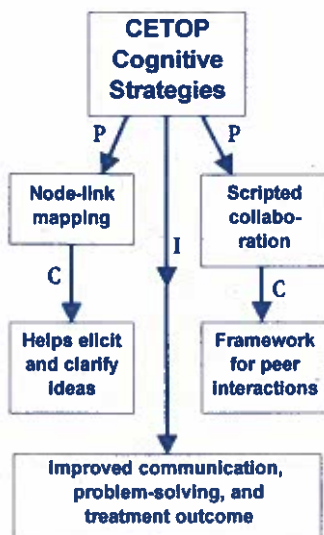


RESEARCH ROUNDUP

5-year CETOP study begins



MAP LEGEND
 C = Characteristic
 I = Influences; P = Part

IBR has received funding from the National Institute on Drug Abuse (NIDA) to study the effectiveness of cognitive treatment strategies on the outcomes of substance abusing probationers. The Cognitive Enhancements for Treatment of Probationers project (CETOP), under direction of Principal Investigator Dr. Don Dansereau, Co-Principal Investigator Dr. Dwayne Simpson, and Project Manager Dr. Sandra Dees, will conduct studies over the next five years to assess the impact of specially designed cognitive enhancements to drug treatment. This research will be carried out in cooperation with the Substance Abuse Treatment Facility (SATF), a short-term, residential treatment program for nonviolent criminal offenders located in Tarrant County. SATF provides four months of intensive residential treatment to 420 probationers per year and has been the site of previous research work conducted by IBR. The cognitive enhancements developed for CETOP will be used to adapt and extend the major treatment components already in place at SATF. The core elements of CETOP's cognitive strategies are *node-link mapping* (and associated visual representation techniques) and *scripted collaboration*. Node-link mapping helps elicit, represent, and organize information so that the relationship between ideas, feelings, and actions can be "seen."

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DATAR follow-up finds less drug use



First year follow-up interviews for the Improving Drug Abuse Treatment for AIDS Risk Reduction project (DATAR) indicate that former clients have been successful in reducing the amount and frequency of illicit drug use in the 12 months since treatment. A total of 437 subjects were located and interviewed and 204 subjects were located but not interviewed for a variety of reasons including incarceration, death, moving out of the area, and refusal. All total, 87% of an original cohort of 736 clients was successfully located during Year 1 follow-up.

Initial comparisons show that the average amount of self-reported drug use was significantly lower at follow-up for heroin, cocaine, "speedball," marijuana, and alcohol. In particular, self-reported weekly use of heroin during the past 6 months fell from 92% at intake to 41% at Year 1 follow-up.

See DATAR, page 4.

Study examines treatment process model

The model was found to be consistent in the prediction of during-treatment opiate and cocaine use.

The length of time clients spend in substance abuse treatment has been shown to be an important predictor of posttreatment outcomes. In addition, during-treatment variables (e. g., treatment environment, client needs, service delivery), pretreatment variables (demographics, drug and alcohol use), and client characteristics (motivation, participation in treatment) also may be important factors related to client outcomes. A recent IBR study conducted by Drs. George Joe, Dwayne Simpson, Grace Rowan-Szal, and Jack Greener examined some of these variables by testing a treatment process model with data from a sample of 251 opiate addicts who remained in methadone treatment a minimum of six months as part of the DATAR project.

The model, based on earlier models of recovery and addiction in the literature, looked at during-treatment drug use and length of time in treatment in terms of clients' engagement in the program, therapeutic alliance with counselors, motivation

for treatment, sociodemographic characteristics, and exposure to cognitive-based counseling (vs. standard counseling procedures). The model was found to be consistent in the prediction of during-treatment opiate and cocaine use and the prediction of time in treatment.

Enhanced cognitive-based counseling was found to be related to a stronger therapeutic alliance between counselor and client, and this was related to greater attendance of counseling sessions, a marker of client engagement with the treatment program. Greater engagement was related to less drug use and increased treatment tenure. The study supports the idea that treatment process variables may be more important than many pretreatment variables in determining client outcomes. In particular, the therapeutic alliance between client and counselor and the factors that affect it emerge as important focal points for future research. ■

Workplace survey finds training needs

Training will highlight how workplace culture may impact substance use.

IBR's Workplace Project has completed a study of 335 workers employed by a mid-size suburban municipality in the Southwest. The study is part of an ongoing research project on substance abuse in the workplace which has already gathered data from over 2,400 employees in two larger metropolitan cities. Results show that the smaller suburban workforce compared favorably to larger workplaces in terms of drug and alcohol use, both on and off the job. Suburban workers were less likely to have used alcohol regularly, drank at work, or used marijuana in the last year, and more than half were satisfied with their city's efforts to deal with workplace substance abuse.

In the course of presenting feedback to workplaces involved in the project, research-

ers discovered that management and human resource staff were interested in learning more about how to identify potential substance abuse problem areas in their organizations. Drs. Wayne E.K. Lehman and Joel Bennett and Research Assistant Jamie Forst have begun development of a short training program for managers and work teams on ways to address drug and alcohol problems in the workplace. The workshop is designed to enhance awareness of how workplace culture and other organizational factors may inadvertently encourage tolerance of substance use and abuse. The training program, which emphasizes personal wellness, prevention, and intervention strategies, will be field tested in early 1995. ■

New HIV/AIDS manual available

A new treatment manual that addresses HIV prevention among substance abusers has been developed by IBR's DATAR project. *Approaches to AIDS/HIV Education in Drug Treatment* is an updated expansion of DATAR's 1991 AIDS/HIV module and reflects new information in the field. It includes a Core Curriculum for leading a 4-session group on topics such as transmission, safer sex and injection practices, HIV testing, and personal risk reduction. The

manual's "Additional Ideas" section provides examples of creative exercises and activities to promote HIV/AIDS awareness, and the "Resources" section features articles, bibliographies, and a listing of available HIV/AIDS education materials. *Approaches to AIDS/HIV* is available through IBR for \$15 per manual to help cover copying and shipping costs. ■

IBR/DATAR Recent drug research publications

Bartholomew, N., Rowan-Szal, G., Chatham, L. R., & Simpson, D. D. (1994). Effectiveness of a specialized intervention for women in a methadone program. *Journal of Psychoactive Drugs*, 26(3), 249-255.

Boatler, J. F., Knight, K., & Simpson, D. D. (1994). Assessment of an AIDS intervention program during drug abuse treatment. *Journal of Substance Abuse Treatment*, 11(4), 367-372.

Chatham, L. R., & Simpson, D. D. (1994). Delivering and evaluating outpatient treatment: Finding a practical balance. In B. Fletcher, J. Inciardi, & A. Horton (Eds.), *Drug Abuse Treatment: The Implementation of Innovative Approaches*. Westport, CT: Greenwood Press.

Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1994). A visual representation system for drug abuse counselors. *Journal of Substance Abuse Treatment*, 11(6), 517-523.

Joe, G. W., Simpson, D. D., & Sells, S. B. (1994). Treatment process and relapse to opioid use during methadone maintenance. *American Journal of Drug and Alcohol Abuse*, 20(2), 173-197.

Knight, D., Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1994). The role of node-link mapping in individual and group counseling. *American Journal of Drug and Alcohol Abuse*, 20 (4), 517-527.

Knight, K., Simpson, D. D., & Dansereau, D. F. (1994). Knowledge mapping: A psychoeducational tool in drug abuse relapse prevention training. *Journal of Offender Rehabilitation*, 20(3/4), 187-205.

Rowan-Szal, G., Joe, G. W., Chatham, L. R., & Simpson, D. D. (1994). A simple reinforcement system for methadone clients in a community-based treatment program. *Journal of Substance Abuse Treatment*, 11(3), 217-223.

Simpson, D. D., Camacho, L. M., Vogtsberger, K. N., Williams, M. L., Stephens, R. C., Jones, A., & Watson, D. D. (1994). Reducing AIDS risks through community outreach interventions for drug injectors. *Psychology of Addictive Behaviors*, 8(2), 86-101.

A bibliography of 49 reports and publications from the DATAR project is available on request. ■



A book on follow-up findings from an earlier IBR project (DARP) entitled *Opioid Addiction and Treatment* is available for \$10 per copy.

CETOP study continued from page 1

Mapping has been shown to improve communication, retention of information, and problem solving in group counseling settings by helping illustrate the multi-relational nature of life's problems and choices. Scripted collaboration involves the use of scripted, cooperative activities among probationers who will work in pairs or teams on specific tasks designed to help clarify ideas and feelings and develop alternative perspectives. Scripted collaboration provides a structured framework for peer interactions and has been found in education-based research to promote cooperative learning and peer-to-peer counseling.

Researchers hope to evaluate the impact of these enhancements on during-treatment and follow-up outcomes and to identify

individual differences among probationers that may help predict the effectiveness of cognitive strategies. The expectation is that these enhancements will help clients participate more fully in treatment by reducing barriers to communication with counselors and by improving problem-solving and information-processing skills. ■

DATAR from page 1

IBR researchers will now undertake a series of treatment process and follow-up outcome studies examining personal variables such as gender, family of origin, drug use, and psychosocial problems as well as during-treatment variables such as cognitive enhancements, contingency management, and psychoeducational modules. ■

Best wishes for the new year!

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