

THE IBR
ANNUAL
REPORT

2008

TEXAS 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 2008 IBR ANNUAL REPORT

A SUMMARY OF RESEARCH

About IBR–TCU	3
Research Staff and Personnel	5
Director	5
Deputy Director	5
Associate Directors	5
Research Scientists	6
Research Associates	6
Collaborating Scientists	7
Support Staff	7
Graduate Research Assistants	7
Undergraduate Assistants	7
Projects	8
<i>Treatment Process and Technology Transfer</i>	
DATAR Phases 1 & 2	8
DATAR Phase 3	10
DATAR Phase 4	12
<i>Criminal Justice Evaluations</i>	
CJ-DATS Phases 1 & 2	16
CJ-HIV	19
<i>Organizational Costs and Functioning</i>	
TCOM	20
<i>Cognitive Interventions</i>	
CETOP Phase 1	22
CETOP Phase 2	24
IBR on the Web	26
2008 Publications and Presentations	28
Publications	28
Conference and Training Presentations	29

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This Annual Report presents a summary of IBR research updated for 2008. We encourage you to visit the IBR Website, where our research activities are reported with timely updates. This report can be downloaded as an Adobe® Acrobat® PDF document from the IBR Website (direct link: www.ibr.tcu.edu/intro/o8annrept.pdf). Throughout the electronic version, “Web markers” function as links to related materials within the IBR site.

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As in previous years, IBR's 2008 research activities

represent our dedication to our primary goal—helping people who abuse drugs—by providing research findings from real-world studies conducted for treatment effectiveness and the dissemination and implementation of evidence-based treatment resources in community and correctional settings.



ABOUT IBR–TCU BY DWAYNE SIMPSON, IBR DIRECTOR

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 7,300 undergraduate students in 102 majors and over 1250 graduate students in 20 fields (12 doctoral programs). It employs approximately 1750 faculty and staff and has an annual operating budget of almost \$300 million. Additional information about TCU is available at www.tcu.edu.

The IBR functions 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.

MISSION

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

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.

IBR OBJECTIVES AND RESEARCH STRATEGY

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.

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

Research interests in recent years have broadened to include related areas of significant public concern—especially addiction treatments for criminal justice populations and the spread of AIDS among drug users.

Research training is an integral part of the Institute's commitment to conducting quality behavioral research.

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 AND SCIENTIFIC CONTRIBUTIONS

Following establishment of the IBR in 1962 (PDF: 263KB / 5 pages), Dr. Saul B. Sells served as its Director until his retirement from this role 20 years later. He 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** (PDF: 1.4MB / 11 pages). 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 postgraduate education, contributing to the professional success of many former students and staff members in academic and applied research leadership positions.

After Dr. Sells joined the TCU Department of Psychology in 1958 he began to formulate plans for establishing a center for applied behavioral research. His paper on “interactive psychology” (PDF, 672KB; *American Psychologist*, 1963, 18(11), pp. 696-702) foretold his commitments to merging interests in personality profiles, selection techniques that could predict performance outcomes, and organizational functioning with real-world applications. Sells admonished fellow scientists “to consider more seriously the dimensional nature of the behavior repertoire and the measurement characteristics of his apparatus, as well as the dimensions of the environments in which the behavior occurs” within multivariate analytic process models (p. 698). He soon began drawing leading applied scientists to visit Texas and consult with him and his growing research team. His longtime drug treatment research affiliations with Robert Demaree, Dwayne Simpson, George Joe, and Don Dansereau were established in 1966-69, followed by a cadre of young scientists who came to work and train in the IBR.

As the IBR approaches its 50th anniversary, several prominent scientists and policy makers —especially from the program evaluation and addiction treatment fields —have reflected on their years of experiences with Sells and the heritage he left. Robert DuPont and Karst Besteman (the first Director and Deputy Director of the National Institute on Drug Abuse) recall the pioneering role and impact of Saul Sells and his associates in conducting the first large-scale national evaluation of community-based substance abuse treatment in the U.S. Barry Brown (University of North Carolina at Wilmington), Carl Leukefeld (University of Kentucky), and George De Leon (New York University School of Medicine) note the IBR contributions in moving treatment research beyond large-scale effectiveness evaluations into key issues of therapeutic process and field implementation of innovations.

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

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

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.)

RESEARCH STAFF AND PERSONNEL

Director

D. DWAYNE SIMPSON, PhD

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) includes several large-scale and longitudinal national evaluations. 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 as well as criminal justice settings. Simpson is an advisor to national and international research centers and government organizations that address drug 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

PATRICK M. FLYNN, PhD

Pat Flynn joined the IBR in July of 2000. He is **Deputy Director and Professor of Psychology at Texas Christian University**. His research (reported in numerous publications) has focused on the effectiveness and benefits of treatment, and included clinical assessment, questionnaire development, and multisite clinical trials and survey research. He is a Fellow in the American Educational Research Association and 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 served on 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 Principal Investigator/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 Directors

DONALD F. DANSEREAU, PhD

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.

GEORGE W. JOE, EdD

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. Currently, George serves as **Associate Director for Process and Outcome Studies**. 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 also 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.

KEVIN KNIGHT, PhD

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). Kevin is **Associate Director for Criminal Justice Studies**, and his work with criminal justice agencies and data systems at national and regional levels includes 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, and Co-Principal Investigator for the CJ-HIV Project, a NIDA-funded study to design and implement sustainable HIV risk reduction strategies. He serves on journal editorial boards, including serving as co-editor of *Offender Programs 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 Scientists

KIRK M. BROOME, PhD

started with the Institute of Behavioral Research in 1993, first as a graduate student and then as a Postdoctoral Research Associate in 1996-97. At IBR, his research focused primarily on program differences in treatment structure and organization, and how they relate to client progress. His experience helped with the design and analysis of treatment program evaluations, with special emphasis on structural equation modeling and hierarchical linear modeling. Kirk was the **Statistician and Methodologist for the TCOM Project**.

JACK M. GREENER, PhD

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.

DANICA KALLING KNIGHT, PhD

joined the IBR in 1992. Her work spans an array of topics, ranging from parenting and child development to organizational factors associated with quality service provision. She has served as Principal Investigator on the Women and Children's Project, co-authored the *Partners in Parenting* manual, and has published numerous articles on the importance of social factors—both familial and parental—for women in residential treatment. As **Project Director of TCOM**, she successfully managed data collection and field operations for a 3-year, multisite study of over 100 treatment organizations across the US, designed to develop and implement assessment systems that allow programs to document and track changes over time. With these data, she has examined relationships among program structure, organizational functioning, and counselor/contact, as well as issues related to supervisory and staff turnover.

GRACE A. ROWAN-SZAL, PhD

joined the IBR faculty in 1990. She is currently **Project Director for the DATAR and CJ-HIV Projects**. 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.

Research Associates

NORMA G. BARTHOLOMEW, MA, MEd, LPC

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

JANIS T. MOREY, PhD

joined IBR in August 2001, and has a background in brain research, psychology, and education. As the **CJ-DATS Project Coordinator**, she was 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 conducted CJ-DATS training and presentations and also assisted with evaluation studies, publications, and technical reports. Janis' research focused on offender gender differences and cognitive strategies targeting decision-making. In May 2008, Janis earned her Ph.D. in Experimental Psychology and now serves as TCU's Director of Sponsored Research.

CHARLOTTE W. PEVOTO, MEd, MSIS

joined the IBR in 1990. Charlotte serves as IBR's **Web Services Coordinator and Information Specialist**. She manages the IBR and DATOS Websites. She designs *IBR Technical Reports* on special events and topics and *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. In 2008, Charlotte graduated with the Master of Science in Information Science degree from the University of North Texas, School of Library and Information Sciences in Denton, with additional certification as a Health Informatics Specialist.

Collaborating Scientists

BARRY S. BROWN, PhD

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, PhD

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

Support Staff

LINDA FERDINAND (Administrative Research Assistant)

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

ELENA GARCIA (Administrative Coordinator)

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

JULIE GRAY (BS, Education, Research Assistant; TCU Graduate Student in Cognitive Psychology)

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. She designs and tests new assessment forms for IBR projects, and develops protocols for feedback reports. In addition to her IBR duties, Julie is also a graduate student in TCU's Psychology Department.

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.

Graduate Research Assistants

JENNIFER EDWARDS (MS, Psychology; TCU Graduate Student in Cognitive Psychology)

is interested in the evaluation of program structure and organizational functioning within the substance abuse treatment field. Specific areas of interest include: leadership, service delivery and dynamics of organizational change. Jenny defended her Master's thesis on the development and validation of the Survey of Transformational Leadership (STL) for application in treatment settings. Conference awards and presentations within the field include: NIAAA Junior Investigator Travel Award for the AHSR Conferences in Athens, GA 2007 and Boston, MA 2008. Jenny assists with the TCOM Project.

BRITTANY LANDRUM (BA, Psychology; TCU Graduate Student in Cognitive Psychology)

has an interest in client attributes, specifically treatment motivation, psychological and social functioning, and treatment engagement. Brittany assists with the TCOM Project.

JENNIFER PANKOW (MA, 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

CHRISTOPHER SIMCHO

THE DATAR PROJECT PHASES 1 & 2 (1989 – 2000)

DATAR PROJECT HIGHLIGHTS

Current Title: Transferring Drug Abuse Treatment and Assessment Resources

Principal Investigator:

D. Dwayne Simpson, PhD

Co-Principal Investigator:

George W. Joe, EdD

Project Director:

Grace A. Rowan-Szal, PhD

Project Scientists:

Patrick M. Flynn, PhD; Jack M. Greener, PhD

Research Associate:

Norma G. Bartholomew, MA, MEd, LPC

Collaborating Scientists:

Barry S. Brown, PhD; Lois R. Chatham, PhD

Funded by: National Institute on Drug Abuse (NIDA)

DATAR-Phase 1 Project Period: Sept 1989 to August 1995

DATAR-Phase 2 Project Period: Sept 1995 to August 2000

DATAR-Phase 3 Project Period: Sept 1999 to July 2004

DATAR-Phase 4 Project Period: Sept 2004 to August 2009

Current Activity:

In 2004, the fourth phase of DATAR was extended with 5-year 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. Second are enhanced feedback to counselors and program leadership on client progress that can be used for monitoring performance at the agency level. A third goal is integration of the TCU manuals into an adaptive sequence of treatment system modules that link together to sustain client progress through the major treatment stages.

Large studies based on nationwide samples have repeatedly demonstrated the effectiveness of drug abuse treatment in natural settings and the importance of retention to posttreatment outcomes. 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 include assessments for monitoring client progress over time (with routine feedback to treatment staff). With the general goal of improving therapeutic interventions as well as understanding the treatment dynamics involved, over 1,500 opioid users were treated in four outpatient methadone treatment programs in Texas during 1990 to 1999, under DATAR-1&2.

This body of research now defines 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 recovery (see **Figure 1**). The DATAR-1&2 Project phases have led to the development of a comprehensive set of cognitive and behavioral-based interventions with demonstrated effectiveness as part of a stage-based model of treatment.

Particularly important for increasing early engagement in treatment is a set of cognitive and behavioral-based interventions. The cognitive interventions (especially those related to increasing levels of treatment readiness for low-motivated clients) proved useful for improving therapeutic relationships and retention. Indeed, they became 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. All follow principles of TCU Mapping-Enhanced Counseling.

continued on page 10

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.

PHASES 1 & 2 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.

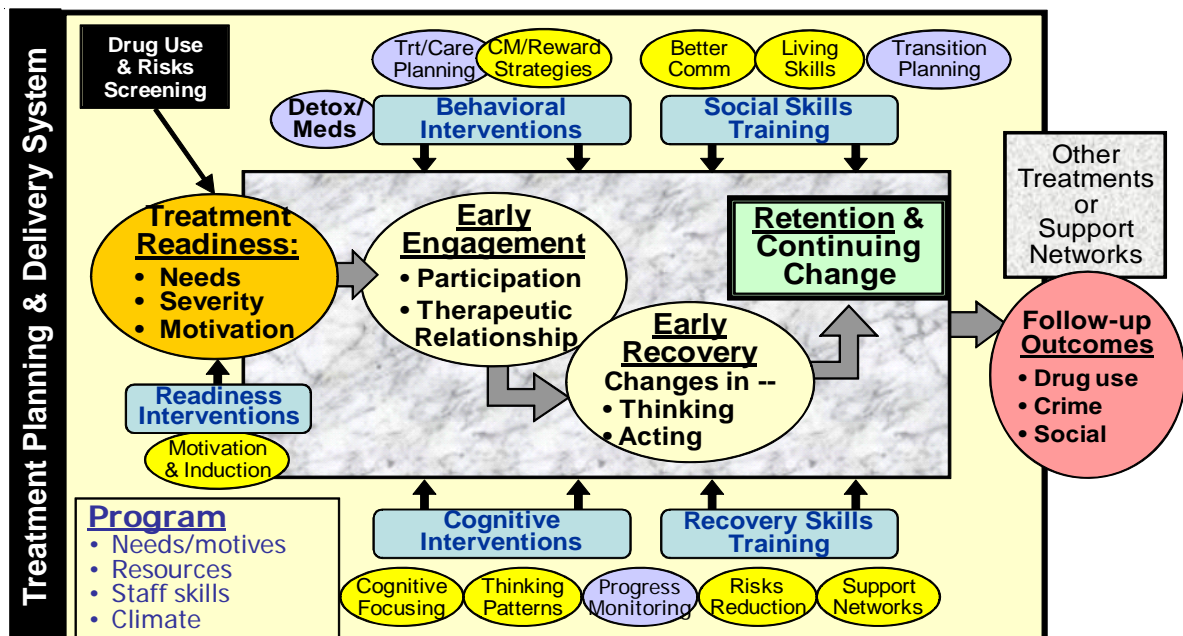
This manual features materials for leading an 8-session workshop for men who want to improve their intimate relationships. Communication skills, self-esteem enhancement, sexual health information, and conflict resolution skills are presented as a foundation for helping resolve relationship problems.

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.

TCU interventions are manual-driven and evidence-based, making them well suited for disseminating these innovations into field practice.

FIGURE 1. TCU TREATMENT MODEL
(For Stage-based Assessments and Interventions)



REFERENCE

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.

TREATMENT PROCESS AND TECHNOLOGY TRANSFER

THE DATAR PROJECT PHASE 3 (1999 – 2004)

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. **Training and systematic 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 Website). The *TCU Program Training Needs (PTN)* survey is used for identifying and prioritizing treatment issues that programs believe need attention. Its items are organized into domains focused on Facilities and Climate, Satisfaction with Training, Preferences for Training Content, Preferences for Training Strategy, Barriers to Training, and Computer Resources. This type of information helps guide overall training efforts as well as predicts which innovations participating programs

continued on page 12

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

DATAR PHASE 3 SUPPLEMENTS

Health Disparities Among Minority Treatment Clients

(October 2002 to September 2004)

International Cross-Cultural Study of Organizational Functioning

(October 2002 to September 2004)

Development of an Organizational Readiness for Change Assessment for Correctional Substance Abuse Treatment Programs

(September 2003 to August 2004)

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

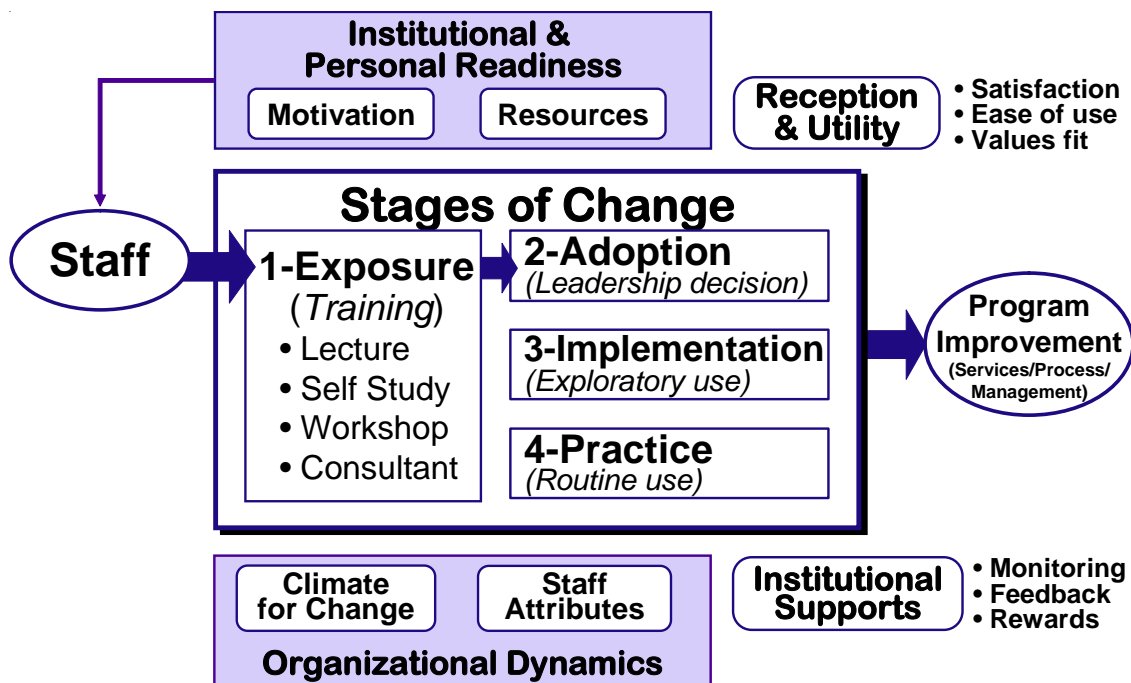
With respect to health disparities, there were race-ethnic differences observed with regard to types of health problems reported. More importantly, health problems were related to psychosocial functioning and to treatment engagement and these relationships held when adjusted for race, gender and age.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

IBR WEBSITE

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 CEST-Intake, CEST, ORC (Staff and Program Director versions), PTN (Staff and Program Director versions), WEVAL and WAFU forms from the TCU *Community Treatment Assessment Forms*.

FIGURE 2. TCU PROGRAM CHANGE MODEL



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

TREATMENT PROCESS AND TECHNOLOGY TRANSFER

THE DATAR PROJECT PHASE 4 (2004 – 2009)

are most likely to seek out and adopt.

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 work emphasizes the “process” of change, continuing to focus on the treatment contextual role of organizational structure and functioning. Second are studies of enhanced feedback to counselors and program leadership on client progress that can be used for monitoring performance at the agency level. A third goal is integration of the TCU manuals into clusters 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.

Adaptive stage-based intervention planning

The collection of targeted intervention modules was finalized and added to the IBR Website. Specialized module topics include anger management, communication, social networking, HIV/AIDS, cognitive distortions, contingency management, and node-link mapping. These along with other materials produced throughout the DATAR project are available for free download, clustered according to stages of client recovery needs.

Because **TCU Mapping-Enhanced Counseling (MEC)** is the therapeutic foundation for all TCU intervention manuals, special efforts have been made to consolidate evidence for its effectiveness and implementation procedures. This counseling technique was reviewed in 2008 by **SAMHSA’s National Registry—(NREPP)** and a conceptual review of this approach is published in *Professional Psychology: Research and Practice*.

Recent 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**).

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 were published in a 2007 special issue of *Journal of Substance Abuse Treatment*.

Study 1 (Rowan-Szal et al.) 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 (Courtney et al.) used logistic regression analysis 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.

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

Study 3 (Greener et al.) examined the relationship of organizational functioning to 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.

Study 4 (Joe et al.) addressed the role of the counselor in workshop training utilization through their perceptions of work environments and perceived abilities. 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; namely counselors who perceived themselves as being better integrated into their programs were more likely to use training than those who perceived themselves as more isolated.

Study 5 (Bartholomew et al.) examined the hypothesized relationships between Training and Adoption Decisions. It showed that counselor ratings of their workshop trainings predicted subsequent use of those trainings. In addition, favorable post-training attitudes toward the workshop (indicators of *comfort* with material, *interest* in more training, *program resources*, and *workshop satisfaction*) were related to later trial use.

Study 6 (Simpson et al.) investigated stages in the evaluations of the overall technology model in **Figure 3**. 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. Organizational climate, treatment program resources, and staff attributes predicted adoption; openness to change, autonomy,

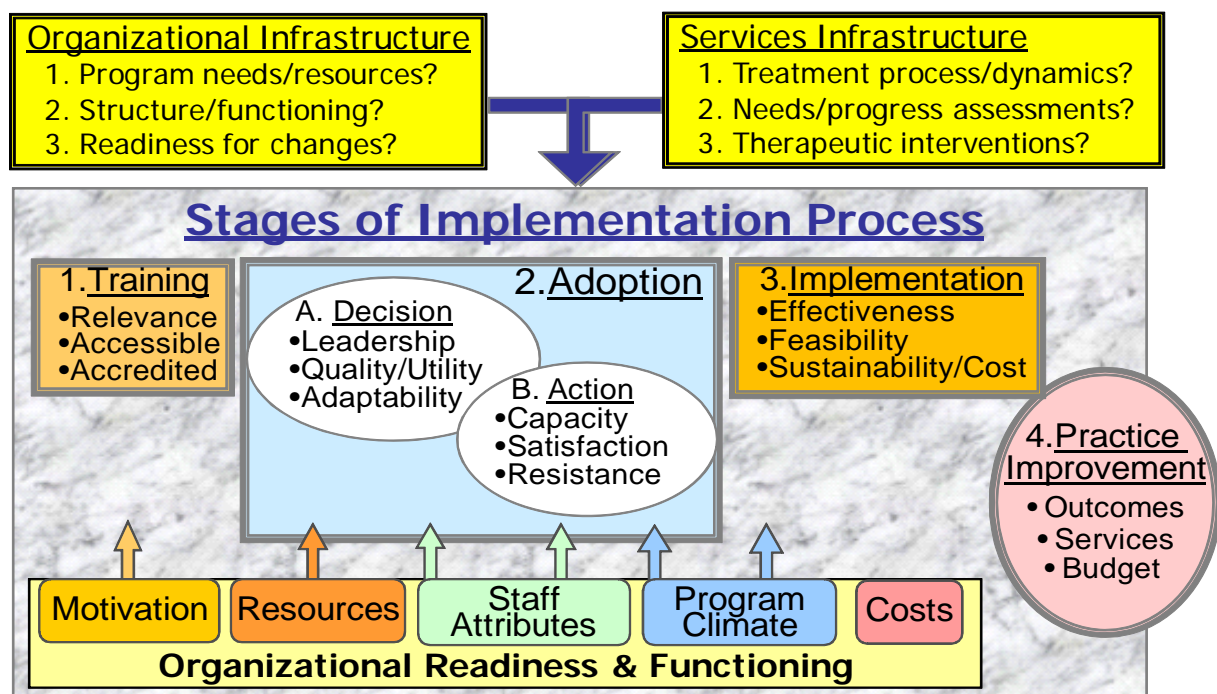
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IBR WEBSITE

2008 DATAR Project highlights

- **Manuals** — 2008 additions to this section from the DATAR Project include a “mapping guide,” [Mapping Enhanced Counseling: An Introduction](#) and the [Using Client Assessments to Plan and Guide Treatment](#).
- **Newsletters** — [Research Reports from IBR](#) continues with issues for Spring, Summer, and Fall 2008, featuring TCU ADC Forms, “Revisiting the basics of treatment,” and “Using client assessments” respectively.

FIGURE 3. MODIFIED PROGRAM CHANGE MODEL (For Stage-based Innovation Implementation)



TREATMENT PROCESS AND TECHNOLOGY TRANSFER

Collaboration with England's National Treatment Agency for Substance Abuse (NTA) evolved into a significant activity.

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, 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 leaders representing treatment providers, researchers, and policy makers from England. Much like our former international work in the Veneto region of Italy in previous years, this collaboration with England's *National Treatment Agency for Substance Misuse (NTA)* has evolved 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, focused on adaptation of TCU treatment resources.

For NTA, the emphasis has been on implementation of a national treatment effectiveness strategy to improve client retention and outcomes once drug misusers enter treatment. 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 careful training and trial adoption of organizational and treatment program improvement strategies, helped further our explorations of cross-national technology transfer of TCU treatment resources. In particular, selected TCU Mapping-Enhanced Counseling 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. Subsequently, DATAR staff conducted train-the-trainers events for drug treatment counselors in the Greater Manchester region of England where the ITEP manual was piloted and later rolled out as part of regional training for over 800 counselors. In addition, the ORC and CEST surveys were administered to assess organizational functioning and treatment progress of service.

TCU Intervention Manuals deemed as "evidence-based practice" in SAMHSA's National Registry

Review date: July 2008; **Included in NREPP site:** February 2009

TCU (Texas Christian University) Mapping-Enhanced Counseling is a communication and decision-making technique designed to support delivery of treatment services by improving client and counselor interactions through graphic visualization tools that focus on critical issues and recovery strategies. As a therapeutic tool, it helps address problems more clearly than when relying strictly on verbal skills. Mapping-Enhanced Counseling is the cognitive centerpiece for an adaptive approach to addiction treatment that incorporates client assessments of needs and progress with the planning and delivery of interventions targeted to client readiness, engagement, and life-skills building stages of recovery. The technique centers on the use of "node-link" maps to depict interrelationships among people, events, actions, thoughts, and feelings that underlie negative circumstances and the search for potential solutions. There are three types of maps: (1) information maps are produced by a counselor or content expert to communicate important ideas (e.g., causes and consequences of HIV); (2) guide maps are pre-drawn "fill-in-the-node" displays completed by the client (either with assistance from the counselor or as homework); and (3) free style maps are drawn "from scratch" on paper or a marker board



Link to TCU Mapping Enhanced Counseling ratings: http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=279

while a session progresses. These map types can be used independently or in combination to capitalize on the cognitive advantages of graphical representation while augmenting the flexibility and power of a verbal dialog between clients and counselors/therapists. They also document process and progress across sessions.

TCU Mapping-Enhanced Counseling training relies on manuals and/or workshops to emphasize the importance of integrating applications into the unique styles of counselors and client circumstances. Guidelines are provided for sequencing and timing of mapping activities, but flexibility permits modifications to fit unique situations. This technique has been evaluated across diverse outpatient and residential treatment settings, using both individual and group counseling. Its applications address common treatment issues (e.g., motivation, anger management, thinking errors, relationships) as well as how to facilitate organizational changes within treatment systems.

Related work has been conducted in Birmingham, England, where Simpson et al. (in press) examined client functioning and treatment engagement in relation to staff attributes and organizational climate across a diverse sample of drug treatment and outreach programs. Results were interpreted using comparable data from studies of treatment programs in the US. Client scores on treatment participation and counseling rapport in England were associated with higher levels of motivation and psychosocial functioning, as well as to staff ratings of professional attributes and program atmosphere. Findings also indicate these relationships are rooted in the personal interactions between clients and their counselor. TCU assessments of treatment structure, process, and performance used across therapeutic settings and national boundaries show there is generalizability in the pattern of clinical dynamics, including the relationships between organizational functioning and quality of services.

According to **Annette Dale-Perera** (NTA Director of Quality, London), results from these projects have been on target. Indeed, in an NTA media release dated 18 February 2009 (see www.nta.nhs.uk), the treatment enhancement model based on this collaborative work was formally endorsed for wider implementation in the UK, focused in particular on applications of the *TCU Mapping-Enhanced Counseling* tools.

Speaking at the British Psychological Society conference on new developments in the psychology of addiction, Dale-Perera said:

We need a broad approach to treating drug dependency, providing a variety of interventions for different clients with a range of problems. These pilot schemes demonstrate that the combination of mapping and management significantly contribute to an individual's progression to recovery, and put psychosocial interventions at the heart of the delivery of drug treatment. The concept of mapping was originated and developed in the US, culminating in a robust evidence base indicating that it improved treatment outcomes, which UK practitioners were keen to emulate.

Dr. Louise Sell, the Service Director for the Greater Manchester West NHS Mental Health Foundation Trust, says that “*mapping-enhanced treatment has become the cornerstone of our strategy for delivering psychosocial interventions to our client groups*,” while **Dr. Ed Day**, a consultant psychiatrist at the Birmingham & Solihull Mental Health Foundation NHS Trust and a senior lecturer at the University of Birmingham, says that “*the project has brought about seismic changes in attitudes in the treatment services in Birmingham*.”

NIDA's **Tom Hilton** (Program Official for Recovery Research) commented “*It is not very often that one of our grantees successfully exports our research technology cross-culturally, so this is a new feather in NIDA's international cap. It also attests to the many, many years of work by the IBR team in perfecting the MEC intervention*.”

SELECTED DATAR REFERENCES

Dansereau, D. F., & Simpson, D. D. (in press). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research & Practice*.

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

Simpson, D. D., Rowan-Szal, G. A., Joe, G. W., Best, D., Day, E., & Campbell, A. (in press). Relating counselor attributes to client engagement in England. *Journal of Substance Abuse Treatment*.

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

IBR WEBSITE

DATAR Project highlights

- **Presentations** — The **Feature Presentations** Web page includes the handout (in PDF format) for Dr. Simpson's June presentation, “**Evidence-based Frameworks for Planning Innovations and Field Implementation**” at the NIDA Blending Conference in Cincinnati, Ohio.
- **Publications** — The full list of publications for the DATAR Project are available in lists by year and topic.

TCU assessments of treatment structure, process, and performance used across therapeutic settings and national boundaries show there is generalizability in the pattern of clinical dynamics, including the relationships between organizational functioning and quality of services.

CRIMINAL JUSTICE EVALUATIONS

CJ-DATS PROJECT HIGHLIGHTS

Current Title: Criminal Justice Drug Abuse Treatment Studies

Principal Investigator:

Kevin Knight, PhD

Principal Investigator '02-'05:

D. Dwayne Simpson, PhD

Co-Principal Investigator:

Patrick M. Flynn, PhD

Senior Research Scientist:

George W. Joe, EdD

Clinical Training Coordinator:

Norma Bartholomew, MA, MEd, LPC

Graduate Research Assistant:

Jennifer Pankow, MS

Funded by: National Institute on Drug Abuse (NIDA)

CJ-DATS-Phase 1 Project Period: Sept 2002 to August 2008

CJ-DATS-Phase 2 Project Period: Sept 2008 to August 2013

Current Activity in Phase 2:

The IBR was selected in 2008 to continue its participation as a CJ-DATS Research Center in Phase 2 of the national multisite collaboration with NIDA. It focuses on evidence-based assessments and interventions for offenders with drug-related problems. Special attention is given to implementation and sustainability of innovations.

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.

THE CJ-DATS PROJECT

PROJECT DESCRIPTION

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) was 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 initially was 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.

Research funded in 2008 as part of **Phase 2** is expected to extend previous research and create a foundation for improving the quality of treatment services for drug-involved offenders. In particular, it is intended to yield organizational- and systems-level studies on implementing and sustaining research-supported interventions across a continuum of care. This work will include Co-Investigators from the Texas Department of Criminal Justice and the Illinois Department of Corrections, and an additional network of 5 State criminal justice systems (AZ, IN, NE, NM, & VA), the Federal BOP, and 4 large agencies that provide CJ contract treatment services (Gateway Foundation, Westcare, CEC/CiviGenics, and Phoenix House).

Implementing research-based treatment practices in typical CJ settings faces a variety of clinical, administrative, organizational, and policy barriers. Furthermore, if the implementation solutions are expedient rather than systemic, the innovation may not be sustainable, regardless of its clinical effectiveness or cost-effectiveness. An essential component of implementation research is organizational change, discussed in the literature that focuses on quality improvement, implementation and technology transfer, management science, and inter-organizational relationships or cross-agency collaboration.

The **Texas Research Center at TCU** has worked for several years with most of its collaborators to address a variety of concerns. Most express a need for linking offender/client assessments dynamically to targeted treatment strategies in a manner that allows progress to be monitored, documented empirically, and "clinically managed" over time. On the basis

of their experiences in providing substance abuse treatment for over 50,000 offenders, these collaborating systems are interested in —

1. Client assessments that inform care planning/delivery, stage progression, and client engagement/participation (i.e., program decision rules for treatment)
2. Strategies that improve sequential client induction and adaptive programming
3. Aggregated client assessments for staff feedback on “program functioning/ effectiveness”
4. Organizational ‘readiness for change’ assessment/feedback for client care planning
5. Program-level performance evaluations for management tools (i.e., staff and client information)
6. Innovation implementation stage-based evaluations for tracking progress in making change
7. Identification of between-system barriers for reentry care and supervision responsibilities

IBR WEBSITE

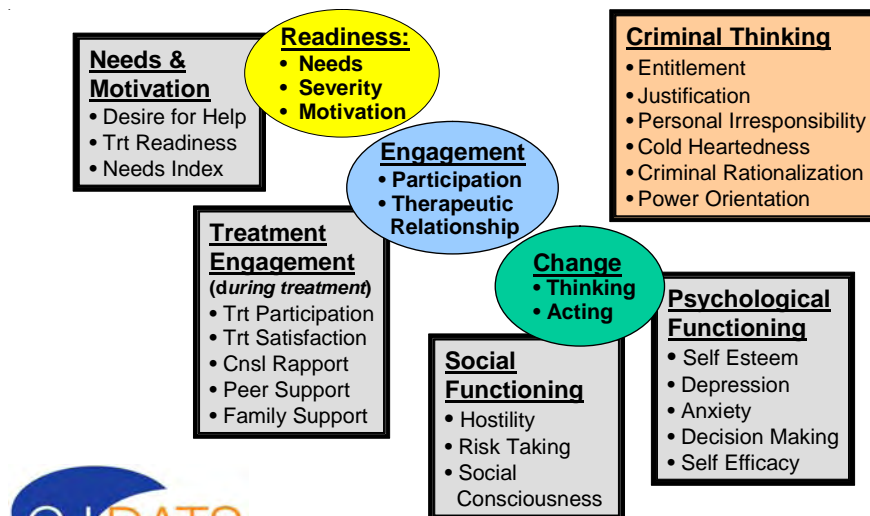
2008 CJ-DATS Project highlights

- **Newsletters** — The *IBR Technical Report*, “What is the plan for CJ-DATS?” provides an overview of needs and objectives envisioned by the Texas Research Center and its team of Criminal Justice Collaborators (CJCs) participating in Phase 2 of the CJ-DATS Project.

This represents a complex formulation of clinical tools (i.e., assessments and interventions), integrated applications based on user-friendly feedback of client needs and progress, and a supportive program structure. Regardless of program size or focus, experiences so far suggest this requires (1) staff preparation and leadership support, (2) structural alignments and role assignments, (3) training with customized adjustments to settings, and (4) follow-up monitoring and feedback on implementation progress. The conceptual model used to integrate this research on how programs adopt and implement innovations (Simpson, 2002; Simpson & Flynn, 2007) is likely to be refined and expanded for CJ settings by results of CJ-DATS. Its heuristic value is expected to include benefits in explanatory value for helping treatment and reentry systems to understand the sometimes complicated process of how innovations become adopted and implemented, along with the factors that influence how well it is done and sustained.

continued on page 18

Assessment of Offender Needs/Progress



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

SUMMARY OF PHASE 1 ACTIVITIES IN THE CJ-DATS PROJECT

CJ-DATS Phase 1 included Research Centers at Brown University (Peter Friedmann, PI), University of California at Los Angeles (Michael Prendergast, PI), University of Connecticut (Linda Frisman, PI), University of Delaware (James Inciardi, PI), University of Kentucky (Carl Leukefeld, PI), University of Miami (Howard Liddle, PI), National Development and Research Institutes (Nancy Jainchill, PI, and Harry Wexler, PI), and TCU (Kevin Knight, PI)—as well as a Coordinating Center at Virginia Commonwealth University (VCU) and University of Maryland (UMD) (Faye Taxman, PI) and NIDA collaborators (Bennett Fletcher).

The Texas Research Center at TCU had 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 led 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. They are being used as part of the Phase 2 studies in CJ-DATS.

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 layout of these materials, along with their “plug and play” format, allows for less demanding staff training. Single-day training sessions at TCU prepared counselors working with the CJ-DATS Research Centers to use these materials, and a series of experimental studies were carried out and demonstrated.

In addition to serving as lead on the PIC and TIC studies, the Texas Research Center at TCU participated in studies lead by other CJ-DATS Research Centers. The *Inmate Pre-Release Assessment* (IPASS), under the leadership of the UCLA center, was designed to screen soon-to-be parolees to establish the level of care and supervision they will require after release. This study explored how the IPASS can be used to help prioritize the aftercare requirements of graduates of in-prison substance abuse treatment programs and provided the foundations of ongoing work in Phase 2 of CJ-DATS. The *Criminal Justice Co-occurring Disorder Screening Instrument* (CJ-CODSI) study, under the direction of the National Development and Research Institutes center, was designed as a brief, self-administered screening instrument for identifying individuals with co-occurring disorders. Finally, the *National Criminal Justice Treatment Practices Survey*, led by VCU and UMD, was a national survey that provided estimates of the prevalence of certain treatment delivery practices within the criminal justice system. These studies were reported in a special issue of *Criminal Justice and Behavior* (Simpson & Knight, 2007).

CJ-DATS REFERENCES

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



More information on obtaining 1-page “optical-scan” forms used for offender self-administration is available on page 26 of this report.

THE CJ-HIV PROJECT

CJ-HIV PROJECT HIGHLIGHTS

Current Title: Sustainable HIV Risk Reduction Strategies for CJ

Principal Investigator:

Dwayne Simpson, PhD

Co-Principal Investigator:

Kevin Knight, PhD

Project Director:

Grace Rowan-Szal, PhD

Cognitive Expert:

Donald Dansereau, PhD

Chief Statistician & Analysis Coordinator:

George Joe, EdD

Training/Interventions Developer:

Norma Bartholomew, MA, MEd, LPC

Data Manager:

Jack Greener, PhD

Funded by: National Institute on Drug Abuse (NIDA)**Project Period:** Sept 2008 to August 2013**Current Activity:**

This 5-year project was funded by NIDA in 2008 and includes 2 major research phases intended to reduce HIV and other addiction-related disease risks in criminal justice (CJ) populations. The first phase is a *Disease Risk Reduction (DRR)* intervention effectiveness study, and the second addresses its implementation in CJ field settings. A manual-guided DRR planning and decision-making strategy will be based on cognitive tools that focus on an evidence-based, visual-spatial (rather than traditional didactic) communication approach. In the second phase of the project, the process of intervention implementation will be examined in an expanded network of CJ systems in Texas as well as 3 adjoining states (Arizona, New Mexico, and Oklahoma).

This 5-year project was funded by NIDA in 2008 and includes 2 major research phases intended to reduce HIV and other drug-related infectious disease risks in criminal justice (CJ) populations. The first phase is a *Disease Risk Reduction (DRR)* intervention effectiveness study, and the second addresses its implementation in CJ field settings. A manual-guided DRR planning and decision-making strategy will be based on cognitive tools that focus on TCU Mapping as an evidence-based, visual-spatial (rather than traditional didactic) communication approach. It will focus on risky sexual and drug use behaviors during re-entry, including problem recognition, commitment to change, and strategies for avoiding behavioral risks of infections. Motivational and planning sessions will be delivered near the end of CJ institution-based substance abuse treatment, and they will also bridge into re-entry care services during community transitional treatment by using a series of self-study toolkits for released offenders that emphasize applications of DRR principles. Offender-level engagement and functioning will be the key analytical focus of this initial study phase. In the second phase, the process of intervention implementation will be examined in an expanded network of CJ systems in Texas as well as 3 adjoining states (Arizona, New Mexico, and Oklahoma). This will employ a naturalistic research design relying on organizational needs and functioning assessments (based on staff evaluations of DRR intervention training and utilization) in the analyses of implementation progress in institution and community-based re-entry divisions of CJ systems.

When compared to “standard care” currently used *during institution-based treatment*, the DRR intervention is expected to significantly improve offender motivation, commitment, and self-confidence in planning their behavioral risk-reduction strategies for use during community re-entry. It also is expected that *DRR re-entry self-study guides* will further increase the rate of offender use of support networks in the community, reduce their risk levels related to drug use and sexual behaviors, and decrease their likelihood of re-incarceration during follow-up. More favorable offender psychosocial functioning and engagement during institution-based treatment likewise are expected to be positively associated with better outcomes during community re-entry.

In the implementation evaluation study (Phase 2), institution and community-based re-entry teams (representing CJ systems across 4 states) are expected to respond to innovation training and make applications of DRR components commensurate with their collective perceptions about program needs, pressures, resources, and organizational fitness. That is, higher (average) ratings by staff members at CJ sites (e.g., in-prison treatment and probation/parole regions) of needs, readiness for HIV intervention services, organizational resources, mission, and operational climate are expected to predict greater participation and responsiveness to subsequent training for the DRR innovation. These indicators, in turn, are expected to predict higher DRR utilization and staff satisfaction at the post-training follow-up.

CJ-HIV PROJECT DESCRIPTION

Effective interventions for reducing infectious diseases in criminal justice populations can offer significant public health benefits, both to offenders themselves and the public at large. However, there are challenges to “engaging” and convincing offenders with substance abuse histories to adequately plan and apply risk reduction principles during the crucial community re-entry phase after imprisonment. Correctional systems also are often fragmented, representing another challenge to efforts to provide integrated care and supervision to offenders at-risk for infectious diseases. This project was funded by NIDA in 2008 to address both of these highly significant issues.

ORGANIZATIONAL COSTS AND FUNCTIONING

THE TCOM PROJECT

TCOM HIGHLIGHTS

Current Title: Treatment Costs and Organizational Monitoring (TCOM)**Principal Investigator:**

Patrick Flynn, PhD

Co-Principal Investigator:

Dwayne Simpson, PhD

Project Director:

Danica Knight, PhD

Graduate Research Assistants:

Jennifer Edwards, MS

Brittany Landrum, BA

Funded by: National Institute on Drug Abuse (NIDA)**Project Period:** April 2003 to March 2009**Current Activity:**

This project has focused 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 Website), several “application” products are expected from this project, including the development of a comprehensive system for assessing and reporting organizational and client functioning.

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.

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 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*, 33(2), 149-158.

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

Knight, D. K., Broome, K. M., Simpson, D. D., & Flynn, P. M. (2008). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Services Research*, 43(2), 616-634.

Broome, K. M., Knight, D. K., Edwards, J. R., & Flynn, P. M. (in press). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment*.

Flynn, P. M., Broome, K. M., Beaton-Blaakman, A., Knight, D. K., Horgan, C. M., & Shepard, D. S. (in press). Treatment Cost Analysis Tool (TCAT) for estimating costs of outpatient treatment services. *Drug and Alcohol Dependence*.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2008, October). *Program characteristics and patterns of delivery of core and comprehensive services in outpatient non-methadone substance abuse treatment programs*. Presentation at the annual meeting of Addiction Health Services Research, Boston, MA.

Knight, D. K. (2008, October). *Staffing stability and organizational readiness for change*. Presentation at the National Therapeutic Communities Conference, Denver, CO.

Knight, D. K., Edwards, J. R., Broome, K. M., & Flynn, P. M. (2008, October). *Core and comprehensive service provision in outpatient non-methadone substance abuse treatment settings*. Poster presentation at the annual meeting of Addiction Health Services Research, Boston, MA.

IBR WEBSITE

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.

COGNITIVE INTERVENTIONS

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

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 TCU (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;

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

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. These early studies helped establish the foundation of evidence for “TCU Mapping-Enhanced Counseling.”

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

continued next page

FEATURED PHASE 1 CETOP PUBLICATIONS

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

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

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

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

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

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

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

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

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

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

IBR WEBSITE

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).

COGNITIVE INTERVENTIONS

THE CETOP PROJECT – PHASE 2

COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

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Principal Investigator

Sandra M. Dees, Ph.D.,
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Michael L. Czuchry, Ph.D.,
Research Scientist

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

Funded by:

National Institute on
Drug Abuse (NIDA)

Project Period:

March 2000 to Aug. 2005

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

On-site implementation was relocated to the Dallas County Judicial Treatment Center (under the administration of Cornell Companies, Inc.) in Wilmer, Texas, when the Tarrant County Substance Abuse Treatment Facility site was changed to an outpatient program. The Wilmer facility provided 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 "enhancements" or "treatment as usual."

The broad research questions addressed by each study were:

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

The MOTIVATION Module: the "TCU Personal Power Series"

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

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

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

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

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

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 are 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 demonstrated that these motivation modules:

- increase motivation to resist drug use and to avoid unsafe sexual practices (Czuchry & Dansereau, 2005),
- help sustain motivation over time and improve perceptions of the counselors and counseling sessions (Czuchry, Sia, & Dansereau, 2006),
- and are especially beneficial for:
 - females (Czuchry, Sia, & Dansereau, 2006)
 - clients who are impulsive (i.e., have low need for cognition) (Czuchry & Dansereau, 2004).

2008 MAPPING-FOCUSED GUIDE ADDED TO IBR WEBSITE



Mapping-Enhanced Counseling: An Introduction

provides an overview with case examples of ways to incorporate mapping-enhanced counseling into your practice.

Sections include:

- **Introduction: TCU Mapping-Enhanced Counseling** — Introduction and overview to working with TCU Mapping-Enhanced Counseling.
- **Part 1: Overview of Mapping-Enhanced Counseling Strategies** — Background and primer for using node-link mapping for individual and group work.
- **Part 2: The Mapper's Dozen** — Twelve multi-purpose guide map templates with examples of customization to tailor maps to treatment needs.
- **Part 3: Case Studies with Maps** — Ideas for using maps to work with clients around issues identified as part of treatment planning.
- **Appendix: Bibliography** — Bibliography of mapping research studies.

IBR WEBSITE

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

TOP DOWNLOADED TREATMENT RESOURCES FOR 2008:

Forms:

1. TCU Drug Screen
2. Youth Intake
3. TCU Criminal Thinking Scales
4. Organizational Readiness for Change (ORC-Staff Version)
5. Client Evaluation of Self and Treatment (CEST)
6. Client Evaluation of Self at Intake (CEST-Intake)
7. Women & Children, Parental Discipline
8. Criminal Justice Comprehensive Intake (CJ CI)
9. Brief Intake (BI)
10. Program Treatment Needs (PTN-Staff Version)
11. HIV/AIDS-Risk Assessment
12. Workshop Evaluation (WEVAL)
13. Survey of Structure and Operations
14. Criminal Justice Client Evaluation of Self at Intake (CEST-Intake)
15. Criminal Justice Client Evaluation of Self and Treatment (CEST)

Manuals:

1. Understanding and Reducing Angry Feelings
2. Getting Motivated to Change
3. Ideas for Better Communication
4. Unlock Your Thinking/Open Your Mind
5. Mapping Your Steps: "Twelve Step" Guide Maps
6. Mapping New Roads to Recovery
7. Manual to Assemble the Downward Spiral game
8. Mapping Your Treatment Plan: A Collaborative Approach
9. Mapping Your Journey: A Treatment Guidebook
10. Partners in Parenting
11. Straight Ahead: Transition Skills for Recovery
12. Preparation for Change: The Tower of Strengths and the Weekly Planner
13. Approaches to HIV/AIDS Education in Drug Treatment
14. TCU Guide Maps: A Resource for Counselors
15. Building Social Networks

IBR ON THE WEB

The IBR Website endeavors to support the dissemination of evidence-based treatment resources to clinical practitioners for the substance abuse treatment field in community and correctional settings.

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 40 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 Website** (www.ibr.tcu.edu) has provided open 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.

2008 WEB UPDATES

In 2008, major content changes were accomplished in the Website for several areas. First, the **Forms section** added a set of TCU forms that are administered using automated data capture (ADC) technology.

ADC techniques have growing importance for clinical applications of assessment tools that focus on client needs and functioning in relation to services. Without such information being available in a timely and user-friendly form, frontline clinicians are not optimally positioned to plan and deliver services that meet "evidence-based" criteria.

Several of our most popular TCU Forms have been adapted for use in single-page optical scanning applications. These have been "reconfigured" by reorganizing



items into separate sub-domains. A few scales found in previous research to have marginal applications have been eliminated, and replacement items have been added to some forms (e.g., a social desirability response scale). The result is a more streamlined and focused series of one-page forms, enhanced with an automated scoring and feedback protocol for making normative clinical interpretations of results. Additional forms were added later in 2008. For more information, see the **TCU ADC Forms Web page** in the IBR site. The page includes a list of all available ADC forms and information on purchasing automated scanning equipment and pre-printed forms for large-scale applications.



The IBR Website homepage (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.

In addition, our intervention manuals were recently reorganized and new additions made in the **Manuals section**. *Mapping-Enhanced Counseling: An Introduction* provides an overview with case examples of ways to incorporate mapping-enhanced counseling into practice. Also, *Using Client Assessments to Plan and Monitor Treatment* is a guide for using the TCU Client Evaluation of Self and Treatment (TCU CEST) in individual or group counseling settings.

In particular, these manuals are now grouped according to adaptive treatment stage applications, as well as by alphabetical order within a user-matrix showing special features and applications for each. *TCU Mapping-Enhanced Counseling* is their common thread, so manuals that serve as “mapping guides and special resources” have been grouped together. A “Manuals Selection Matrix” was added to help clinicians and program personnel opt for the most pertinent treatment interventions for meeting their clients’ needs. The matrix includes links with descriptions and download information for each intervention available.

The **Newsletters section** of the site now includes a new publication entitled **IBR Technical Reports**. The first report, “What is the plan for CJ-DATS?” was added in October 2008. This provides an overview of needs and objectives envisioned by the Texas Research Center and its team of Criminal Justice Collaborators participating in the new Phase 2 of Criminal Justice Drug Abuse Treatment Studies (CJ-DATS). Therefore, these new **IBR Technical Reports** are intended to help communicate major project needs and collective objectives within and across teams of researchers and collaborators.

Over 550 downloadable resource files and informative publications are available with expert guidance to help researchers, clinicians, and program administrators find materials they need. The 2008 changes to the Website represent IBR’s continued 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.



“A **Manuals Selection Matrix** was added to help clinicians and program personnel select the most suitable treatment interventions to meet their clients’ needs.”

2008 PUBLICATIONS AND PRESENTATIONS

BOOK CHAPTER

Knight, K., Flynn, P. M., & Simpson, D. D. (2008). Drug court screening. In C. Hardin & J. N. Kushner, (Eds.), *Quality improvement for drug courts: Evidence-based practices* (Monograph Series 9, pp. 3-12). Washington, DC: National Drug Court Institute.

JOURNAL ARTICLES

Flynn, P. M., & Brown, B. S. (2008). Co-Occurring Disorders in Substance Abuse Treatment: Issues and Prospects. *Journal of Substance Abuse Treatment*, 34, 36-47.

Knight, D. K., Broome, K. M., Simpson, D. D., & Flynn, P. M. (2008). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Services Research*, 43(2), 616-634.

Roberts, F. W., & Dansereau, D. F. (2008). Studying strategy effects on memory, attitudes, and intentions. *Reading Psychology*, 29(6), 552-580.

IN PRESS

Best, D., Day, E., Campbell, A., Flynn, P. M., & Simpson, D. D. (in press). Relationship between drug treatment engagement and criminal thinking style among drug-using offenders. *European Addiction Research*.

Czuchry, M., Newbern-McFarland, D., & Dansereau, D. F. (in press). Visual representation tools for improving addiction treatment outcomes. *Journal of Psychoactive Drugs*.

Dansereau, D. F., & Simpson, D. D. (in press). A picture is worth a thousand words: The

case for graphic representations. *Professional Psychology: Research & Practice*.

Flynn, P. M. (in press). Illuminating the magic and mystery behind evidence-based practices. [Review of the book *Clinician's guide to evidence-based practices: Mental health and the addictions*]. *PsycCRITIQUES—Contemporary Psychology: APA Review of Books*.

Flynn, P. M., Broome, K. M., Beaton-Blaakman, A., Knight, D. K., Horgan, C. M., & Shepard, D. S. (in press). Treatment Cost Analysis Tool (TCAT) for estimating costs of outpatient treatment services. *Drug and Alcohol Dependence*.

Flynn, P. M., & Simpson, D. D. (in press). Adoption and implementation of evidence-based treatment. In P. M. Miller (Ed.), *Evidence-based addiction treatment*. San Diego, CA: Elsevier.

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*.

Sacks, S., Cleland, C. M., Melnick, G., Flynn, P. M., Knight, K., Friedmann, P. D., Prendergast, M. L., & Coen, C. (in press). Violent offenses associated with co-occurring substance use and mental health problems: Evidence from CJDATS. *Behavioral Sciences & the Law*.

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.

Simpson, D. D., Rowan-Szal, G. A., Joe, G. W., Best, D., Day, E., & Campbell, A. (in press). Relating counselor attributes to client engagement in England. *Journal of Substance Abuse Treatment*.

Thompson, S. J., Bender, K., Windsor, L. C., & Flynn, P. M. (in press). Results of a clinical trial of family-based treatment enhanced with experiential activities. *Social Work Research*.

MANUALS

Bartholomew, N. G., & Dansereau, D. F. (2008). *Mapping-Enhanced Counseling: An introduction* (A mapping-focused guide that provides an overview with case examples of ways to incorporate mapping-enhanced counseling into your practice.). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available online: www.ibr.tcu.edu

Simpson, D. D., & Bartholomew, N. G. (2008). *Using client assessments to plan and monitor treatment* (A mapping-focused guide for using the TCU Client Evaluations of Self and Treatment (TCU CEST) in individual or group counseling settings). Fort Worth: Texas Christian University, Institute of Behavioral Research. Available online: www.ibr.tcu.edu

Updated comprehensive lists of **IBR publications**, arranged by year and research activity, are maintained in the **Publications** section of the IBR Website (www.ibr.tcu.edu).

2008 CONFERENCE AND TRAINING PRESENTATIONS

JANUARY

Gray, J. S. (2008, January). *Utilizing customized Scantron assessments to efficiently and accurately measure outcomes*. Presented to the Addiction Treatment Division, Corrections Corporation of America, Nashville, TN.

Knight, K. (2008, January). *Overview of outcome research*. Invited presentation for KETHEA, Therapy Center for Dependent Individuals, Athens, Greece.

FEBRUARY

Dansereau, D. F. (2008, February). *Ethics workshop*. Invited presentation to the city management of the City of North Richland Hills, TX.

Knight, K. (2008, February). *Treating the addicted offender: A TCU IBR perspective*. Invited presentation for Gaudenzia, Inc., Baltimore, MD.

Morey, J. T. (2008, February). *Getting motivated for change*. CJ-DATS TIC training workshop, Fort Worth, TX.

Morey, J. T. (2008, February). *Understanding and reducing angry feelings*. CJ-DATS TIC training workshop, Fort Worth, TX.

MARCH

Dansereau, D. F. (2008, March). *Teaching and learning conversation: Concept mapping*. Invited presentation for the Center for Teaching Excellence, Texas Christian University, Fort Worth, TX.

Dansereau, D. F. (2008, March). *What to do when you can't decide*. Psi Chi Southwestern Students of Psychology: Ideas, data exchange, and review (SW SPIDER) Conference. Texas Lutheran University, Seguin, TX.

Knight, K. (2008, March). *CCA and the CTS project*. Invited presentation for Corrections Corporation (CCA) of America, Nashville, TN.

APRIL

Bartholomew, N. G. (2008, April). *Say it with maps: Helping your clients hear you the first time*. Invited presenter for Texas Probation Association Legislative Conference, Fort Worth, TX.

Gray, J. S. (2008, April). *Automating data capture: Enhancing the role of screening and assessment in the US Criminal Justice treatment process*. Presentation at TCU/IBR to visitors from the International Treatment Effectiveness Project (ITEP), National Treatment Agency, United Kingdom.

Gray, J. S. (2008, April). *Using automated data capture (ADC) processes in the field to assess offender needs*. Presented at Thomas R. Havins Unit of the Texas Department of Criminal Justice Correctional Facility, Gateway Foundation, Brownwood, TX.

Knight, K. (2008, April). *Measuring treatment performance and progress*. Invited presentation for Texas Probation Association (TPA) Legislative Conference, Fort Worth, TX.

Knight, K. (2008, April). *Why treatment process matters? Implications for case management*. Invited presentation for Illinois Treatment Alternatives for Safe Communities (TASC), Chicago, IL.

Morey, J. T. (2008, April). *Closing the gap between research and the field*. Presented at Havins Substance Abuse Felony Punishment Facility (SAFPF), Gateway Foundation, Brownwood, TX.

MAY

Bartholomew, N. G. (2008, May). *Mapping and other approaches to HIV/*

hepatitis education in drug treatment. CSAT technical assistance consultant trainer for HIV Prevention Initiative, Bronx Treatment Accountability for Safer Communities (TASC), Bronx, NY.

Knight, K. (2008, May). *TCU IBR & research on treating offenders*. Invited presentation for Community Education Centers (CEC), Newark, NJ.

JUNE

Gray, J. S. (2008, June). *Assessing offender needs using customized assessments, and using the reports to inform master treatment plans*. Presented to the Therapeutic Community, Boot Camp, and Substance Abuse Treatment Divisions, The Wells Center, Jacksonville, Illinois.

Knight, K. (2008, June). *Offender criminogenic needs and substance abuse treatment*. Invited presentation for the Virginia Summer Institute for Addiction Studies (VSIAS), Williamsburg, VA.

Simpson, D. D. (2008, June). *Evidence-based frameworks for planning innovations and field implementation*. Invited presentation at Blending Addiction Science and Treatment: The Impact of Evidence-Based Practices on Individuals, Families, and Communities. NIDA Blending Conference, Cincinnati, OH.

JULY

Flynn, P. M. (2008, July). *25 Years of health services research*. Invited presentation at the SÁÁ's International Meeting on Collaboration for Research, Von, Efstaleiti 7, Reykjavik, Iceland.

Flynn, P. M. (2008, July). *Alcohol use among criminal justice populations*. Invited presentation at the CJ-DATS Federal Partners Briefing, Arlington, VA.

Gray, J. S. (2008, July). *Nuts and bolts of automating assessments*. Presented to the Phoenix House Foundation, Central California Women's Facility (CCWF) and

Valley State Prison for Women Prison (VSPW), Chowchilla, CA.

Knight, K. (2008, July). *Being smarter about treating offenders with substance use problems*. Invited plenary presentation for the 20th SKILLS for Effective Intervention Conference for Strengthening Community Supervision, Texas Department of Criminal Justice, Austin, TX.

AUGUST

Bartholomew, N. G. (2008, August). *TCU mapping-enhanced counseling strategies: The mapper's dozen*. TCU CJ-Collaborators Meeting, Fort Worth, TX.

Simpson, D. D. (2008, August). *Introduction and conceptual overview*. TCU CJ-Collaborators Meeting, Fort Worth, TX.

OCTOBER

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2008, October). *Program characteristics and patterns of delivery of core and comprehensive services in outpatient non-methadone substance abuse treatment programs*. Presentation at the annual meeting of Addiction Health Services Research, Boston, MA.

Flynn, P. M. (2008, October). *Co-occurring disorders in substance abuse treatment: Issues and prospects*. Invited presentation in a symposium chaired by Wilson M. Compton III (Director, Division of Epidemiology, Services, and Prevention Research, NIDA/NIH) at the American Psychiatric Association 60th Institute on Psychiatric Services, Chicago, IL.

Flynn, P. M. (2008, October). *Implementing innovations in TCs: Evidence for readiness assessments and process of change*. Breakout session (chaired by Flynn) at the 1st Annual National Confer-

ence on Therapeutic Communities, Denver, CO.

Flynn, P. M., & Broome, K. M. (2008, October). *Understanding costs for implementation*. Presentation in a symposium chaired by Patrick M. Flynn at the 1st Annual National Conference on Therapeutic Communities, Denver, CO.

Flynn, P. M., Knight, K., Joe, G. W., Morey, J. T., Delany, P. J., Fletcher, B. W., Friedmann, P. D., Leukefeld, C. G., Prendergas, M. L., & Shields, J. J. (2008, October). *Under-serving the un-drug in criminal justice populations*. Presentation (by Flynn) at the Addiction Health Services Research (AHSR) 2008 Conference, Boston, MA.

Gray, J. S. (2008, October). *Enhancing drug court screening and automating the scoring of assessments*. Presented training for Angelina County, TX Drug Court.

Gray, J. S. (2008, October). *Automated assessments 101*. Presented to the Phoenix House Foundation, Yorktown Adolescent Academy, Long Island Center Adult Treatment, Jay Street Induction Center, and Jay Street Adult Treatment Center, Yorktown, NY.

Knight, D. K. (2008, October). *Staffing stability and organizational readiness for change*. Panel presentation at the 1st Annual National Conference on Therapeutic Communities, Denver, CO.

Knight, D. K., Edwards, J. R., Broome, K. M., & Flynn, P. M. (2008, October). *Core and comprehensive service provision in outpatient non-methadone substance abuse treatment settings*. Poster presentation at the annual meeting of Addiction Health Services Research, Boston, MA.

Knight, K. (2008, October). *Asking the right questions: Offender substance abuse treatment*. Invited keynote presentation at the Texas Association of Addiction Professionals (TAAP) Spectrum XXXV Annual Conference, Houston, TX.

Knight, K. (2008, October). *Role of assessments in adaptive treatment*. Panel presentation at the 1st Annual National Conference on Therapeutic Communities, Denver, CO.

Rowan-Szal, G. A. (2008, October). *Training and organizational assessments related to implementing innovations*. Panel presentation at the 1st Annual National Conference on Therapeutic Communities, Denver CO.

Simpson, D. D. (2008, October). *Conceptual framework for EBP implementation process*. Panel presentation at the 1st Annual National Conference on Therapeutic Communities, Denver, CO.

Simpson, D. D. (2008, October). *Raisin' TCs: Challenges to change*. NIDA Plenary Session: Criminal Justice Systems Issues Facing TC Innovation Implementation, 1st Annual National Conference on Therapeutic Communities, Denver, CO.

Simpson, D. D. (2008, October). *Implementation strategies for organizations providing addiction treatment services*. Invited presentation at Task Force meeting of Society for Prevention Research, Denver, CO.

NOVEMBER

Knight, K. (2008, November). *Effective programs for drug offenders*. Invited presentation for Wake Forest University School of Medicine's Addiction Studies Program for Legislators, New Orleans, LA.

Several online and “**Feature Presentations**” of **IBR conference materials** are provided in the **Presentations** section of the IBR Website (www.ibr.tcu.edu).