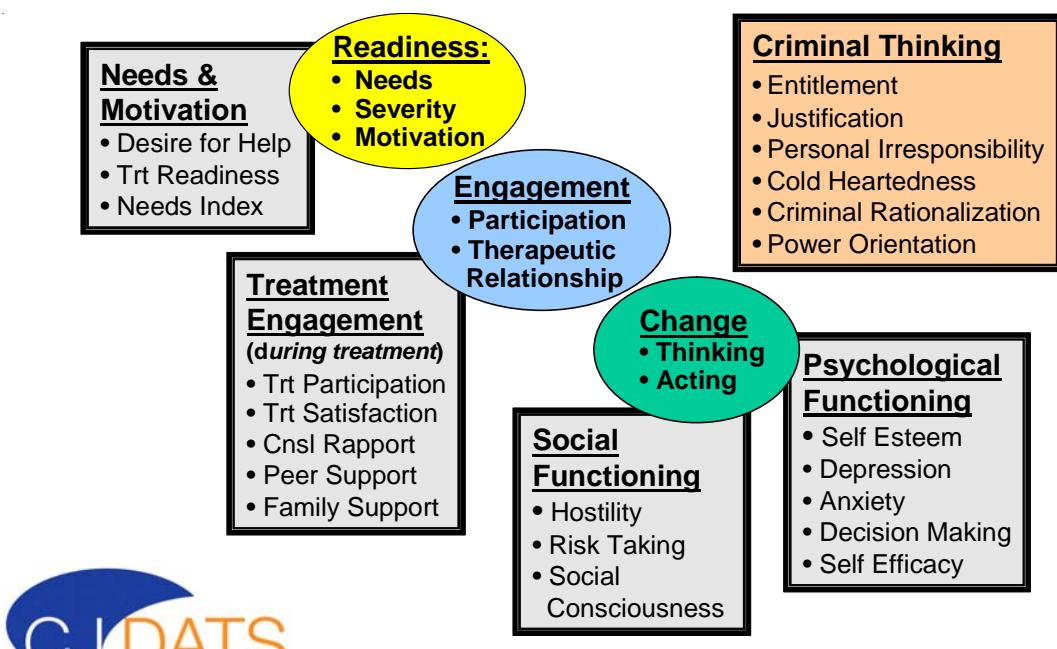
IBR Web Site

www.ibr.tcu.edu

2006 CJ-DATS Project Web highlights

- **Presentations** — The Feature Presentations Web page includes the handout (in PDF format) for Dr. Kevin Knight's September presentation, “Drug Treatment in CJ Settings: What We Know.”
- **Newsletters** — Research Reports from IBR begins with two issues in 2006. The Spring-Summer 2006 issue features the upcoming special issue of *Criminal Justice and Behavior*, entitled, “Offender Needs and Functioning Assessments.”

Assessment of Offender Needs/Progress



Criminal Justice | Drug Abuse Treatment Studies
A project of the National Institute on Drug Abuse, National Institutes of Health
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Special Issue of *Criminal Justice & Behavior* (in press)

Organizational Costs and Functioning

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

Jennifer Edwards, M.A.
Graduate Research Assistant

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.

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 technology transfer. The sample consists of 116 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 treatment and research diffusion. It also 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 will use in assessing 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 for collecting and interpreting information about program resources is work by colleagues from the Heller School for Social Policy and Management at Brandeis University and Family Health International. The domains addressed by the comprehensive assessment battery include *program structure, organizational factors, staff, clients, and program resources*. In addition to improving scientific understanding of these issues (communicated through journal publications, conferences, newsletters, and our Web site), several “application” products are expected from this project, including the development of a comprehensive system for assessing and reporting organizational and client functioning.

Computer-Assisted Cost Analysis Interview

A new methodology for collecting drug abuse treatment cost data is under development. 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.

Training Activities

The TCOM Project provided collaborative training for selected programs affiliated with the Southern Coast, Northwest Frontier, Great Lakes, and Gulf Coast Addiction Technology Transfer Centers. Participants were taught 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.

Feedback Reports

An important aim of the TCOM project is to provide information to participants about program improvement through individualized reports. Reports detail how each program changes over time and compares with regional means on organizational and client data. Several participating programs have used findings as a basis for discussion and training among staff and as a rationale for proposed changes designed to address “weak” areas of organizational functioning. Their response confirms the utility of the TCOM assessment system and will serve to guide future reports and analyses.

IBR Web Site

www.ibr.tcu.edu

2006 TCOM Project activities reported in:

- **Publications** – Check this section for an updated list of all **TCOM publications**.
- **Newsletters** – The TCOM Project is featured in the **Fall 2006 issue** of the IBR newsletter, *Research Reports from IBR*.

TCOM Selected Publications and Presentations

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (in press). Program structure, staff perceptions, and client engagement in treatment. *Journal of Substance Abuse Treatment*.

Flynn, P. M. (2006, February). *Technology transfer: A community-based perspective*. Invited presentation to the Co-Occurring State Incentive Grant (COSIG) representatives for the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Co-Occurring Center for Excellence.

Flynn, P. M. (2006, June). *Substance abuse technology transfer: A model for change*. Presentation in a symposium chaired by Peter M. Miller (Center for Drug and Alcohol Problems, Medical University of South Carolina) at the 29th Annual Scientific Meeting of the Research Society on Alcoholism, Baltimore, MD.

Flynn, P. M., Beaston-Blaakman, A., Broome, K., Shepard, D., Knight, D., & Horgan, C. (2006, June). *Treatment Cost Analysis Tool (TCAT) for provider estimates of accounting and economic costs*. Presentation (by Flynn) at the Sixty-Eighth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ.

Flynn, P. M. (2006, August). *Organizational factors and the treatment process*. Invited presentation at the National Institute on Drug Abuse and Therapeutic Communities of America 2006 Fall Science to Services Research Symposium, New York, NY.

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2006, October). *Work-place attitudes and practices in outpatient treatment programs*. Presentation at the annual Addiction Health Services Research Conference, Little Rock, AK.

Knight, D. K., Broome, K. M., & Flynn, P. M. (2006, October). *Clinical staffing patterns within outpatient substance abuse treatment programs*. Presentation at the annual Addiction Health Services Research Conference, Little Rock, AK.

Flynn, P. M. (2006, November). *Technology transfer: A community-based perspective*. Invited presentation (by Flynn) to the Co-Occurring Collaborative of Southern Maine.

The CETOP Project – Phase 1

Cognitive Enhancements for the Treatment Of Probationers

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Principal Investigator

D. Dwayne Simpson, Ph.D.,
Co-Principal Investigator

Michael L. Czuchry, Ph.D.,
Research Scientist

Tiffiny L. Sia, Ph.D.,
Research Scientist

Funded by:
National Institute on
Drug Abuse (NIDA)

Project Period:
Sept. 1994 to Aug. 2000
Budgeted: \$2.3 million

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

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.

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 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 next page

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. L., & 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

www.ibr.tcu.edu

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.,
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Michael L. Czuchry, Ph.D.,
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Research Scientist

Funded by:
National Institute on
Drug Abuse (NIDA)

Project Period:
March 2000 to Aug. 2005
Budgeted: \$2.3 million

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

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.

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 levels 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).

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, 2006)
- 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, 2006)
 - clients who are impulsive (i.e., have low need for cognition) (Czuchry & Dansereau, 2004)

2006 CETOP Brief Intervention Manual

“Mapping Organizational Change: A Guidebook on Program Needs”

With this brief intervention, Drs. Dansereau and Simpson developed a system of mapping tools that guide discussions among organizational leaders and key staff to systemize their communication, goal setting, and change process.

Sections of this Brief Intervention include these **Guidebook Steps with Maps**:

- Step 1. Identify Strengths and Problems
- Step 2. Analyze Problems
- Step 3. Select Potential Goals
- Step 4. (A) Explore Goals and (B) Examine Goal Consequences
- Step 5. Choose Target and Identify Sub-Goals
- Step 6. Create Action Plans
- Step 7. (A) After Action Review and (B) Re-Administer Assessments

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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 Organizational Change**” 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.

Publications and Presentations

PUBLICATIONS NEW IN 2006

Journal Articles

Czuchry, M., Sia, T. L., & Dansereau, D. F. (2006). Improving early engagement and treatment readiness of probationers: Gender differences. *The Prison Journal*, 86(1), 56-74.

Hiller, M. L., Knight, K., Saum, C. A., & Simpson, D. D. (2006). Social functioning, treatment dropout, and recidivism of probationers mandated to a modified therapeutic community. *Criminal Justice and Behavior*, 33(6), 738-759.

Hiller, M. L., Knight, K., & Simpson, D. D. (2006). Recidivism following mandated residential substance abuse treatment for felony probationers. *The Prison Journal*, 86(2), 230-241.

Knight, K. (2006). Review of The State of Corrections: 2001 Proceedings ACA Annual Conferences. *Criminal Justice Review*, 31, 268-269.

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. *Crime and Delinquency*, 52(1), 159-177.

Knight, K., & Simpson, D. D. (2006, Winter). Treatment versus incarceration for substance-abusing offenders. *Cenikor News*, 1(1), 2.

Rampazzo, L., De Angeli, M., Serpelloni, G., Simpson, D. D., & Flynn, P. M. (2006). Italian Survey of Organizational Functioning and Readiness for Change: A cross-cultural transfer of treatment assessment strategies. *European Addiction Research*, 12, 176-181.

Simpson, D. D. (2006, August). A plan for planning treatment. *Counselor: A Magazine for Addiction Professionals*, 7(4), 20-28.

Thompson, S. J., McManus, H., Lantry, J., Windsor, L., & Flynn, P. M. (2006). Insights from the street: Perceptions of services and providers by homeless young people. *Evaluation and Program Planning*, 29, 34-43.

In Press

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (in press). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum*.

Flynn, P. M., & Brown, B. S. (in press). Co-Occurring Disorders in Substance Abuse Treatment: Issues and prospects. *Journal of Substance Abuse Treatment*.

Garner, B. R., Knight, K., Simpson, D. D., & Flynn, P. M. (in press). Burnout among corrections-based drug treatment staff: Impact of individual

and organizational factors. *International Journal of Offender Therapy and Comparative Criminology*.

Joe, G. W., Flynn, P. M., Broome, K. M., & Simpson, D. D. (in press). Patterns of drug use and expectations in methadone patients. *Addictive Behaviors*.

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, D. K., Bartholomew, N. G., & Simpson, D. D. (in press). An exploratory study of "Partners in Parenting" within two substance abuse treatment programs for women. *Psychological Services*.

Sacks, S., Melnick, G., Coen, C., Banks, S., Friedmann, P. D., Grella, C., Knight, K. (in press). CJDATS Co-Occurring Disorders Screening Instrument for Mental Disorders (CODSI-MD): A pilot study. *The Prison Journal*.

Shields, J. J., Broome, K. M., Delany, P. J., Fletcher, B. W., & Flynn, P. M. (in press). Religion and substance abuse treatment: Individual and program effects. *Journal for the Scientific Study of Religion*.

Simpson, D. D., & Dansereau, D. F. (in press). Assessing organizational functioning as a step toward innovation. *NIDA Science & Practice Perspectives*.



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).

Special Issue: Criminal Justice and Behavior

Simpson, D. D., & Knight, K. (Eds.). (in press). Offender needs and functioning assessments (Special Issue). *Criminal Justice and Behavior*.

Simpson, D. D., & Knight, K. (Eds.). (in press). Offender needs and functioning assessments from the National Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) Cooperative Research Program (Special Issue). *Criminal Justice and Behavior*.

Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., & Simpson, D. D. (in press). Measuring offender attributes and engagement in treatment using the Client Evaluation of Self and Treatment (CJ CEST). *Criminal Justice and Behavior*.

Staton-Tindall, M., Garner, B. R., Morey, J. T., Leukefeld, C., Krietemeyer, J., Saum, C. A., & Oser, C. B. (in press). Gender differences in treatment engagement among a sample of incarcerated substance abusers. *Criminal Justice and Behavior*.

Saum, C. A., O'Connell, D. J., Martin, S. S., Hiller, M. L., Bacon, G. A., & Simpson, D. D. (in press). Tempest in a TC: Changing treatment providers for in-prison therapeutic communities. *Criminal Justice and Behavior*.

Roberts, E. A., Contois, M. W., Willis, J. C., Sr., Worthington, M. R., & Knight, K. (in press). Assessing offender needs and performance for planning and monitoring criminal justice drug treatment. *Criminal Justice and Behavior*.

Farabee, D., Knight, K., Garner, B. R., & Calhoun, S. (in press). The Inmate

Pre-Release Assessment (IPASS) for re-entry planning. *Criminal Justice and Behavior*.

Special Issue: Journal of Substance Abuse Treatment

Simpson, D. D., & Flynn, P. M. (Eds.). (in press). Organizational Readiness for Change (Special Issue). *Journal of Substance Abuse Treatment*.

Simpson, D. D., & Flynn, P. M. (in press). Moving innovations into treatment: A stage-based approach to program change. *Journal of Substance Abuse Treatment*.

Rowan-Szal, G. A., Greener, J. M., Joe, G. W., & Simpson, D. D. (in press). Assessing program needs and planning change. *Journal of Substance Abuse Treatment*.

Courtney, K. O., Joe, G. W., Rowan-Szal, G. A., & Simpson, D. D. (in press). Using organizational assessment as a tool for program change. *Journal of Substance Abuse Treatment*.

Greener, J. M., Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., & Lehman, W. E. K. (in press). Influence of organizational functioning on client engagement in treatment. *Journal of Substance Abuse Treatment*.

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (in press). Program structure, staff perceptions, and client engagement in treatment. *Journal of Substance Abuse Treatment*.

Joe, G. W., Broome, K. M., Simpson, D. D., & Rowan-Szal, G. A. (in press). Counselor perceptions of organiza-

tional factors and innovations training experiences. *Journal of Substance Abuse Treatment*.

Simpson, D. D., Joe, G. W., & Rowan-Szal, G. A. (in press). Linking the elements of change: Program and client responses to innovation. *Journal of Substance Abuse Treatment*.

Manuals

Brief Interventions from the TCU Treatment System

Bartholomew, N. G., Dansereau, D., & Simpson, D. D. (2006). *Brief interventions - Getting motivated to change*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available online: www.ibr.tcu.edu

Dansereau, D. F., Bartholomew, N. G., & Simpson, D. D. (2006). *Care plan mapping: A collaborative approach*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Dansereau, D. F., & Simpson, D. D. (2006). *Brief interventions - Mapping organizational change: A guidebook on program needs* (on-line manual). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available online: www.ibr.tcu.edu

continued

2006 CONFERENCE and TRAINING PRESENTATIONS

February

Bartholomew, N. G. (2006, February). *Changing thinking patterns*. Invited trainer for International Treatment Effectiveness Project (ITEP), National Treatment Agency, Manchester, England, U.K.

Bartholomew, N. G., & Morey, J. T. (2006, February). *Unlock Your thinking: Open your mind*. Training for CJ-DATS, Fort Worth, TX.

Dansereau, D. F., & Dees, S. M. (2006, February). *Mapping applications for treatment engagement*. Invited trainers for International Treatment Effectiveness Project (ITEP), National Treatment Agency, Manchester, England, U.K.

Flynn, P. M. (2006, February). *Technology transfer: A community-based perspective*. Invited presentation to the Co-Occurring State Incentive Grant (COSIG) representatives for the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Co-Occurring Center for Excellence.

Rowan-Szal, G. A. (2006, February). *Organizational snapshots: Tools for assessing services and clients*. Invited trainer for International Treatment Effectiveness Project (ITEP), National Treatment Agency, Manchester, U.K.

March

Bartholomew, N. G., & Morey, J. T. (2006, March). *TIC interventions for*

criminal justice. Arizona Department of Corrections, Phoenix, AZ.

Simpson, D. D. (2006, March). *Principles for treating drug users in correctional settings*. Invited plenary presentation at International Conference on "Drugs, Alcohol, & Criminal Justice: Addressing the Balance," University of Warwick, Coventry, UK.

Simpson, D. D. (2006, March). *Principles for treating drug users*. Invited presentation at University of Birmingham, UK.

Knight, K. (2006, March). *Practice for treating drug users in correctional settings*. Invited plenary presentation at International Conference on "Drugs, Alcohol, & Criminal Justice: Addressing the Balance," University of Warwick, Coventry, UK.

April

Flynn, P. M. (2006, April). *Career development skills and processes*. Invited panel presentation at the National Institute on Drug Abuse's Research Training Institute, Bethesda, MD.

Flynn, P. M., Broome, K. M., & Knight, D. K. (2006, April). *Improving practice through organizational and client assessment*. TCOM Training Workshop (presented by all), co-sponsored by Texas Christian University, Fort Worth, TX.

May

Bartholomew, N. G., & Rowan-Szal, G. A. (2006, May). *Sexual abuse and women in MMT: Clinical findings and treatment considerations*. Presented at Texas Methadone Treatment Association (TMTA), Dallas, TX.

Dansereau, D. F. (2006, May). *Learning in informal and formal environments*. Invited "site team reviewer" for NSF LIFE Center Annual Site Visit Review, University of Washington, Seattle, WA.

Simpson, D. D. (2006, May). *General themes for programmatic research*. Invited plenary presentation at "Reflections on 40 Years of Drug Abuse Research," Key Largo, FL.

June

Bartholomew, N. G., & Morey, J. T. (2006, June). *Ideas for better communication*. Training for CJ-DATS, Fort Worth, TX.

Bartholomew, N. G., & Morey, J. T. (2006, June). *Unlock your thinking: Open your mind*. Training for CJ-DATS, Fort Worth, TX.

Flynn, P. M. (2006, June). *Substance abuse technology transfer: A model for change*. Presentation in a symposium chaired by Peter M. Miller (Center for Drug and Alcohol Problems, Medical University of South Carolina) at the 29th Annual Scientific Meeting of the Research Society on Alcoholism, Baltimore, MD.

Flynn, P. M., Beaston-Blaakman, A., Broome, K. M., Shepard, D., Knight, D. K., & Horgan, C. (2006, June). *Treatment Cost Analysis Tool (TCAT) for provider estimates of accounting and economic costs*. Presentation at the Sixty-Eighth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ.

Rowan-Szal, G. A., Joe, G. W., Greener, J. M., & Simpson, D. D. (2006, June). *Assessing organizational needs and readiness for innovation training using the TCU Program*

Training Needs (PTN) survey. Presentation at the Sixty-Eighth Annual Scientific Meeting of the College on Problems of Drug Dependence, Scottsdale, AZ.

July

Bartholomew, N. G. (2006, July). *Implementing TCU treatment innovations: Methods and evidence.* Invited trainer for Arizona Department of Corrections, Tucson, AZ.

Knight, K. (2006, July). *Evidence-based interventions in correctional settings.* Invited plenary presentation at the Arizona 7th Annual Summer Institute, Sedona, AZ.

Knight, K. (2006, July). *Organizational readiness for change within criminal justice systems.* Invited presentation at the Arizona 7th Annual Summer Institute, Sedona, AZ.

August

Bartholomew, N. G. (2006, August). *Working effectively with TCU brief interventions.* Invited trainer for Treatment Alternatives for Safer Communities (TASC), Chicago, IL.

Flynn, P. M. (2006, August). *Organizational factors and the treatment process.* Invited panel presentation at the NIDA/Therapeutic Communities of America Science to Services Meeting in conjunction with the XXIII World Federation of Therapeutic Communities Conference, New York, NY.

Knight, K. (2006, August). *Findings from the CJ-DATS Performance Indicators for Corrections (PIC) and Targeted Interventions for Corrections (TIC) studies.* Paper presented at the 114th Annual Conference of the American Psychological Association, New Orleans, LA.

Knight, K. (2006, August). *Monitoring offender criminal thinking and psychosocial functioning during treatment.* Paper presented at the 114th Annual Conference of the American Psychological Association, New Orleans, LA.

September

Bartholomew, N. G., & Morey, J. T. (2006, September). *Getting motivated to change.* Training for CJ-DATS, Fort Worth, TX.

Bartholomew, N. G., & Morey, J. T. (2006, September). *Ideas for better communication.* Training for CJ-DATS, Fort Worth, TX.

Knight, K. (2006, September). *A community-based treatment model for substance abusing probationers.* Invited presentation at the Utah Fall Substance Abuse Conference, St. George, UT.

Knight, K. (2006, September). *Drug treatment in the criminal justice settings: What we know.* Keynote presentation at the Utah Fall Substance Abuse Conference, St. George, UT.

Knight, K., & Farabee, D. (2006, September). *The importance of science in Drug Courts.* Invited presentation at the Utah Fall Substance Abuse Conference, St. George, UT.

Simpson, D. D. (2006, September). *Planning and managing change for clients and organizations.* Invited plenary presentation at the 23rd World Federation of Therapeutic Communities World Conference 2006, "Promoting Organizational Functioning & Change," New York City.

October

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2006, October). *Workplace attitudes and practices in outpatient treatment programs.* Presentation at the annual Addiction Health Services Research Conference, Little Rock, AK.

Knight, D. K., Broome, K. M., & Flynn, P. M. (2006, October). *Clinical staffing patterns within outpatient substance abuse treatment programs.* Presentation at the annual Addiction Health Services Research Conference, Little Rock, AK.

Rowan-Szal, G. A., Joe, G. W., Bartholomew, N., Greener, J. M., & Simpson, D. D. (2006, October). *Initial findings from International Treatment Effectiveness Project (ITEP): A pilot study.* Poster presented at the Addiction Health

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).

Services Research Conference, Little Rock, AR.

Birmingham Treatment Effectiveness Initiative (BTEI). Birmingham, England, U.K.

November

Bartholomew, N. G., & Morey, J. T. (2006, November). *Building social networks*. Training for CJ-DATS, Fort Worth, TX.

Bartholomew, N. G., & Morey, J. T. (2006, November). *Fidelity issues for TIC interventions*. Training for CJ-DATS, Fort Worth, TX.

Bartholomew, N. G., & Morey, J. T. (2006, November). *Getting motivated to change*. Training for CJ-DATS, Fort Worth, TX.

Farabee, D. J., & Knight, K. (2006, November). *The predictive validity of the Inmate Pre-release Assessment (IPASS)*. Paper presented at the annual meeting of the American Society of Criminology (ASC) Conference, Toronto, Ontario, Canada.

Flynn, P. M. (2006, November). *Technology transfer: A community-based perspective*. Invited presentation to the Co-Occurring Collaborative of Southern Maine.

Hiller, M. L., Saum, C. A., Kelley, C. E., & Knight, K. (2006, November). *HIV risk behaviors following release from prison: Treatment, ethnicity, and post-release aftercare*. Paper presented at the annual meeting of the American Society of Criminology (ASC) Conference, Toronto, Ontario, Canada.

Bartholomew, N. G. (2006, December). *Getting motivated to change*. Invited trainer for Birmingham Treatment Effectiveness Initiative (BTEI), Birmingham, England, U.K.

Bartholomew, N. G. (2006, December). *Understanding and reducing angry feelings*. Invited trainer for Birmingham Treatment Effectiveness Initiative (BTEI). Birmingham, England, U.K.

December

Bartholomew, N. G. (2006, December). *Care plan mapping: A collaborative approach*. Invited trainer for