

Fingertip access to IBR resources

by D. Dwayne Simpson, IBR Director

IBR Annual Report now available!



Our [2002 Annual Report](#) is ready to download in PDF format from the IBR Web site. The online report not only summarizes our most recent research but also provides Web links to additional materials in the IBR and DATOS sites.

The IBR has added a new Web site feature called [Resource Collections](#) to help users navigate more efficiently in locating materials generated from our research program. It is organized like a “virtual library” and has been months in the making. Specifically, it links together a diversity of resources (e.g., overview of findings, graphic summaries, intervention manuals and strategies, lists of key publications, and assessment instruments) within each of our major research domains. These include National Treatment Evaluations, Correctional Treatment Evaluations, Treatment Process, Counseling Manuals for Social Skills and Recovery, Cognitive Interventions, Technology Transfer, and Assessment Systems. Go to www.ibr.tcu.edu and let us know if it works for you!

In this issue of *Research Roundup*, we feature reports on two treatment programs whose activities came to our attention after they contacted us with questions. In both cases the programs had begun using and adapting materials from our *Resource Collections* into their organizations. These reports underscore how exposure, program needs, and organizational readiness contribute to the overall process of technology transfer at the program level and provide support for the research-to-practice initiatives (through ATTCs and other players) that continue to introduce treatment providers to the latest protocols and innovations available.

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A peek inside IBR's new Resource Collections:

PowerPoint presentations (with PDF printed handout files included):

- ✓ Overview of Treatment in Correctional Settings
- ✓ National Treatment Retention Findings
- ✓ National Cocaine Treatment Outcomes
- ✓ Background for Treatment Process Research

Web Posters:

- ✓ Role of Motivation in Treatment Process
- ✓ Legal Pressure and Retention in Residential Treatment
- ✓ Brief Intake and Client Problem Severity Index

Reports from the field: Case studies in research-to-practice

IBR resources have been field-tested and implemented in diverse treatment settings.

Over the last fifteen years, IBR has developed and refined a variety of user-friendly assessments, interventions, and materials that have proven to be both practical and functional in substance abuse treatment programs. These “innovations” have been field-tested and implemented in diverse treatment settings, from community-based to criminal justice, resulting in over 100 journal articles and publications attesting to their applicability in real-world settings. IBR’s state-of-the-art Web site, along with old fashioned word-of-mouth, continue to introduce thousands of people each year to these IBR resources, both nationally and internationally.

Recent examples include plans underway on the part of the Italian Health Ministry to translate the core set of TCU forms for use in outcome evaluation by both public and

private treatment programs in Italy and the inclusion of the [Downward Spiral board game](#) and other IBR materials in a Motivation Program that is part of standard treatment for hard to treat clients in Washington’s Pioneer Center program (see *Research Roundup*, Volume 12, No. 2, Summer 2002). The following reports from the field add to the list.

Cleaning the Windshield: Pavillon Foster Montreal, Quebec

The management and staff of Pavillon Foster, a Canadian public treatment facility serving over 1,000 clients a year with outpatient, residential, and youth services, set out to develop a localized, program-level outcome monitoring system (OMS) to guide

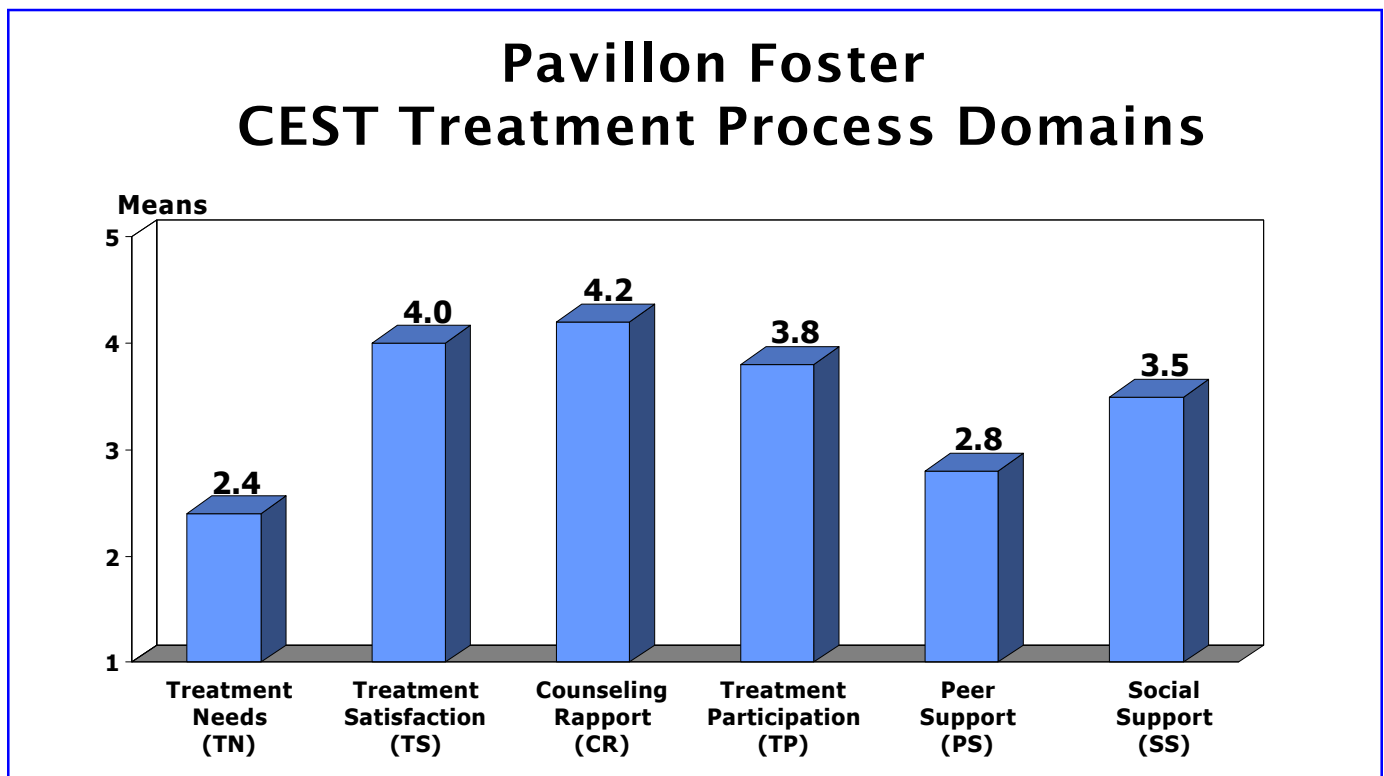


Figure 1. Examples of treatment process domains from CEST.

treatment and planning. David F. Ross, Ph.D., the program's Coordinator of Professional Services, explored the IBR Web site and became interested in the TCU Client Evaluation of Self and Treatment (CEST) and Organizational Readiness for Change (ORC) instruments as a way to get a "snapshot" of program clients and staff with comparable data across treatment service units. These two instruments are part of the [Core Set of TCU Forms](#), a collection arising from almost 20 years of experience in adapting organizational, treatment process, and outcome assessments in real world settings. They capture information required for administrative reporting by treatment providers as well as key clinical dimensions related to treatment planning, service delivery, and client progress. The forms are designed for efficiency and comparability across diverse treatment settings, providing a stable assessment system for clinical applications and organizational monitoring.

In the case of Pavillon Foster, the aim was to get feedback from client, clinical, and man-

agement perspectives in order to build consensus around program goals. According to Ross, "The general idea of program monitoring is to inform efforts to improve programming and individual interventions for all players concerned (staff and clients) and to minimize loss of resources on wild goose chases." Using the metaphor of comprehensive assessment as a "clean windshield" for program development, a pilot study was undertaken to familiarize staff with the benefits of good outcome monitoring and organizational assessment using the TCU CEST and ORC instruments as "try these on for size" examples. Results of the pilot study were shared with staff and feedback was actively sought from all levels, culminating in a presentation and recommendations to the Pavillon Foster board of directors.

According to agency staff, clients participated willingly and were generally enthusiastic about completing the CEST. Adult clients, in particular, reported they enjoyed having direct input about the services they received. **Figure 1** shows an example of

"The general idea of program monitoring is to inform efforts to improve programming and individual interventions for all players concerned."

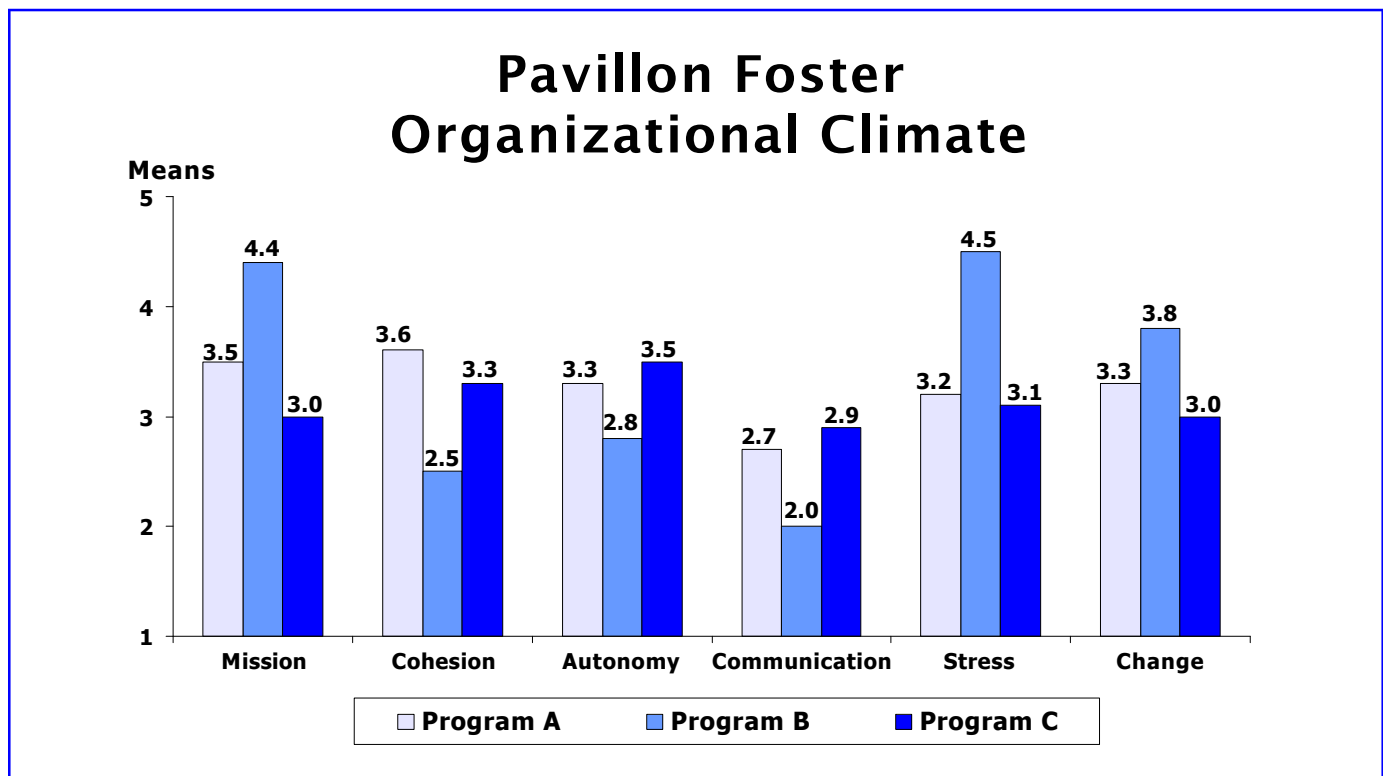


Figure 2. Variations in ORC ratings across different programs.

CEST treatment process domains for one of Pavillon Foster's programs. The outpatient, inpatient, and youth clinical teams were supportive of the initiative and able to identify limitations and suggest adaptations to the instrument that would make it more salient to specific program needs. Overall, staff found the CEST useful for both program review and individual assessment, noting that automated or computer-based administration and scoring would add considerably to the package.

Similarly, the ORC surveys administered to staff as part of the pilot project yielded useful information on clinical teams' perceptions of workplace resources, motivation for change, and organizational dynamics (e.g. staff attributes, climate, communication patterns, and sense of autonomy and cohesion). As shown in **Figure 2** (see previous page), there were variations in ratings across different programs, providing administrators with an example of how an organizational assessment like the ORC can help identify strengths, needs, and areas of possible concern across programs.

Like any good pilot study, the work at Pavillon Foster has raised as many questions as it has answered for its staff and administrators. For example, whereas the CEST was seen as an effective tool for long-range program evaluation and monitoring of client performance and change, a need also was seen for a briefer, more specific measure to assess client change and process from session to session. Ross sees this type of quick assessment as useful for getting at questions like "Is the therapy working for the client at this moment?" and "Can we improve the intervention while there is still time to reach this individual client?"

At present, Pavillon Foster continues to investigate how best to organize and structure its OMS so that whatever information is gathered is used to maximum benefit to inform clinical practice, organizational decision-making, and treatment planning and delivery. Within this framework, the TCU

ORC is being added as part of the annual employee review process to survey organizational concerns. The CEST will be administered to clients on a periodic basis to evaluate psychosocial changes over time and program satisfaction. Further investigations will look at how best to utilize a computer-assisted, clinical support software package that provides individualized reports to clinicians and clients based on OMS data. Studies are planned to see how this type of feedback loop impacts client involvement, clinician decision-making, and overall service delivery. For more information about Pavillon Foster's OMS system and clinical feedback research, contact David Ross at david.ross@rrsss16.gouv.qc.ca. A newly published article on the background of their OMS project also is available: Brown, T.G., Topp, J., & Ross, D. F. (2003). Rationales, Obstacles and Strategies for Local Outcome Monitoring Systems in Substance Abuse Treatment Settings, *Journal of Substance Abuse Treatment*, (24)1, 33-44.

Mapping All the Way: Nitschke Center Green Bay, Wisconsin

An interest in research-to-practice initiatives led management at the Jackie Nitschke Center in Green Bay, WI to consider implementing several new cognitive behavioral interventions with clients. The Nitschke Center offers residential, outpatient, and aftercare services to adult men and women with substance abuse disorders. The agency's director heard about the availability of IBR materials at a regional ATTC conference and asked counselors to review copies of *Mapping New Roads to Recovery*, a primer and self-study guide for professionals interested in adding node-link mapping to their "clinical toolbox." Bill Labine, a senior counselor at the Center, was immediately interested in the technique and began to use it with his clients. He later helped train his colleagues and now most counseling staff at the Center use mapping to some degree in both individual and group settings.

The goal was to take a "snapshot" of the program from client, clinical, and management perspectives.

According to Labine, feedback from clients has been very positive—so much so that counselors, convinced of mapping’s usefulness, declined participation in a formal evaluation because of fears that random assignment would mean withholding mapping-based treatment from clients who they felt would benefit from it. In addition, mapping techniques appeared to have taken hold within the organization’s “culture,” making it difficult for staff to identify clients who had not already been exposed to it. The Center has revised its periodic Client Satisfaction surveys to include several items specific to client perception of mapping’s usefulness.

Labine sees mapping as an important clinical tool because it helps cut down wordiness, yet leaves clients with a clear “picture” of the causes, influences, solutions, and resources associated with a particular problem or concern. He also has noticed that mapping seems to encourage clients to be more self-directed in working on problems while at the same time giving them tools to help. For example, Labine says after spending time in a group working on a particular member’s problem using a structured, problem-solving map it is not uncommon for other group members to request blank copies of the map so they can work on their own issues by themselves. He notes that clients return with these self-completed maps for feedback and discussion as part of the group process.

Bill Labine’s observations about node-link mapping’s effectiveness with clients include:

- ✓ Mapping requires that clients focus on themselves, rather than situations or other people.
- ✓ Mapping helps clients become more specific and less vague about problems and solutions.
- ✓ Mapping helps clients focus on their positive strengths and values.
- ✓ Mapping is a good tool for helping clients get below the surface and examine sensitive issues layer by layer.
- ✓ Mapping makes clients more accountable and invested in their own treatment and seems to have had a positive impact on treatment engagement and participation.

For more information about the Nitschke Center’s experiences with node-link mapping, contact Bill Labine at 920-435-2093.

Node-link mapping is seen as cutting down wordiness yet leaving a clear picture of the problem.

Research Highlights

A study to examine the degree to which mothers in residential substance abuse treatment are able to re-establish or maintain their role as parent during the course of treatment was undertaken using data from 152 female clients admitted to a residential program specifically for women with dependent children. Findings show these mothers were more likely to live with their children from admission to follow-up and that women living with or reunited with their

children during the course of treatment were 5 times more likely to be living with those children at follow-up. Mother’s age, ability to live independently, and number of parenting challenges were associated co-residency at follow-up. Knight, D. K., & Wallace, G. (in press). Where are the children? An examination of children’s living arrangements when mothers enter residential drug treatment. *Journal of Drug Issues*.

What's New on the Web

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

New Resource Collections: The IBR Web site has been redesigned to streamline access and highlight integrated sets of materials—manuals, forms, and findings.

Collections are:

- [National Treatment Evaluations](#)
- [Correctional Treatment Evaluations](#)
- [Treatment Process](#)
- [Counseling Manuals for Social Skills and Recovery](#)
- [Cognitive Interventions](#)
- [Technology Transfer](#)
- [Client/Treatment Assessments](#)



At the DATOS site, <http://www.datos.org>

Publications: This section of the DATOS site now features publications listed by selected topics, in addition to the listings by year.

Search: A new **Search page** (powered by the very popular Google search engine) facilitates the overall usefulness of the site for visitors. ■

IBR Research Staff

Director and Professor
D. Dwayne Simpson

*Associate Director and
Senior Research Scientist*
Lois R. Chatham

Senior Research Scientists
Donald F. Dansereau
Patrick M. Flynn
George W. Joe

Research Scientists
Kirk M. Broome
Sandra M. Dees
Jack M. Greener
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Collaborating Scientist
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Michael L. Czuchry
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Research Associates
Norma G. Bartholomew
Janis T. Morey
Ryan R. Roark



Institute of Behavioral Research
TCU Box 298740
Fort Worth, TX 76129

Non-Profit Org.
U. S. Postage
PAID
Ft. Worth, TX 76129
PERMIT NO. 2143

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