

RESEARCH ROUNDUP

I B R ' S Q U A R T E R L Y N E W S L E T T E R

IBR Web Site: www.ibr.tcu.edu

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Workplace prevention programs show promise

The [Workplace Project](#) at the IBR has studied the prevalence, antecedents, and consequences of employee substance use for over 12 years, first by conducting surveys of municipal employees at several large cities in the Southwest and later through the development and field testing of employee prevention programs. Results have emphasized the importance of work environments, organizational policies, and employee characteristics in under-

standing the pervasiveness and impacts of substance use in the workplace.

In recognizing the changing social contexts in today's workforce, Project Manager [Dr. Wayne Lehman](#) and researcher [Dr. Joel Bennett](#) spearheaded the development of two substance abuse prevention programs for employees. One is an interactive and participatory "team-based" program

that emphasizes the impact of substance use problems on all team members in a work group (in terms of lost productivity, having to cover for absent co-workers, and workplace safety). The approach promotes awareness of group dynamics, behaviors, and attitudes that serve to condone or create tolerance for drinking or drug use in a workgroup. Issues such as stress

See [Workplace studies](#), page 4.

CETOP-2 targets motivation, recovery skills

As criminal justice-based treatment programs continue to gain support, more attention is being paid to effective ways of helping offenders make the most of what treatment has to offer. IBR's [CETOP-2](#) project (Cognitive Enhancements for the Treatment of Probationers), building on research conducted during its

first phase at the Tarrant County Substance Abuse Treatment Facility, will assess the impact of cognitive activities specifically designed to increase motivation and promote the development of recovery-oriented skills among probationers in court-mandated residential treatment. The Dallas County Judicial Treatment

Center (DCJTC) located in Wilmer, Texas will collaborate as the new research site for CETOP.

A series of planned studies will be carried out over the next 3 years to better assess the impact and utility of several treatment modules developed by CETOP researchers [Drs. Donald Dansereau, Sandra Dees, Tiffany Sia, and Mike Czuchry](#). Approximately 300 probationers at DCJTC will take part

See [CETOP-2 project](#), page 2.

Also in this issue:

Parenting study underway	2	Research Highlights	5
What's New on the Web	6		

Parenting study underway

Studies suggest that substance abuse clients can benefit from participation in parenting training as part of treatment and that such training can help improve family relationships and knowledge about effective parenting strategies. A new study, carried out in collaboration with the substance abuse treatment services division of a local community mental health provider will systematically examine the effectiveness of a parenting training curriculum developed at IBR that has been used

successfully in both residential and outpatient programs. The *Partners in Parenting* manual provides counselors with materials and instructions for leading an 8-session workshop for clients that focuses on issues of parenting effectiveness such as developmental awareness, communication skills, guidance techniques, and positive discipline strategies. These workshops will be offered to both male and female clients in several treatment modalities, including inpatient, intensive

outpatient, and aftercare programs. [Women and Children Project](#) researcher [Dr. Danica Knight](#) will conduct a variety of assessments to help determine the effectiveness of these workshops for improving family functioning, communication, and parenting knowledge. Additionally, patterns of change among different subsamples of clients will be examined. The entire *Partners in Parenting* treatment manual is available on the IBR Web site in the Manuals section. ■

CETOP-2 project, continued from front page.

in the research, with residential units (consisting of about 40 people each) being assigned to either an “enhanced” or “standard” condition. Those in the standard condition will receive treatment as usual. Residents in the enhanced condition will receive training using four cognitive-based treatment modules administered over 6-month implementation cycles. These include:

Downward Spiral: Subjects play the board game “Downward Spiral,” which experientially illustrates the consequences of substance abuse and encourages active discussion about the impacts of addiction on health, family, social support, and other life resources.

Tower of Strengths: In this activity, designed to instill hope and encourage self-efficacy, subjects examine a set of cards with words describing personal strengths and resources. Subjects chose 10 words that describe strengths they currently have and 5 others that describe strengths they wish to acquire,

arranging these in a graphical tower on a worksheet. Discussions focus on ideas for reaching one’s desired future.

RAFTing: RAFT (Relax And Focus Technique) uses meditation and breathing exercises to help subjects learn relaxation and self-control skills that are useful in all phases of recovery—from getting along with staff and fellow probationers to overcoming triggers that may signal a relapse.

Personal Power Series: In the third month of the study cycle, subjects complete a series of 4 workbooks in group and as homework that use the metaphor of a road trip (one’s “trip through life”) as a focus for goal setting, planning, and mood management skills. A sample activity (**Figure 1**) is included on the next page.

Probationers at DCJTC are encouraged to complete a 6-month primary care residential phase and a 6-month outpatient aftercare

program. Questionnaires to help assess the impact of the CETOP interventions include a baseline survey administered at intake and again before residents are discharged into aftercare, and a second follow-up survey given during the midpoint of the residents’ aftercare program. Both enhanced and standard residents will complete these assessments, along with monthly evaluations of treatment progress. In addition, residents receiving the enhanced interventions will be asked to complete an evaluation at the end of each module. Researchers will be looking at the during-treatment impact of these modules in terms of motivation and treatment compliance, as well as treatment outcome measures such as drug use and criminal recidivism. In addition, several studies will focus on client characteristics to better assess which probationers benefit most from these types of interventions. For more information about [CETOP’s](#) previous studies and treatment modules, visit the IBR Web site at www.ibr.tcu.edu ■

LOSING CONTROL MADE EASY

Never consider another person's point of view.

Remember that everything is supposed to go perfectly.

Remember that anything that goes wrong is someone else's fault.

Assume people are trying to annoy you.

Jump to conclusions.

Let your emotions control you.

React first, think never.

If it feels good, do it. If it doesn't, don't.

Avoid moderation, do everything in EXCESS.

Don't just give in to temptation, actively pursue it.

Never forget that you are the center of the universe.

Ignore problems, they will go away.

Figure 1. From *Personal Power Series Workbook 1*: Discussion activity for helping clients explore common thinking errors that may lead to interpersonal problems.

Workplace studies, continued from front page.

management, communication, risk identification, and how to gently “nudge” a troubled co-worker to seek professional help are discussed. A second and less time-intensive approach also was developed. This is an enhanced “informational” training that uses primarily didactic presentations to familiarize employees with their workplace substance abuse policy, provide information about the effects of alcohol and various drugs of abuse, and to explain benefits provided through their Employee Assistance Program (EAP) and encourage its utilization. This training is based on a more traditional approach to workplace-based substance abuse programs, although the approach here offers a stronger emphasis on the links between policy and the EAP.

Both training programs have been implemented and evaluated in two municipal workforces. The first was

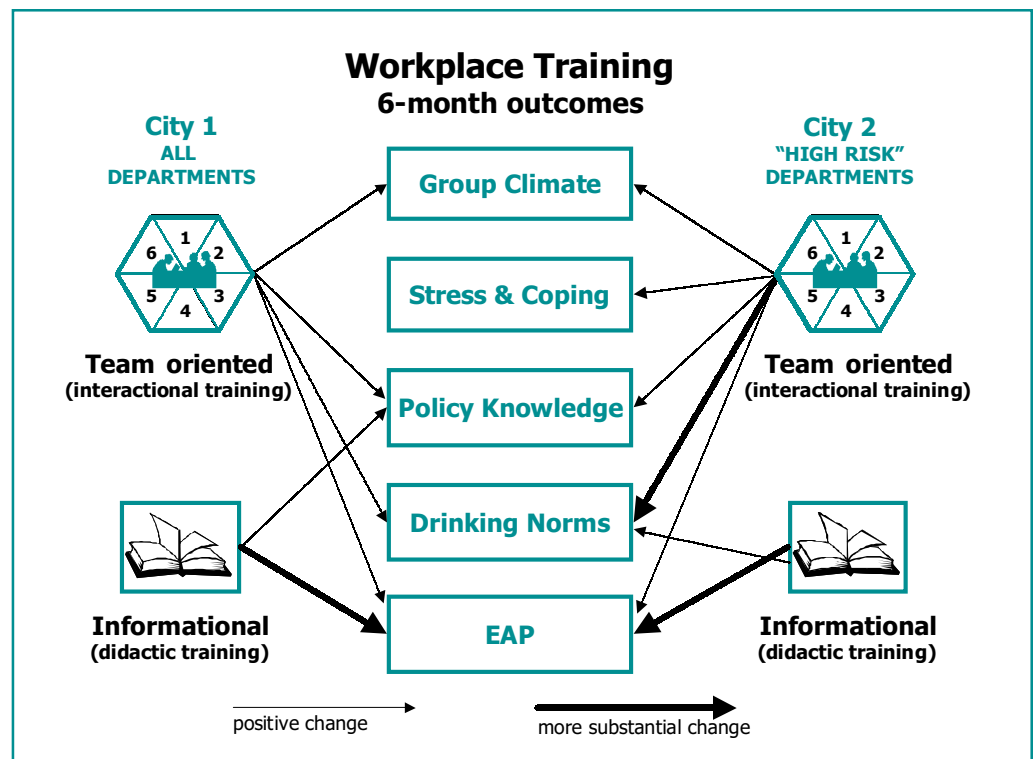
a medium-sized suburban city and work groups from all city departments (except uniform fire and police) were included. The second was a larger urban city and included three departments that had previously been identified as “at-risk” for substance abuse problems. Work groups were randomly assigned to receive either the team-based or informational training, or were assigned to a no-training control group. Work groups were assessed two weeks before and after the trainings, and again at six months posttraining. Overall, employees who attended either of the two training conditions showed improvements in important areas compared to employees in the control condition. **Figure 2** summarizes the results at 6-month follow-up for both cities. Five domains of outcomes were examined, including a supportive group climate, stress and coping, drinking norms, policy knowledge,

and information about the EAP. Arrows from the training condition to the outcome domain indicate a positive change. The bold arrows indicate more substantial change.

The results suggest that the best approach to employee substance use prevention training is a mix of team-based and informational methods. However, the higher intensity and time effort of the team-based approach may be best suited for workgroups with some elevated level of risk (as determined by the employee assessments developed at TCU), whereas for workgroups where risk is low, the informational approach may be sufficient. More detail on these results and other cutting edge approaches to workplace substance abuse prevention are available in an upcoming book based on this work published by the American Psychological Association. ■

Figure 2. Results at 6-month follow-up

The 6 components of **Team oriented training** are:
 1) risk identification,
 2) policy awareness,
 3) stress management,
 4) understanding tolerance and enabling,
 5) communication, and
 6) peer referral skill training.



Research Highlights

Reports in press

Adolescent clients who reported higher levels of readiness for treatment at intake were more likely to become therapeutically involved during treatment, regardless of their backgrounds. This study of a national sample of teens admitted to 20 treatment programs replicates similar findings among adult samples, suggesting that successful engagement in treatment depends on readiness and helping build readiness might help overcome environmental barriers.

Broome, K. M., Joe, G. W., & Simpson, D. D. (in press). Engagement models for adolescent clients in DATOS-A. *Journal of Adolescent Research.*

An examination of the availability of treatment services in a national sample of adolescent drug abuse treatment programs was carried out by creating treatment service delivery profiles from an organizational perspective looking at program modality, director's academic credentials, program capacity, staff, accreditation, and patient problems. Results suggest distinct services profiles for residential and outpatient modalities, related both to organizational factors and patient problems. **Delany, P. J., Broome, K. M., Flynn, P. M., & Fletcher, B. W. (in press). Treatment service patterns and organizational structures: An analysis of programs in DATOS-A. *Journal of Adolescent Research.***

Longer retention or greater lengths of stay in methadone treatment were associated with greater crime-related cost savings in this study of 394 methadone patients from 16 programs participating in DATOS. Both discharged and continuing clients contributed to significant returns on

treatment investments, however, greater net economic benefits were realized from continuing patients. This suggests that opposition to long-term maintenance may potentially serve to undermine the reduction of crime costs usually associated with methadone treatment. **Flynn, P. M., Porto, J. V., Rounds-Bryant, J. L., & Kristiansen, P. L. (in press). Costs and benefits of methadone treatment in DATOS—Part 1: Discharged versus continuing patients. *Journal of Maintenance in the Addictions.***

Women who remained in methadone treatment for a year or more had greater reductions in crime-related costs than men completing the same amount of treatment in this study of 144 women and 250 men in 16 methadone programs participating in DATOS. It was hypothesized that treatment benefits in the form of costs of crime to society would differ by gender, and that crime cost savings would be greater for patients completing a year of treatment regardless of gender. However, greater net economic benefits to society were accrued by women than men. **Flynn, P. M., Porto, J. V., Rounds-Bryant, J. L., & Kristiansen, P. L. (in press). Costs and benefits of methadone treatment in DATOS—Part 2: Gender differences for discharged and continuing patients. *Journal of Maintenance in the Addictions.***

Desire for help and treatment readiness were associated with treatment engagement in this study of 419 probationers remanded to a residential modified therapeutic community in a criminal justice setting. Findings suggest that targeted readiness and induction interventions are recommended for offenders with poor motivation who enter treatment in

correctional settings. **Hiller, M. L., Knight, K., Leukefeld, C., & Simpson, D. D. (in press). Motivation as a predictor of therapeutic engagement in mandated residential substance abuse treatment. *Criminal Justice and Behavior.***

Lower counselor-client rapport during treatment predicted poor posttreatment outcomes in this study of two cohorts of outpatient methadone patients (n=577). Results support that counseling rapport is a vital part of the therapeutic process and that counseling strategies impact rapport. The counseling relationship is seen to contribute explicitly to the prediction of outcomes and to account for the association between treatment retention and outcomes. **Joe, G. W., Simpson, D. D., Dansereau, D. F., & Rowan-Szal, G. A. (in press). Relationships between counseling rapport and treatment outcomes. *Psychiatric Services.***

Relationship-centered treatment for women was found to be effective in this study of 77 female clients admitted to a residential program for women and children that emphasizes healthy relationships. Assessments of psychosocial functioning and family and peer relations were administered at intake and again at 3 months. Results showed that interpersonal relationships changed for the better, with more family cohesion, less family conflict, decreased association with drug using and deviant peers, more social conformity, and corresponding improvements in psychosocial functioning. **Knight, D. K., Wallace, G. L., Joe, G. W., & Logan, S. M. (in press). Change in psychosocial functioning and social relations among women in residential substance abuse treatment. *Journal of Substance Abuse.* ■**

What's New on the Web

At the IBR site, <http://www.ibr.tcu.edu>

Presentations, formerly Web Posters — This section includes featured PowerPoint presentations by Dr. Dwayne Simpson and colleagues on the TCU Treatment Process Model, the DATOS national treatment evaluation, Transferring Research to Practice, and Treatment in Correctional Settings. The Web posters remain, along with new citation lists of IBR conference presentations arranged by year. A Current Activities Calendar gives information on IBR's 2001 conference and workshop activities. Most recently, Dr. Simpson added a new PowerPoint presentation on **TCU Client Assessments and Applications**.



Manuals -- Our TCU Counseling Manuals continue to be popular. In order to better understand downloads and utilization, visitors to the Manuals and Downloads sections are being asked to participate in our DATAR-3 research by completing a short online questionnaire.

Downloads — This page provides a convenient, indexed list of all PDF files that can be downloaded from the IBR site.

Graduating soon? Check out IBR's graduate training opportunities in [About IBR](#).

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