

THE **IBR**
ANNUAL
REPORT

2009

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 2009 IBR ANNUAL REPORT

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TEXAS INSTITUTE OF BEHAVIORAL RESEARCH TEXAS CHRISTIAN UNIVERSITY

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

This Annual Report presents a summary of IBR research updated for 2009. 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/ogannrept.pdf). Throughout the online version, “Web markers” function as links to related materials within the IBR site.

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Managing Editor:
Dwayne Simpson

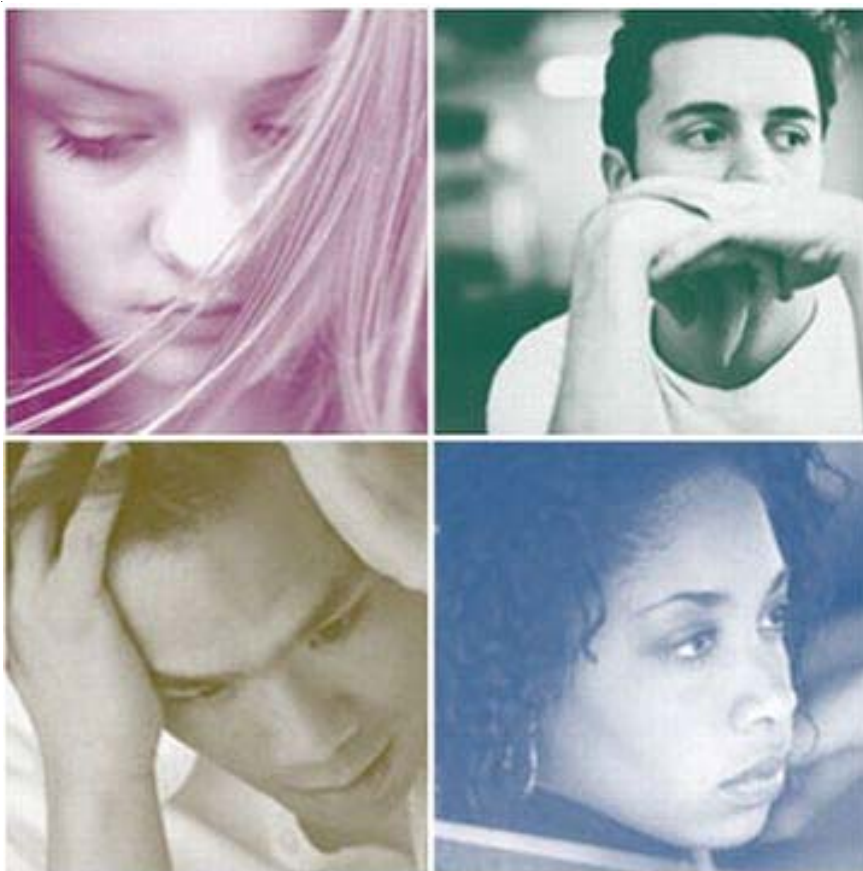
Document Manager:
Charlotte Pevoto

Technical Writers:
Norma Bartholomew
Donald Dansereau
Patrick Flynn
George Joe
Kevin Knight

Editorial Assistants:
Linda Ferdinand
Elena Garcia
Julie Gray
Cindy Hayes
Helen Huskey

As in previous years, IBR’s 2009 research activities . . .

represent 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 DISTINGUISHED RESEARCH SCIENTIST

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 invited to develop and conduct the first federally-funded national evaluation of the newly formed community-based system for treating heroin addiction in the U.S. This work helped define methodological standards for addiction treatment process and follow-up outcome studies in natural field settings, and the IBR has participated in all 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)

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 was established in association 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 7,600 undergraduate students in 112 majors and over 1,200 graduate students in 60 fields (17 doctoral programs). It employs approximately 1,850 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 specialized scientific unit of the University, but through common research training goals and interests it is most closely affiliated with the Department of Psychology. Research Scientists in the IBR function much like other University faculty members; they 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.

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 among drug users.

MISSION

To evaluate and improve the effectiveness of programs for reducing drug abuse and related mental health as well as social 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 Texas IBR is intended to (1) generate and disseminate knowledge that impacts state, national, and international policy decisions in the addictions field, (2) provide critical methodological and substantive research training for graduate students, (3) help IBR and collaborating scientists achieve their highest scholarly potential, and (4) raise the research reputation and visibility of 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 for implementation. These frameworks help staff visualize the foundations of our 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

ABOUT IBR–TCU

treatment systems and honoring commitments to address their needs. Providing useful and valid feedback to collaborating service providers, 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.

Evidence-based “products” from funded research are prepared at IBR in a user-friendly format and made available without cost to treatment providers and counselors, interested researchers, and the general public via the IBR Website .

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 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 2009, Dr. Patrick M. Flynn was appointed as Director of the IBR—only the third since the Institute was established. As a Professor of Psychology, he is strengthening collaborative relationships with TCU’s Department of Psychology as well as continuing a long-standing tradition of providing training opportunities for IBR graduate students in health services research.

Records show that 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 addiction interventions
- Formulating original research plans and appropriate data collection instruments
- 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

PATRICK M. FLYNN, PhD

was appointed **Director of the Institute of Behavioral Research in April 2009**. He is also a **tenured 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, multisite clinical trials, dissemination and implementation in community-based programs in the U.S. and U.K., and studies of organizational functioning and costs in outpatient treatments, and treatment services and outcomes in correctional settings. He is a Fellow in the American Educational Research Association and in several divisions of the American Psychological Association, is a frequent member of federal grant review panels, serves on the Editorial Board for *Drug and Alcohol Dependence*, is 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 studies, and a Co-Principal Investigator and key investigator for a number of other treatment studies. 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.

Former Director

D. DWAYNE SIMPSON, PhD

is the **S.B. Sells Distinguished Professor of Psychology and Addiction Research at Texas Christian University and Former Director of the IBR**. His research on drug addiction and treatment effectiveness (reported in over 300 publications) includes 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 that enhance client services and improvements in program management. His interests also include the study of organizational behavior and its role in implementing evidence-based innovations in community-based as well as criminal justice settings. Advising and assisting leadership teams in developing comprehensive but practical strategies for implementing innovations is his most recent priority. Simpson has been 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 editorial boards for several journals.

Associate Directors

DONALD F. DANSEREAU, PhD

has been on the faculty at Texas Christian University since 1969, where he is **Professor of Psychology and Associate Director for Cognitive Interventions** in the IBR. He has taught 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. He was Principal Investigator for the CETOP (Cognitive Enhancements for the Treatment of Probationers) Project, a NIDA-funded research grant to expand node-link mapping applications for CJ settings. The Defense Advanced Research Projects Agency, Department of Education, U.S. Army Research Institute, and National Science Foundation also 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. 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 **Associate Director for Process and Outcome Studies**. He specializes in the application of univariate and multivariate statistical methods, analytic modeling of data, 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 and is a frequent reviewer for professional journals.

KEVIN KNIGHT, PhD

joined the IBR faculty in 1991 and has conducted several large treatment evaluation studies based on probation and prison populations (including the BOP, RSAT, and TCU Drug Screen Projects). His work with criminal justice agencies includes the Texas Department of Criminal Justice, Illinois Department of Corrections, Virginia Department of Corrections, the Federal Bureau of Prisons, and others. He is currently **Associate Director for Criminal Justice Studies** and is Principal Investigator for the CJ-DATS Project, a NIDA-funded cooperative agreement involving nine national research centers. He serves on journal editorial boards, including serving as co-editor of *Offender 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 treatment, and the study of treatment and organizational processes in correctional settings.

RESEARCH STAFF AND PERSONNEL

Senior Research Scientist

WAYNE E. K. LEHMAN, PhD

originally joined the IBR as a graduate research assistant in 1978. In 1983 he became a Research Scientist in the Behavioral Research Program at Texas A&M University and returned to TCU in 1989. His major research efforts have focused on the assessment of organizational factors in drug treatment programs, technology transfer, the relationship of drug use to job performance and the work environment, and workplace substance abuse prevention training. From 2002 to 2009, he was a Senior Statistician for Litigation Support Services and a statistician for Project Safe at the University of Colorado Denver, conducting research on HIV prevention among out of treatment drug users. In 2009, he returned to the IBR as a **Senior Research Scientist**. He has served as a member of NIDA's Epidemiology and Prevention and Training and Development subcommittees and Special Emphasis Panels.

Research Scientists

JACK M. GREENER, PhD

came to the IBR in 1978 to supervise its industrial psychology research program. Since 1983 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 at TCU 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 CSAT and NIDA-funded studies of addicted women with dependent children, co-authored the *Partners in Parenting* manual, directed a multi-year/multisite study of organizational costs and monitoring systems, and serves as reviewer for various journals. Her publications include numerous articles on the importance of social factors—both familial and parental—for women in treatment, and more recently, on organizational factors associated with service provision and turnover.

GRACE A. ROWAN-SZAL, PhD

joined the IBR faculty in 1990. As a recipient of a National Research Service Award from NIDA, she was a postdoctoral trainee at the University of Pennsylvania in 1988. While her early studies focused on animal models of drug dependence, Dr. Rowan-Szal's current research centers on behavioral treatment approaches for drug users. Her research include the development

of client assessment and data management systems, treatment process, gender issues, alcohol and cocaine use among methadone clients, development of a low-cost contingency management strategy for community-based drug treatment programs, and evaluation of technology transfer strategies. She is currently Project Director for the CJ-HIV Project.

Research Associates

NORMA G. BARTHOLOMEW, MA, MEd, LPC

joined the IBR in 1991 and serves as its 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 20-year DATAR Project, she developed psychoeducational intervention modules and counselor training programs in the areas of communication skills and assertiveness, human sexuality, HIV/AIDS, aftercare, and parenting. She also assists with program evaluation studies, publications, and technical reports. Norma has conducted training nationally and internationally on clinical applications of TCU Mapping-Enhanced Counseling and serves as a consultant for mapping-based interventions. She is currently developing manuals and clinical training for the CJ-HIV Project.

CHARLOTTE W. PEVOTO, MEd, MSIS

joined the IBR in 1990. With a background in office software systems, database design and management, and educational software training, she is IBR's Web Services Manager. She also designs *Research Reports from IBR* quarterly newsletters, *IBR Technical Reports*, and *Research Summaries* on special research topics; consults with staff on data presentation for conferences and journal publication graphics; and manages creation of online documents, such as IBR's annual report. She has received the Society of Technical Communication's awards for Web-based and electronic document design. Charlotte holds the Master of Science degree in Information Science (Health Informatics Program).

Collaborating Scientists

BARRY S. BROWN, PhD

holds a faculty appointment with the University of North Carolina at Wilmington, and also has been Director for 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 with the IBR as an advisor and research collaborator on several studies, and from 2002 to 2008 chaired the Steering Committee for the NIDA Collaborative CJ-DATS Project. Dr. Brown also has served on numerous 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 had served as a member of the Senior Executive Service at NIMH, NIDA, and NIAAA. She was IBR Deputy Director until 2003 and a Co-Principal Investigator of the DATAR Project. Her principal 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 serves as a consultant to the IBR for addressing special issues and is active in several community service initiatives.

Support Staff

LINDA FERDINAND (ADMINISTRATIVE RESEARCH ASSISTANT)

coordinates office and clerical functions, including 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; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

joined the IBR in 2003. Her background is in computer technology, and her interests include 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 tracking systems 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 (PHD CANDIDATE, PSYCHOLOGY; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology and joined the IBR as a Graduate Research Assistant in 2006 to assist with data collection and field operations for the TCOM project. She has authored peer reviewed publications and presented at addiction conferences on the examination of program structure and organizational functioning within the substance abuse treatment field. As a Ph.D. candidate, she is particularly interested in examining relationships among perceptions of leadership, service delivery, and program outcomes such as job attitudes and utilization of innovative program practices. One of her primary works to date is development and validation of the TCU Survey of Transformational Leadership (TCU STL) for application in treatment settings. She has also been the recipient of two NIAAA New Investigator Travel Awards.

BRITTANY LANDRUM (BA, PSYCHOLOGY; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology and has interests in client attributes—specifically treatment motivation, psychological and social functioning, and treatment engagement. She assists with the TCOM Project and received the NIAAA New Investigator Travel Award for the October 2009 AHSR Conference in San Francisco.

JENNIFER PANKOW (MS, PSYCHOLOGY; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology and 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 has an M.A. from Northern Illinois University and is a Certified Alcohol and Drug Counselor (CADC). Her Master's thesis at TCU was on *Modeling Asociality and Examining Engagement in Adult Offenders in Substance Abuse Treatment*. She assists with the CJ-DATS Project and is a recipient of a 2009 NIAAA New Investigator Travel Award for the AHSR Conference in San Francisco, CA.

Undergraduate Assistant

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 a adaptive sequence of treatment system modules that link together to sustain client progress through the major treatment stages.

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

Large studies based on nationwide samples have repeatedly demonstrated the effectiveness of drug abuse treatment in natural settings and the importance of retention 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 20-year DATAR project (funded in four 5-year phases). 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 basic 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. The TCU Treatment Model likewise portrays how specialized interventions as well as health and social support services promote stages of recovery (see Figure 1). DATAR-1&2 Project phases also 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** (also known as node-link mapping) as the therapeutic platform for planning and delivering clinical services.

continued on page 10

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.

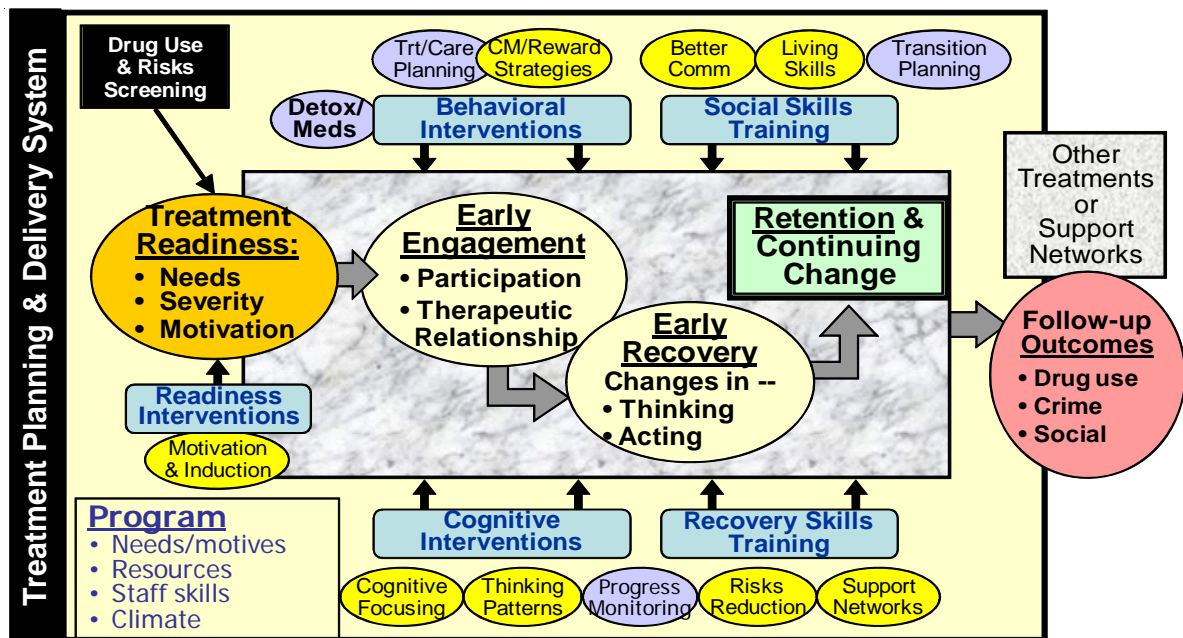
This manual features materials for leading an 8-session workshop for men who want to improve their intimate relationships. Communication skills, self-esteem enhancement, sexual health information, and conflict resolution skills are presented as a foundation for helping resolve relationship problems.

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)

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

Counselor attributes and skills impact directly the client engagement process, but within the context of significant organizational dynamics increasingly 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 needed attention. Incorporating these factors into an integrated framework is beginning to advance the scientific progress and practical contributions in this field, including development of assessments for client, staff, and organizational dimensions represented. These 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 dysfunctional programs, as well as identifying specific client needs and changes in treatment regimens to help improve client functioning in treatment programs.

The original TCU Program Change Model integrated 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 are most likely to seek out and adopt.

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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.

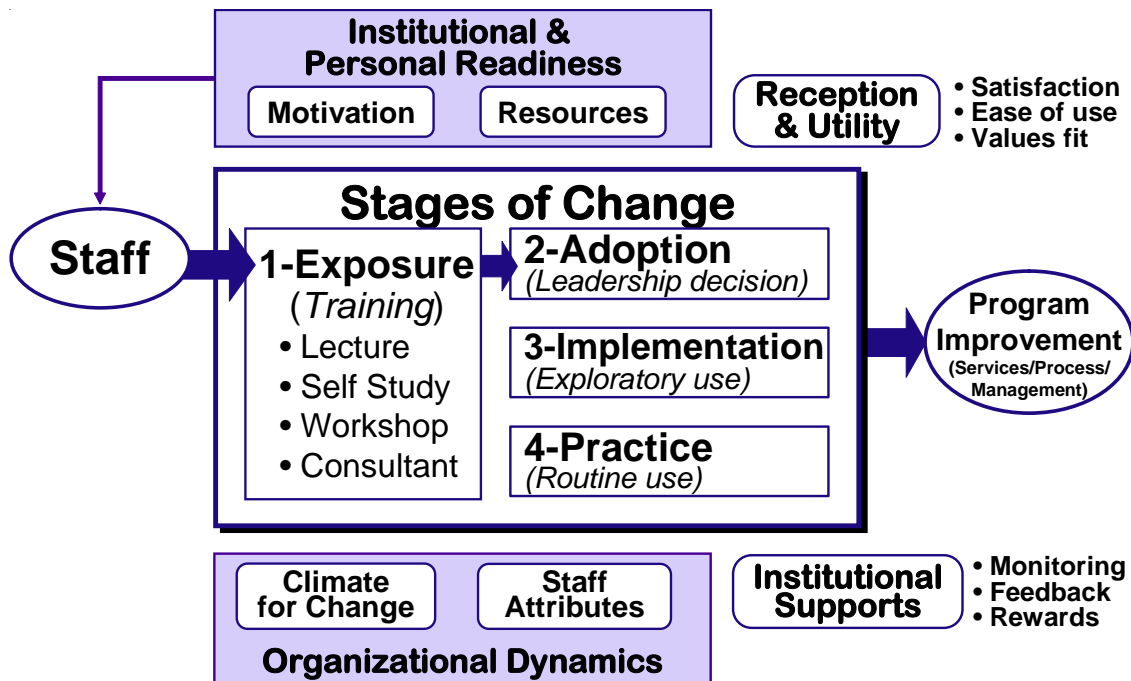
With respect to health disparities, findings showed there were race-ethnic differences with regard to types of health problems reported. More importantly, health problems were related to psychosocial functioning and to treatment engagement and these relationships held when adjusted for race, gender and age. An Italian version of the ORC survey also was developed, and surveys from 341 respondents (representing 64 programs) were completed, primarily via the Internet. Results in the Italian 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 comments collected from survey 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” features.
- **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)

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

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

ADAPTIVE STAGE-BASED INTERVENTION PLANNING

The collection of brief, targeted intervention modules was 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 the conceptual foundations for this approach are summarized in *Professional Psychology: Research and Practice* (Dansereau & Simpson, 2009).

RECENT DATAR RESEARCH ACTIVITIES

As part of the research activities, the DATAR system has undergone further development to capture data needed to address hypotheses with regard to the program 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 was 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.

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 and facing more barriers.

Study 5 (Bartholomew et al.) examined the hypothesized relationships between Training and Adoption Decisions. Findings showed 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 adoption.

Study 6 (Simpson et al.) investigated stages in a longitudinal evaluation of the overall technology model in **Figure 3**. The study examined adoption of workshop training in relation to the ORC instrument and the technology transfer framework. Organizational climate, treatment program resources, and staff attributes predicted adoption. More specifically, openness to change, autonomy, opportunities for growth, and training resources were the most salient predictors. Additionally, the study integrated findings

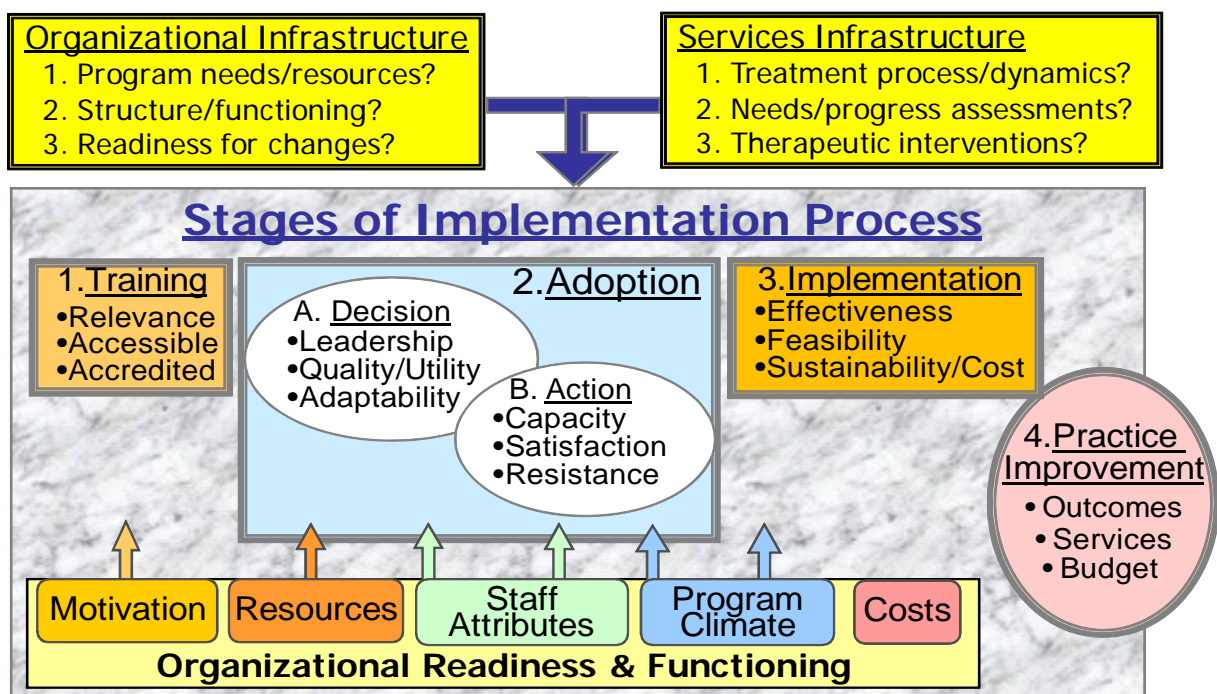
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IBR WEBSITE
2009 DATAR Project highlights

- **Manuals** — This section offers several “mapping guides” including the **Mapping Enhanced Counseling: An Introduction** and the **Mapping the Journey: A Treatment Guidebook**.
- **Newsletters** — **Research Reports from IBR** continues with issues for Winter 2008-09 and Spring-Summer 2009, both featuring items on **Mapping-Enhanced Counseling**.

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.

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 associated with 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. 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 have been 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 explorations of cross-national technology transfer of TCU treatment resources. In particular, selected 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 and London where the ITEP manual was piloted and later rolled out as part of regional training for over 1200 counselors. In addition, the ORC and CEST surveys were administered to assess organizational functioning and treatment progress of service.

Related work has been conducted as part of the Birmingham Treatment Effectiveness Initiative (BTEI), where Simpson et al. (2009) examined client functioning and treatment engagement in relation to staff attributes and organizational climate across a diverse sample of drug treatment and outreach

TCU MAPPING-ENHANCED COUNSELING IS REVIEWED AS "EVIDENCE-BASED PRACTICE" AND INCLUDED IN SAMHSA'S NATIONAL REGISTRY

Review date: July 2008; **Posted on 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



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.

programs. Results were interpreted using comparable data from studies of treatment programs in the U.S. 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. The findings also indicate these relationships are rooted in personal interactions between clients and their counselor. TCU assessments of treatment structure, process, and performance 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.

Based on this record of progress, the **NIDA International Program** funded a **US Distinguished International Scientist Collaborators Award** (USDISCA) proposal by Simpson (with Dr. Ed Day, University of Birmingham, England, as primary collaborator) to conduct a series of leadership planning sessions and staff training seminars in the UK. The purpose was to emphasize the value of understanding (1) an adaptive treatment programming logic as represented by the TCU treatment process framework, (2) the functional and interdependent roles and applications of client assessments and intervention manuals, (3) core ingredients of recovery-oriented treatment services, their conceptual integration, and strengths and weaknesses as currently applied in the UK, and (4) the need for formulating a strategic planning approach in adopting and implementing innovations within the treatment systems represented. The original ITEP and BTEI project implementation leaders were involved in planning, arranging, and conducting key meetings with Simpson across England, North Wales, and Scotland during September, October, and November 2009. A full report on this visit to the UK by Simpson is available on the IBR Website.

“A full report (PDF: 217 K / 17 pages) on Dwayne Simpson’s 3-month visit to the UK is available on the IBR Website.”

CRIMINAL JUSTICE SYSTEM COLLABORATIONS

As part of their Offender Information System (OIS), the state of **Indiana Department of Corrections (IDOC)** collects records on their offenders using the Substance Abuse Intake (SAI), Client Evaluation of Self at Intake (CESI), the Client Evaluation of Self and Treatment, CEST), and the Criminal Thinking Scales (CTS). With offender records also providing information on criminal and medical history, treatment session attendance, urine tests, requested time cuts, time in treatment, compliance with treatment plan activities, and program completion, collaborative studies with the Indiana Department of Corrections is scheduled to focus on longitudinal evaluations of client performance and engagement indicators across different CJ treatment settings and populations.

Through secondary data analysis, the IBR in collaboration with the IDOC, has completed two studies addressing engagement in prison based treatments, perceptions of care received, and changes in psychosocial functioning and criminal thinking errors. In the first, prison-based interventions for female inmates with a history of methamphetamine use were found to be effective in improving psychosocial functioning and criminal thinking. In a sample of 359 female offenders, participants in both the modified therapeutic community designed for non-violent offenders and the traditional outpatient treatment were found to improve on self esteem, depression, anxiety, decision making, hostility, and risk taking, as well as on criminal thinking errors (Rowan-Szal et al., 2009). Effect sizes indicated larger treatment gains in the therapeutic community.

In the second study (Joe et al., 2009), psychosocial functioning and criminal thinking of methamphetamine-using male inmates were examined before and after their completion of primary treatment in three in-prison drug treatment programs (one “outpatient” and two different modified TCs). The sample consisted of 2,026 adult male inmates in 30 treatment sites. Significant improvements were found for all three treatments, but participants in the two modified TCs showed significantly better progress than did those in the outpatient treatment housed among the general prison

IBR WEBSITE

DATAR Project highlights

- **Publications** — The entire list of **DATAR publications** are available at the **IBR Website**, arranged **by Year of Publication** and **by Topics**.

population. Higher psychosocial functioning and lower criminal thinking orientation predicted stronger therapeutic engagement, and treatment engagement level was found to mediate during-treatment improvement and initial criminal thinking.

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THE CJ-DATS PROJECT

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

Project Scientists:

George W. Joe, EdD, Wayne E. K. Lehman, PhD, Grace

Rowan-Szal, PhD

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 the implementation of evidence-based assessments and interventions (including *TCU Mapping-Enhanced Counseling*) for offenders with drug-related problems. Special attention is given to the 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.

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 implementation and sustainability 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 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 “clini-

cally 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 —

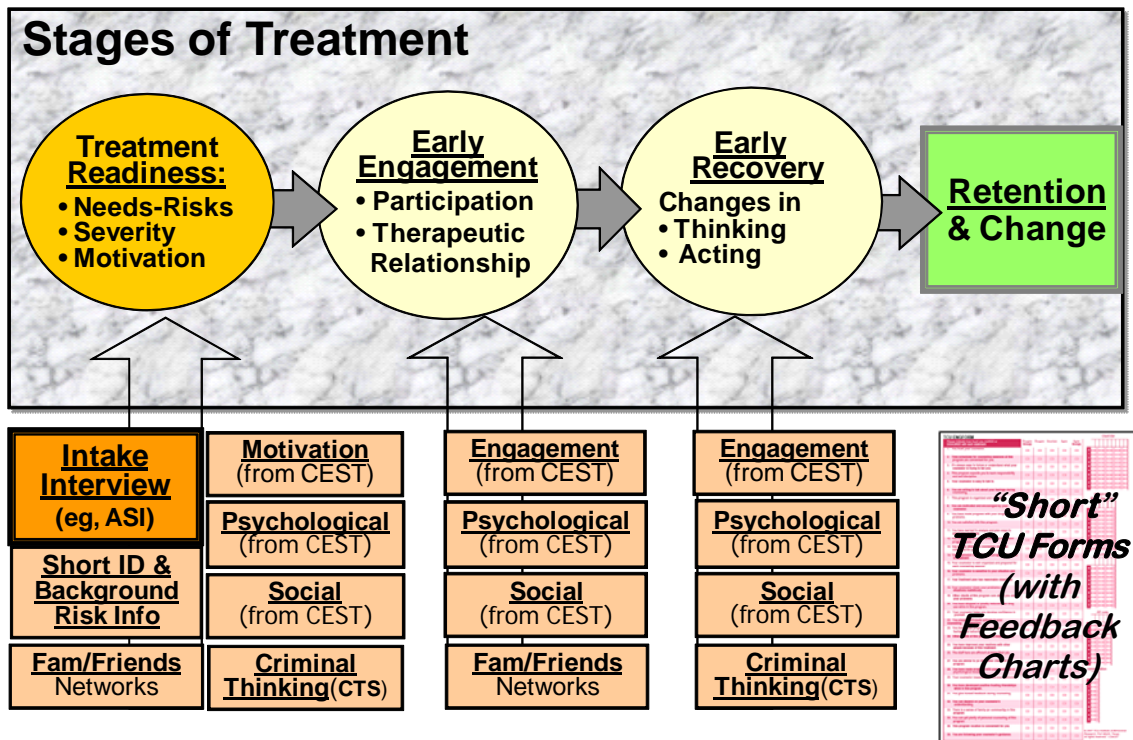
1. Client assessments that inform care planning/delivery, stage progression, and client engagement/participation (i.e., program decision rules for treatment)
2. Strategies that improve sequential client induction and adaptive programming
3. Aggregated client assessments for staff feedback on “program 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

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.

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Research as part of CJ-DATS Phase 2 is expected to extend the previous research and create a foundation for improving the implementation and sustainability of treatment services for drug-involved offenders.

Assessment of Offender Needs/Progress



Special Issue of *Criminal Justice & Behavior*, 34(9) (Simpson & Knight, 2007)

CRIMINAL JUSTICE EVALUATIONS

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 **CJ-DATS 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 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 TCU Research Center 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 TCU “short” forms and 1-page “optical-scan” forms used for offender self-administration is available at the “TCU Short (ADC) Forms” Web page of the IBR site.

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, including **TCU Mapping-Enhanced Counseling**) 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 nearby states (e.g., Arizona, Arkansas, Missouri, 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 reentry, 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 reentry 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 nearby states (Arizona, Arkansas, Missouri, 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 reentry 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 reentry. It also is expected that *DRR reentry 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 reincarceration 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 reentry.

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 reentry 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.

In the implementation evaluation study (Phase 2), institution and community-based reentry teams (representing CJ systems across other 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.

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, PhD candidate

Brittany Landrum, BA

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: April 2003 to March 2009

Current Activity:

In 2009, the 6th and final year of funding for the TCOM Project came to a close. Efforts were directed toward preparing manuscripts for publication in four general areas: 1) organizational factors associated with stability and change in service delivery; 2) the measurement of leadership within treatment agencies and its role in promoting positive job attitudes; 3) organizational determinants of supervisory and staff turnover; and 4) costs associated with outpatient substance abuse treatment.

This project focused on developing an assessment and information system for treatment providers that monitors organizational attributes and program resources, and links these factors to client performance and program changes over time. It uses the **TCU Program Change Model** as a conceptual framework for this technology transfer process. The sample consists of 115 outpatient drug-free (i.e., non-methadone), community-based, treatment providers—by far the most common and diverse setting for addiction treatment in the United States. This work extended our thematic program of research designed to better understand treatment and research diffusion. It also expanded 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 was 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

were 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 was work by colleagues from the **Heller School for Social Policy and Management** at **Brandeis University**. 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 have resulted from this project, including the development of a comprehensive system for assessing and reporting organizational and client functioning.

COMPUTER-ASSISTED COST ANALYSIS INTERVIEW

A new methodology for collecting drug abuse treatment cost data was developed. It adapts computer-assisted data collection and Web-based technology to support community-based outpatient drug treatment providers in their efforts to conduct routine economic evaluations of services. This supplement transforms the parent project’s economic assessment tool from accounting-style spreadsheets into an interactive, computer-assisted interview. This costing tool, and a prototype of a Web-based version, was developed by a multidisciplinary research team from IBR and the **Heller School for Social Policy and Management** at **Brandeis University**.

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 was to provide information to participants about program improvement through individualized reports. Reports detailed how each program changed over time and compared with regional means on organizational and client data. Several participating programs used these 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.

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.

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**.

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.

Flynn, P. M., & Brown, B. S. (2008). Co-Occurring Disorders in Substance Abuse Treatment: Issues and Prospects. *Journal of Substance Abuse Treatment, 34*(1), 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.

Broome, K. M., Knight, D. K., Edwards, J. R., & Flynn, P. M. (2009). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment, 37*, 160-170.

Flynn, P. M., Broome, K. M., Beaston-Blaakman, A., Knight, D. K., Horgan, C. M., & Shepard, D. S. (2009). Treatment Cost Analysis Tool (TCAT) for estimating costs of outpatient treatment services. *Drug and Alcohol Dependence, 100*, 47-53.

Flynn, P. M., & Simpson, D. D. (2009). Adoption and implementation of evidence-based treatment. In Miller, P.M. (Ed.), *Evidence-Based Addiction Treatment* (pp. 419-437). San Diego, CA: Elsevier.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (in press). The development and validation of a transformational leadership survey for substance use treatment programs. *Substance Use and Misuse*.

Knight, D. K., Broome, K. M., Edwards, J. R., & Flynn, P. M. (in press). Supervisory turnover in outpatient substance abuse treatment. *Journal of Behavioral Health Services & Research*.

Knight, D. K., Edwards, J. R., Flynn, P. M., & P. M. (in press). Predictors of change in provision of outpatient substance abuse treatment programs. *Journal of Public Health Management & Practice*.

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 adapted for use in this project.

Node-link mapping and associated visual representation strategies were applied 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 provided 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 were trained to 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 treatment-as-usual.

Four studies were conducted. The first three focused on enhancements to counseling, induction/transition, and life skills education, respectively. The overall randomized 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. Results showed that residents rated counseling sessions with extensive map use as “deeper” and having greater group participation. Compared to residents who were not in mapping communities, mapping residents gave more favorable ratings to: their counselors; group counseling sessions; their fellow-residents; security staff; their own efforts to benefit from treatment; and their own abilities to benefit from treatment. In addition, mapping residents also

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

IBR WEBSITE

Other **CETOP Project** materials provided in:

- **Evidence** — Explore the **Mapping-Enhanced 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).

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 Reentry (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 Reentry 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.

THE CETOP PROJECT – PHASE 2

COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

Donald F. Dansereau, Ph.D.,

Principal Investigator

Sandra M. Dees, Ph.D.,

Project Manager

Michael L. Czuchry, Ph.D.,

Research Scientist

Tiffany L. Sia, Ph.D.,

Research Scientist

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).



INTRODUCTION GUIDE FOR MAPPING-ENHANCED COUNSELING AVAILABLE FROM 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 intervention, **TCU Guide Maps: A Resource for Counselors** 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 Website (www.chestnut.org/LI/bookstore/index.html), phone (309) 827-6026, or FAX (309) 829-4661.

TOP DOWNLOADED

TREATMENT RESOURCES FOR 2009:

Forms:

1. TCU Drug Screen (CJ Treatment Forms)
2. Youth Intake (PMES Project Forms)
3. Criminal Thinking Scales (CJ Treatment)
4. Organizational Readiness for Change (ORC-Staff Version, Community Forms)
5. Initial Assessment (CJ Residential Forms)
6. Client Evaluation of Self and Treatment (CEST, Community Forms)
7. Client Evaluation of Self at Intake (CEST-Intake, Community Forms).
8. CJ Comprehensive Intake (CJ CI)
9. Parental Discipline (Women & Children)
10. Treatment Needs and Motivation (TCU ADC MOTForm)
11. Counseling Session Record, Individual (Women & Children)
12. Program Treatment Needs (PTN-Staff Version, Community Forms)
13. Workshop Evaluation (WEVAL)
14. Women & Children, Child Intake
15. HIV/AIDS-Risk Assessment (Specialized)
16. Survey of Structure and Operations
17. Counseling Session Record, Child (Women & Children)
18. Criminal Justice Client Evaluation of Self and Treatment (CJ CEST)
19. Criminal Justice Client Evaluation of Self at Intake (CJ CEST-Intake)
20. Brief Intake (BI, Community Forms)

Manuals:

1. *Getting Motivated to Change*
2. *Unlock Your Thinking, Open Your Mind*
3. *Understanding and Reducing Angry Feelings*
4. *Mapping the Journey*
5. *Partners in Parenting*
6. *Mapping Your Steps: "Twelve Step" Guide*
7. *Ideas for Better Communication*
8. *Using Client Assessments to Plan and Monitor Treatment (Using CEST Guide)*
9. *Straight Ahead: Transition Skills for Recovery*
10. *Mapping New Roads to Recovery*
11. *Building Social Networks*
12. *Preparation for Change: The Tower of Strengths and the Weekly Planner*
13. *Mapping-Enhanced Counseling: An Introduction*
14. *Mapping Your Treatment Plan: A Collaborative Approach*
15. *Contingency Management Strategies and Ideas*
16. *Mapping Your Reentry Plan: Heading Home*
17. *TCU Guide Maps: A Resource for Counselors*
18. *Mapping Organizational Change*
19. *Time Out! For Me: An Assertiveness/ Sexuality Workshop for Women*
20. *Time Out! For Men: A Communications and Sexuality Workshop for Men*

IBR ON THE WEB

Through the Website's dissemination and selection tools, IBR is dedicated to getting their evidence-based resources into the hands of counselors and researchers who could use and adapt these for many other treatment populations and 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, the Texas IBR has developed a conceptual framework for an evidence-based "treatment system." Its team of scientists have produced many proven evaluation and treatment resources, particularly *validated data assessment instruments* (forms) and *treatment intervention modules* (manuals).

For several years now, the **IBR Website** (www.ibr.tcu.edu) has provided open access to these treatment and research resources. Materials are packaged into Adobe® Acrobat® PDF computer files and made available for downloading from the site. IBR is dedicated to disseminating evidence-based treatment resources freely to clinicians and practitioners who can adapt and use these interventions to help their clients in both individual and group counseling. Indeed, the intervention modules are downloaded and used extensively by treatment personnel from across the U.S. and many countries around the world. Over 20,000 copies of these manuals were downloaded in 2009. Also, IBR is committed to getting evaluation resources into the hands of other research teams who can use and adapt them for other treatment populations and settings.

2009 WEB UPDATES

In 2009, major content changes were accomplished in the Website to empha-

size the inclusion in February of TCU's **Mapping-Enhanced Counseling (MEC)** in **NREPP, the National Registry of Evidence-based Programs and Practices**, a service through the SAMHSA (U.S. DHHS). First, the **Evidence section** offers a Web page that summarizes evidence-based information on **TCU Mapping-Enhanced Counseling** and includes a "Published Evidence" list of supporting references.

Throughout the year other materials supportive to MEC were published through the Website. The **Newsletters section** of the site offers IBR's *Research Reports*. Two issues include frontpage articles that highlight benefits for MEC's use in substance abuse treatment. In the **Winter 2008-2009 issue (PDF: 252 KB / 4 pages)**, Donald Dansereau and Dwayne Simpson summarize TCU Mapping-Enhanced Counseling in "A Quick Guide to TCU Mapping." This issue also covers the application guides, research findings, and free downloadable manuals for those wishing to learn more about using TCU Mapping. In April, IBR announced a training event for MEC via the Website that took place in July at TCU. The months of planning for the event resulted in training that was practical and followed a "train-the-trainer" format. In the **Spring-Summer 2009 newsletter issue (PDF: 350 KB / 4 pages; Tables, PDF: 22KB / 4 pages)**, Simpson, Dansereau, and Norma Bartholomew summarized the ratings by trainees on factors representing "readiness for change" and their evaluations of the IBR Summer Mapping Training. Partici-



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** is displayed prominently in the center column, along with section headings for bulleted items of special interest.

participants took away mapping materials for training others in mapping, including adaptable training resources and “guide maps” for use with clients. This newsletter includes written comments from the trainees that help confirm favorable survey ratings. One participant offered this training feedback: *“The training materials provided will be very helpful for incorporating mapping into my workplace—the take-away items are great. The need for more quality time with clients was made evident, and my counseling skills were strengthened through resources for integrating client needs assessment with treatment.”* These same “mapping guides” and treatment manuals are available to download at the site from the **Manuals Section**.

The **Manuals Selection Matrix** (PDF: [144KB / 3 pages](#)), added to the IBR Website in November 2008, has become a top download for the Website. Its purpose is to help treatment counselors pick the TCU Manuals appropriate for their substance abuse treatment needs. Prompted by its popularity, the IBR staff has also prepared a compendium of specialized maps extracted from the mapping training materials. This matrix is in development and will offer links to many of the guide maps on a variety of

treatment topics and mapping features useful in individual and group counseling. This **Mapping Atlas** will appear in the Website in early 2010.

In the **Forms section**, 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 short forms, enhanced with an automated scoring and feedback protocol for making normative clinical interpretations of results. In September 2009, TCU Short Forms were added to update the **TCU Short (ADC) Forms** Web page (previously labelled the TCU ADC Forms page). This expanded set of forms facilitates customized assessment planning for adaptive treatment applications.

Over 650 downloadable resource files and informative publications are available with expert guidance to help clinicians, researchers, and program administrators find materials they need. The 2009



The **Manuals Selection Matrix** has become a top download for the Website. Its success has prompted IBR staff to develop a similar **Mapping Atlas** that will be added to the site in early 2010.

changes to the Website represent IBR’s continued commitment to disseminate evidence-based resources. These products from funded research are prepared at IBR in a user-friendly format and made available without cost to treatment providers and counselors, interested researchers, and the general public via the IBR Website.

2009 PUBLICATIONS AND PRESENTATIONS

BOOK CHAPTER & SPECIAL ENTRIES

Flynn, P. M., & Simpson, D. D. (2009). Adoption and implementation of evidence-based treatment. In P. M. Miller (Ed.), *Evidence-based addiction treatment* (pp. 419-437). San Diego, CA: Elsevier.

Simpson, D. D., & Flynn, P. M. (2009). 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* (Vol. 1, pp. 303-307). Thousand Oaks, CA: Sage Publishing.

Flynn, P. M. (2009). 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*, 54 (No. 12), Article 9. Retrieved March 26, 2009, from PsycCRITIQUES database.

JOURNAL ARTICLES

Best, D., Day, E., Campbell, A., Flynn, P. M., & Simpson, D. D. (2009). Relationship between drug treatment engagement and criminal thinking style among drug-using offenders. *European Addiction Research*, 15, 71-77.

Broome, K. M., Knight, D. K., Edwards, J. R., & Flynn, P. M. (2009). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment*, 37, 160-170.

Conover, C. J., Weaver, M., Ang, A., Arno, P., Flynn, P. M., & Ettner, S. L. (2009). Costs of care for people living with combined HIV/AIDS, chronic mental illness, and substance abuse disorders. *AIDS Care*, 21(12), 1547-1559.

Czuchry, M., Newbern-McFarland, D., & Dansereau, D. F. (2009). Visual representation tools for improving addiction treatment outcomes. *Journal of Psychoactive Drugs*, 41(2), 181-187.

Dansereau, D. F., & Simpson, D. D. (2009). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research & Practice*, 40(1), 104-110.

Flynn, P. M., Broome, K. M., Beaton-Blaakman, A., Knight, D. K., Horgan, C. M., & Shepard, D. S. (2009). Treatment Cost Analysis Tool (TCAT) for estimating costs of outpatient treatment services. *Drug and Alcohol Dependence*, 100, 47-53.

Hubbard, R., Simpson, D. D., & Woody, G. (2009). Treatment research: Accomplishments and challenges. *Journal of Drug Issues*, 39(1), 153-166.

Joe, G. W., Simpson, D. D., & Rowan-Szal, G. A. (2009). Interaction of counseling rapport and topics discussed in sessions with methadone treatment clients. *Substance Use & Misuse*, 44, 3-17.

Pankow, J., Knight, K., Pickett, S., & Barberena, R. (2009). Tarrant County Felony Alcohol Intervention Project (FAIP) Evaluation. *Offender Programs Report*, July/August, 17-18, 27-29.

Rao, S. R., Czuchry, M. L., & Dansereau, D. F. (2009). Gender differences in psychosocial functioning across substance abuse treatment. *Journal of Psychoactive Drugs*, 41(3), 267-273.

Rowan-Szal, G. A., Joe, G. W., Simpson, D. D., Greener, J. M., & Vance, J. (2009). During-treatment outcomes among female methamphetamine-using offenders in prison-based treatments. *Journal of Offender Rehabilitation*, 48(5), 388-401.

Sacks, S., Cleland, C. M., Melnick, G., Flynn, P. M., Knight, K., Friedmann, P. D., Prendergast, M. L., & Coen, C. (2009). Violent offenses associated with co-occurring substance use and mental health problems: Evidence from CJDATS. *Behavioral Sciences & the Law*, 27, 51-69.

Simpson, D. D. (2009). Organizational readiness for stage-based dynamics of innovation implementation. *Research on Social Work Practice*, 19(5), 541-551.

Simpson, D. D., Rowan-Szal, G. A., Joe, G. W., Best, D., Day, E., & Campbell, A. (2009). Relating counselor attributes to client engagement in England. *Journal of Substance Abuse Treatment*, 36, 313-320.

Thompson, S. J., Bender, K., Windsor, L. C., & Flynn, P. M. (2009). Keeping families engaged: The effects of home-based family therapy enhanced with experiential activities. *Social Work Research*, 33(2), 121-126.

IN PRESS

Baillargeon, J., Penn, J. V., Knight, K., Harzke, A. J., Baillargeon, G., & Becker, E. A. (in press). Risk of reincarceration among prisoners with co-occurring severe mental illness and substance use disorders. *Administrative Policy in Mental Health*.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (in press). The development and validation of a transformational leadership survey for substance use treatment programs. *Substance Use & Misuse*.

Joe, G. W., Rowan-Szal, G. A., Greener, J. M., Simpson, D. D., & Vance, J. (in press). Male methamphetamine-user inmates in prison treatment: During treatment outcomes. *Journal of Substance Abuse Treatment*.

Updated comprehensive lists of **IBR publications**, arranged by year and research activity, are maintained in the [Publications](#) section of the IBR Website.

Knight, D. K., Broome, K. M., Edwards, J. R., & Flynn, P. M. (in press). Supervisory turnover in outpatient substance abuse treatment. *Journal of Behavioral Health Services Research*.

Knight, D. K., Edwards, J. R., & Flynn, P. M. (in press). Predictors of change in the provision of services within outpatient substance abuse treatment programs. *Journal of Public Health Management & Practice*.

Morey, J. T., & Dansereau, D. F. (in press). Decision-making strategies for college students. *Journal of College Counseling*.

TECHNICAL REPORTS

Gray, J. S., & Knight, K. (2009). *IPASS User Guide*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Gray, J. S., & Knight, K. (2009). *ADC User Guide*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Greener, J. M., Rowan-Szal, G. A., Joe, G. W., & Simpson, D. D. (2009). *DATAR CEST Scales: A comparison of adolescents and adults*. Fort Worth: Texas Christian University, Institute of Behavior Research.

Greener, J. M., Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Dansereau, D. F., & Simpson, D. D. (2009). *Cenikor Life Skills Training Technical Report*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., Greener, J. M., & Flynn, P. M. (2009). *Health problems: Relationships to services and problem severity for substance users in treatment*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Simpson, D. D. (2009, March). *Strategic Treatment Planning in England: Leadership Meetings for Applications of TCU-based Resources*. Award approved for Dwayne Simpson/Ed Day Collaboration, U.S. Distinguished International Scientist Collaboration Award (USDISCA). Fort

Worth: Texas Christian University, Institute of Behavioral Research.

Simpson, D. D. (2009, December). *Adaptation and Implementation of TCU Mapping-Enhanced Counseling and Assessment Resources in the United Kingdom*. Report on the 2009 U.S. Distinguished International Scientist Collaborators Award (USDISCA). Fort Worth: Texas Christian University, Institute of Behavioral Research.

TRAINING MANUALS

Bartholomew, N. G., Dansereau, D., Knight, K. & Simpson, D. D. (2009). *Leader's Manual: Way Safe: Mapping Your Way to a Healthy Future*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., Dansereau, D., Knight, K. & Simpson, D. D. (2009). *Participant Workbook: Way Safe: Mapping Your Way to a Healthy Future*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Bartholomew, N. G., Dansereau, D., Knight, K. & Simpson, D. D. (2009). *Keep it Safe Toolkit*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

2009 CONFERENCE AND TRAINING PRESENTATIONS

JANUARY

Bartholomew, N. G. (2009, January). *TCU Mapping-Enhanced Counseling: Core skills and clinical applications*. Training for South Arkansas Substance Abuse and Union County Drug Court, El Dorado, AR.

Bartholomew, N. G. (2009, January). *TCU Mapping-Enhanced Counseling: Core skills and clinical applications*. Training for Daytop Village New York, Swan Lake, NY.

Gray, J. S. (2009, January). *Assessing offender needs using customized assessments, and using Excel reports to inform master*

treatment plans. Presented to the Gateway Foundation: Kyle Correctional Facility, Hackberry Special Needs Unit, T. R. Havins Unit, Ellen Halbert Unit, Glossbrenner Unit, Estelle Special Needs Unit, and Texas Department of Corrections, Buda, TX.

Gray, J. S. (2009, January). *The role of automated assessment reports in drug abuse treatment*. Presented to the Gateway Foundation, Hackberry Correctional Facility, Gatesville, TX.

Rowan-Szal, G. A. (2009, January). *Assessing offender needs using customized assessments*. Presented to the Gateway Foundation: Kyle Correctional Facility, Hackberry Special Needs Unit, T. R. Havins Unit, Ellen Halbert Unit, Glossbrenner Unit, Estelle Special Needs Unit, and Texas Department of Corrections, Buda, TX.

Rowan-Szal, G. A. (2009, January). *The role of automated assessment reports in drug abuse treatment*. Presented to the Gateway Foundation, Hackberry Correctional Facility, Gatesville, TX.

FEBRUARY

Gray, J. S. (2009, February). *Implementing the IPASS*. Presented to the Texas Department of Criminal Justice, Rehab & Re-entry Programs Division, Gateway Foundation, Henley Unit (Cenikor), and Johnston Unit (TDCJ), Winnsboro, TX.

MARCH

Gray, J. S. (2009, March). *Implementing the IPASS*. Presented to the Texas Department of Criminal Justice, Rehab & Re-entry Programs Division, and Henderson Unit (MTC), Fort Worth, TX.

Simpson, D. D. (2009, March). *Innovation planning and implementation issues for addiction treatment services*. Invited Keynote and Master Class presented at the 1st Conference of the Connections Project, "Joining the Dots: Criminal Justice, Treatment and Harm Reduction," Kraków, Poland.

APRIL

Gray, J. S. (2009, April). *Implementing CEST reporting using Excel*. Presented to the Gateway Foundation, Dallas ITPC, Fort Worth, TX.

Gray, J. S. (2009, April). *Using ADC experimental design tools in the field for National Institute of Drug Abuse Criminal Justice Disease Risk Reduction (DRR) Study*. Presented to the Gateway Foundation study participants and TDCJ Rehab and Re-entry Programs Division, Fort Worth, TX.

Knight, K. (2009, April). *Tooling up for treating antisocial offenders*. Invited keynote presentation at the New York City Gang Symposium, New York.

Rowan-Szal, G. A. (2009, April). *Rollout of a Disease Risk Reduction Project*. Presented to the Gateway Directors and Transitional Care Coordinators, Fort Worth TX.

MAY

Gray, J. S. (2009, May). *Using ADC tools in the field for National Institute of Drug Abuse Criminal Justice Disease Risk Reduction (DRR) Study*. Presented to the Gateway Foundation, TDCJ Sayle Unit, Breckenridge, TX.

Simpson, D. D. (2009, May). *Treatment blueprints: Better foundations for better care*. Invited presentation at the Indiana DOC Correctional Training Institute, New Castle, IN.

Simpson, D. D. (2009, May). *Treatment planning: Building foundations for better care*. Presentation at the Seminar on Evidence-Based Treatment, Preferred Family Healthcare, St. Louis, MO.

Simpson, D. D. (2009, May). *Treatment planning: Building foundations for better services*. Presentation at the Seminar on Evidence-Based Treatment, South Arkansas Substance Abuse and Union County Drug Court, El Dorado, AR.

JUNE

Gray, J. S. (2009, June). *ADC 101*. Presented to the Gateway Foundation, TDCJ Joe Ney Unit, Hondo, TX.

Gray, J. S. (2009, June). *ADC tools for field use in the National Institute of Drug Abuse Criminal Justice Disease Risk Reduction (DRR) Study*. Presented to the Gateway Foundation, TDCJ Hackberry Unit, Gatesville, TX.

Gray, J. S. (2009, June). *ADC tools for the Disease Risk Reduction (DRR) Study*. Presented to the Gateway Foundation, TDCJ Halbert Unit and Burnet County Jail, Burnet, TX.

Gray, J. S. (2009, June). *Automating assessments for the Disease Risk Reduction (DRR) Study*. Presented to the Gateway Foundation, TDCJ Estelle Unit, Huntsville, TX.

Gray, J. S. (2009, June). *Disease Risk Reduction (DRR) assessment tools*. Presented to the Gateway Foundation, TDCJ Havins Unit, Brownwood, TX.

Gray, J. S. (2009, June). *Disease Risk Reduction (DRR) tools to assess client needs*. Presented to the Gateway Foundation, TDCJ Glossbrenner Unit, San Diego, TX.

Gray, J. S. (2009, June). *Using ADC tools to assess client needs*. Presented to the Gateway Foundation, TDCJ Kyle Unit, Buda, TX.

Knight, K. (2009, June). *Assessment tools for level of care*. Invited plenary presentation at the Spectrum Substance Abuse Treatment in the 21st Century Conference, Boston, MA.

JULY

Bartholomew, N. G., Dansereau, D. F., & Simpson, D. D. (2009, July). *Mapping-Enhanced Counseling: Core Skills and Clinical Applications*. TCU Summer Mapping Institute, Fort Worth, TX.

Bartholomew, N. G., & Rowan-Szal, G. A. (2009, July). *TCU Mapping-Enhanced Counseling: Way Safe: Mapping and HIV Prevention*. Training for Hackberry SAFF, Gatesville, TX.

Gray, J. S. (2009, July). *Using ADC tools to enhance experimental design in the field*. Presented at the TCU Summer Mapping Institute, Fort Worth TX.

Rowan-Szal, G. A. (2009, July). *Implementation of a Disease Risk Reduction Intervention (Way Safe)*. Presented to the Gateway Foundation, Hackberry Correctional Facility, Gatesville, TX.

AUGUST

Bartholomew, N. G., Rowan-Szal, G. A., & Pankow, J. (2009, August). *TCU Mapping-Enhanced Counseling: Way Safe: Mapping and HIV Prevention*. Training for Jester SAFF, Sugarland, TX.

Gray, J. S. (2009, August). *ADC tools for assessing client needs*. Presented to the Gateway Foundation, Ozark Correctional Facility, Fordland, MO.

Rowan-Szal, G. A. (2009, August). *Implementation of a Disease Risk Reduction Intervention (Way Safe)*. Presented to the Travis County Probation Austin, TX.

Several online and “[Feature Presentations](#)” of IBR Conference materials are provided in the [Presentations Section](#) of the IBR Website.

Rowan-Szal, G. A. (2009, August). *Implementation of a Disease Risk Reduction Intervention (Way Safe)*. Presented to the Gateway Foundation, Jester Correctional Facility, Richmond, TX.

SEPTEMBER

Bartholomew, N. G. (2009, September). *Advanced mapping skills for trainers*. Training for the South Arkansas Substance Abuse and Union County Drug Court, El Dorado, AR.

Gray, J. S. (2009, September). *Using assessment tools to adapt treatment*. Presented to the Gateway Foundation, Women's Eastern Reception and Diagnostic Correctional Center, Vandalia, MO.

Gray, J. S. (2009, September). *Utilizing customized Scantron assessments to efficiently and accurately measure outcomes*. Presented to the Turning Point, Inc., and CEC Walker Sayle Unit, Institute of Behavioral Research, Fort Worth, TX.

Pankow, J. (2009, September). *TCU assessments in the field: A study concept*. Presentation to the South Arkansas Substance Abuse, Inc. (SASA), El Dorado, AR.

Rowan-Szal, G. A. (September, 2009). *The role of automated assessment reports in drug abuse treatment*. Presented to the South Arkansas Substance Abuse, Inc. (SASA), El Dorado, AR.

SEPTEMBER–NOVEMBER, UK PRESENTATIONS

Simpson, D. D. (2009, September–November). *Strategies for change: Implementing innovations for integrated services*. Invited seminars and presentations in United Kingdom (see listing that follows) as part of the **Distinguished International Scientist Collaboration Award, National Institute on Drug Abuse International Program**. [Handout: [PDF: 585KB; 10 pages, 2 slides per page](#)]

- **Sept 7:** National Treatment Agency (NTA), London
- **Sept 8:** National Addiction Center, Kings College, University of London
- **Sept 9:** RAPt and Phoenix Futures Training Workshop, Vauxhall, London
- **Sept 10-16:** Strategic Planning with Dr. Ed Day, University of Birmingham
- **Sept 14:** Leadership Team for West Midlands National Treatment Agency for Substance Misuse, Birmingham
- **Sept 17:** Leadership Team for North West National Treatment Agency for Substance Misuse (NW NTA), Manchester
- **Sept 17:** Leadership Team for Addictions Dependency Solutions, Manchester
- **Sept 18:** Bradford System Change Pilot Leadership Team, Bradford
- **Sept 21:** HMP Preston/Lifeline Leadership Team and Prison Staff, Preston
- **Sept 22:** Bolton Community Drug Team, Greater Manchester West Mental Health Foundation Trust, Bolton
- **Sept 23-24:** Bradford System Change Pilot, Governors Meeting, Bradford
- **Sept 25:** Royal College of General Practitioners, Substance Misuse Unit, Manchester
- **Sept 28:** Dr. M. Taylor GP, York House Surgery, Heywood, Rochdale
- **Sept 29:** Leadership Team for Sefton System Change Pilot, Sefton
- **Sept 30-Oct 6:** Strategic Planning with Dr. David Best, University of the West of Scotland
- **Sept 30:** Senior Managers Meeting for North Wales Treatment and Recovery Project, Colwyn Bay, North Wales
- **Oct 1:** Dr. Frazier Shaw, Consultant Psychiatrist for East Glasgow Services, Hamilton, Scotland
- **Oct 1:** Directors Meeting for Lothian and Edinburgh Abstinence Project (LEAP) and John Paul Getty Research Foundation, Edinburgh, Scotland
- **Oct 8:** HMP Leeds/Treatment Leadership Team and Prison Staff, Leeds
- **Oct 16:** HMP Lancaster/Lifeline CARAT Leadership Team, Lancaster
- **Oct 21:** Blenheim ADP Leadership and Trainers Team, London
- **Oct 22:** National Implementation Leaders for ITEP/BTEI Applications, NTA, London
- **Oct 26:** Leadership Team for Eastern National Treatment Agency for Substance Misuse, Cambridge
- **Oct 26:** Hertfordshire System Change Pilot Leadership Team, Stevenage
- **Oct 27:** Essex System Change Pilot Leadership Team, Chelmsford
- **Nov 10:** Southwest Regional ITEP Event for SW Implementation, Taunton
- **Nov 16:** Devon DAAT and Torbay ITEP Steering Group, Exeter
- **Nov 16:** Devon DAAT and Torbay ITEP Commissioners, Providers, and Service Users, Exeter
- **Nov 16:** ITEP Champions Team for Devon/Torbay ITEP Implementation, Exeter
- **Nov 24:** Report to NTA Leadership on ITEP/BTEI Implementation Uptake in UK, London

OCTOBER

Bartholomew, N. G., & Pankow, J. (2009, October). *TCU mapping-enhanced counseling: Way Safe: Mapping and HIV Prevention*. Training for Estelle SAFP, Huntsville, TX.

Edwards, J. R., Knight, D. K., & Flynn, P. M. (2009, October). *Organizational and staff characteristics associated with aspects of innovative leadership in outpatient treatment programs*. Poster presentation at the 2009 Addiction Health Services Research (AHSR) Annual Meeting, San Francisco.

Knight, D. K., Edwards, J. R., & Flynn, P. M. (2009, October). *Change in outpatient service offerings over a 2-year period*. Poster presentation at the 2009 Addiction Health Services Research (AHSR) Annual Meeting, San Francisco.

Landrum, B., Knight, D. K., Edwards, J. R., & Flynn, P. M. (2009, October). *Client engagement and intensity of outpatient substance abuse treatment*. Poster presentation at the Addiction Health Services Research Conference, San Francisco.

Lehman, W. E. K., Knight, D. K., Dansereau, D. F., & Flynn, P. M. (2009, October). *An organizational development system for improving organizational functioning and implementing new clinical practices*. Poster presentation at the 2009 Addiction Health Services Research (AHSR) Annual Meeting, San Francisco.

Lehman, W. E. K., Knight, D. K., Joe, G. W., & Flynn, P. M. (2009, October). *Program resources and utilization of training in outpatient substance abuse treatment programs*. Poster presentation at the 2009 Addiction Health Services Research (AHSR) Annual Meeting, San Francisco.

Pankow, J., Knight, K., Pickett, S., & Barberena, R. (2009, October). *Promising findings from a DWI Court*. Poster presentation at the 2009 Addiction Health

Services Research (AHSR) Annual Meeting, San Francisco.

Rowan-Szal, G. A., Knight, K., Joe, G. W., & Simpson, D. D. (2009, October). *Organizational differences in criminal justice facilities implementing a disease risk reduction intervention*. Poster presentation at the 2009 Addiction Health Services Research (AHSR) Annual Meeting, San Francisco.

NOVEMBER

Gray, J. S. (2009, November). *Modular use of assessment tools in East Texas Drug Courts*. Presented to Angelina County Alcohol and Drug Court, Fort Worth, TX.

DECEMBER

Flynn, P. M. (2009, December). *Increasing the accuracy of self-reports*. Invited panel presentation at the NIDA Science Meeting/Workshop, Clinically Meaningful Substance Abuse Treatment Outcome Measures for Effectiveness Trials, Rockville, MD.

Gray, J. S. (2009, December). *Automating assessment tools in Tarrant County Drug Courts*. Presented to Tarrant County Alcohol and Drug Court, Fort Worth, TX.