IBR Newsletter **Volume 19, Numbers 2-3 / Summer-Fall 2010**

RESEARCH REPORTS FROM TEXAS IBR

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

Around the IBR...

Several new projects have been awarded to the IBR this year and new staff members have been added. Updates on one of these new activities are summarized in this newsletter, and more details can be found on the IBR Website. In looking backwards, an historical account of the IBR activities over the past 50 years is awaiting publication in the *Research Centre Series* of ***Addiction*** (entitled "Addiction treatment outcomes, process, and change: Texas Institute of Behavioral Research at TCU" by Simpson, Joe, Dansereau, & Flynn).

Our last newsletter included reports on IBR treatment resource downloads from our Website, particularly from assessments and counseling manuals. In that regard, we have two announcements to make. **First, a series of new studies are now in progress for publication in a special journal issue** that will focus on long-range addiction treatment outcomes, brief assessment tools, and organizational functioning within prison-based treatment systems. Further details will await the next newsletter, especially describing new evidence for our recently reconstructed 1-page assessments (i.e., the TCU Short Forms) gauging client needs and treatment progress via optical scanning and visual feedback enhancements.

Second, the IBR Website **is undergoing a "make-over" during the next several months.** About 1000 visitors per day arrive at this site to review and download files, but its growth in the number of files over the years has complicated some routes of accessibility. The core structure will remain intact, but a *new look* is planned for the homepage along with some re-organization of the resources available.

If you have ever used our IBR Website, **WE WANT YOUR INPUT**. Please send comments to our Webmaster, Charlotte Pevoto, about "what works" in your experiences and "what needs to improve." For that help, we thank you!

IN THIS ISSUE

Treating Adolescents

The TCU Adolescent Project was launched as a direct result of discussions with leaders in the Adolescent Treatment Field, including members of the Therapeutic Communities of America (TCA) leadership team. The resounding sentiment was that the most vulnerable link in the treatment process is orientation (the first 30 days after admission). If teens don't engage (or don't stay), efforts toward rehabilitation are fruitless. Three of the most common barriers to successful engagement include *low motivation* (problem recognition, desire for help), *cognitive challenges* (inattention, impulsivity, poor decision-making skills), and *non-supportive relationships*

The Problem:

- 10% of youth (12-17) and 21% of young adults (18-20) use illegal substances regularly (2009 National Survey, SAMHSA)
- Half of all youth in treatment are in residential settings (2009 National Survey, SAMHSA)
- 24% to 44% of youth dropout within the first 30 days
- Youth who "complete" treatment are 2-3 times more likely to have positive outcomes

Reference: Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.

(both family and peer). These reflect the most common concerns expressed by providers of services for adolescents, especially leaders of therapeutic community programs.

Increasing motivation. Many teens view their drug use as a "normal" part of growing up or an inherent part of their social circumstances; others don't know or remember how to have fun, hang out, or express their feelings without being high. To effectively increase motivation for treatment, counselors must cultivate hope by emphasizing effort rather than achievement, focusing on small incremental improvements, and building relationships based on mutual trust and respect. Promoting self-efficacy—providing opportunities to practice successful decision-making, no matter how small—is pivotal.

> *"Even when teens appear highly motivated to change, they may experience difficulties because of cognitive challenges associated with adolescence."*

Cognitive challenges. Even when teens appear highly motivated to change, they may experience difficulties because of cognitive challenges associated with adolescence. Areas of the brain responsible for planning, organization, problem-solving, and attention are still undergoing significant development during the late teens and early 20s. As a result, decision-making and behavior is more impulsive and reactive. Interventions should utilize materials and delivery methods that increase attention and active participation. Because neurological pathways strengthen during this period, it is an opportune time to forge new connections through deliberate teaching of problem recognition, self-refection, and problem-solving strategies. **"Blink, Think, Nudge"** (**see page 3)** provides a framework for addressing these issues.

Peer and family relationships. Parents and peers sometimes serve as a lure to pull teens out of treatment, particularly when teens experience homesickness, when parents don't understand the process (or value) of treatment, or when peers pressure them to "run" or leave treatment early. Also, associations with gangs or other deviant peer groups can hamper recovery efforts. But peers can also be a productive agent of change. When incorporated into therapeutic activities in meaningful ways, peer mentoring can be effective in strengthening prosocial relationships, practicing social skills, and increasing feelings of connectedness.

Retooling IBR tools

The **Treatment Retention and Induction Program (TRIP)** is a compilation of effective tools and materials for engaging adults in treatment, adapted for use with adolescent clients. TCU Mapping-Enhanced Counseling forms the core and serves to focus attention, facilitate communication, and visually illustrate concepts and ideas for better decision making. As reviewed by the National Registry of Evidence-based Programs and Practices (NREPP), mapping is particularly effective for clients with problems from poor attention or cognitive functioning and leads to a more engaging counseling approach, especially when included with interactive games and peer mentoring.

> *"TCU Mapping-Enhanced Counseling forms the core and serves to focus attention, facilitate communication, and visually illustrate concepts for better decision making."*

TRIP will provide structured opportunities for newly admitted clients to interact with peers in positive ways

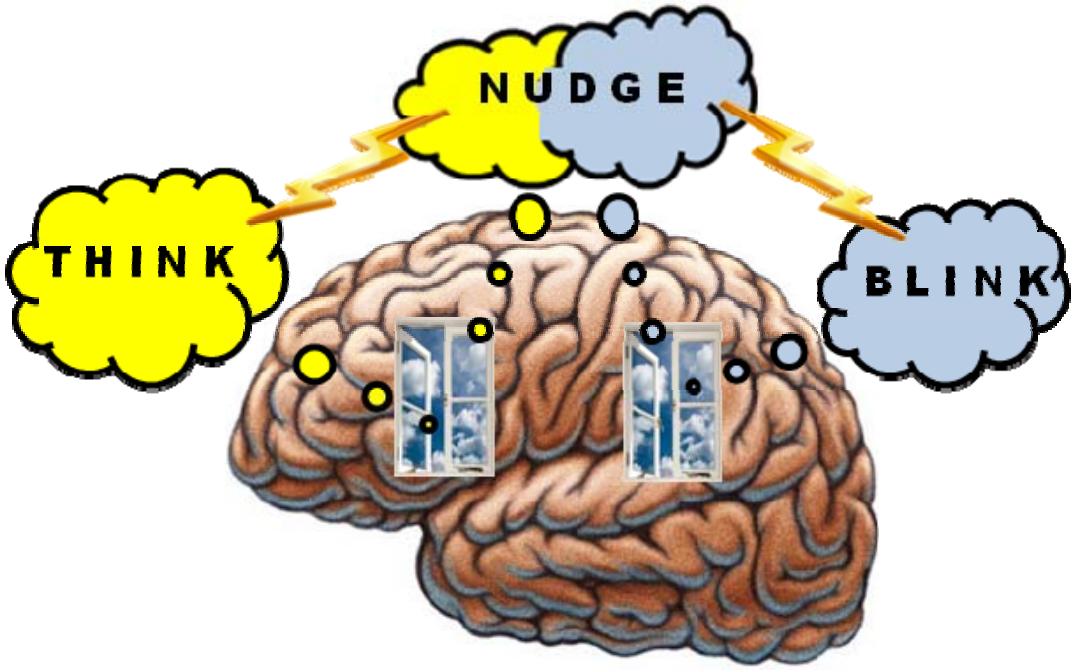
Continued on page 4

Blink, Think, Nudge (BTN): A Framework

At the heart of many adolescents' failure to cope is a lack of self-knowledge and motivation to use, protect, and grow their mental capabilities. In essence, adolescents typically are not taught constructive strategies for operating their brains when flooded with so many tempting options in life. One of the main challenges is to create a way of developing thinking strategies that are understandable and useful to young individuals who do not yet appreciate the consequences of impulsive decisions.

Toward this end, the TRIP intervention integrates three ideas that have been popularized by contemporary researchers and science writers: Blink, Think, and Nudge (BTN). An iconic representation of these concepts and brief descriptions are presented in **Figure 1** below. Focus groups used to guide TRIP development suggest that the BTN framework helps adolescents parse and understand stimulus-response sequences in the way they think and behave.

The goal for TRIP is to use "nudges" to help youth recognize and manage "cognitive blinking" and to guide "effective thinking." The BTN framework will be incorporated using examples and demonstrations, emphasizing the use of "nudges" in all units of a multi-session training program. The participants will explore strengths and weaknesses associated with using each component by processing examples in the context of their own personal experiences. ■



BLINK – Snap decision, intuition (e.g., going out instead of studying).

THINK – Mulling it over, figuring it out (e.g., deciding on a plan for studying).

NUDGE -- A signal or reminder that influences blinking and thinking (e.g., attaching note to door handle "stay home & study").

Figure 1. *Blink, Think, Nudge (BTN) Framework*

Continued from page 2

using 8 primary sessions conducted in group settings. It also includes specialized interventions for use with individual clients in crisis or wanting to drop out. Clinical planning and progress monitoring are based on an information system using brief targeted assessments with automated feedback reports for counselors.

"TRIP will provide structured opportunities for newly admitted clients to interact with peers in positive ways using 8 primary sessions in group settings."

The Treatment Retention and Induction Program (TRIP) Components for the Adolescent Project:

1. *Self-Exploration through Maps* (identifying personal strengths & goals)
2. *Blink, Think, Nudge* (avoiding impulsive decisions)
3. *Self-Talk and Motivation* (exploring the motivation-thinking connection)
4. *WORK-IT* (planning and decision-making practice)

Research Reports from Texas 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

The IBR Adolescent Project Research Plan

NIDA funding for the Adolescent Project includes 2 major research phases: intervention testing and transfer. The effectiveness of TRIP will be tested in 10 residential adolescent treatment centers in New York, Illinois, Texas, and California, and is scheduled to begin in January 2011. Once testing is completed (early in 2012), TRIP will be available to residential and outpatient programs across the country (through Addiction Technology Transfer Centers; ATTCs), and TCU researchers will examine barriers to widespread implementation/transfer. Participating programs will receive training on the assessment system (administration, report generation, use in treatment planning/documenting change) and TRIP materials (including Mapping Enhanced Counseling). For more information, visit the **IBR Adolescent Project** website http://www.ibr.tcu.edu/projects/adolescent/adolescent.html. ■

This Summer-Fall 2010 issue of *Research Reports from Texas IBR* was edited by Dwayne Simpson; written by Danica Knight, Donald Dansereau, and Patrick Flynn; and document design and preparation by Charlotte Pevoto.