

**THE IBR**  
**ANNUAL**  
**REPORT**

**2007**

**INSTITUTE OF BEHAVIORAL RESEARCH**  
**TEXAS CHRISTIAN UNIVERSITY**  
**FORT WORTH**

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 staff 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 2007 IBR ANNUAL REPORT

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This Annual Report presents a summary of IBR research updated for 2007. We encourage you to visit the IBR Web site, where our research activities are reported with timely updates. This report can be downloaded as an Adobe® Acrobat® PDF document from the IBR Web site (direct link: [www.ibr.tcu.edu/intro/07annrept.pdf](http://www.ibr.tcu.edu/intro/07annrept.pdf)). The electronic version features “Web markers” that function as links to related materials within the IBR site.

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**IBR DIRECTOR**

## FROM MY VIEW . . .

***The encouraging message is that IBR materials are finding widespread adoption in “real world” treatment settings.***

2007 has been a productive time for the IBR team. Studies of addiction treatment process assessments, interventions, and field implementations were published in 29 research articles (with another 5 currently “in press” for next year), along with 56 presentations at conferences or training workshops this year. Even more important was the dissemination success of research summaries and treatment resources from our IBR Web site ([www.ibr.tcu.edu](http://www.ibr.tcu.edu)), recently recognized with another technical achievement award for excellence. We recorded hundreds of Internet downloads among more than 70,000 “web visitors”—including over 10% from outside the U.S.—and have worked personally with colleagues in England, Greece, Italy, Singapore, and Sweden on related innovation implementation applications. The encouraging message is that IBR materials are finding widespread adoption in “real-world” treatment settings.

Our practice-based research orientation benefits from having a highly stable and experienced team that share mutual commitments to improving the quality of addiction services. In the U.S., we also have a

large national network of collaborating service provider agencies—especially from correctional systems—working to implement treatment innovations, and we enjoy working partnerships with almost a dozen other addiction research teams from premier university and science centers from coast to coast.

The healthy level of productivity this year is due in large part to the fact that funding grants to IBR from the National Institute on Drug Abuse are approaching their culmination and “full harvest” phase. Indeed, efforts to integrate concepts of therapeutic monitoring and effectiveness within the context of organizational functioning and readiness for innovation implementation have made some headway. But while it is the *best of times* from the perspective of harvest, it is also the *worst of times* from the perspective of replanting for funding new projects—especially in today’s environment of NIH financial austerity. Meanwhile, we are sharpening a few more tools, particularly for performing and making applications of client progress assessments using “automated data capture” techniques.

# ABOUT IBR–TCU

The Institute of Behavioral Research (IBR) was established in 1962 by Saul B. Sells to conduct 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 federally-funded national evaluation of the newly formed community-based system for treating heroin addiction in the U.S. This work helped define methodological standards for addiction treatment process and follow-up outcome studies in natural field settings, and the IBR has participated in three major national treatment effectiveness studies funded by the National Institutes of Health. Conceptual frameworks emerging from this research for evaluating treatment dynamics, outcomes, and change—both at the individual client and organizational functioning levels— have yielded assessment and intervention resources as well as implementation strategies now being used internationally.

## TEXAS CHRISTIAN UNIVERSITY

TCU was founded in 1873 as an independent and self-governing institution and is located on 268 acres five miles from downtown Fort Worth. It is associated with the Christian Church (Disciples of Christ) from which it receives a commitment to open-minded inquiry into all scientific and intellectual issues, with students and faculty representing Christian as well as Jewish and Muslim faiths. Research conducted at TCU is not bound by any code of religious perspectives or principles in its pursuit of knowledge and applications that address world needs. The University enrolls over 7000 undergraduate students in 102 majors and over 1500 graduate students in 20 fields (12 doctoral programs). It employs approximately 1700 faculty and staff and has an operating budget of almost \$300 million. Additional information about TCU is available at [www.tcu.edu](http://www.tcu.edu).

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

## MISSION

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

## FOCUS

For many years, research staff at the IBR have given special attention to addictions and the evaluation of cognitive and behavioral interventions provided by community-based programs. Emphasis has been on the use of natural designs for studies in real-world settings and the use of advanced multivariate methodologies. Research interests in recent years have broadened to include related areas of significant public concern—especially addiction treatments for criminal justice populations as well as the spread of AIDS and related infections among drug users. Other major areas of interest include organizational functioning and process research for improving field-based implementation strategies of science-based innovations.

## 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 scientists achieve their highest scholarly potential, and (4) raise the research reputation and visibility of Texas Christian University (TCU) through scientific and public health 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 addiction 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 strategic and deliberate, emphasizing its heritage in evaluation research, staff strengths, and knowledge gaps that need to be filled. A key operational principle has been to be scientifically selective in requests and commitments for research funding. The IBR scientific strategy is organized around conceptual frameworks synthesized from existing knowledge and represented by the TCU treatment process and outcome model and the TCU program change model. These frameworks help staff visualize the foundations of our treatment and organizational research protocols, identify emerging issues that deserve attention, and integrate new findings with existing knowledge.

Implementation of field-based studies and the innovations they produce relies on establishing reliable partnerships with treatment systems and honoring commitments to address their needs. Providing useful and valid feedback to research partners, funding agencies, policy makers, and other researchers is an important element of science. In particular, scientific publications are strategically planned at the IBR, integrated with other studies from the appropriate literature, and structured to effectively communicate 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. Dissemination and sustained implementation of scientific-supported innovations deserve as much attention as “discovery.”

## IBR HISTORY

Following establishment of the IBR in 1962, Dr. Saul B. Sells served as its Director until his retirement from this role 20 years later. Dr. Sells was a 1936 Ph.D. from Columbia University who trained under Robert S. Woodworth and Edward L. Thorndike. Robert I. Watson and Phillip H. Dubois served as members of his first IBR Advisory Council. Dr. D. Dwayne Simpson, a student of Dr. Sells beginning in 1966 and a member of the IBR faculty since 1970, became IBR 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 and has provided valuable training opportunities in graduate and post-graduate education, contributing to the professional success of many former students and staff members in academic and applied research leadership positions.

## ORGANIZATION

The IBR 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 the Institute’s commitment to conducting 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, its students must meet all requirements of the department in which an advanced 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.

## “GRADUATE PROGRAM” APPLICATIONS

Interested students are encouraged to contact the **Graduate Program at TCU’s Department of Psychology** for application information. The applications are available in PDF format (for the Department of Psychology and the School of Science and Engineering) and can be downloaded. 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.)*

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

# 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 recently appointed to the NIH/NIDA Health Services Research Initial Review Group for a term of 2004 through 2007. Since 1990, when he returned to the research environs, he has been the Project Director and Co-Director of national outcome studies, and a Co-Principal Investigator and key investigator for a number of other treatment studies. He is currently Principal Investigator on a NIDA project designed to develop and implement a treatment cost and organizational monitoring system. Prior to his return to full-time research, Dr. Flynn worked in therapeutic community, methadone, and outpatient drug-free treatment programs in several capacities, and served in upper-level management positions in higher education. His past academic positions and appointments have included tenured associate professor, college vice president, and dean of academic affairs.

**ASSOCIATE DIRECTOR  
FOR PROCESS AND  
OUTCOME  
STUDIES**

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

originally joined the IBR at TCU in 1969. In 1983 he became a Research Scientist in the Behavioral Research Program at Texas A&M University, and returned to TCU in 1989. His research has focused on the components of the treatment process, evaluation models for treatment effectiveness, etiology of drug abuse, and statistical methodology. He is senior statistician for the IBR and is currently Co-Principal Investigator of the DATAR Project. 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.

**ASSOCIATE DIRECTOR  
FOR COGNITIVE  
INTERVENTIONS  
AND PROFESSOR OF  
PSYCHOLOGY**

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

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



**RESEARCH  
SCIENTIST**

**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 organization, 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**

**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.

**RESEARCH  
SCIENTIST**

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

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

**RESEARCH  
SCIENTIST**

**Kevin Knight** (Ph.D., Experimental Psychology)

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

## RESEARCH STAFF AND PERSONNEL

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; Ph.D. candidate)

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

### IBR WEB SERVICES COORDINATOR

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

joined the IBR in 1990. Her earlier background is in office software systems, database design and management, and educational software training. She manages the IBR and DATOS Web sites. She also designs *Research Summaries* on special topics; *Research Reports from IBR* quarterly newsletters; consults with staff for PowerPoint® presentations and publication graphics; and creates online special reports, such as IBR's annual report. She is a senior member of the Society of Technical Communication and has received Online Communication Competition awards from the society for IBR Web-based and electronic document design. Charlotte is completing the Master of Science in Information Science degree at the University of North Texas, School of Library and Information Sciences in Denton, focusing on health informatics, information dissemination studies, and digital libraries.

## 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.

## IBR Web Site

[www.ibr.tcu.edu](http://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

## 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)

joined the IBR in 2003. Her background is in computer technology, and her interest is in using her skills to address practical problems. This includes adapting computer-based applications to meet large-scale data collection needs using optical scanning and the Internet. Julie 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. Cindy is the contact for questions and information on the Downward Spiral game.

### **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)

provided logistical support for data management, coordinated project materials (e.g., Downward Spiral) for production and distribution, and edited communications, reports, and publications. Barbara retired this past year to devote more time to her family, church volunteering, and travels.

## GRADUATE RESEARCH ASSISTANTS

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

joined the IBR with a M.A. in Psychology from Stephen F. Austin State University. She is interested in the evaluation of program differences in treatment structure and organization. Her specific interests include the dynamics of organizational change and leadership. Jenny assists with the TCOM Project.

### **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** **Christopher Simcho**

# 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

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 Resources (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.

### 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

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.

**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.**

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*

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## 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.

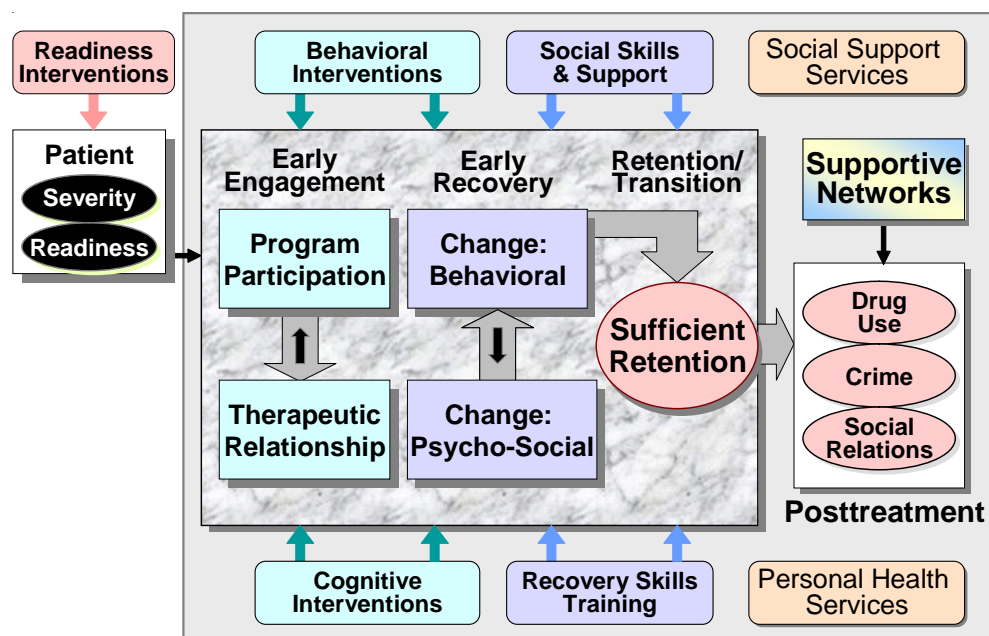
This manual provides a step-by-step curriculum for leading a 10-part workshop designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks in the community (12-step fellowships, family, friends) and on improving social skills, problems solving, and self-efficacy 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](http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html)) provides more information and free downloads as PDF files for these DATAR manuals.

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

## FIGURE I. 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 “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 believed needed attention. Its items are organized into domains focused on Facilities and Climate, Satisfaction with Training, Preferences for Training Content, Preferences for Training Strategy, Barriers to Training, and Computer Resources. This type of information helps guide overall training efforts as well as predicts which innovations participating programs are most likely to seek out and adopt.

*continued on page 14*

## IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

Other **DATAR Project** information provided:

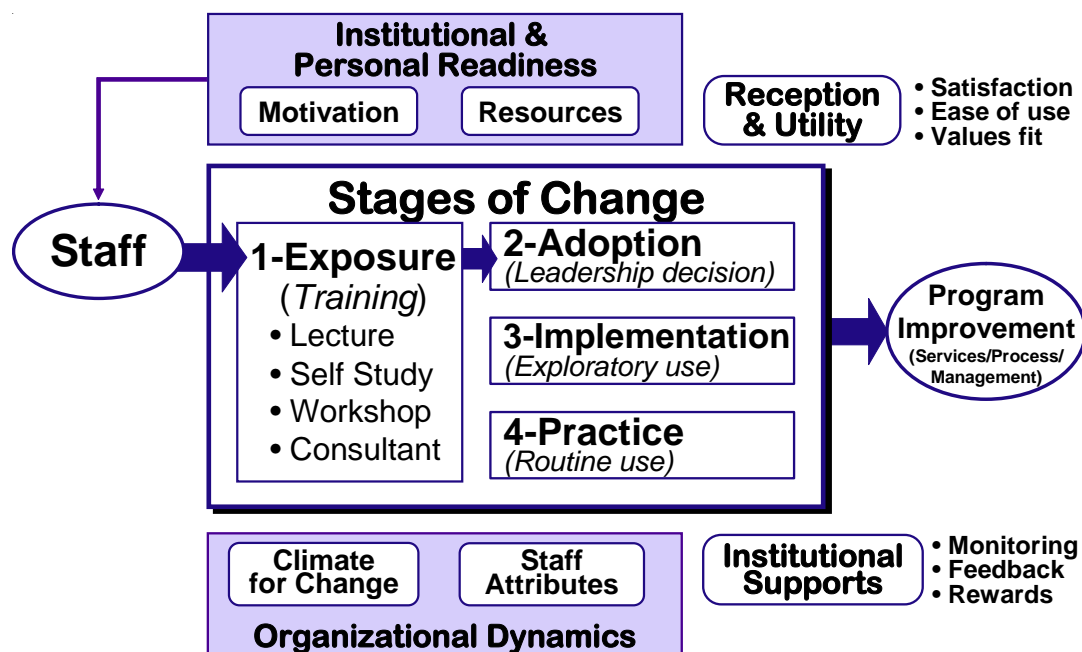
- **Evidence** — Explore the “Treatment Process,” “Organizational Readiness for Change,” and “Assessment Fact Sheets” collections.
- **Research Summaries** — Download (in PDF) *Research Summaries* on “Organizational Change” and “Treatment Assessment,” “Counseling Manuals for Treatment Interventions,”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

## DATAR PHASE 3 SUPPLEMENTS

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

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

## Figure 2. TCU Program Change Model



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

# THE DATAR PROJECT, PHASE 4 (2004 – 2009)

## DATAR Phase 4:

**D. Dwayne Simpson, Ph.D.**,  
Principal Investigator

**George W. Joe, Ed.D.**,  
Co-Principal Investigator

**Grace A. Rowan-Szal, Ph.D.**,  
Project Director

**Patrick M. Flynn, Ph.D.**,  
Research Scientist

**Jack M. Greener, Ph.D.**,  
Research Scientist

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

Project Period:  
NIDA MERIT Award  
Sept. 2004 to Aug. 2009  
Budgeted: \$3.82 million

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

In 2004, the fourth phase of DATAR was extended with funding from a NIDA MERIT Award (for recognizing distinctive and exceptional research projects). It pursues three general goals. First 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.

## 2006-2007 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). 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 2006-2007**

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 published in a 2007 special issue of *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 posttraining 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.

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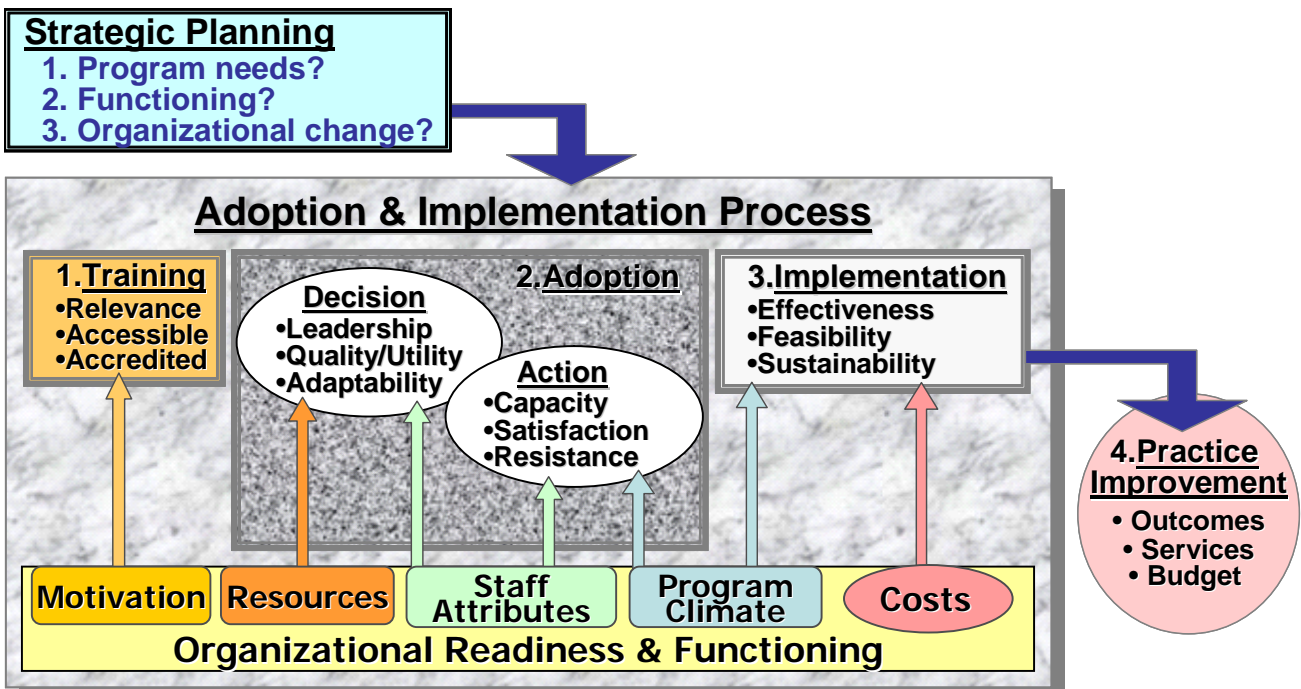
## IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### 2007 DATAR Project highlights

- **Manuals** — 2007 additions to this section from the DATAR Project include a **“Brief Interventions from the TCU Treatment System”** on treatment planning, **“Mapping Your Treatment Plan: A Collaborative Approach.”**
- **Newsletters** — *Research Reports from IBR* continues with an issue for Winter 2007. This issue features “Research and Practice Collaboration.”

## Figure 3. Modified TCU Program Change Model



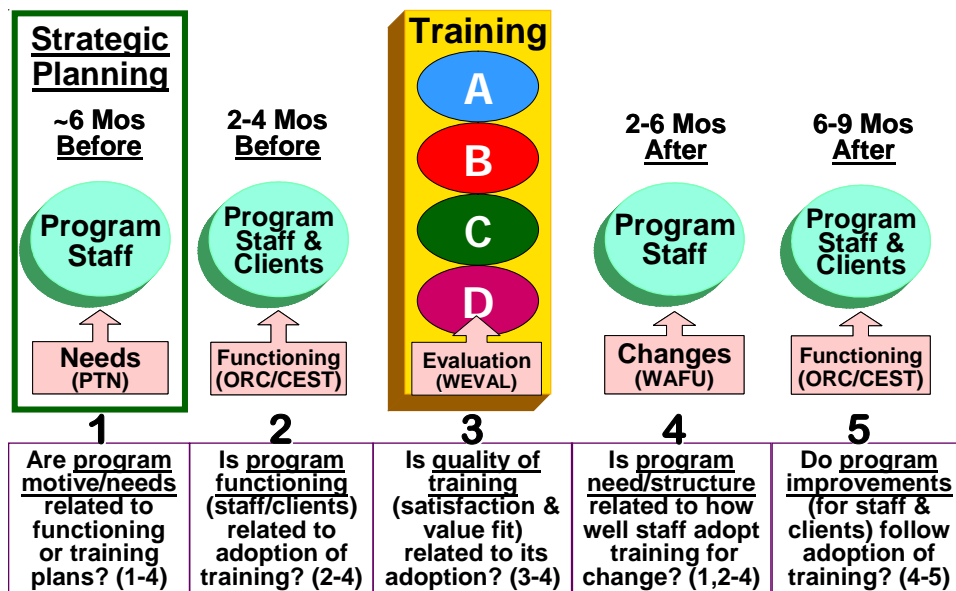
*This collaboration with England's National Treatment Agency for Substance Abuse (NTA) has now budded into a significant activity.*

**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.

**Figure 4. Program Needs, Functioning, and Innovation Implementation**



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) 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.

**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.**

## 2007 DATAR PUBLICATIONS

Joe, G. W., Flynn, P. M., Broome, K. M., & Simpson, D. D. (2007). Patterns of drug use and expectations in methadone patients. *Addictive Behaviors, 32*, 1640-1656.

**Abstract:** For patients in drug treatment, recovery should be manifested in changes in drug use and in cognitive perceptions of being able to refrain from use. Expectations about future drug behavior were studied in regard to co-occurring and subsequent behavior. Latent patterns of the longitudinal relationship between drug use expectation and illegal drug use during treatment were identified in the sample of 497 patients in community-based outpatient methadone treatment: Improvers (48%), Decliners (33%), and Continuing Users (19%). The utility of the latent patterns was shown through their relationship to treatment engagement, where Continuing Users had lower counseling rapport and time in treatment, and on drug use measures at follow-up. Additional analyses of expectations with measures of opioid use, cocaine use, or criminality yielded similar results. Expectations about future drug use were found to be a useful measure of cognitive change corresponding to drug use change. Its potential as a brief treatment management tool is noted.

Simpson, D. D., & Dansereau, D. F. (2007). Assessing organizational functioning as a step toward innovation. *Science & Practice Perspectives, April, 20-28, 33*, 201-209.

**Abstract:** Innovate and adapt are watchwords for substance abuse treatment programs in today's environment of legislative mandates, effective new interventions, and competition. Organizations are having to evolve, ready or not—with those that are ready having superior chances for success and survival. The *Texas Christian University Organizational Readiness for Change (ORC)* survey is a freely available instrument, with supporting materials, that substance abuse treatment programs use to self-assess for organizational traits that can hinder or doom efforts at transition. This article presents organizational change as a four-stage process of adopting, implementing, and routinizing new procedures; describes the use of the ORC; and outlines a step-by-step procedure for clearing away potential obstacles before setting forth on the road to improved practices and outcomes.

### IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### 2007 DATAR Project highlights

- **Presentations** — The Feature Presentations Web page includes the handout (in PDF format) for Dr. Simpson's October presentation, “**Organizational Readiness for Stage-based Dynamics of Innovation Implementation**,” in Stockholm, Sweden.
- **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.**,  
Co-Principal Investigator

**Patrick M. Flynn, Ph.D.**,  
Co-Principal Investigator

**George W. Joe, Ph.D.**,  
Project Scientist

**Janis L. Morey, M.Ed., M.S.**,  
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

In 2002, the National Institute on Drug Abuse (NIDA) funded the “**Criminal Justice Drug Abuse Treatment Studies**” (CJ-DATS) cooperative agreement. The Institute of Behavioral Research at Texas Christian University (TCU) 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 of the project is to investigate key elements of corrections-based treatment systems in the U.S. and make 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.

State and federal correctional systems that currently provide the majority of drug treatment for offenders in the U.S. participate as “collaborators” in CJ-DATS. Its comprehensive research strategy serves both policymakers and taxpayers alike by providing guidelines for delivering effective and efficient drug treatment to correctional populations. Because funding for this project is scheduled to end in 2008, a recent NIDA announcement has been released to fund a second 5-year phase of CJ-DATS. It builds on the accomplishments during Phase I but calls for a general shift in focus with greater attention on “implementation strategies” for improving the use of evidence-based assessment and intervention resources by justice systems.

Joining Dr. Kevin Knight as leaders of the TCU Research Center team are Drs. Dwayne Simpson and Pat Flynn (as Co-PIs). State and federal correctional systems that presently serve as TCU Collaborators in CJ-DATS (Phase I) include the Texas Department of Criminal Justice, the Federal Bureau of Prisons, the Arizona Department of Corrections, the New Mexico Corrections Department, the Illinois Department of Corrections and Illinois TASC, and the Nebraska Department of Correctional Services.

## MAJOR FOCUS OF TCU CENTER ACTIVITIES FOR CJ-DATS

*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.*

CJ-DATS currently 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 George Mason University and University of Maryland (UMD) (Faye Taxman, PI) and NIDA collaborators (Bennett Fletcher).

The TCU Center participates in several project protocols and has taken the lead role in carrying out two studies. First, as part of the Performance Indicators for Corrections (PIC) study, a series of offender assessments for needs, performance, and reentry planning was designed and tested (see Simpson & Knight, 2007; guest editors of special issue for Criminal Justice & Behavior), and staff representing a dozen CJ-DATS collaborating correctional systems received training on their applications. This work is leading to the development of 1-page “optical-scan” forms for offender self-administration and on-site scoring (with immediate counselor feedback on results). Each form is specialized (e.g., for drug use history/severity, motivation for treatment, psychological functioning, social functioning, criminal

thinking, HIV/AIDS risks, and treatment engagement) and can be used to assess acute needs or (via repeated administrations) to track changes over time.

Second, to meet demands for flexible, evidence-based treatment materials, the CJ-DATS Targeted 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 staff training. Single-day training sessions at TCU have been used for preparing counselors working with the CJ-DATS Research Centers to use these materials, and a series of experimental studies is now in progress to evaluate their effectiveness.

In addition to serving as lead on the PIC and TIC studies, the TCU Center is participating in studies being lead by other 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. This study is exploring how the IPASS can be used to help prioritize the aftercare requirements of graduates of in-prison substance abuse treatment programs. The Criminal Justice Co-occurring Disorder Screening Instrument (CJ-CODSI) study, under the direction of the National Development and Research Institutes center, is designed to be a brief, self-administered screening instrument that identifies individuals with co-occurring disorders. The feasibility of using the instrument to determine rates of co-occurring disorders in the offender population is being examined. Finally, the National Criminal Justice Treatment Practices Survey, being led by GMU and VCU, is a national survey that provides estimates of the prevalence of certain treatment delivery practices within the criminal justice system.

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.

## IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### 2007 CJ-DATS Project highlights

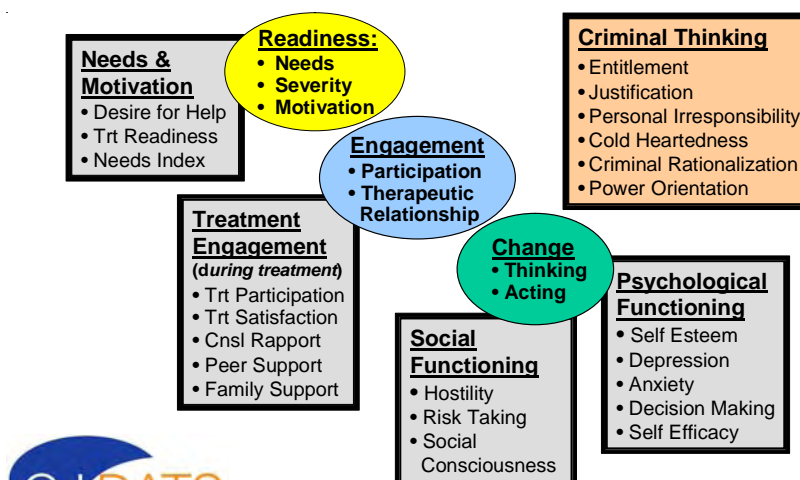
- **Presentations** — The **Feature Presentations** Web page includes the handout (in PDF format) for Dr. Kevin Knight’s November presentation, “**Improving Service Delivery: The Role of Screening and Assessment in the Criminal Justice Treatment Process.**”

## 2007 SPECIAL ISSUE OF *CRIMINAL JUSTICE AND BEHAVIOR*

Simpson, D. D., & Knight, K. (Guest Eds.). (2007). Offender needs and functioning assessments (Special Issue). *Criminal Justice and Behavior*, 34(9).

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.

# Assessment of Offender Needs/Progress



Special Issue of *Criminal Justice & Behavior* (Simpson & Knight, 2007)

# 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 2009

**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 115 outpatient drug-free (i.e., non-methadone), community-based, treatment providers—by far the most common and diverse setting for addiction treatment in the United States. This work extends our thematic program of research designed to better understand 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 was developed. It adapts 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. This supplement transforms 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, was 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 129 staff from 102 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 national and regional data.

## 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.

## SELECTED TCOM 2007 PUBLICATIONS AND PRESENTATIONS

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2007). Program structure, staff perceptions, and client engagement in treatment. *Journal of Substance Abuse Treatment*.

Knight, D. K., Broome, K. M., Simpson, D. D., & Flynn, P. M. (in press). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Services Research*.

Beaston-Blaakman, A., Flynn, P. M., Reuben, E., & Shepard, D. (2007, October). *Findings from a comparative study of brief cost methods in substance abuse treatment research*. Paper presentation at the Addiction Health Services Research Conference, Athens, GA.

Broome, K. M., Beaston-Blaakman, A., Knight, D. K., & Flynn, P. M. (2007, October). *Organizational and clientele predictors of costs in outpatient drug abuse treatment*. Paper presentation at the Addiction Health Services Research Conference, Athens, GA.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2007, October). *Transformational leadership in outpatient substance abuse treatment programs*. Poster presentation at the Addiction Health Services Research Conference, Athens, GA.

Flynn, P. M. (2007, October). *Implementation science & research*. Invited symposium presentation at the annual Addiction Health Services Research Conference, Athens, GA.

Knight, D. K., Broome, K. M., Simpson, D. D., Edwards, J. R., & Flynn, P. M. (2007, October). *Stability and change in staff perceptions of organizational functioning*. Poster presentation at the Addiction Health Services Research Conference, Athens, GA.

Flynn, P. M. (2007, December). *Data for cost function analysis: Data collection lessons learned III—TCAT*. Invited panel presentation at the NIDA technical meeting on Cost Function Analysis of the Substance Abuse Treatment Industry: Information Needs, Methods, and Next Steps, Bethesda, MD.

Flynn, P. M. (2007, December). *The substance abuse treatment system—Background*. Invited panel presentation at the NIDA technical meeting on Cost Function Analysis of the Substance Abuse Treatment Industry: Information Needs, Methods, and Next Steps, Bethesda, MD.

### IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### TCOM Project

activities reported in:

- **Project Web Page** — Check out the TCOM project page for a more detailed explanation of the TCOM Project studies.
- **Publications** — Check this section for an updated list of all **TCOM publications**.

# THE CETOP PROJECT — PHASE 1

## COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

**Donald F. Dansereau, Ph.D.**,  
Principal Investigator

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

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

**Tiffany 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*

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## 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](http://www.ibr.tcu.edu)

Other **CETOP Project** materials provided in:

- **Evidence** — Explore the **"Mapping-based Counseling"** evidence with a detailed publication list.
- **Research Summaries** — Download (in PDF) *Research Summaries* on **"Treatment Mapping,"** and **"Treatment Readiness and Induction Strategies."**
- **Publications** — Examine all CETOP publications from both Phases 1 and 2 in the list, **"Cognitive Intervention Studies"** (some with abstracts).

# THE CETOP PROJECT – PHASE 2

## COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

**Donald F. Dansereau, Ph.D.**,  
Principal Investigator

**Sandra M. Dees, Ph.D.**,  
Project Manager

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

**Tiffany L. Sia, Ph.D.**,  
Research Scientist

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

**Funded by:**  
National Institute on  
Drug Abuse (NIDA)

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

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

The broad research questions addressed by each study were:

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

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

### 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

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)

## 2007 MAPPING-FOCUSED GUIDE ADDED TO “BRIEF INTERVENTIONS”

### “Mapping Your Treatment Plan: A Collaborative Approach”

A mapping-focused guide for working with clients to establish meaningful and useful treatment goals.

Sections of this Brief Intervention include:

- Introduction: Mapping, Collaboration, and Thoughtful Plans
- Session 1: Getting Started: First Maps
- Session 2: Mapping Goals and Strategies
- Session 3: Mapping Progress and Future Plans
- Appendix: Mapping Bibliography

## IBR Web Site

[www.ibr.tcu.edu](http://www.ibr.tcu.edu)

### Other CETOP Project materials:

- **Project Web Page** — Check out the CETOP project page for a more detailed explanation of the CETOP Project studies and information on the “Downward Spiral” board game.
- **Manuals** — Download (in PDF) the new Brief Intervention, “**Mapping Your Treatment Plan: A Collaborative Approach**” 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](http://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](http://www.chestnut.org/LI/bookstore/index.html)), phone (309) 827-6026, or FAX (309) 829-4661.

# IBR ON THE WEB

**The IBR Web site endeavors to support the dissemination of evidence-based treatment resources to clinical practitioners in the substance abuse treatment field.**

## Top downloaded treatment resources for 2007:

### Forms (data assessment instruments):

1. TCU Drug Screen
2. Youth Intake
3. TCU Criminal Thinking Scales
4. Women & Children Intake
5. Client Evaluation of Self at Intake
6. Organizational Readiness for Change (Staff Version)
7. HIV/AIDS-Risk Assessment
8. Women & Children, Parental Discipline
9. TCU Treatment Motivation Scales
10. Client Evaluation of Self and Treatment
11. Criminal Justice Comprehensive Intake
12. Program Treatment Needs (Staff Version)

### Manuals (treatment intervention modules):

1. Brief Intervention, Understanding and Reducing Angry Feelings
2. Brief Intervention, Getting Motivated to Change
3. Brief Intervention, Ideas for Better Communication
4. Manual to Assemble the Downward Spiral game
5. Mapping Your Steps: "Twelve Step" Guide Maps
6. Mapping New Roads to Recovery
7. TCU Guide Maps: A Resource for Counselors
8. Brief Intervention, Unlock Your Thinking/Open Your Mind
9. Preparation for Change: The Tower of Strengths and the Weekly Planner
10. Straight Ahead: Transition Skills for Recovery
11. Time Out! For Men: A Communication Skills and Sexuality Workshop for Men in Treatment
12. Partners in Parenting

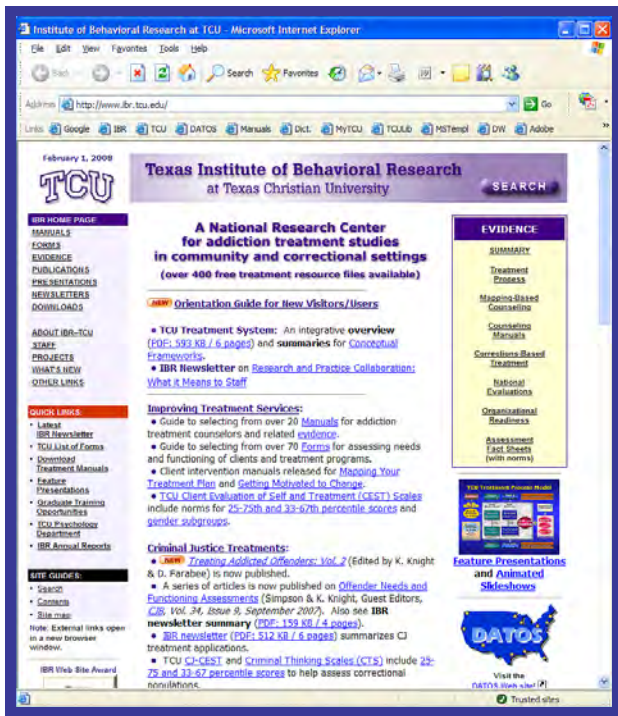
IBR is committed to studying "what works" in treatments for addictions. Through a series of federally-funded projects, research in this field has spanned over 20 years at IBR. As a result of conducting long-term studies, IBR has developed a conceptual framework for an evidence-based "treatment system," and IBR scientists have produced many proven evaluation and treatment resources, particularly *validated data assessment instruments* and *treatment intervention modules*.

For several years now, the **IBR Web site** ([www.ibr.tcu.edu](http://www.ibr.tcu.edu)) has provided access to these research and treatment resources. These materials are packaged into Adobe® Acrobat® PDF computer files and made available for downloading from the site. IBR is dedicated to getting these evaluation resources into the hands of other research teams who could use and adapt them for other treatment populations and settings. Also, the intervention modules are downloaded and used extensively by treatment personnel from across the U.S. and many countries around the world.

## 2007 WEB UPDATES

In 2007, major content changes were accomplished in the Web site for several areas. Federal and state government support agencies now actively instruct practitioners to search for and use appropriate evidence-based materials for treatment. Early in 2007, a new **Evidence** section was created (which replaces the Resource Collections) to support our visiting practitioners in this new directive. Evidence articles focus on findings that support the use of the TCU treatment concepts and resources. This is part of IBR's efforts to integrate and communicate our research findings in a consumer-friendly format.

Next, the **Manuals** section was reorganized to help guide logistical selections of our counseling session guides according to their appropriate therapeutic applications. These manuals focus on treatment readiness and motivation, client assessment applications for care planning and progress monitoring, behavioral techniques for improving treatment participation, therapeutic engagement strategies, emotional self-management, dealing with negative (e.g., criminal) thinking patterns, communication skills, developing



The IBR Web site homepage ([www.ibr.tcu.edu](http://www.ibr.tcu.edu)) provides several navigational paths for visitors to find the information they need. **Quick Links** allow visitors direct access to the “List of Forms” and to “Download Treatment Manuals.” Links to the **Evidence** articles are featured in a highlighted area to the upper right of the screen. Also, access to the **Orientation Guide for New Visitors/Users** is displayed prominently in the center column.

healthy relationships, sexuality, parenting, HIV/AIDS awareness, and preparing for relapse risks. Evaluations of these manuals—designed within the conceptual framework of the TCU Treatment Process Model—indicate they improve treatment participation, engagement, and knowledge levels. The **Forms** section likewise was redesigned to describe assessments of client and organizational functioning more strategically in relation to stages of client recovery and treatment process. These new sections on manuals and forms each contain graphics for mental visualization of the resources and can be conveniently printed for use in staff discussions about potential treatment innovations.

This new emphasis in the Web site culminated with the **Orientation Guide for New Visitors/Users**. The link is prominently displayed on the site’s homepage. In his guide, Dr. Simpson shares advice for new visitors who are seeking addiction treatment resources at our Web site. Over 450 downloadable resource files are now available and his advice offers expert guidance to help researchers,

clinicians, and program administrators find materials they need.

Overall, these 2007 changes to the the Web site represent IBR’s commitment to achieving its primary goal—helping people by providing evidence of findings of research conducted for treatment effectiveness and the dissemination and implementation of treatment resources in community and correctional settings.

## IBR WEB SITE WINS “AWARD OF EXCELLENCE”

On the basis of these major content changes, including the new section Evidence, and substantial changes to Forms, Manuals, Presentations, and Publications, the IBR Web site was entered in the Online Communication Competition conducted by the international Society of Technical Communication (STC). The Lone Star Chapter of STC conferred the 2007 “Award of Excellence” for IBR’s Web site, an award previously achieved in 2001.

*In 2007, the IBR has seen a substantial increase of international visitors to its Web site, particularly through its work with colleagues in England, Greece, Italy, Singapore, and Sweden on related treatment applications.*

# PUBLICATIONS AND PRESENTATIONS

## BOOK & CHAPTERS

Knight, K., & Farabee, D. (Eds.). (2007). *Treating addicted offenders: A continuum of effective practices*. Kingston, NJ: Civic Research Institute.

Garner, B. R., & Knight, K. (2007). Counselor burnout and the therapeutic relationship. In K. Knight & D. Farabee (Eds.), *Treating addicted offenders: A continuum of effective practices* (pp. 35-1 – 35-13). Kingston, NJ: Civic Research Institute.

Knight, K., & Farabee, D. (2007). *Introduction*. In K. Knight & D. Farabee (Eds.), *Treating addicted offenders: A continuum of effective practices* (p. xiii). Kingston, NJ: Civic Research Institute.

## JOURNAL ARTICLES

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum*, 36, 25-42 (also available electronically at <http://www.springerlink.com/content/3568387w52834528/>).

Garner, B. R., Knight, K., & Simpson, D. D. (2007). Burnout among corrections-based drug treatment staff: Impact of individual and organizational factors. *International Journal of Offender Therapy and Comparative Criminology*, 51(5), 510-522.

Joe, G. W., Flynn, P. M., Broome, K. M., & Simpson, D. D. (2007). Patterns of drug use and expectations in methadone patients. *Addictive Behaviors*, 32, 1640-1656.

Knight, D. K., Bartholomew, N. G., & Simpson, D. D. (2007). An exploratory study of "Partners in Parenting" within two substance abuse treatment programs for women. *Psychological Services*, 4(4), 262-276.

Labansat, H. A., Ten Eyck, L. L., Gresky, D. M., Dansereau, D. F., & Lord, C. G. (2007). Directed thinking and readiness to change self-beneficial behaviors: Are you ready for some studying? *Journal of Applied Social Psychology*, 37(10), 2238-2260.

Sacks, S., Melnick, G., Coen, C., Banks, S., Friedmann, P. D., Grella, C., & Knight, K. (2007). CJDATS Co-Occurring Disorders Screening Instrument for Mental Disorders (CODSI-MD): A pilot study. *The Prison Journal*, 87(1), 86-110.

Shields, J. J., Broome, K. M., Delany, P. J., Fletcher, B. W., & Flynn, P. M. (2007). Religion and substance abuse treatment: Individual and program effects. *Journal for the Scientific Study of Religion*, 46(3), 355-371.

Simpson, D. D., & Dansereau, D. F. (2007). Assessing organizational functioning as a step toward innovation. *Science & Practice Perspectives*, April, 20-28.

Thompson, S. J., Bender, K., Lantry, J., & Flynn, P. M. (2007). Treatment engagement: Building therapeutic alliance in home-based treatment with adolescents and their families. *Contemporary Family Therapy*, 29(1/2), 39-55.

Thompson, S. J., Kim, J., McManus, H., Flynn, P., & Kim, H. (2007). Peer relationships: A comparison of homeless youth in the USA and South Korea. *International Social Work*, 50(6), 783-795.

## Special Issue: *Journal of Substance Abuse Treatment*

Simpson, D. D., & Flynn, P. M. (Eds.). (2007). Organizational Readiness for Change (Special Issue). *Journal of Substance Abuse Treatment*, 33(2), 111-209.

Simpson, D. D., & Flynn, P. M. (2007). Moving innovations into treatment: A stage-based approach to program change. *Journal of Substance Abuse Treatment*, 33(2), 111-120.

Rowan-Szal, G. A., Greener, J. M., Joe, G. W., & Simpson, D. D. (2007). Assessing program needs and planning change. *Journal of Substance Abuse Treatment*, 33(2), 121-129.

Courtney, K. O., Joe, G. W., Rowan-Szal, G. A., & Simpson, D. D. (2007). Using organizational assessment as a tool for program change. *Journal of Substance Abuse Treatment*, 33(2), 131-137.

Greener, J. M., Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., & Lehman, W. E. K. (2007). Influence of organizational functioning on client engagement in treatment. *Journal of Substance Abuse Treatment*, 33(2), 139-147.

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2007). Program structure, staff perceptions, and client engagement in treatment. *Journal of Substance Abuse Treatment*, 33(2), 149-158.

Joe, G. W., Broome, K. M., Simpson, D. D., & Rowan-Szal, G. A. (2007). Counselor perceptions of organizational factors and innovations training experiences. *Journal of Substance Abuse Treatment*, 33(2), 171-182.

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](http://www.ibr.tcu.edu)).

Bartholomew, N. G., Joe, G. W., Rowan-Szal, G. A., & Simpson, D. D. (2007). Counselor assessments of training and adoption barriers. *Journal of Substance Abuse Treatment, 33*(2), 193-199.

Simpson, D. D., Joe, G. W., & Rowan-Szal, G. A. (2007). Linking the elements of change: Program and client responses to innovation. *Journal of Substance Abuse Treatment, 33*(2), 201-209.

### Special Issue: *Criminal Justice and Behavior*

Simpson, D. D., Knight, K. (Eds.). (2007). Offender needs and functioning assessments (Special Issue). *Criminal Justice and Behavior, 34*(9), 1105-1234.

Simpson, D. D., & Knight, K. (Eds.). (2007). Offender needs and functioning assessments from a national cooperative research program. *Criminal Justice and Behavior, 34*(9), 1105-1112.

Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., & Simpson, D. D. (2007). Measuring offender attributes and engagement in treatment using the Client Evaluation of Self and Treatment. *Criminal Justice and Behavior, 34*(9), 1113-1130.

Staton-Tindall, M., Garner, B. R., Morey, J. T., Leukefeld, C., Krietemeyer, J., Saum, C. A., & Oser, C. B. (2007). Gender differences in treatment engagement among a sample of incarcerated substance abusers. *Criminal Justice and Behavior, 34*(9), 1143-1156.

Saum, C. A., O'Connell, D. J., Martin, S. S., Hiller, M. L., Bacon, G. A., & Simpson, D. D. (2007). Tempest in a TC: Changing treatment providers for in-prison therapeutic communities. *Criminal Justice and Behavior, 34*(9), 1168-1178.

Roberts, E. A., Contois, M. W., Willis, J. C., Sr., Worthington, M. R., & Knight, K. (2007). Assessing offender needs and performance for planning and monitoring criminal justice drug treatment. *Criminal Justice and Behavior, 34*(9), 1179-1187.

Farabee, D., Knight, K., Garner, B. R., & Calhoun, S. (2007). The Inmate Pre-Release Assessment for re-entry planning. *Criminal Justice and Behavior, 34*(9), 1188-1197.

Sacks, S., Melnick, G., Coen, C., Banks, S., Friedmann, P. D., Grella, C., Knight, K., & Zlotnick, C. (2007). CJDATS Co-Occurring Disorders Screening Instrument for Mental Disorders: A validation study. *Criminal Justice and Behavior, 34*(9), 1198-1215.

### IN PRESS

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

Hubbard, R., Simpson, D. D., & Woody, G. (in press). Treatment research: Accomplishments and challenges. *Journal of Drug Issues* (Special Issue on 40 Year Reflections).

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., Broome, K. M., Simpson, D. D., & Flynn, P. M. (in press). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Services Research*.

Simpson, D. D. (in press). Organizational readiness for stage-based dynamics of innovation implementation. *Research on Social Work Practice*.

Simpson, D. D., & Flynn, P. M. (in press). Drug Abuse Treatment Outcome Studies (DATOS): A national evaluation of treatment effectiveness. In G. Fisher & N. Roget (Eds.), *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. Thousand Oaks, CA: Sage Publishing.

### MANUALS

#### *Brief Interventions from the TCU Treatment System*

Bartholomew, N. G., Dansereau, D. F., & Simpson, D. D. (Eds.). (2007). *Brief Interventions – Mapping your treatment plan: A collaborative approach* (A mapping-focused guide for working with clients to establish meaningful and useful treatment goals). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available online: [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

Knight, K., Flynn, P. M., & Simpson, D. D. (in press). Drug court screening. *Drug Court Quality Improvement Monograph*. Washington, DC: National Drug Court Institute.

### TECHNICAL REPORTS

Greener, J. M., Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Dansereau, D. F., & Simpson, D. D. (2007). *Cenikor treatment planning intervention: Technical report*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Rowan-Szal, G. A., Joe, G. W., & Greener, J. M. (2007). *Cenikor: Organizational Functioning and Client Evaluation of Self and Treatment feedback reports (ORC & CEST)*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Rowan-Szal, G. A., Joe, G. W., & Greener, J. M. (2007). *ITEP North West*

Region: *Organizational Functioning and Client Evaluation of Self and Treatment feedback reports (ORC & CEST)*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Rowan-Szal, G. A., Joe, G. W., & Greener, J. M. (2007). *ITEP London Region: Organizational Functioning and Client Evaluation of Self and Treatment feedback reports (ORC & CEST)*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Simpson, D. D., Rowan-Szal, G. A., Joe, G. W., & Greener, J. M. (2007). *IN-DOC offender engagement and progress in treatment: Based on self-ratings at intake/ treatment phase using TCU Client Evaluation of Self & Treatment (CEST)*. Progress report on Drug Treatment Services, Indiana Department of Corrections. Fort Worth: Texas Christian University, Institute of Behavioral Research.

## 2007 CONFERENCE AND TRAINING PRESENTATIONS

### JANUARY

Dansereau, D. F. (2007, January). *When in doubt, map it out: Follow-up mapping training*. Birmingham, England, U.K.

Simpson, D. D. (2007, January). *Implementing treatment innovations for client and organizational change*. Invited plenary presentation at The Role of the States, PLNDP: Leadership Meeting, Tucson, AZ.

### FEBRUARY

Morey, J. T. (2007, February). *Getting motivated for change*. CJ-DATS TIC training workshop, Kyle Correctional Center, Kyle, TX.

Morey, J. T. (2007, February). *Ideas for better communication*. CJ-DATS TIC

training workshop, Kyle Correctional Center, Kyle, TX.

Morey, J. T. (2007, February). *Research using the TIC Interventions*. CJ-DATS TIC training workshop, Fort Worth, TX.

Morey, J. T. (2007, February). *TCU research in TDCJ*. Presented at Texas Department of Criminal Justice (TDCJ) Research, Evaluation, and Development (RED) Unit, Austin, TX.

### MARCH

Beaston-Blaakman, A., Flynn, P. M., & Shepard, D. S. (2007, March). *Capturing reliable cost data from substance abuse treatment programs: Findings from a comparative study of cost methods*. Presentation at the 8<sup>th</sup> Workshop on Costs and Assessment in Psychiatry: Investing in Mental Health Policy and Economics Research, Venice, Italy.

Gray, J. S. (2007, March). *Modular data collecting & reporting tools to inform practice*. Presented at Walker Sayle Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Breckenridge, TX.

Knight, K. (2007, March). *How do you know that what you do works?* Invited presentation at the 2007 North Carolina TASC Conference on Addiction, Crime and Community, New Bern, NC.

Knight, K. (2007, March). *Preventing relapse and recidivism in drug addicted offenders*. Invited keynote presentation at the 2007 Baltimore CTN Conference on Treating the Drug Addicted Offender: Principles and Practices, Baltimore, MD.

Knight, K. (2007, March). *The role of screening and assessment in the treatment process*. Invited presentation at the 2007 Baltimore CTN Conference on Treating the Drug Addicted Offender: Principles and Practices, Baltimore, MD.

Knight, K. (2007, March). *Treating addicted offenders: A continuum of effective practices*.

Invited keynote presentation at the 2007 North Carolina TASC Conference on Addiction, Crime and Community, New Bern, NC.

Morey, J. T. (2007, March). *Modularity of the CJ CEST*. Presented at Walker Sayle Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Breckenridge, TX.

### APRIL

Flynn, P. M. (2007, April). *Substance abuse treatment effectiveness, process, and change*. Invited Research Conference presentation at the University of Arkansas, College of Medicine, Department of Psychiatry, Little Rock, AR.

Gray, J. S. (2007, April). *Scantron use for research and the field*. Presented at Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Burnet, TX.

Knight, K. (2007, April). *Measuring treatment performance and progress*. Invited presentation at the Federal Probation and Pretrial Officers Association National Training Institute, Nashville, TN.

Knight, K. (2007, April). *Offender substance abuse treatment: 10 Observations about the future*. Invited presentation for Gateway Foundation, Chicago, IL.

Morey, J. T. (2007, April). *Bridging the gap between research and the field*. Presented at Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Burnet, TX.

### MAY

Flynn, P. M. (2007, May). *A systems approach to increasing criminal justice treatment effectiveness*. Invited presentation at the Addictions Psychiatry Annual Conference, *Interface between Addiction and the CJ System*, Royal College of Psychiatrists, Belfast, Northern Ireland.



Knight, K. (2007, May). *Offender substance abuse treatment*. Invited presentation for KETHEA, Therapy Center for Dependent Individuals, Athens, Greece.

Knight, K. (2007, May). *Overview of in-custody outcomes and key ingredients*. Invited keynote for National Research Institute of Greece, Athens, Greece.

Morey, J. T. (2007, May). *Selected Targeted Interventions for Corrections: Motivation, anger management, and social networks*. CJ-DATS TIC training workshop, Los Lunas, NM.

Simpson, D. D. (2007, May). *A strategic perspective for improving addiction treatment resources and implementation*. Invited keynote lecture at the Addictions Psychiatry Annual Conference, Faculty Lecture, Royal College of Psychiatrists, Belfast, Northern Ireland.

## JUNE

Flynn, P. M. (2007, June). *Co-occurring disorders (COD) and treatment systems*. Invited congressional briefing on co-occurring substance use and mental illness, Rayburn House Office Building, Washington, DC.

Gray, J. S. (2007, June). *Automating data collection using Scanbook and Excel for field reporting in corrections*. Presented at Garden State Correctional Facility, Gateway Foundation, Yardville, NJ.

Knight, D. K., Broome, K. M., Flynn, P. M., & Simpson, D. D. (2007, June). *Organizational structure and functioning as predictors of staff turnover and director change in outpatient substance abuse treatment*. Poster presentation at the 69<sup>th</sup> Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), Quebec City, Canada.

Knight, K. (2007, June). *Using treatment progress indicators to monitor client change*. Invited presentation at the 69<sup>th</sup> Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), Quebec City, Canada.

Knight, K., & Morey, J. (2007, June). *Using assessment to inform practice*. Invited presentation at the 13<sup>th</sup> Annual National Association of Drug Court Professionals (NADCP) Training Conference, Washington, DC.

Rowan-Szal, G. A., Joe, G. W., Greener, J. M., & Simpson, D. D. (2007, June). *Initial findings from International Treatment Effectiveness Project (ITEP)*. Poster presentation at the 69<sup>th</sup> Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), Quebec City, Canada.

Simpson, D. D. (2007, June). *A strategic perspective for improving implementation of addiction treatment resources*. Invited presentation at the 69<sup>th</sup> Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD), CSAT Satellite Session: *Linking Science & Practice for Substance Use Disorder Treatment & Criminal Justice (CJ)*, Québec City, Canada.

## JULY

Gray, J. S. (2007, July). *Scantron: Hands-on hardware and software*. Presented at UCLA Integrated Substance Abuse Programs, David Geffen School of Medicine, Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA.

## AUGUST

Gray, J. S. (2007, August). *Scantron: A tool for use in the field for assessing*

*criminal justice clients*. Presented at Jester Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Richmond, TX.

Morey, J. T. (2007, August). *Scantron: Assessing criminal justice clients*. Presented at Jester Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Richmond, TX.

## SEPTEMBER

Morey, J. T. (2007, September). *Common sense ideas for HIV prevention and sexual health*. CJ-DATS TIC training workshop, Fort Worth, TX.

Morey, J. T. (2007, September). *Understanding and reducing angry feelings*. CJ-DATS TIC training workshop, Fort Worth, TX.

Morey, J. T. (2007, September). *Unlock your thinking: Open your mind*. CJ-DATS TIC training workshop, Fort Worth, TX.

## OCTOBER

Beaston-Blaakman, A., Flynn, P. M., Reuben, E., & Shepard, D. (2007, October). *Findings from a comparative study of brief cost methods in substance abuse treatment research*. Paper presentation at the Addiction Health Services Research Conference, Athens, GA.

Broome, K. M., Beaston-Blaakman, A., Knight, D. K., & Flynn, P. M. (2007, October). *Organizational and clientele predictors of costs in outpatient drug abuse treatment*. Paper presentation at the Addiction Health Services Research Conference, Athens, GA.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2007, October).

Several online and “**Feature Presentations**” of IBR conference materials are provided in the **Presentations** section of the IBR Web site ([www.ibr.tcu.edu](http://www.ibr.tcu.edu)).

*Transformational leadership in outpatient substance abuse treatment programs.* Poster presentation at the Addiction Health Services Research Conference, Athens, GA.

Flynn, P. M. (2007, October). *Implementation science & research.* Invited symposium presentation at the annual Addiction Health Services Research Conference, Athens, GA.

Gray, J. S. (2007, October). *Assessing offenders using Scantron tools.* Presented at Harris County Community Correctional Facility, David and Ivory Ministries, Humble, TX.

Gray, J. S. (2007, October). *Hands-on hardware and software for corrections assessment.* Presented at Dallas HIPP Facility (SAFPF), Gateway Foundation, Dallas, TX.

Knight, K. (2007, October). *Figuring out what really works.* Invited presentation for Wake Forest University School of Medicine's Addiction Studies Program for the States, San Antonio, TX.

Knight, K. (2007, October). *TCU IBR & research on treating offenders.* Invited presentation for Phoenix House, NY, NY.

Knight, D. K., Broome, K. M., Simpson, D. D., Edwards, J. R., & Flynn, P. M. (2007, October). *Stability and change in staff perceptions of organizational functioning.* Poster presentation at the Addiction Health Services Research Conference, Athens, GA.

Morey, J. T. (2007, October). *The TCU Treatment Process Model, TCU Criminal Justice Client Evaluation of Self and Treatment Assessments, and brief Targeted Interventions for Corrections.* Presented at Harris County Community Correctional Facility, David and Ivory Ministries, Humble, TX.

Simpson, D. D. (2007, October). *Organizational readiness for stage-based dynamics of innovation implementation.* Invited paper presented at the Stockholm

Conference on Implementation & Translational Research, Institute for Evidence-Based Social Work Practice (IMS)/ Swedish National Institute of Public Health, Stockholm, Sweden.

Simpson, D. D. (2007, October). *Implementing innovations for social services.* Invited presentation to the Leadership Seminar for the Swedish Ministry of Health and Social Affairs, Stockholm, Sweden.

## NOVEMBER

Flynn, P. M. (2007, November). *Co-Occurring disorders and treatment systems.* 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.

Knight, K. (2007, November). *Improving service delivery: The role of screening and assessment in the criminal justice treatment process.* Invited plenary at the 2007 Sentencing Conference, Judicial Discretion & Problem Solving with the Court System, Austin, TX.

Simpson, D. D. (2007, November). *A strategic perspective for improving addiction treatment resources and implementation.* Invited keynote presentation at the Richmond Behavioral Health Authority (RBHA)/Virginia Commonwealth University (VCU)—Institute of Drug and Alcohol Studies (IDAS), Evidence-Based Practices (EBP) Implementation Network, Assessing Organizational Readiness to Implement Innovation, Richmond, VA.

Simpson, D. D. (2007, November). *An evidence-based framework for innovation selection and implementation process in addiction treatment.* Invited lecture and Dedication of S. B. Sells Seminar Room, Department of Psychology, Texas A&M University, College Station, TX.

## DECEMBER

Flynn, P. M. (2007, December). *Data for cost function analysis: Data collection lessons learned III—TCAT.* Invited panel presentation at the NIDA technical meeting on Cost Function Analysis of the Substance Abuse Treatment Industry: Information Needs, Methods, and Next Steps, Bethesda, MD.

Flynn, P. M. (2007, December). *The substance abuse treatment system—Background.* Invited panel presentation at the NIDA technical meeting on Cost Function Analysis of the Substance Abuse Treatment Industry: Information Needs, Methods, and Next Steps, Bethesda, MD.

Knight, K. (2007, December). *Criminal justice and substance abuse treatment.* Invited presentation for Wake Forest University School of Medicine's Addiction Studies Program for Journalists, Amelia Island, FL.

Simpson, D. D. (2007, December). *Overview of TCU research areas and expertise.* Invited presentation as member of the International Advisory Panel for the National Addictions Management Centre, Department of Health, Singapore.

Simpson, D. D. (2007, December). *An evidence-based framework for delivering services and implementing innovations in addiction treatment.* Invited lecture to Community Addictions Management Program, Institute of Mental Health, Singapore.