IBR Newsletter Volume 17, Number 3 / Fall 2008

RESEARCH REPORTS FROM IBR

Institute of Behavioral Research Texas Christian University Phone: 817-257-7226 Web: www.ibr.tcu.edu E-mail: ibr@tcu.edu

Using client assessments

By Dwayne Simpson and Pat Flynn

Do client assessments at your agency get "used" or just "filed away"? To the extent that they are used, they most likely were selected in thoughtful accordance with program mission, therapeutic process, and decision-making applications.

The last two *Research Reports from IBR* focused on efforts to streamline TCU client assessment tools with optical-scanning technology (Spring 2008) and to show how they fit within an adaptive treatment strategy (Summer 2008). Recent meetings with IBR collaborator teams show these are important issues for service providers. For instance, **David Deitch** (Chief Clinical Officer of Phoenix House) has observed that use of these new, more targeted assessment tools are starting to be "championed" by treatment key staff members in his agency. In addition to yielding feedback to counselors for making strategic decisions about interventions, he says the information helps clients become more responsive about focal issues and to understand more clearly how "tests" like these are related to planning their care and getting what they need from treatment.

IN THIS ISSUE

On a related note, **Dona Howell** (Coordinator of Addictions Recovery Management Services Unit (ARMSU) of the Division of Program and Support Services, Illinois Department of Corrections) stresses the practical challenges of getting offender assessments into place for tracking progress and cross-system applications. Departmentalized viewpoints can limit the way offender information regarding risks, needs, and progress is used and shared. She says finding efficient and flexible assessment tools for sequentially building this infrastructure into a multi-level users' network is crucial. Without that, chances of having an effective and sustainable treatment continuum are remote.

With encouragement and support from these and other collaborators—along with NIDA funds for new IBR projects getting underway—we have progress to report on recent client assessment initiatives.

Several new 1-page client assessments have been added to the inventory of TCU ADC (Automated Data Capture) Forms available from the IBR Website.

New assessments being developed

Several **new** 1-page client assessments have been added to the inventory of TCU ADC (Automated Data Capture) Forms available from the IBR Website. They were developed according to the user-friendly principles discussed in the Spring 2008 issue of the *Research Reports from IBR* newsletter and currently are being field tested for further scoring and interpretation refinements. In addition to the well-

Continued on page 2

established set of *Client Evaluation of Self and Treatment (CEST)* scales already in use (for measuring motivation/readiness, psychosocial functioning, and engagement), field requests have led us to address an expanded set of client background, family, and health issues, as well as drug use and crime risks.

There now are parallel versions of adult and youth risk forms (A/Y-RSKForm) for collecting socio-demographic information along with risk markers based on key social functioning (family, education) and public safety/health indicators. Age-specific versions for gathering more details on family relationships and social networks also are available (A/Y-FMFRForm). A physical and mental health assessment (HLTHForm) and a PTSD-based evaluation of civilian trauma symptoms (TRMAForm) round out this subgroup of forms.

The revised set of drug use and crime risk assessments includes the *TCU Drug Screen II* and *Criminal Thinking Scales (CTSForm)* along with two new ones. Thus, behaviorally-defined exposure to infection risks of HIV/AIDS and hepatitis through drug use and sex practices are evaluated (HVHPForm), as are criminal recidivism risks defined by previous history of arrests, convictions, and incarcerations (CRHSForm).

"All of the new forms have roots in research showing predictive relationships of these indicators with during-treatment and post-treatment outcomes."

All of the new client assessment forms have roots in research showing predictive relationships of these indicators with during-treatment functioning and post-treatment outcomes. Some are responsive to emerging needs in correctional settings, while others serve special-interest programs such as for women and for youth.

Selecting "sets" of forms

An advantage of converting TCU ADC Forms into a modular framework is they provide a *matrix of evidence-based assessment options*. They offer flexibility for augmenting existing batteries of client assessments in use at some programs, or being a more comprehensive battery of new tools for other programs. In either case, however, that also means careful planning is required before selecting new assessments to use, taking into account treatment mission, objectives, and interventions.

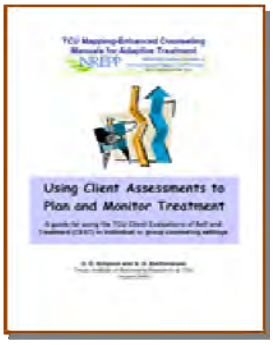
When using this framework of evidence-based options, careful planning is required before selecting new assessments to use, taking into account treatment mission, objectives, and interventions.

For example, decisions about form selections and scheduling by 3 different types of programs are illustrated as follows. **Program A** is an *adult* intensive (90-day) outpatient program that uses a computerized intake interview (e.g., ASI) but needs to obtain client progress indicators, as well. **Program C** is a similar program but has a high volume of *CJ referrals* and is required by state-level authorities to use a standard social history intake "interview" (which staff say has limited practical utility, and therefore gets quietly filed away). **Program Y** serves *youth* in a 45-day residential program and, because of age-related issues, administers a different profile of forms during its somewhat restricted duration of services. All 3 programs rely heavily on **CEST Forms** to measure treatment readiness and monitor progress over time.

Their unique selections of TCU ADC Forms are summarized below. The assessment plan for each program is labeled to show which forms are administered and when. Their schedules include the first assessment session following admission (i.e., A1/C1/Y1, respectively), the second assessment session conducted 4-6 weeks later (i.e., A2/C2/Y2), and finally near the completion of scheduled treatment for the 90-day programs (i.e., A3/C3).

Forms chosen:	Prog A	Prog C	Prog Y
Client Background, Family, and Health			
A-RSKForm *(Adult ID/Global Risks)*	--	C1	--
A-FMFRForm *(Adult Family/Friends)*	A1	C1	--
Y-RSKForm *(Youth ID/Global Risks)*	--	--	Y1
Y-FMFRForm *(Youth Family/Friends)*	--	--	Y1
HLTHForm *(Physical/Mental Health)*	A1	C1	--
TRMAForm *(PTSD-Civil Version)*	--	--	Y1
Client Drug Use and Crime Risks			
Drug Screen II *(Drug Use Severity)*	--	C1	--
HVHPForm *(HIV/Hepatitis Risks)*	A1	C1	--
CRHSForm *(Criminal History Risks)*	--	C2	Y2
CTSForm *(Criminal Thinking)*	--	C2 / 3	Y2
Client Evaluation of Self and Treatment (CEST)			
MOTForm *(Treatment Motivation)*	A1	C1	Y1
PSYForm *(Psychological Functioning)*	A2 / 3	C2 / 3	Y2
SOCForm *(Social Functioning)*	A2 / 3	C2 / 3	Y2
ENGForm *(Treatment Engagement)*	A2 / 3	C2 / 3	Y2

Clinical guidelines for using assessments



A new manual entitled *Using Client Assessments to Plan and Monitor Treatment* (by Simpson and Bartholomew, August 2008) has been added to the IBR Website. It is a user's guide that summarizes the treatment process framework and how assessments and interventions fit together. Clinical supervisors and assessment staff have made requests in the past for a non-statistical overview and rationale for the TCU Forms, so it includes a brief introduction to assessment concepts and how to make client score interpretations in relation to "norms."

> ***"This new manual is partly a response to requests in the past from clinical supervisors and assessment staff for a non-statistical overview and rationale for the TCU Forms."***

TCU assessments (especially the CEST) are described in terms of scoring and interpretation procedures, as well as how client scores can be combined for making program-level and longitudinal comparisons of client needs and functioning. Several case studies and recommended templates for clinical applications also are included in the manual. It is organized into sections that can be used as topics for staff training sessions on assessment, and case studies illustrate easy-to-follow clinical applications for front-line counselors.

New IBR projects are funded by NIDA

Two new IBR projects were recently funded by NIDA, and both are relevant to the types of assessments discussed above. One is for the "**Criminal Justice Drug Abuse Treatment Studies-Phase 2 (CJ-DATS 2),**" a 5-year continuation of a national multi-center study. An initial stage of this extended collaborative research program will focus on implementation of assessments in correctional treatment systems (e.g., Simpson & Knight, 2007). The other project—entitled "**Sustainable HIV Risk Reduction Strategies for CJ Systems (CJ-HIV)**"—will support the development and testing of a disease-risk reduction intervention based on applications of TCU Mapping-Enhanced Counseling for offender populations.

Both of these projects involve several state-level correctional systems as well as national treatment provider networks for addiction services working collaboratively with the TCU/IBR team. **Mike Giniger** (Vice President of Corrections Division, Gateway Foundation) is a strong supporter of both projects because he anticipates seeing additional tools emerge to help his agency. In particular, he wants to expand on previous collaborations with the TCU/IBR team and continue to move Gateway programs towards the use of more "individualized treatment." Blended applications of focal assessments and strategic interventions are needed, he says, to operate effective services within the complex atmosphere of correctional systems.

Similarly, **Ed Roberts** (Director of Treatment Operations, CEC/Civigenics) and the Virginia DOC stress the need to improve resource allocation due to the demands that tightened budgets are placing on the delivery of correctional treatment services. Working together, they are deploying a protocol within the state's largest prison TC program that uses TCU assessment tools as part of an adaptive treatment strategy to identify high-risk clients and provide them with targeted services for improving engagement and retention rates. The consistency and significance of the predicted relationships over time involving staff perceptions and attitudes about organizational needs, the process of innovation training and implementation, and client-engagement in treatment suggests progress is being made in assembling key elements of the innovation implementation process.

Research Reports from IBR
is published by:
Institute of Behavioral Research
Texas Christian University

Mailing address:
TCU Box 298740,
Fort Worth, TX 76129
UPS/FedEx address:
3034 Sandage Avenue,
Fort Worth, 76109
Phone:
817-257-7226
Fax:
817-257-7290
E-Mail:
ibr@tcu.edu
Web site:
www.ibr.tcu.edu

IBR Website updates

The **IBR Website** (www.ibr.tcu.edu) is a major conduit for disseminating research information and treatment resources. It hosts almost 500 visitors per day (10% are international), and each visitor stays on-line an average of 27 minutes to download manuals, forms, and reports. As the number of files grow (now over 500), we make on-going efforts to streamline and categorize materials for easier and more direct access.

Adding the new client assessments described above required restructuring the TCU Forms section. As they become more widely implemented as part of new projects being initiated, there may be refinements and further additions made (such as scoring norms for clinical interpretations).

In addition, our intervention Manuals were recently reorganized and new additions made. In particular, manuals are now grouped according to adaptive treatment stage applications, as well as by alphabetical order within a user-matrix showing special features and applications for each. TCU Mapping-Enhanced Counseling is their common thread, so manuals that serve as "mapping guides and special resources" have been grouped together.