



2013 Annual Report

Summary of
Research
Activities

Institute of Behavioral Research
Texas Christian University
Fort Worth, Texas

Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.



About IBR

Information about IBR, including Staff Directory and Annual Reports

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Interventions

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Projects

IBR Projects, including Current and Completed Projects

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Publications

Comprehensive list of IBR Publications, including links to publication abstracts

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Presentations

Comprehensive list of IBR Presentations, including handouts for selected presentations

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Featured

While effective assessments and interventions exist for youth with substance ...

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INSTITUTE OF BEHAVIORAL RESEARCH

THE IBR ANNUAL REPORT

A SUMMARY OF RESEARCH FOR 2013

About IBR–TCU	3-4
---------------------	-----

Research Staff and Personnel

Director and S. B. Sells Chair of Psychology	5
Emeritus Director and Professor of Psychology	5
Associate Directors	5-6
Senior Research Scientist	6
Research Scientists	6
Associate Research Scientists	6-7
Postdoctoral Research Fellow	7
Research Associates	7-8
Consulting Scientists	8
Support Staff	9
Graduate Research Assistants	9
Undergraduate Assistant	9
Graduate Program Applications	9

Projects

Juvenile Justice Translational Research

JJ Trials	10
-----------------	----

Treatment Readiness and Induction Program (TRIP)

Adolescent Project (DATAR Phase 5)	11-12
------------------------------------------	-------

Criminal Justice Evaluations

CJ-DRR	13-15
CJ-DATS Phases 1-2	16-18
Seek, Test, and Treat (STT)	19

Treatment Process and Technology Transfer

DATAR Phases 1-4	20-27
------------------------	-------

Organizational Costs and Functioning

TCOM	28-29
------------	-------

Cognitive Interventions

CETOP Phase 1-2	30-33
-----------------------	-------

2013 Publications and Presentations

Publications	34
Conference and Training Presentations	35-37

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TEXAS CHRISTIAN UNIVERSITY**

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This Annual Report presents a summary of IBR research updated for 2013. We encourage you to visit the IBR website, where our research activities are reported with timely updates.

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***As in previous years, IBR's
2013 research activities***

represent dedication to our primary goal — helping people who abuse drugs, as well as those with infectious diseases — by providing research findings from real-world studies of treatment effectiveness, and the dissemination and implementation of evidence-based treatment resources in community and correctional settings.



ABOUT IBR - TCU

The Institute of Behavioral Research (IBR) was established in 1962 by Saul B. Sells to conduct research on personality structure, personnel selection, social interactions, and organizational functioning. This work included pioneering research using first-generation computers for integrating personality theories through large-scale factor analysis, development of performance-based criterion selection strategies for airline pilots, and formulation of personal distance needs for humans during long-duration space missions. In 1968, the IBR was invited to develop and conduct the first federally-funded national evaluation of the newly formed community-based system for treating heroin addiction in the U.S. This work helped define methodological standards for addiction treatment process and follow-up outcome studies in natural field settings, and the IBR has participated in all three major national treatment effectiveness studies funded by the *National Institutes of Health*. Conceptual frameworks emerging from this research for evaluating treatment dynamics, outcomes, and change—both at the individual client and organizational functioning levels—have yielded assessment and intervention resources as well as implementation strategies now being used internationally.

TEXAS CHRISTIAN UNIVERSITY (TCU)

TCU was founded in 1873 as an independent and self-governing institution and is located on 275 acres five miles from downtown Fort Worth. It was established in association with the Christian Church (Disciples of Christ) from which it receives a commitment to open-minded inquiry into all scientific and intellectual issues, with students and faculty representing Christian as well as Jewish and Muslim faiths. Research conducted at TCU is not bound by any code of religious perspectives or principles in its pursuit of knowledge and applications that address world needs. The University enrolls over 8,600 undergraduate students in 130 undergraduate areas of study and over 1,280 graduate students in 61 master's level programs and 24 areas of doctoral study. It employs approximately 2,000 faculty and staff and has an annual operating budget of almost \$512 million.

The IBR functions as a separate scientific unit of the University, but through common research training goals and interests it is most closely affiliated with the Department of Psychology. Research Scientists in the IBR function much like other University faculty members; they hold Adjunct Professor and Graduate Faculty appointments, serve on student thesis and dissertation committees, and teach formal courses when time and opportunities permit. Their special skills in advanced data management and multivariate analytic techniques provide the foundation for graduate training in health services evaluation research at TCU.

MISSION

To evaluate and improve the effectiveness of programs for reducing drug abuse and

“Research interests in recent years have broadened to include related areas of significant public concern — especially addiction treatments for criminal justice populations, adolescents, as well as the spread of HIV/AIDS among drug users.”

related mental health as well as social problems. For many years, research staff at the IBR have given special attention to addictions and the evaluation of cognitive and behavioral interventions provided by community-based programs. Emphasis has been on the use of natural designs for

studies in real-world settings and the use of advanced multivariate methodologies. Research interests in recent years have broadened to include related areas of significant public concern—especially addiction treatments for criminal justice populations, adolescents, as well as the spread of HIV and related infections among drug users. Other major areas of interest include organizational functioning and process research for improving field-based implementation strategies of science-based innovations.

IBR OBJECTIVES AND RESEARCH STRATEGY

Research conducted at the IBR is intended to (1) generate and disseminate knowledge that impacts state, national, and international policy decisions in the addictions field, (2) provide critical methodological and substantive research training for graduate students, (3) help IBR and collaborating scientists achieve their highest scholarly potential, and (4) raise the research reputation and visibility of TCU through scientific and public health contributions.

Science is intended to be programmatic and incremental, thereby requiring a strategy to help maintain focus and build a systematized knowledge base. In the addiction treatment field, the emphasis on “evidence-based” interventions and procedures for quality control and improvement dictate scientific discipline, both in the short- and long-run, when seeking grants and publishing findings. The IBR therefore strives to be strategic and deliberate, emphasizing its heritage in evaluation research, staff strengths, and knowledge gaps that need to be filled. A key operational principle has been to be scientifically selective in requests and commitments for research funding. The IBR scientific strategy is organized around conceptual frameworks synthesized from existing knowledge and represented by the TCU Treatment Process and Outcome Model and the TCU Program Change Model. These frameworks help staff visualize the foundations of our treatment and organizational research protocols, identify emerging issues that deserve attention, and integrate new findings with existing knowledge.

Implementation of field-based studies and the innovations they produce relies on *establishing reliable partnerships with treatment systems* and honoring commitments to address their needs. Providing

...“products” from funded research — including intervention manuals, assessments, presentations, and integrative summaries — are prepared and made available without cost to treatment providers, interested researchers, and the general public

useful and valid feedback to research partners, funding agencies, policymakers, and other researchers is an important element of science. In particular, scientific publications are strategically planned at the IBR, integrated with other studies from the appropriate literature, and structured to effectively communicate salient findings. Finally, “products” from funded research—including intervention manuals, assessments, presentations, and integrative summaries—are expected to be prepared and made available without cost to treatment providers, interested researchers, and the general public. Dissemination and sustained implementation of science-supported innovations deserve as much attention as “discovery.”

IBR HISTORY AND SCIENTIFIC CONTRIBUTIONS

Following establishment of the IBR in 1962, Dr. Saul B. Sells served as its Director until his retirement from this role 20 years later. He was a 1936 Ph.D. from Columbia University who trained under Robert S. Woodworth and Edward L. Thorndike. Robert I. Watson and Phillip H. Dubois served as members of his first IBR Advisory Council. Dr. D. Dwayne Simpson, a student of Dr. Sells beginning in 1966 and a member of the IBR faculty since 1970, became IBR Director in 1982 when he temporarily moved the Institute to Texas A&M University. Reestablished at TCU in 1989, the IBR’s mission and role in the University has remained essentially unchanged since it was founded. In 1996, it was designated as a “Center of Excellence” at TCU and has provided valuable training opportunities in graduate and postgraduate education, contributing to the professional success of many former students and staff members in academic and applied research leadership positions. In April 2009, Dr. Patrick M. Flynn was appointed as Director of the IBR—only the third since the Institute was established. As a Professor of Psychology and the Saul B. Sells Chair of Psychology, he is strengthening collaborative relationships with TCU’s Department of Psychology as well as continuing the long-standing tradition of providing training opportunities for IBR graduate students in health services research.

The Early Years

After Dr. Sells joined the TCU Department of Psychology in 1958 he began to formulate plans for establishing a center for applied behavioral research. His paper on “interactive psychology” [*American Psychologist*, 1963, 18(11), pp. 696-702] foretold his commitments to merging interests in personality profiles, selection techniques that could predict performance outcomes, and organizational functioning with real-world applications. Sells admonished fellow scientists “to consider more seriously the dimensional nature of the behavior repertoire and the measurement characteristics of his apparatus, as well as the dimensions of the environments in which the behavior occurs” within multivariate analytic process models

(p. 698). He soon began drawing leading applied scientists to visit Texas and consult with him and his growing research team. His longtime drug treatment research affiliations with Robert Demaree, Dwayne Simpson, George Joe, and Don Dansereau were established in 1966-69, followed by a cadre of young scientists who came to work and train in the IBR.

As the IBR approached its 50th anniversary, several prominent scientists and policy-makers—especially from the program evaluation and addiction treatment fields—reflected on their years of experiences with Sells and the heritage he left. Robert DuPont and Karst Besteman (the first Director and Deputy Director of the National Institute on Drug Abuse) recalled the pioneering role and impact of Saul Sells and his associates in conducting the first large-scale national evaluation of community-based substance abuse treatment in the U.S. Barry Brown (University of North Carolina at Wilmington), Carl Leukefeld (University of Kentucky), and George De Leon (New York University School of Medicine) noted the IBR contributions in moving treatment research beyond large-scale effectiveness evaluations into key issues of therapeutic process and field implementation of innovations.

GRADUATE STUDENT TRAINING OPPORTUNITIES

Research training is an integral part of the Institute’s commitment to conducting quality behavioral research. Graduate and postgraduate training is carried out in close collaboration with the Department of Psychology and other departments at TCU. Since IBR does not award academic degrees, its students must meet all requirements of the department in which an advanced degree is to be awarded. A limited number of stipends are awarded on a competitive basis.

IBR’s training program emphasizes:

- Health services research, especially evaluation of drug addiction interventions,
- Formulating original research plans and appropriate data collection instruments,
- Collecting and editing data, and management of large data systems,
- Use of sophisticated analytic techniques, and publication of findings, and
- Combining theory with practice, and communicating applications of results.

RESEARCH STAFF AND PERSONNEL

Director

PATRICK M. FLYNN, PhD

joined the Institute of Behavioral Research July 1, 2000 and was appointed Director April 1, 2009. He is also a tenured Professor of Psychology and holds the Saul B. Sells Chair of Psychology at Texas Christian University. His research (reported in numerous publications) has focused on the effectiveness and benefits of treatment for adolescents and adults, and included clinical assessment, questionnaire development, multisite clinical trials, dissemination and implementation in community-based programs in the U.S., U.K., and Italy, studies of organizational functioning and costs in outpatient treatments, and treatment services and outcomes research in correctional settings. He is a Fellow in the American Educational Research Association and in several divisions of the American Psychological Association, is a frequent member of federal grant review panels, serves on journal editorial boards, is a regular reviewer for professional journals, and has served as chairperson of an NIH/CSR health services research study section. He served on the NIH/NIDA Health Services Research Initial Review Group for a term of 2004 through 2007 and currently serves on the NIH/CSR Behavioral and Social Science Approaches to Preventing HIV/AIDS Study Section (BSPH) for a term of 2012 through 2016. Since 1990, when he returned full-time to the research environs, he has been the Principal Investigator/Project Director and Co-Director of national studies, and a Co-Principal Investigator and key investigator for a number of other treatment studies. He recently completed a 5-year NIDA funded project designed to develop and implement a treatment cost and organizational monitoring system. Currently, he is PI on a major 5-year NIDA project that is adapting, adopting, and implementing an intervention in Therapeutic Communities for adolescents. He is also PI on a multiple PI project, titled "A randomized clinical trial of an augmented test, treat, link, and retain model for North Carolina and Texas prisoners." Prior to his return to full-time research, Dr. Flynn worked in therapeutic community, methadone and outpatient drug-free treatment programs in several capacities, and served in upper-level management positions in higher education.

Emeritus Director and Professor of Psychology

D. DWAYNE SIMPSON, PhD

came to the IBR for graduate training in 1966 and never left. His tenure as its Director began during a temporary

move to Texas A&M University (1982-1989), followed by another 20 years after the IBR returned to TCU in 1989. In 2009, he became Emeritus Director. His research on drug addiction and treatment effectiveness (reported in over 300 publications) includes several large-scale and longitudinal national evaluations. He later focused his attention on assessments of client functioning and service delivery process, and how these factors influence treatment engagement and retention rates, stages of recovery, and long-term outcomes. This work includes cognitive and behavioral interventions to enhance client services as well as improvements in program management. It also extended to the study of organizational behavior and its role in transferring evidence-based innovations into practice in community and criminal justice settings. Thus, assisting leadership teams in developing comprehensive but practical strategies for implementing innovations has been a priority for him. Simpson has been an advisor to national and international research centers and government organizations that address drug treatment and related policy issues, a Fellow in both the American Psychological Association and American Psychological Society, and has served on the editorial boards for several journals.

Associate Director

GEORGE W. JOE, EdD

originally joined the IBR at TCU in 1969. In 1983 he became a Research Scientist in the Behavioral Research Program at Texas A&M University, and returned to TCU in 1989. His research has focused on the components of the treatment process, evaluation models for treatment effectiveness, etiology of drug abuse, and statistical methodology. He is senior statistician for the IBR and is Associate Director for Process and Outcome Studies. He specializes in the application of univariate and multivariate statistical methods, analytic modeling of data, questionnaire development, sample selection, and survey research. His publications include over 80 articles in professional journals. He has served as a member of the NIDA Treatment Research Subcommittee and Special Emphasis Panels and is a frequent reviewer for professional journals.

Associate Director

KEVIN KNIGHT, PhD

Since joining the IBR faculty in 1991, Dr. Kevin Knight's career has focused on research involving HIV and substance using criminal justice populations. He has served as Principal Investigator on research projects funded by the National Institute on Drug Abuse, National Institute of Justice, and the National Institute of Corrections. Currently, he is the TCU PI

RESEARCH STAFF AND PERSONNEL

on a major NIDA Cooperative Agreement called Criminal Justice Drug Abuse Treatment Studies (CD-DATS); a multi-site project currently in its 11th year with a focus on testing strategies to improve the implementation of evidence-based practices within criminal justice settings. Dr. Knight also is a PI on a multiple PI 5-year project involving a randomized clinical trial of an augmented test, treat, link, and retain model for North Carolina and Texas HIV positive prisoners being released to the community. As Co-PI on IBR's 6-year Criminal Justice Disease Risk Reduction Project, he is involved in the development, adaptation, and testing of intervention strategies to reduce disease risk among released prisoners. Dr. Knight serves on journal editorial boards, including serving as co-editor of *Offender Programs Report*, and participates in advisory activities for a variety of organizations that address criminal justice, substance use, and related policy issues. His primary research interests include screening and assessment strategies, targeted and adaptive interventions, and implementation strategies of evidence-based practices within justice-involved organizations.

Senior Research Scientist

WAYNE E. K. LEHMAN, PhD

originally began work at the IBR as a Graduate Research Assistant in 1978 and has been a Senior Research Scientist since 2009. His major research efforts focus on the assessment of organizational factors in drug treatment programs in both community and criminal justice settings, organizational improvement and change strategies in drug treatment programs, technology transfer, and strategies for reducing HIV risk behaviors in criminal justice populations. From 2002 to 2009, he worked as a Senior Statistician for Litigation Support Services in Boulder, Colorado and a statistician for Project Safe at the University of Colorado Denver conducting research on HIV prevention among out-of-treatment drug users. In 2009, he returned to the IBR. Currently, he is Principal Investigator for the CJ-DRR Project. He also serves on the editorial board for the *Journal of Substance Abuse Treatment* and has previously served as a member of NIDA's Epidemiology and Prevention and Training and Development subcommittees and Special Emphasis Panels.

Research Scientist

DANICA KALLING KNIGHT, PhD

joined the IBR faculty in 1992. Throughout her 20-year career, she has engaged in large-scale research projects designed to further the field's understanding of substance

abuse treatment processes and ways to promote best practices. She has served as the Principal Investigator for a federally-funded study of addicted women with dependent children, directed a multi-year/multi-site investigation of organizational costs and monitoring, and has been instrumental in adapting IBR assessment instruments and therapeutic tools for use with adolescent populations. Dr. Knight is currently the Principal Investigator for the Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) Project, an NIH/NIDA-funded multi-site Cooperative Agreement designed to improve service delivery by developing and testing measures and methods that support successful implementation of evidence-based substance abuse and HIV prevention and treatment practices for youth under juvenile justice supervision. She also serves as Co-Principal Investigator on a NIDA grant to adapt therapeutic tools for use with adolescent populations and examine organizational barriers to widespread use. Her publications have focused on the importance of social factors for clients in treatment, organizational factors associated with service provision and turnover, and strategies for promoting judgment and decision making among adolescents.

Research Scientist

GRACE A. ROWAN, PhD

joined the IBR faculty in 1990. As a recipient of a National Research Service Award from NIDA, she was a postdoctoral trainee at the University of Pennsylvania in 1988. While her early studies focused on animal models of drug dependence, Dr. Rowan's recent research centers on behavioral treatment approaches for drug users. Her research interests include the development of client assessment and data management systems, treatment process, gender issues, alcohol and cocaine use among methadone clients, development of a low-cost contingency management strategy for community-based drug treatment programs, and evaluation of technology transfer strategies. She is currently Project Director for the CJ-DRR Project.

Associate Research Scientist

JENNIFER EDWARDS BECAN, PhD

began her work with the IBR in 2006 as a Graduate Research Assistant and joined the IBR Research Faculty as an Associate Research Scientist in 2010. From 2006-2009 she helped manage data collection and field operations for the Treatment Cost and Organizational Monitoring (TCOM) project and authored several peer reviewed publications on innovation adoption, leadership, and service delivery. One of her key contributions is the development and validation of the TCU Survey of Transformational Leadership (TCU STL) for application in treatment settings. Dr. Becan's research endeavors have culminated in five New Investigator Travel Awards, two from NIAAA, two from NIDA, and one from the

College on Problems of Drug Dependence. Her recent research endeavors center on the dissemination, adoption, and implementation of evidence-based practices that improve motivation and counter poor judgment and decision making among adolescents in treatment. She currently serves as Project Director for two 5-year NIDA funded grants (the Adolescent Project and the Translational Research on Interventions for Adolescents in the Legal System: TRIALS).

Associate Research Scientist

JENNIFER PANKOW, PhD, CADC

relocated to Fort Worth in 2007, entering the TCU Psychology Graduate Program after completing a Masters degree in Psychology at Northern Illinois University. In her role as an IBR Research Assistant, she collaborated on CJ-DATS (I and II) and DRR Projects, while pursuing her research with correctional populations—examining the relationship between asocial functioning and substance abuse treatment engagement in a therapeutic group context. These topics are the foundation of her interest in risk assessment and treatment responsivity for offender populations. Dr. Pankow maintains a license as a Certified Alcohol and Drug Counselor (CADC) and brings her clinical experience in prison-based substance abuse treatment and case management to her research activities at the IBR. In 2011, she accepted a position as an Associate Research Scientist and currently serves as Project Director for CJ-DATS II protocols.

Postdoctoral Research Fellow

JULIE S. GRAY, PhD

joined the IBR in 2003. Her background includes education, training, and computer science. She combined her interests and skills to address practical problems to meet large-scale data collection needs by adapting computer-based applications to fit the needs of the addiction treatment field, designed and tested the TCU Core Forms for IBR research projects, developed “user-friendly” TCU reporting tools for use by treatment professionals, and conducted over 50 trainings in the use of these TCU assessment tools nation-wide. Her direct involvement with treatment providers benefited the IBR during her collaboration on the CJ-DATS and DRR projects in her role as a Research Assistant. Dr. Gray continues to oversee SharePoint services for the STT project and in her present role as an IBR Postdoctoral Research Fellow, she manages a study supplement to CJ-DATS II that examines client-level outcomes among probationers and parolees receiving medication-assisted treatment (MAT).

Research Associate

NORMA G. BARTHOLOMEW, MA, MED, LPC

joined the IBR in 1991 and served as its Clinical Training Coordinator. Her background is in community health education, professional training, and media, and she is a licensed professional counselor. As part of the 20-year DATAR Project, she developed psycho-educational intervention modules and counselor training programs in the areas of communication skills and assertiveness, human sexuality, HIV/AIDS, aftercare, and parenting. She also assisted with program evaluation studies, publications, and technical reports. Norma has conducted training nationally and internationally on clinical applications of TCU Mapping-Enhanced Counseling and served as a consultant for mapping-based interventions. She monitored field implementation of the CJ-DRR Project intervention and developed manuals and clinical training for the Adolescent Project. Norma retired from TCU/IBR in September 2013.

Research Associate

MICHELE GOULD, MPH

joined the IBR in 2011 and serves as its Project Coordinator on the NIDA-funded “Seek, Test, and Treat” study. She transferred to the DFW area from Alabama where she spent the first 18 years of her career in research and academia at the University of Alabama at Birmingham (UAB). Her background is in longitudinal research on chronic diseases including epilepsy, type 1 diabetes, and substance abuse in the homeless. She spent her last five years at UAB working with honors students and assisting in the development of the Science and Technology Honors Program, a new initiative to train students to become research scientists.

Research Associate

MOLLY McFATRICH, MPH

joined the IBR in 2012 and served as a Research Associate on the NIDA-funded “Seek, Test, and Treat” study, as well as CJ-DATS II. She transferred to the DFW area from North Carolina, where she recently received her MPH from the University of North Carolina. Her background is in reproductive health and HIV prevention. Her areas of interest include Community-based Participatory Research and translating public health research into practice.

Research Associate

ROXANNE MUIRURI, MPH

joined the IBR in 2012 and serves as a Research Associate on the NIDA-funded “Seek, Test, and Treat” study as well as the CJ-DATS II study. She recently moved from the social work field where she focused on implementation of programs for refugees and foster children. She has experience in HIV prevention activities among young adults and youth in a university setting. Her interests are in Action Research and Ethnography and their application towards improvement of health programs.

Consulting Scientist

BARRY S. BROWN, PhD

holds a faculty appointment with the University of North Carolina at Wilmington, and from there has directed research projects on early retention and treatment aftercare services and AIDS prevention in Baltimore. In 1993, he was a Visiting Senior Scientist with the Institute of Behavioral Research after serving 17 years with the National Institute on Drug Abuse where he headed a variety of research units. He continues to work with the IBR as an advisor and research collaborator on several NIDA-funded studies; he chaired the Steering Committees for the DATOS Project and the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) in which IBR served as a collaborating research site. Dr. Brown has served on a number of editorial and advisory boards, and published more than 100 articles in the professional literature. This includes authorship of the recent and hugely popular *Mrs. Hudson of Baker Street* book series. Most importantly, he claims to be loved by small children and animals.

Consulting Scientist and Former Deputy Director of IBR

LOIS R. CHATHAM, PhD

came to the IBR in 1989 from the U.S. Department of Health and Human Services where she served as a member of the Senior Executive Service at NIMH, NIDA, and NIAAA. She served as IBR Deputy Director until 2003 and was Co-Principal Investigator of the DATAR Project. Areas of interest include treatment exposure as a predictor of outcome, gender differences in drug use and response to treatment, and the development of techniques for encouraging the incorporation of treatment research findings into clinical practice. Dr. Chatham now serves as a consultant to the IBR Director for addressing special issues and is active in several community service initiatives.

Emeritus Professor of Psychology and Consulting Scientist

DONALD F. DANSEREAU, PhD

is presently a Consulting Scientist with the IBR. He was on the faculty at Texas Christian University from 1968 to 2011, where he was a Professor of Psychology and also served as Associate Director for Cognitive Interventions in the IBR. He was Principal Investigator for the CETOP (Cognitive Enhancements for the Treatment of Probationers) Project, a NIDA-funded research grant and he served as a Research Scientist on a number of other IBR grants. Dr. Dansereau taught graduate statistics and cognitive psychology, and his research focused on cognitive approaches for improving education, drug abuse prevention and treatment, and parenting. His primary contributions have been the development of spatial techniques for improving the communication between clients and counselors. This work provided the foundation for TCU Mapping-Enhanced Counseling and the creation of perspective taking games and tools (i.e., the Downward Spiral Game and the Thought Team) to increase creative problem solving. Grants from the Defense Advanced Research Projects Agency, Department of Education, U.S. Army Research Institute, National Science Foundation, and National Institute on Drug Abuse have funded his research. His publications include over 200 papers.

Consulting Scientist

JACK M. GREENER, PhD

joined the IBR in 1978 and supervised its industrial psychology research program until 1983. Since that time he has been an independent management consultant and was a Visiting Associate Professor of Psychology at Texas A&M University from 1986 to 1988. He rejoined the IBR in 1989. Dr. Greener's major interests are in industrial-organizational psychology, research methodology, measurement, and evaluation. This work has included job analysis surveys, data system management, electronic forms development, and substance abuse treatment evaluation research. He has directed contract research projects and published articles in professional journals in these areas. Dr. Greener retired in 2011 as a Research Scientist from the IBR and now serves as a Consulting Scientist to the IBR.

Support Staff

LINDA FERDINAND

(ADMINISTRATIVE RESEARCH ASSISTANT)

maintains mailroom, office supplies, and the IBR resource library. She distributes journal table of contents for research studies and delivers electronic articles to staff, scans research assessments for various project, prepares materials for trainings, and assembles the Adult and Adolescent Downward Spiral Games.

HELEN HUSKEY

(ADMINISTRATIVE RESEARCH ASSISTANT)

oversees secretarial and word processing services. She prepares manuscripts for publication, maintains publication and manuscript archives, and formats assessment forms for data collection.

TOTSY STURM

(IBR OPERATIONS COORDINATOR)

joined the IBR in 2012 and has a Bachelor's degree in Criminal Justice. She supervises clerical support staff, maintains personnel and financial records, and coordinates administrative and academic units.

RACHEL CRAWLEY (MA, COUNSELING;

GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology and has interests in adolescent decision making and delinquency, criminal thinking, and substance abuse. She assists with the Adolescent Project and received the NIAAA Junior Researcher Travel Award for the October 2012 Addiction Health Services Research (AHSR) Conference in New York. Rachel is currently interested in how cognition affects the relationships between exposure to aggression, delinquency, and treatment engagement for adolescents in residential substance abuse treatment.

YANG YANG (MS, PSYCHOLOGY;

GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology and has interests in understanding the relationship of treatment process and outcome. She assists with the CJ-DRR and CJ-DATS II projects and received the Fellowship Scholarship for the 6th Academic and Health Policy Conference on Correctional Health in Chicago and the NIDA Junior Investigator Travel Award for the 2013 College on Problems of Drug Dependence Conference in San Diego. Yang is currently interested in the factors impacting the implementation of drug treatment and treatment utilization.

Graduate Research Assistants

AARON CHERRY (MS, PSYCHOLOGY;

GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a Graduate Student in Cognitive Psychology at Texas Christian University. His primary interest is in evaluating addiction treatment strategies and improving client outcomes—with attention to both client and systems level changes. Aaron's current research efforts focus on developmental trajectories of treatment motivation as they apply to addiction and health behaviors. His goal is to research topics which will increase the efficacy of treatment in the hopes of alleviating the suffering of addiction. He collaborates with senior IBR researchers on the CJ-DATS II and CJ-DRR projects. Aaron was a scholarship recipient at the 6th Academic and Health Policy Conference on Correctional Health where he presented on research related to the CJ-DRR project.

Undergraduate Assistant

ALEXANDRA VAN CLEFF

Graduate Program Applications

Interested students are encouraged to contact TCU's Department of Psychology Graduate Program for application information. The applications are available in PDF format (for the Department of Psychology and the School of Science and Engineering) and can be downloaded. Specific interest in the IBR and its emphasis on applied evaluation research in the drug abuse field should be noted at the time of the contact. Based on this information, the IBR Director and faculty will be notified of the application and its status.

(Texas Christian University does not discriminate on the basis of personal status, individual characteristics or group affiliation, including but not limited to classes protected under state and federal law.)

PROJECT HIGHLIGHTS

Current Title: Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-Trials)

Principal Investigator: Danica Kalling Knight, PhD

TJJD Partner: Nancy Arrigona

Co-Principal Investigators:

Patrick M. Flynn, PhD and Kevin Knight, PhD

IBR Data Manager: Grace A. Rowan, PhD

Project Director/Associate Research Scientist:

Jennifer Edwards Becan, PhD

Project Scientists:

George W. Joe, EdD; Wayne E. K. Lehman, PhD;

Jennifer Pankow, PhD; Julie S. Gray, PhD

Graduate Research Assistant: Rachel D. Crawley, M.S.

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: July 2013 to June 2018

While effective assessments and interventions exist for youth with substance use problems, uptake of evidence-based principles and practices within juvenile justice (JJ) settings has been limited. Service delivery typically occurs within disjointed practice settings (e.g., juvenile correctional centers, parole or probation, community-based drug treatment), and continuity of care can be challenging. Effective strategies are needed for implementing evidence-based practices to enhance service delivery for juvenile offenders and promote sustainable change across large, multifaceted systems.

In 2013, the National Institute on Drug Abuse (NIDA) funded the Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS), a 5-year cooperative designed to support implementation research that improves the continuum of substance abuse and HIV services for youth under juvenile justice supervision. TCU-IBR is one of seven Research Centers selected. Each center is partnering

with juvenile justice agencies, and the Texas Juvenile Justice Department (TJJD) serves as TCU's partner and Co-Investigator.

The 5-year project includes two primary components – a National Survey and an integrated set of Implementation Science Research Studies. The National Survey will elicit information on substance use and HIV screening/assessment, prevention, and treatment services available to youth in community settings. Surveys will be elicited in 2014 and 2016 from juvenile probation/parole agencies, treatment service providers, and judges. The information will be used to determine the state of the juvenile services continuum nationally in order to identify service gaps and inform public policy.

The overarching goal of the Implementation Science Research Studies is to ascertain which implementation strategies are most effective for improving the continuum of substance use and HIV services available to juvenile offenders. Research questions will address whether strategies for promoting organizational change are effective for lowering unmet needs of youth and ensuring that change efforts are efficient and productive. Targeted service outcomes include agency-level performance measures such as increases in the proportion of juveniles being screened for substance use, the proportion of youth with an identified need receiving a referral, the proportion of youth initiating treatment based on need, and the degree to which youth receive quality services. Implementation outcomes include the efficiency of agencies' change efforts, staff attitudes toward new practices, as well as qualitative measures of the change process.

Cooperative efforts are currently underway to design a set of implementation studies that will not only achieve the goals of system-wide improvement in service and implementation outcomes, but will also contribute to implementation science through the development of new strategies and tools, novel theoretical and methodological advances, and new measurement approaches. Data collection for the implementation studies is expected to begin in early 2015.

TRIP: DATAR PHASE 5

(2010-2014)

PROJECT HIGHLIGHTS

Current Title: Treatment Readiness and Induction Program for Adolescents (DATAR Phase 5)

Principal Investigator: Patrick M. Flynn, PhD

Co-Principal Investigator: Danica K. Knight, PhD

Cognitive Expert: Donald F. Dansereau, PhD

IBR Data Manager: Grace A. Rowan, PhD

Project Director: Jennifer E. Becan, PhD

Training/Interventions Developer:

Norma G. Bartholomew, MA, MEd, LPC

Graduate Research Assistants: Rachel Crawley, MS; Brittany Landrum, PhD; Misti Townsend, MEd

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: January 2010 to December 2014

This 5-year project was funded by NIDA in January 2010 and proposes to adapt, for adolescent treatment, evidence-based induction and readiness tools that have been tested and effectively implemented with adult and young adult treatment samples. These are packaged as a Treatment Readiness and Induction Program (TRIP) that agencies can easily adopt and incorporate into routine clinical practice with limited disruption to their existing treatment curricula.

The research has 2 major segments. The first segment (TRIP Effectiveness Study) is aimed at determining the effectiveness of TRIP as it is being delivered in 10 adolescent residential treatment centers located across the U.S. The second segment (TRIP Implementation Study) is designed to address the wider scale implementation of TRIP in other adolescent settings including outpatient and juvenile justice facilities.

Studies examining the effectiveness of TRIP are underway. Findings suggest that when compared to standard operating practice (SOP), the TRIP intervention improves readiness by promoting problem recognition and better decision making among teens during early phases of treatment. Consequently, enhanced levels of readiness are expected to be associated with higher engagement in treatment.

The Treatment Readiness and Induction Program (TRIP)

TRIP consists of 8 modules that can be used in open groups (new members join throughout) or closed groups (group membership is predetermined). The 8 modules are organized around 4 main themes related to the primary components of the Integrated

... the TRIP intervention is expected to improve treatment readiness by promoting problem recognition and better decision making among teens during early phases of treatment.

Judgment and Decision Model (IJDM; Dansereau et al., 2013). These themes include (1) Mapping (graphically enhanced analytic decision making), (2) Nudges (practice identifying, developing, and using cues and signals to enhance metacognition), (3) Downward Spiral (understanding the consequences of poor decision making through the use of an experiential board game), and (4) WORK IT (repetitive use of structured maps or templates to foster development of a coherent schema to enhance wisdom/expertise). The TRIP Intervention (Bartholomew et al., 2012) contains a syllabus outline and rationale for each module, detailed instructions for leading interactive activities, discussion and processing questions that correspond with activities, and templates for all handouts.

Adapted for use with adolescent clients, TCU Mapping-Enhanced Counseling forms the core of TRIP and serves to focus attention, facilitate communication, and visually illustrate concepts and ideas for better decision making. 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 Adolescent Screening and Assessment Package (TCU-ASAP)

The TCU Adolescent Screening and Assessment Package (TCU-ASAP; D. Knight et al., in press) includes a collection of assessments that have demonstrated good reliability and validity in adult treatment populations and been adapted for use in adolescent treatment settings: the TCU RISK form (client demographics, criminal involvement), the TCU Drug Screen II, the TCU Client Evaluation of Self and Treatment CEST, and the TCU Criminal Thinking Scales (CTS). Minor modifications were made to some items to simplify language and some references to work or employment were replaced with references to school. Additional

instruments include the TCU Family Friends and Self (FFS) form. To more fully understand judgment and decision-making processes among youth in substance abuse treatment, existing scales measuring criminal thinking were modified and new scales addressing general thinking and thoughts about drug use norms and expectancies were created (THK forms). Psychometric analyses indicate good reliability. The Adolescent Screening and Assessment Package including forms and scoring guides are available.

Segment 1: TRIP Effectiveness

The effectiveness of the core components of TRIP, including TCU Mapping-Enhanced Counseling and the Downward Spiral Game, has been established with older and younger adult populations. Formal adaptations to these materials for adolescents have been made as a part of this project.

Each treatment program participated in two research segments (1) assessment only and (2) assessment plus TRIP curriculum. Throughout segments 1 and 2, programs were granted access to the TCU Adolescent Screening and Assessment Package (TCU-ASAP). In segment 2, program staff were trained on TRIP and clients were placed in TRIP groups immediately upon completion of intake assessments. Participants entering treatment during the assessment only segment were classified as the standard operating practice (SOP) group; clients with treatment admission dates after program implementation of the TRIP curriculum were classified as the TRIP group.

Effectiveness studies examine the progress of 519 adolescents enrolled in 6 community-based treatment programs in 2011 and 2012 who completed assessments at admission (Time 1) and again between 30-60 days in treatment (Time 2). Measures of change over time on judgment and decision making and treatment motivation were compared among youth receiving standard operating practice (SOP; n=281) versus those receiving SOP plus TRIP (n=238). D. Knight and colleagues (D. Knight et al., 2013) demonstrate that the TRIP curriculum is effective for improving adolescent decision making, including self-awareness, positive-focused thinking (e.g., positive self-talk, goal setting), and recognition of the negative effects of drug use on thinking. Becan and colleagues (Becan et al., 2013) show that TRIP directly affects problem recognition and indirectly affects later stages of change (desire for help and treatment readiness).

Segment 2: TRIP Implementation

Using a "Train the Trainer" model, 2 key program staff from 54 adolescent substance abuse treatment programs (representing outpatient, residential, or corrections-based modalities) received training on implementing the TRIP curriculum, within their program.

Regional trainings were co-sponsored by the Pacific Southwest, Great Lakes, South Southwest, and Northeast/Caribbean ATTCs in 2013. Program staff members from the participating programs completed a series of 4 assessments over a 14-month period. The first time point is prior to the training and includes a staff survey of organizational functioning and transformational leadership (SOF form, STL form) and a director survey on organizational structure and operations (SSO form). The second time point was at the training and included assessment of initial attitudes toward TRIP (WEVAL form). The third and fourth time points occur at 4 and 12 months post training and assess sustainability of the TRIP curriculum (WAFU form). Data collection is expected to be completed in 2014.

Programs with greater training needs specific to retention, higher staff functioning, and higher ratings of TRIP workshop quality are expected to respond more favorably to TRIP and report greater readiness to adopt TRIP components. Likewise, those with greater readiness to adopt and lower perceived barriers are more likely to determine greater implementation progress.

Selected Publications

Dansereau, D. F., Knight, D. K., & Flynn, P. M. (2013). Improving adolescent judgment and decision making. *Professional Psychology Research and Practice*, 44(4), 274-282.

Knight, D. K., Becan, J. E., Landrum, B., Joe, G. W., & Flynn, P. M. (in press). Screening and assessment tools for measuring adolescent client needs and functioning in substance abuse treatment. *Substance Use & Misuse*.

Landrum, B., Knight, D. K., Becan, J. E., & Flynn, P. M. (in press). To stay or not to stay: Adolescent client, parent, and counselor perspectives on leaving substance abuse treatment early. *Journal of Child and Adolescent Substance Abuse*.

Selected Presentations

Becan, J. E., Knight, D. K., Crawley, R. D., Joe, G. W., & Flynn, P. M. (2013, June). *Treatment Readiness and Induction Program (TRIP) for increasing adolescent motivation for change*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Knight, D. K., Dansereau, D. F., Becan, J. E., Crawley, R. D., & Flynn, P. M. (2013, June). *The effectiveness of the Treatment Readiness and Induction Program (TRIP) for improving adolescent decision making*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

CJ-DRR

CJ-DRR PROJECT HIGHLIGHTS

Current Title: Sustainable Disease Risk Reduction (DRR) Strategies for CJ Systems**Principal Investigator:** Wayne E. K. Lehman, PhD**Co-Principal Investigator:** Kevin Knight, PhD**Project Director and IBR Data Manager:** Grace A. Rowan, PhD**Cognitive Expert:** Donald F. Dansereau, PhD**Chief Statistician & Analysis Coordinator:** George Joe, EdD**Training/Interventions Developer:**

Norma G. Bartholomew, MA, MEd, LPC

Graduate Research Assistants:

Aaron Cherry MS; Julie Gray, PhD; Yang Yang, MS

Funded by: National Institute on Drug Abuse (NIDA)**Project Period:** September 2008 to March 2013**Recent Activity:**

This 5-year project was funded by NIDA in 2008 and includes 2 major research phases intended to reduce HIV and other addiction-related disease risks in criminal justice (CJ) populations. The first phase of the Disease Risk Reduction (DRR) Project included an intervention effectiveness study, and the second addresses its implementation in CJ field settings. A manual-guided DRR planning and decision-making strategy has been developed based on cognitive tools that focus on an evidence-based, visual-spatial (including TCU Mapping-Enhanced Counseling) rather than traditional didactic communication approach. In the second phase of the project, the process of intervention implementation is being examined in an expanded network of CJ systems in five different states.

Effective interventions for reducing infectious diseases in criminal justice populations can offer significant public health benefits, both to offenders themselves and the public at large. However, there are challenges to “engaging” and convincing offenders with substance abuse histories to adequately plan and apply risk reduction principles during the crucial community reentry phase after imprisonment. Correctional systems also are often fragmented, representing another challenge to efforts to provide integrated care and supervision to offenders at-risk for infectious diseases. This project was funded by NIDA in 2008 to address both of these highly significant issues.

Progress on Current Study

The current study has developed and tested an effective Disease Risk Reduction (DRR) intervention, titled *WaySafe*, for HIV and

other infectious diseases and currently is evaluating its implementation process (R01DA025885, funded by the National Institute on Drug Abuse, National Institutes of Health). The specific aims of the project include: (1) developing and testing a manualized DRR planning and decision-making strategy that relies on cognitive tools and focuses on risk behaviors during reentry back to the community, and (2) examining the process of intervention implementation in an expanded network of criminal justice (CJ) systems that rely on organizational needs and functioning assessments as the focus of analyses of implementation progress.

In the first phase of the current project, *WaySafe*, a manualized DRR planning and decision-making intervention was developed and tested. The intervention utilizes a visual-spatial rather than traditional didactic communication approach (Dansereau & Simpson, 2009) that focuses on risk behaviors during community reentry and addresses attitudes and behaviors related to risks for contracting HIV or other infectious diseases. Key components include problem recognition, commitment to change, and strategies for avoiding behavioral risks of infections. Motivational and planning sessions are designed to be delivered near the end of institution-based substance abuse treatment, expanding beyond the didactic HIV/AIDS education currently provided.

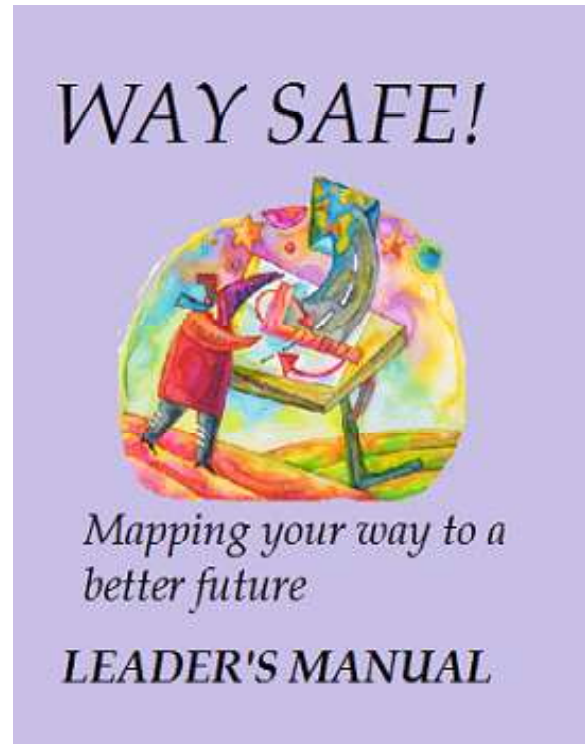
The *WaySafe* curriculum includes 6 weekly sessions and self-directed workbooks that clients complete between sessions. Sessions are designed to last for about one hour and are typically conducted weekly. Sessions are conducted in groups by a trained counselor and include a variety of group-based and participatory activities. The 6 sessions included in *WaySafe* are: (1) *Introduction to Mapping* and includes participants working on group maps while learning mapping principles, (2) *Risk and Reasons* which addresses risk taking and includes having subgroups each working on maps around different aspects of using or not using condoms, (3) *The Game* in which participants form teams and play a quiz game around facts related to HIV, AIDS, and hepatitis B and C (HBV/HCV), (4) *The Should/Want Problem* has teams of participants coming up with reasons why they would want to engage in a risky activity or what they should do regarding the risky activity, (5) *Risk Scenes* which teaches thinking about, planning, and rehearsing intentions regarding risk activities, and (6) *Planning for Risks* which includes activities in which participants are asked to imagine themselves in the future having avoided HIV/HBV/HCV and asking them what advice they would send to their “present” self to avoid infection. Participant workbooks, distributed at the end of each session, include activities and exercises participants are asked to complete on their own to prepare for the following week’s session.

WaySafe Results

In the first phase of the project, WaySafe was implemented in 8 correctional facilities in 2 states. The facilities differed by gender, length of stay, and substance abuse treatment vendor. A total of 1,395 inmates participating in drug treatment were randomly assigned to attend the 6 weekly WaySafe sessions (N=738) or receive treatment as usual (TAU; N=657). All participants completed a pre-test and were asked to complete a post-test approximately 8 weeks later and after the six WaySafe sessions (N=1,266 completed the post-test). A Certificate of Completion was provided after the post-test. The pre- and post-tests assessed knowledge, confidence and motivation regarding HIV Knowledge, Avoiding Risky Sex, Avoiding Risky Drug Use, HIV Testing Awareness, and Risk Reduction Skills.

The current study has resulted to date in 9 published articles (with a 10th article under review), and 13 conference presentations. In addition, the project includes a Supplement designed to develop and evaluate models to explore the proportion of infections averted by interventions affecting HIV testing uptake and interventions affecting HIV treatment uptake. Findings from the parent project have revealed that WaySafe participants had greater improvements on each of the 5 knowledge and confidence measures than did those in the TAU arm. Improvements for WaySafe were demonstrated in each of the 8 facilities in which it was implemented (Lehman et al., 2011). Rowan-Szal et al. (2011) examined WaySafe results for female offenders in 3 different facilities that differed in program length and found that female offenders in longer term programs had higher pre-test values on WaySafe measures, but that female offenders in the short-term program showed greater improvement from pre- to post-test. Treatment engagement has been shown to be an important predictor of treatment outcomes. Offenders with higher treatment engagement prior to WaySafe had higher post-test scores, but the amount of change from pre- to post-test on WaySafe measures was equivalent for both high and low engagement offenders, indicating that WaySafe appeared to be successful at reaching low engagement offenders (Lehman et al., 2011). Bartholomew et al. (2011) found that client participation in high risk behaviors prior to incarceration was associated with greater improvement in WaySafe, and results varied by gender. Furthermore, participation in WaySafe was positively associated with getting tested for HIV after release back into the community, 74% of offenders who participated in WaySafe reported getting tested for HIV compared to 55% of offenders who received TAU. Higher scores on post-test measures that represented concepts taught in WaySafe also were positively associated with reports of getting tested (Lehman et al., 2012).

At the conclusion of the workshops, attendees were asked to complete a workshop evaluation survey (WEVAL) which asked about reactions to the training and anticipated usage of mapping and WaySafe. About six months after the workshops, Workshop Assessment Follow-up (WAFU) surveys were sent to counseling staff at participating programs to assess implementation, use of the materials, training of other staff, and barriers to implementation.



Implementation Phase

A second phase of the project (nearing completion) is examining the process of intervention implementation among 25 correctional and community programs (serving criminal justice clients) in 5 different states. Two-day "train-the-trainer" workshops were conducted with 1-2 key counseling staff from each participating program. The workshops covered cognitive mapping principles, the WaySafe curriculum, and ended with a discussion of implementation issues. About one to two months prior to the workshop, counseling staff at each participating program were asked to complete Organizational Readiness for Change (ORC) surveys. At the conclusion of the workshops, attendees were asked to complete a workshop evaluation survey (WEVAL) which asked about reactions to the training and anticipated usage of mapping and WaySafe. About six months after the workshops, Workshop Assessment Follow-up (WAFU) surveys were sent to counseling staff at participating programs to assess implementation, use of the materials, training of other staff, and barriers to implementation. A total of 73 counselors and staff have attended one of four WaySafe workshops to date. WAFU forms were administered.

Selected Publications

Lehman, W. E. K., Gould, M., & Flynn, P. M. (2013). HIV/AIDS and substance use. In P. M. Miller (Ed.), *Interventions for addiction: Comprehensive addictive behaviors and disorders (Chapter 25, pp. 235-243)*. San Diego: Elsevier Inc., Academic Press.

Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G. A., & Lehman, W. E. K. (2013). The Influence of client risks and treatment engagement on recidivism. *Journal of Offender Rehabilitation, 52*, 544-564.

Lehman, W. E. K., Greener, J. M., & Flynn, P. M. (2012). Organizational Readiness for Change in correctional and community substance abuse programs. *Journal of Offender Rehabilitation, 51*(1-2), 96-114. PMID: PMC3325111

Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Pankow, J., & Simpson, D. D. (2012). Brief trauma and mental health assessments for female offenders in addiction treatment. *Journal of Offender Rehabilitation, 51*(1-2), 57-77. PMID: PMC3474366

Simpson, D. D., Joe, G. W., Knight, K., Rowan-Szal, G. A., & Gray, J. S. (2012). Texas Christian University (TCU) Short Forms for assessing client needs and functioning in addiction treatment. *Journal of Offender Rehabilitation, 51*(1-2), 34-56. PMID: PMC3325103

Lehman, W. E. K., Simpson, D. D., Knight, D. K., & Flynn, P. M. (2011). Integration of treatment innovation planning and implementation: Strategic process models and organizational challenges. *Psychology of Addictive Behaviors, 25*(2), 252-261.

Selected Presentations

Lehman, W. E. K., Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., & Knight, K. (2012, June). *Relationship between HIV testing following incarceration and participation in WaySafe: A disease-risk reduction intervention for offenders*. Presented at the annual meeting of the College on Problems of Drug Dependence, Palm Springs, CA.

Bartholomew, N. G., Joe, G. W., Rowan-Szal, G. A., Lehman, W. E. K., & Yang, Y. (2011, October). *Pre-custody HIV risk behavior as a factor in the effectiveness of WaySafe*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Fairfax, VA.

Lehman, W. E. K., Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Yang, Y., & Knight, K. (2011, October). *Treatment engagement and success in WaySafe — A disease risk reduction intervention for offenders*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Fairfax, VA.

Rowan-Szal, G. A., Joe, G. W., Bartholomew, N. G., Yang, Y., & Lehman, W. E. K. (2011, October). *Implementation for a disease risk reduction intervention for women offenders in residential substance abuse treatment*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Fairfax, VA.

Lehman, W. E. K., Rowan-Szal, G. A., Greener, J. M., Bartholomew, N. G., & Knight, K. (2011, June). *A disease-risk reduction curriculum for substance abusing offenders*. Presented at the annual meeting of the College on Problems of Drug Dependence, Hollywood, CA.

“ . . . participation in *WaySafe* was positively associated with getting tested for HIV after release back into the community, 74% of offenders who participated in *WaySafe* reported getting tested for HIV compared to 55% of offenders who received treatment as usual.”

CJ-DATS

PROJECT HIGHLIGHTS

Current Title: Criminal Justice Drug Abuse Treatment Studies

Principal Investigator: Kevin Knight, PhD

Principal Investigator '02-'05: D. Dwayne Simpson, PhD

Co-Principal Investigator: Patrick M. Flynn, PhD

IBR Data Manager: Grace A. Rowan, PhD

Project Scientists:

George W. Joe, EdD; Wayne E. K. Lehman, PhD;

Jennifer Pankow, PhD, CADAC; Julie Gray, PhD

Clinical Training Coordinator:

Norma G. Bartholomew, MA, MEd, LPC

Graduate Research Assistants:

Aaron Cherry, MS; Rachel Crawley, MA, LPC; Yang Yang, MS

Funded by: National Institute on Drug Abuse (NIDA)

CJ-DATS-Phase 1 Project Period: Sept 2002 to August 2008

CJ-DATS-Phase 2 Project Period: Sept 2008 to March 2014

In 2002, the National Institute on Drug Abuse (NIDA) funded the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS I) cooperative agreement. The Institute of Behavioral Research at Texas Christian University (TCU) is one of nine National Research Centers selected to study current drug treatment practices and outcomes in correctional settings and to examine strategies for improving treatment services for drug-involved offenders. The primary mission of the project initially is to investigate key elements of corrections-based treatment systems in the U.S. and make recommendations for policies to enhance outcomes and improve the overall efficiency of treatment service delivery. A key objective of this landmark project is the establishment of interventions and assessments designed to assist corrections-based treatment in an effort to reduce offender drug use and crime-related costs to society.

CJ-DATS II began in 2008 and engages a different mix of nine research centers and agency partners. Studies focus on organizational and system-level implementation strategies, and engage both community corrections and community-based treatment providers in a process that involves key facilitators and barriers within the context of public safety and public health goals. Ultimately, CJ-DATS II is designed to identify implementation strategies that maximize the likelihood of sustained delivery of evidence-based practices to improve offender drug abuse and HIV outcomes, and to decrease their risk of incarceration.

A key objective of this landmark project is the establishment of interventions and assessments designed to assist corrections-based treatment reduce offender drug use and crime-related costs to society. Implementing research-based treatment practices in typical CJ settings faces a variety of clinical, administrative, organizational, and policy barriers.

Implementing research-based treatment practices in typical CJ settings faces a variety of clinical, administrative, organizational, and policy barriers. Furthermore, if the implementation solutions are expedient rather than systemic, the innovation may not be sustainable, regardless of its clinical effectiveness or cost-effectiveness. An essential component of CJ-DATS II is a focus on implementation research involving organizational change, focused on quality improvement, implementation and technology transfer, management science, and inter-organizational relationships or cross-agency collaboration.

The CJ-DATS Research Center at TCU has worked for several years with its collaborators to address a variety of concerns. Most express a need for linking offender/client assessments dynamically to targeted treatment strategies in a manner that allows progress to be monitored, documented empirically, and clients clinically managed over time. This represents a complex formulation of clinical tools (i.e., assessments and interventions), integrated applications based on user-friendly feedback of client needs and progress, and a supportive program structure. Regardless of program size or focus, experiences so far suggest this requires (1) staff preparation and leadership support, (2) structural alignments and role assignments, (3) training with customized adjustments to settings, and (4) follow-up monitoring and feedback on implementation

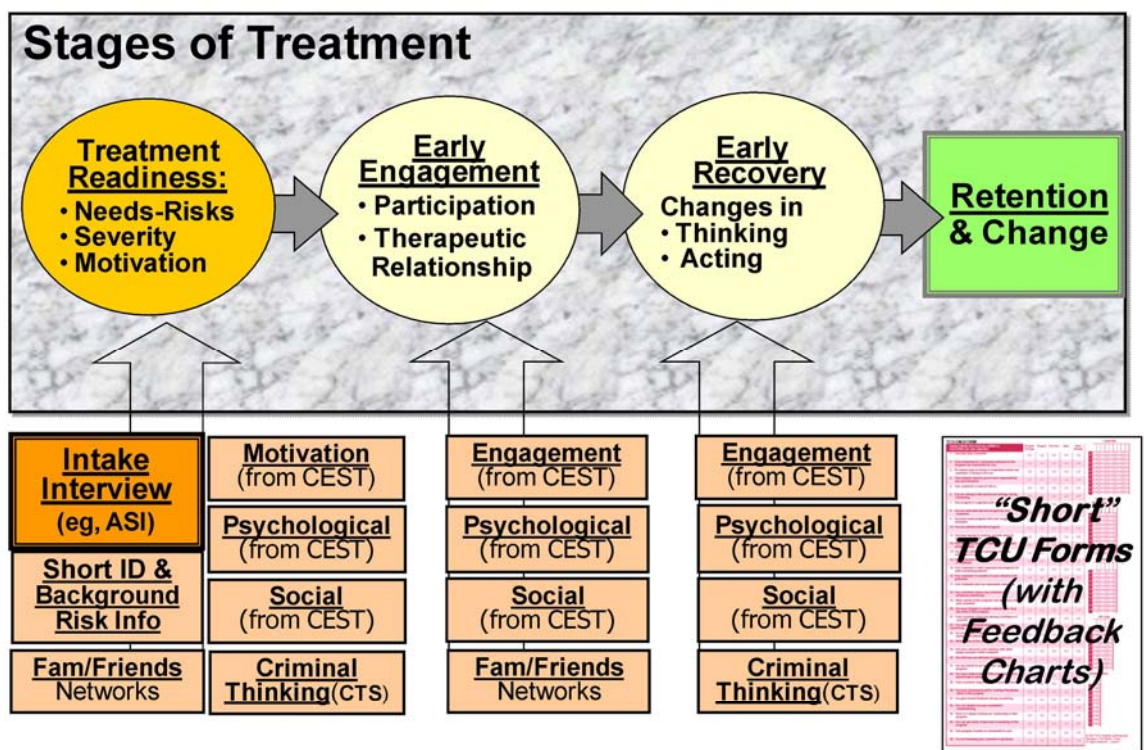
Research as part of CJ-DATS II is extending the previous research and creating a foundation for improving the implementation and sustainability of treatment services for drug-involved offenders.

progress. The heuristic value of the TCU Treatment Process and Outcome Model and the TCU Program Change Model is helping to provide treatment and reentry systems an understanding of the complicated treatment process, of how innovations become adopted and implemented, along with the factors that influence how well it is done and sustained.

SUMMARY OF ACTIVITIES IN THE CJ-DATS PROJECT

CJ-DATS began in 2002 and included nine Research Centers across the U.S. as well as NIDA scientists. The CJ-DATS Research Center at TCU had the lead role in carrying out two studies. First, as part of the Performance Indicators for Corrections (PIC) study, a series of offender assessments for needs, performance, and reentry planning was designed and tested (see Simpson & K. Knight, 2007; special issue for *Criminal Justice & Behavior*), and staff representing a dozen collaborating correctional systems received training on their applications. This work led to the development of 1-page “optical-scan” forms for offender self-administration and on-site scoring (with immediate counselor feedback on results). Each form is specialized (e.g., for drug-use history/severity, motivation for treatment, psychological functioning, social functioning, criminal thinking, HIV-AIDS risks, and treatment engagement) and can be used to assess acute needs or (via repeated administrations) to track offender changes over time.

Assessment of Offender Needs/Progress



Special Issue of *Criminal Justice & Behavior*, 34(9) (Simpson & K. Knight, 2007)

Second, to meet demands for flexible, evidence-based treatment materials, the CJ-DATS Targeted Interventions for Corrections (TIC) modules were developed at TCU. These address topics such as anger management, social skills, changing thinking errors, HIV prevention, and motivation—and they can be used as stand-alone modules or delivered in a series for a more wide-ranging treatment package. The user-friendly layout of these materials, along with their “plug and play” format, allows for less demanding staff training. Single-day training sessions at TCU prepared counselors working with the CJ-DATS Research Centers to use these materials, and a series of experimental studies were carried out and demonstrated their value.

In addition to serving as lead on the PIC and TIC studies, the TCU Research Center participated in studies led by other CJ-DATS Research Centers. As part of CJ-DATS II, TCU currently is involved in 3 studies focused on conducting implementation research in criminal

justice settings, and is testing implementation strategies that could result in sustained uptake and delivery of services. The first study examines the delivery of medication-assisted treatment for offenders transitioning to the community; the second seeks to understand ways to improve the delivery of an HIV continuum of care (i.e., screening and counseling, risk reduction interventions, and continuity of antiretroviral treatment from prison or jail into the community); and the third study involves the implementation of an improved process for screening and assessment to identify offenders with drug abuse and related health problems and to inform their treatment planning and reentry.

To date, these studies have been reported in a special issue of *Criminal Justice and Behavior* (Simpson & K. Knight, 2007) and *Journal of Offender Rehabilitation* (K. Knight, Simpson, & Flynn, 2012).



More information on obtaining TCU “short” forms, 1-page “optical-scan” forms used for offender self-administration, and an Excel worksheet to automate both scoring and reporting is available at the IBR website.

CJ-DATS REFERENCES

Joe, G. W., Knight, K., Simpson, D. D., Flynn, P. M., Morey, J. T., & Bartholomew, N. G. (2012). An evaluation of six brief interventions that target drug-related problems in correctional populations. *Journal of Offender Rehabilitation*, 51(1-2), 19-33.

Knight, K., Simpson, D. D., & Flynn, P. M. (2012). Introduction to the special double issue: Brief addiction interventions and assessment tools for criminal justice. *Journal of Offender Rehabilitation*, 51(1-2), 1-8.

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Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. *Crime and Delinquency*, 52(1), 159-177.

Knight, K., & Simpson, D. D. (2006, Winter). Treatment versus incarceration for substance-abusing clients. *Cenkor News*, 1(1), 2.

SEEK, TEST, AND TREAT (STT)

PROJECT HIGHLIGHTS

Current Title: Seek, Test, and Treat (STT): A Randomized Controlled Trial of an Augmented Test, Treat, Link, and Retain Model for North Carolina and Texas Prisoners

TCU Principal Investigators:

Patrick M. Flynn, PhD and Kevin Knight, PhD

UNC Principal Investigators:

David A. Wohl, MD and Carol E. Golin, MD

TCU Co-Investigator: Wayne E. K. Lehman, PhD

TCU Chief Statistician: George W. Joe, EdD

TCU Data Manager: Grace A. Rowan, PhD

TCU Project Manager: Michele Gould, MPH

TCU Research Associates:

Molly McFatrigh, MPH; Roxanne Muiruri, MPH

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: September 2010 to June 2015

Recent Activity:

This 5-year multiple PI and multisite project in collaboration with the **University of North Carolina at Chapel Hill Medical School** is adapting and integrating existing interventions to enhance antiretroviral therapy (ART) adherence and utilization of care to create TNT-imPACT. This new multicomponent intervention for prisoners in NC and TX is designed to help sustain HIV suppression after release. It is tested in a randomized controlled trial of 400 prisoners to determine its effect on viral load.

“The purpose of this project is to determine if a comprehensive intervention results in a significant reduction in the potential for HIV-infected prisoners to transmit their virus after release.”

HIV-infected prisoners after their release have a relatively high potential to transmit their virus. Incarceration provides opportunities to identify and treat HIV and most prisons provide effective HIV care.

There is a need for comprehensive services post release to ensure that persistent suppression of HIV viremia and reduced propensity to transmit HIV are achieved. The purpose of this project is to determine if a comprehensive intervention results in a significant reduction in the potential for HIV-infected prisoners to transmit their virus after release. The study is being conducted in prisons in North Carolina (NC) and Texas (TX) which collectively represent 15% of all persons in U.S. state prisons.

Specifically, we are adapting and integrating existing interventions [i.e., Participating and Communicating Together (PACT), a multicomponent motivational interviewing (MI)-based ART adherence intervention; Motivating Change, a cognitive mapping-based intervention to improve engagement and participation in health care following prison release; and CONNECT, a needs assessment and HIV care linkage program] to form a new intervention for HIV+ prisoners who have achieved suppression of viremia during incarceration to encourage engagement in HIV care and treatment after release, enhance adherence to HIV therapy, sustain suppression of HIV, reduce infectiousness, and maintain health. This new intervention will be compared with standard care in a sample of 400 prisoners to determine its impact on viral load 24 weeks following release from prison. Secondary outcomes, including post-release HIV transmission risk behaviors, incident STIs, adherence to ART, medical care appointments, emergence of ART resistance mutations, and predicted HIV transmission events will be described and modeled.

The first year of the project, we were able to successfully integrate the PACT and Motivating Change interventions, as well as finalize the adaptation of the CONNECT needs assessment. This was achieved through a series of in-depth interviews with staff representing various AIDS Service Organizations and other professionals who work closely with this population post-release. In addition, focus groups with HIV+ ex-offenders were conducted in NC and TX to help us identify facilitators and barriers to care post-release.

In March 2012, the study was fully launched in NC and TX. Participants are being recruited from over 25 prisons and state jails. In Texas we have successfully recruited over 200 participants to date.

TREATMENT PROCESS AND TECHNOLOGY TRANSFER

DATAR – PHASE 1 & 2

Project Highlights

DATAR-1 Title: Improving Drug Abuse Treatment for AIDS-Risk Reduction

DATAR-2 Title: Improving Drug Abuse Treatment Assessment and Resources

DATAR-3 Title: Transferring Drug Abuse Treatment and Assessment Resources

DATAR-4 Title: Transferring Drug Abuse Treatment and Assessment Resources

Principal Investigator: D. Dwayne Simpson, PhD

Co-Principal Investigator: George W. Joe, EdD

Project Director: Grace A. Rowan, PhD

Project Scientists: Patrick M. Flynn, PhD; Jack M. Greener, PhD; Kevin Knight, PhD; Danica K. Knight, PhD

Research Associate: Norma G. Bartholomew, MA, MEd, LPC

Collaborating Scientists:

Barry S. Brown, PhD; Lois R. Chatham, PhD

Funded by: National Institute on Drug Abuse (NIDA)

DATAR-Phase 1 Project Period: Sept 1989 to August 1995

DATAR-Phase 2 Project Period: Sept 1995 to August 2000

DATAR-Phase 3 Project Period: Sept 1999 to July 2004

DATAR-Phase 4 Project Period: Sept 2004 to August 2009

DATAR Overview (Phases 1-4):

The first DATAR project began in 1989 with a focus on treatment strategies for reducing disease risks related to drug use. Successive waves of refunding extended this research into studies of treatment process, assessment and progress monitoring protocols, and innovation implementation dynamics. Building on 20 years of programmatic evaluations, another 5-year phase of DATAR is now extending its application to adolescent treatment innovations (see information for the Adolescent Project on page 11).

Large studies based on nationwide samples have repeatedly demonstrated the effectiveness of drug abuse treatment in natural settings and the importance of retention to posttreatment outcomes. In response to recurring calls for studying “the black box” and the need to know more about how treatment works, completion of the 20-year Drug Abuse Reporting Program (DARP) project was followed by a 20-year DATAR project (funded in four 5-year phases). Its first phase, entitled Improving Drug Abuse Treatment for AIDS-Risk Reduction (DATAR-1), began in 1989 as a NIDA treatment research demonstration grant and in 1995 was continued for another 5 years, entitled Improving Drug Abuse Treatment Assessment and Resources (DATAR-2). These projects were based on the premise that treatment services research should have practical objectives, be carried out in real-world settings, and include assessments for monitoring client progress over time (with routine feedback to treatment staff). With the general goal of improving therapeutic interventions as well as understanding the treatment dynamics involved, over 1,500 opioid users were treated in four outpatient methadone treatment programs in Texas during 1990 to 1999, under DATAR 1 & 2.

This body of research now defines elements of a basic model for effective drug treatment. It is a framework for integrating findings about how client and program attributes interact to influence the degree to which clients become engaged in treatment and remain long enough to show evidence of recovery while in treatment and at follow-up. The TCU Treatment Model likewise portrays how specialized interventions as well as health and social support services promote stages of recovery (see Figure 1). DATAR 1 & 2 Project phases also have led to the development of a comprehensive set of cognitive and behavioral-based interventions with demonstrated effectiveness as part of a stage-based model of treatment.

Particularly important for increasing early engagement in treatment is a set of cognitive and behavioral-based interventions. The cognitive interventions (especially those related to increasing levels of treatment readiness for low-motivated clients) proved useful for improving therapeutic relationships and retention. Indeed, they became the focus of another TCU project entitled “Cognitive Enhancements for the Treatment of Probationers” (CETOP; PI, Don Dansereau) for correctional populations where treatment readiness and motivation are commonly low. TCU interventions are manual-driven and evidence-based, making them well suited for disseminating these innovations into field practice. The TCU interventions follow principles of TCU Mapping-Enhanced Counseling (also known as node-link mapping) as the therapeutic platform for planning and delivering clinical services.

DATAR Phase 1 studies provided the foundations for the “TCU Treatment Process Model” and demonstrated how cognitive and behavioral management strategies can be used to enhance treatment.

DATAR Phases 1 & 2 Treatment Intervention Manuals

Bartholomew, N. G., Chatham, L. R., & Simpson, D. D. (1994, revised). *Time out! For me: An assertiveness/sexuality workshop specially designed for women*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

This manual provides counselors with a curriculum for leading a 6-session workshop for women. Issues addressed include sexuality, the impact of gender stereotypes, self-esteem, assertiveness skills, and reproductive health issues. Studies have shown that participation in the *Time Out! For Me* workshop increases knowledge, self-esteem, communication skills, and treatment tenure for women.

Bartholomew, N. G., & Simpson, D. D. (1996). *Time out! For men: A communication skills and sexuality workshop for men*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

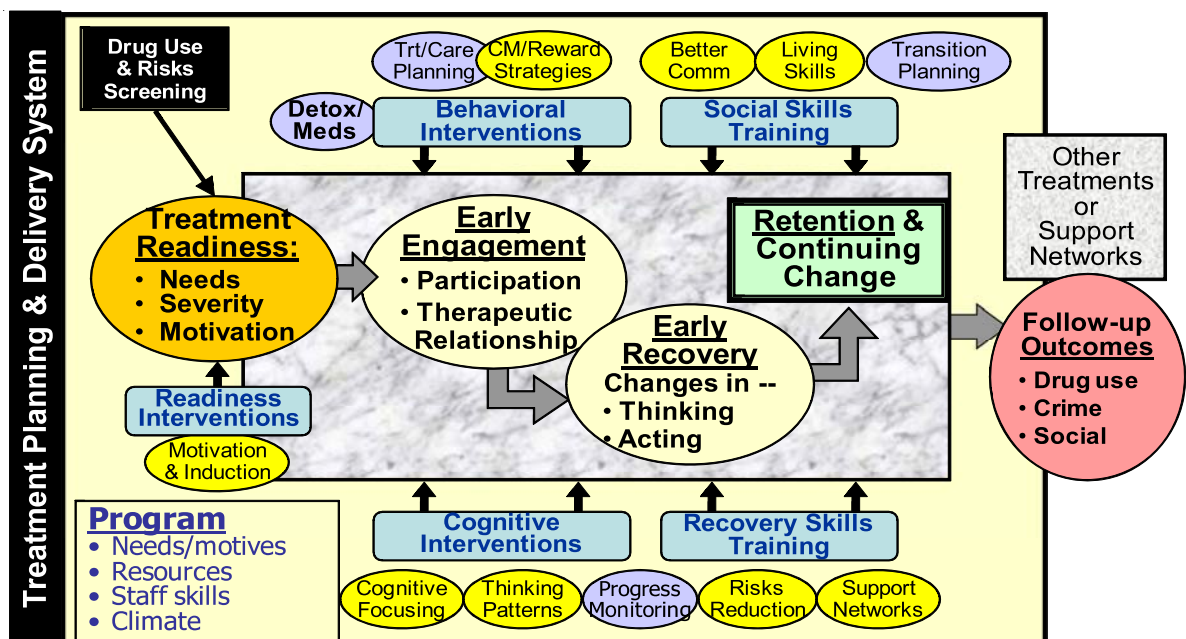
This manual features materials for leading an 8-session workshop for men who want to improve their intimate relationships. Communication skills, self-esteem enhancement, sexual health information, and conflict resolution skills are presented as a foundation for helping resolve relationship problems.

Bartholomew, N. G., Simpson, D. D., & Chatham, L. R. (1993). *Straight ahead: Transition skills for recovery*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

This manual provides a step-by-step curriculum for leading a 10-part workshop designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks in the community (12-step fellowships, family, friends) and on improving social skills, problems solving, and self-efficacy in order to foster recovery maintenance.

TCU interventions are manual-driven and evidence-based, making them well suited for disseminating these innovations into field practice.

Figure 1. TCU Treatment Model
(For Stage-based Assessments and Interventions)



Reference

Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcome. *Journal of Substance Abuse Treatment*, 27, 99-121.

TREATMENT PROCESS AND TECHNOLOGY TRANSFER

DATAR – PHASE 3 (1999 – 2004)

The TCU Program Change Model integrates our research with the literature. It provides a heuristic framework for the steps involved in “technology transfer.”

Counselor attributes and skills directly impact the client engagement process, but within the context of significant organizational dynamics increasingly recognized as needing additional research. Thus, the third 5-year phase of our DATAR project, entitled Transferring Drug Abuse Treatment and Assessment Resources (DATAR-3), was funded in 1999. The literature identifies major factors seemingly involved in transferring new treatment innovations into practice, but understanding how to do it more effectively needed attention. Incorporating these factors into an integrated framework is beginning to advance the scientific progress and practical contributions in this field, including development of assessments for client, staff, and organizational dimensions represented. These studies, for example, document that organizational climate is predictive of treatment satisfaction and counselor rapport. It is therefore important to address organizational climate issues, particularly in dysfunctional programs, as well as identifying specific client needs and changes in treatment regimens to help improve client functioning in treatment programs.

The original TCU Program Change Model integrated related observations from our research with the literature (see Figure 2). At the core of this heuristic framework are action steps typically involved in the process of technology transfer. Training and systematic exposure to new ideas usually come through lecture, self-study, workshops, or expert consultants. The second stage, Adoption, represents an intention to try an innovation. While this might be a “formal decision” made by program leadership, it also includes levels of commitment made by individual staff members about whether an innovation is appropriate at a more personal level and should be tried. Implementation comes next, implying that there is a period of trial usage to allow testing of its feasibility

and potential. Finally, the fourth stage moves to Practice, reflecting the action of incorporating an innovation into regular use and sustaining it (even if it is in some modified form).

Each of these stages admittedly involves a series of smaller interrelated steps, and the literature identifies several important factors that influence this process and determine ultimately the extent to which the intended program changes occur. Simple innovations often can be adopted and successfully implemented in programs with only minor tremors in organizational functioning. As innovations and new procedures become more complex and comprehensive, however, the process of change becomes progressively more challenging—especially in settings where staff communication, cohesion, trust, and tolerance for change are low.

Organizational-level assessments are perhaps the most challenging because they require data to be taken from individuals within an organization (e.g., leaders, staff, clients) and then aggregated in ways that represent “the organization.” Selection of appropriate scales, data collection format, reliability and validity of measures, selection or sampling of individuals to properly represent the organization, and methodological alternatives for aggregating data are issues that require attention. TCU assessments of organizational needs and functioning have been created with these applications in mind. The TCU Client Evaluation of Self and Treatment (CEST) is used to measure client-level and program-level performance indicators in treatment. The TCU Organizational Readiness for Change (ORC) focuses on organizational traits that predict program change. It includes scales from four major domains—motivation, resources, staff attributes, and climate. Comparisons of scale scores from the CEST and ORC assessments with other programs have been made available by defining norms (e.g., 25th and 75th percentiles) based on large-scale data-bases at TCU. This type of information helps guide overall training efforts as well as predict which innovations participating programs are most likely to seek out and adopt.

DATAR Phase 3 Supplements

Health Disparities Among Minority Treatment Clients
(October 2002 to September 2004)

International Cross-Cultural Study of Organizational Functioning
(October 2002 to September 2004)

Development of an Organizational Readiness for Change Assessment for Correctional Substance Abuse Treatment Programs
(September 2003 to August 2004)

Summary: A series of supplements supported research on understanding of how organizational functioning may be related to health disparities among minority populations, cross-cultural generalizability of the ORC in Italy and England, and the applicability of a revised ORC for assessment use for correctional settings.

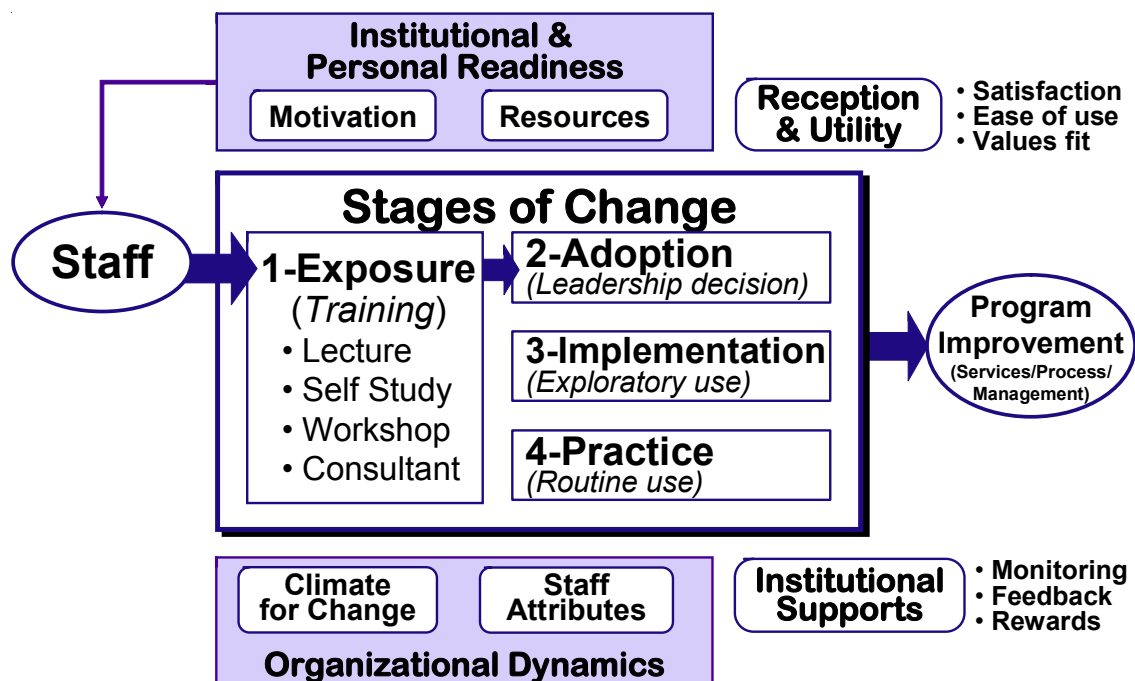
With respect to health disparities, findings showed there were race-ethnic differences with regard to types of health problems reported. More importantly, health problems were related to psychosocial functioning and to treatment engagement and these relationships held when adjusted for race, gender and age. An Italian version of the ORC survey also was developed, and surveys from 341 respondents (representing 64 programs) were completed, primarily via the Internet. Results in the Italian Veneto Region revealed high similarities between organizational functioning profiles from U.S. and Italian programs. Psychometric analyses also showed reliabilities of the ORC/Italian scales were consistent with U.S. findings, and comments collected from survey respondents confirmed interpretations of ORC profiles.

IBR WEBSITE

Other DATAR Project information provided:

- **Research Summaries** — Download (in PDF) *Research Summaries* on “Organizational Change” and “Treatment Assessment,” “Counseling Manuals for Treatment Interventions,” and “Contingency Management.”
- **Forms** — Download the CEST-Intake, CEST, ORC (Staff and Program Director versions), PTN (Staff and Program Director versions), WEVAL and WAFU forms from the TCU Community Treatment Assessment Forms.

Figure 2. TCU Program Change Model



Reference

Simpson, D. D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment*, 22(4), 171-182.

TREATMENT PROCESS AND TECHNOLOGY TRANSFER

DATAR – PHASE 4 (2004-2009)

The DATAR system has undergone further development to capture data needed to address hypotheses with regard to the TCU Program Change Model.

In 2004, the fourth phase of DATAR was extended with funding from a NIDA MERIT Award (for recognizing distinctive and exceptional research projects). It pursued three general goals. First were studies for testing the conceptual model of program change using a longitudinal data collection infrastructure based on TCU assessments of client and program functioning. This work emphasized the “process” of change, continuing to focus on the treatment contextual role of organizational structure and functioning. Second were studies of enhanced feedback to counselors and program leadership on client progress that can be used for monitoring performance at the agency level. A third goal was integration of the TCU interventions into clusters of treatment system modules that link together to sustain client progress through the major treatment stages. The TCU treatment interventions developed in previous phases of DATAR have been shown to be effective in improving interim performance measures representing each stage of treatment engagement process, but their integrated applications in combination with client performance assessments need further study.

Adaptive Stage-Based Intervention Planning

The collection of brief, targeted intervention modules was added to the IBR Website. Specialized module topics include anger management, communication, social networking, HIV/AIDS, cognitive distortions, contingency management, and node-link mapping. These along with other materials produced throughout the DATAR project are available for free download, clustered according to stages of client recovery needs.

Because TCU Mapping-Enhanced Counseling (MEC) is the therapeutic foundation for all TCU intervention manuals, special efforts have been made to consolidate evidence for its effectiveness and implementation procedures. This counseling technique was reviewed in 2008 by SAMHSA’s National Registry—(NREPP) and the conceptual foundations for this approach are summarized in *Professional Psychology: Research and Practice* (Dansereau & Simpson, 2009).

DATAR Research Activities

As part of the research activities, the DATAR system has undergone further development to capture data needed to address hypotheses with regard to the program change model (Simpson & Flynn, 2007). This model, portrayed in Figure 3, has several components representing strategic planning, organizational needs, and program improvement. The set of forms includes the Program Training Needs (PTN), the Organizational Readiness for Change (ORC), the Workshop Evaluation Form (WEVAL), the Workshop Assessment Follow-up Assessment (WAFU), and the Client Evaluation of Self and Treatment forms at intake (CEST-Intake) and during treatment (CEST).

A series of studies was completed as part of a concerted effort to address implications suggested in the conceptual framework for transferring technology to clinical practice as proposed by Simpson (2002) and were published in a 2007 special issue of *Journal of Substance Abuse Treatment*.

Study 1 (Rowan-Szal et al.) addressed issues in Strategic Planning. It found the Program Training Needs survey (PTN) to be psychometrically sound and results of a validity analysis confirmed strong relationships between the PTN and the Organizational Readiness for Change survey (ORC). The study indicated that the PTN is useful as a strategic planning tool for guiding overall training efforts as well as in predicting the types of innovations that participating programs are likely to adopt.

Study 2 (Courtney et al.) used logistic regression analysis to examine attributes related to program-level decisions to engage in a structured process for making organizational changes. Findings showed that programs with higher needs and pressures, and those with more limited institutional resources, and poorer ratings of staff attributes and organizational climate were most likely to engage in a change strategy.

Study 3 (Greener et al.) examined the relationship of organizational functioning to program improvement. Using three measures of client engagement in treatment (rapport, satisfaction, and participation) as process outcomes in a sample of 531 clinical staff and 3,475 clients from 163 substance abuse treatment programs located in 8 states from three Addiction Technology Transfer Centers (ATTC), it was found that engagement was higher in programs with more positive indicators of organizational functioning.

Study 4 (Joe et al.) addressed the role of the counselor in workshop training utilization through their perceptions of work environments and perceived abilities. Three classes of counselors were identified through latent profile analysis using the measures of organizational climate and staff attributes. These classes were found to be related to utilization of workshop training; namely counselors who perceived themselves as being better integrated into their programs were more likely to use training than those who perceived themselves as more isolated and facing more barriers.

Study 5 (Bartholomew et al.) examined the hypothesized relationships between training and adoption decisions. Findings showed counselor ratings of their workshop trainings predicted subsequent use of those trainings. In addition, favorable post-training attitudes toward the workshop (indicators of comfort with material, interest in more training, program resources, and workshop satisfaction) were related to later adoption.

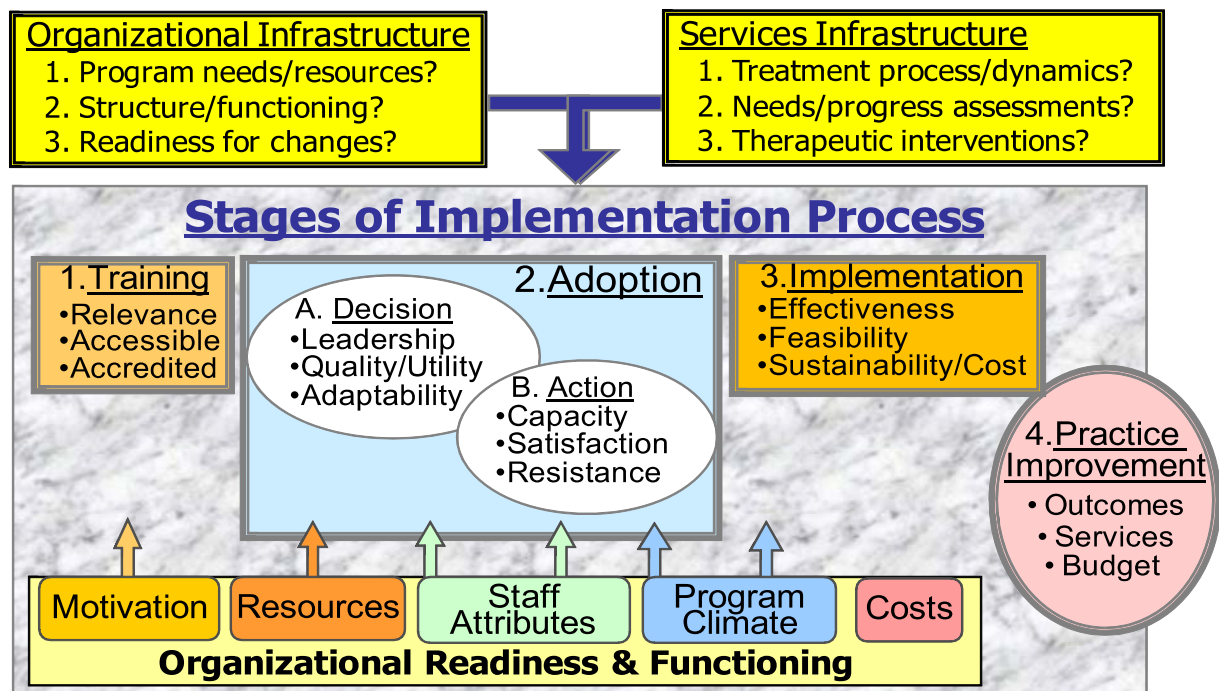
Study 6 (Simpson et al.) investigated stages in a longitudinal evaluation of the overall technology model in Figure 3. The study examined adoption of workshop training in relation to the ORC instrument and the technology transfer framework. Organizational climate, treatment program resources, and staff attributes predicted adoption. More specifically, openness to change, autonomy, opportunities for growth, and training resources were the most salient predictors. Additionally, the study integrated findings

IBR WEBSITE

DATAR Project Phase 4 highlights

- **Interventions** — This section offers several “mapping guides” including the *Mapping Enhanced Counseling: An Introduction* and the *Mapping the Journey: A Treatment Guidebook*.
- **Newsletters** — *Research Reports from IBR* includes issues for Winter 2008-09 and Spring-Summer 2009, both featuring items on **Mapping-Enhanced Counseling**.

Figure 3. Modified Program Change Model (For Stage-based Innovation Implementation)



Collaboration with England's National Treatment Agency for Substance Misuse (NTA) evolved into a significant activity.

from the previous studies by showing how each fit within the evaluations model, and presented results showing that workshop training based on strategic planning was related to adoption of that training and that implementation of training was associated with program improvements in client engagement.

International Collaborations

In March 2005, the IBR hosted a prominent delegation of leaders representing treatment providers, researchers, and policy makers from England. Much like our former international work in the Veneto region of Italy in previous years, this collaboration with England's National Treatment Agency for Substance Misuse (NTA) evolved into a significant activity. Streamlining access to drug misuse services in England was the focus of a multi-phase initiative to address the country's need for more treatment services and improved quality of care. The emphasis was on implementation of a national treatment effectiveness strategy to improve client retention and outcomes once drug misusers enter treatment. Materials from the TCU Treatment System were adapted as part of the transfer, utilization, and evaluation of evidence-based

resources and procedures for clinical practice and program management. The primary objectives, based on careful training and trial adoption of organizational and treatment program improvement strategies, helped further explorations of cross-national technology transfer of TCU treatment resources. In particular, selected materials were used to create a manual for the International Treatment Effectiveness Project (ITEP) designed to address early engagement and cognitive readiness for treatment. Subsequently, DATAR staff conducted train-the-trainers events for drug treatment counselors in the Greater Manchester region of England and London where the ITEP manual was piloted and later rolled out as part of regional training for over 1,200 counselors. In addition, the ORC and CEST surveys were administered to assess organizational functioning and treatment progress of service.

Related work was conducted as part of the Birmingham Treatment Effectiveness Initiative (BTEI), where Simpson et al. (2009) examined client functioning and treatment engagement in relation to staff attributes and organizational climate across a diverse sample of drug treatment and outreach programs. Results were interpreted using

TCU MAPPING-ENHANCED COUNSELING IS INCLUDED IN SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)

Review date: July 2008; Posted on NREPP site: February 2009
TCU (Texas Christian University) Mapping-Enhanced Counseling is a communication and decision-making technique designed to support delivery of treatment services by improving client and counselor interactions through graphic visualization tools that focus on critical issues and recovery strategies. As a therapeutic tool, it helps address problems more clearly than when relying strictly on verbal skills. Mapping-Enhanced Counseling is the cognitive centerpiece for an adaptive approach to addiction treatment that incorporates client assessments of needs and progress with the planning and delivery of interventions targeted to client readiness, engagement, and life-skills building stages of recovery. The technique centers on the use of "node-link" maps to depict interrelationships among people, events, actions, thoughts, and feelings that underlie negative circumstances and the search for potential solutions. There are three types of maps: (1) information maps are produced by a counselor or content expert to communicate important ideas (e.g., causes and consequences of HIV); (2) guide maps are pre-drawn "fill-in-the-node" displays completed by the client (either with assistance from the counselor or as homework); and (3) free style maps are drawn "from scratch" on paper or a marker board while a session progresses.



These map types can be used independently or in combination to capitalize on the cognitive advantages of graphical representation while augmenting the flexibility and power of a verbal dialog between clients and counselors/therapists. They also document process and progress across sessions.

TCU Mapping-Enhanced Counseling training relies on manuals and/or workshops to emphasize the importance of integrating applications into the unique styles of counselors and client circumstances. Guidelines are provided for sequencing and timing of mapping activities, but flexibility permits modifications to fit unique situations. This technique has been evaluated across diverse outpatient and residential treatment settings, using both individual and group counseling. Its applications address common treatment issues (e.g., motivation, anger management, thinking errors, relationships) as well as how to facilitate organizational changes within treatment systems.

comparable data from studies of treatment programs in the U.S. Client scores on treatment participation and counseling rapport in England were associated with higher levels of motivation and psychosocial functioning, as well as to staff ratings of professional attributes and program atmosphere. The findings also indicate these relationships are rooted in personal interactions between clients and their counselor. TCU assessments of treatment structure, process, and performance across therapeutic settings and national boundaries show there is generalizability in the pattern of clinical dynamics, including the relationships between organizational functioning and quality of services.

Based on this record of progress, the NIDA International Program funded a US Distinguished International Scientist Collaborators Award (USDISCA) proposal by Simpson (with Dr. Ed Day, University of Birmingham, England, as primary collaborator) to conduct a series of leadership planning sessions and staff training seminars in the UK. The purpose was to emphasize the value of understanding (1) an adaptive treatment programming logic as represented by the TCU treatment process framework, (2) the functional and interdependent roles and applications of client assessments and intervention manuals, (3) core ingredients of recovery-oriented treatment services, their conceptual integration, and strengths and weaknesses as currently applied across England, North Wales, and Scotland, and (4) the need for formulating a strategic planning approach in adopting and implementing innovations within the treatment systems represented.

Criminal Justice System Collaborations

As part of their Offender Information System (OIS), the state of Indiana Department of Corrections (IDOC) collects records on their offenders using the Substance Abuse Intake (SAI), Client Evaluation of Self at Intake (CESI), the Client Evaluation of

Self and Treatment, CEST), and the Criminal Thinking Scales (CTS). With offender records also providing information on criminal and medical history, treatment session attendance, urine tests, requested time cuts, time in treatment, compliance with treatment plan activities, and program completion, collaborative studies with the Indiana Department of Corrections focused on longitudinal evaluations of client performance and engagement indicators across different CJ treatment settings and populations.

Through secondary data analysis, the IBR in collaboration with the IDOC, completed two studies addressing engagement in prison based treatments, perceptions of care received, and changes in psychosocial functioning and criminal thinking errors. In the first, prison-based interventions for female inmates with a history of methamphetamine use were found to be effective in improving psychosocial functioning and criminal thinking. In a sample of 359 female offenders, participants in both the modified therapeutic community designed for nonviolent offenders and the traditional outpatient treatment were found to improve on self esteem, depression, anxiety, decision making, hostility, and risk taking, as well as on criminal thinking errors (Rowan-Szal et al., 2009).

In the second study (Joe et al., 2009), psychosocial functioning and criminal thinking of methamphetamine-using male inmates were examined before and after their completion of primary treatment in three in-prison drug treatment programs (one "outpatient" and two different modified TCs). The sample consisted of 2,026 adult male inmates in 30 treatment sites.

Significant improvements were found for all three treatments, but participants in the two modified TCs showed significantly

better progress than did those in the outpatient treatment housed among the general prison population. Higher psychosocial functioning and lower criminal thinking orientation predicted stronger therapeutic engagement, and treatment engagement level was found to mediate during-treatment improvement and initial criminal thinking.

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ORGANIZATIONAL COSTS AND FUNCTIONING

TCOM

PROJECT HIGHLIGHTS

Title: Treatment Costs and Organizational Monitoring (TCOM)

Principal Investigator: Patrick M. Flynn, PhD

Co-Principal Investigator: D. Dwayne Simpson, PhD

Project Director: Danica K. Knight, PhD

Graduate Research Assistants:

Jennifer Edwards, MS; Brittany Landrum, MS

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: April 2003 to March 2009

In 2009, the 6th and final year of funding for the TCOM Project came to a close. Efforts were directed toward preparing manuscripts for publication in four general areas: (1) organizational factors associated with stability and change in service delivery; (2) the measurement of leadership within treatment agencies and its role in promoting positive job attitudes; (3) organizational determinants of supervisory and staff turnover; and (4) costs associated with outpatient substance abuse treatment.

This project focused on developing an assessment and information system for treatment providers that monitors organizational attributes and program resources, and links these factors to client performance and program changes over time. It uses the TCU Program Change Model as a conceptual framework for this technology transfer process. The sample consists of 115 outpatient drug-free (i.e., non-methadone), community-based, treatment providers—by far the most common and diverse setting for addiction treatment in the United States. This work extended our thematic program of research designed to better understand treatment and research diffusion. It also expanded applications of our client-level Treatment Process Model (i.e., a framework for integrating interventions with client assessments of needs and measures of performance changes over time).

A primary goal was to develop reliable instruments that can measure and provide feedback on program resources and organizational dynamics (along with aggregated client data) for the purpose of clinical management in real world outpatient community settings. While the ability to effectively use information technology is increasing at most agencies, integrated data systems that meet these crucial clinical management needs have not been developed and tested, and are not yet available for routine use. The specific aims were to: (1) develop a set of field instruments

and procedures that treatment programs will use in assessing their organization and its resources, (2) demonstrate the feasibility and utility of these assessments in a sample of 100 or more outpatient drug-free treatment providers from different regions in the U.S., (3) monitor organizational changes over time and relate them to client-level indicators of program effectiveness, (4) plan and evaluate a training protocol for program directors on how to use assessment information for improving program management and functioning, and (5) study the process of program change and the long-range implementation of this new technology.

The conceptual approach, assessment strategy, and sampling design build on previous work and experience in conducting organizational and client functioning assessments. Integrated into this plan for collecting and interpreting information about program resources was work by colleagues from the Heller School for Social Policy and Management at Brandeis University. The domains addressed by the comprehensive assessment battery include program structure, organizational factors, staff, clients, and program resources. In addition to improving scientific understanding of these issues (communicated through journal publications, conferences, newsletters, and our website), several “application” products have resulted from this project, including the development of a comprehensive system for assessing and reporting organizational and client functioning.

Computer-Assisted Cost Analysis Interview

A new methodology for collecting drug abuse treatment cost data was developed. It adapts computer-assisted data collection and Web-based technology to support community-based outpatient drug treatment providers in their efforts to conduct routine economic evaluations of services. This supplement transforms the parent project’s economic assessment tool from accounting-style spreadsheets into an interactive, computer-assisted interview. This costing tool, and a prototype of a web-based version, was developed by a multidisciplinary research team from IBR and the Heller School for Social Policy and Management at Brandeis University.

Training Activities

The TCOM Project provided collaborative training for 129 staff from 102 selected programs affiliated with the Southern Coast, Northwest Frontier, Great Lakes, and Gulf Coast Addiction Technology Transfer Centers. Participants were taught how to use a practical, self-guided tool for determining the actual service delivery costs of different treatment components. The TCOM tools assist programs in pricing their services competitively and maintaining fingertip access to financial information that can be used for grant writing and negotiating reimbursement rates. In addition, these tools allow agencies to compare their costs and organizational performance with national and regional data.

Feedback Reports

An important aim of the TCOM project was to provide information to participants about program improvement through individualized reports. Reports detailed how each program changed over time and compared with regional means on organizational and client data. Several participating programs used these findings as a basis for discussion and training among staff and as a rationale for proposed changes designed to address “weak” areas of organizational functioning. Their response confirms the utility of the TCOM assessment system.

COLLABORATORS:

Brandeis University:
Heller School for Social Policy and Management
Schneider Institute for Health Policy
Donald S. Shepard, PhD
Constance M. Horgan, ScD

Family Health International:
Aaron Beaston-Blaakman, Ph.D.

SELECTED TCOM PUBLICATIONS

Edwards, J. R., Knight, D. K., & Flynn, P. M. (2011). Organizational correlates of service availability in outpatient substance abuse treatment programs. *Journal of Behavioral Health Services & Research* 38(4), 432-443.

Knight, D. K., Broome, K. M., Edwards, J. R., & Flynn, P. M. (2011). Supervisory turnover in outpatient substance abuse treatment. *Journal of Behavioral Health Services & Research* 38(1), 80-90.

Edwards, J. R., Knight, D. K., Broome, K. M., & Flynn, P. M. (2010). The development and validation of a transformational leadership survey for substance use treatment programs. *Substance Use and Misuse*, 45, 1279-1302.

Knight, D. K., Edwards, J. R., & Flynn, P. M. (2010). Predictors of change in the provision of services within outpatient substance abuse treatment programs. *Journal of Public Health Management & Practice*, 16(6), 553-563. PMID:PMC2978524

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Flynn, P. M., & Simpson, D. D. (2009). Adoption and implementation of evidence-based treatment. In P. M. Miller (Ed.), *Evidence-based addiction treatment* (pp. 419-437). San Diego, CA: Elsevier.

Flynn, P. M., & Brown, B. S. (2008). Co-Occurring disorders in substance abuse treatment: Issues and prospects. *Journal of Substance Abuse Treatment*, 34(1), 36-47. PMID:PMC2200799

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COGNITIVE INTERVENTIONS

CETOP – PHASE 1

COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

PROJECT HIGHLIGHTS

Title: Cognitive Enhancements for the Treatment of Probationers

Principal Investigator: Donald F. Dansereau, PhD

Co-Principal Investigator: D. Dwayne Simpson, PhD

Project Scientists:

Michael L. Czuchry, PhD; Tiffany L. Sia, PhD

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: September 1994 to August 2000

The focus of the first 5-year phase of the CETOP Project (Cognitive Enhancements for the Treatment of Probationers) was to study the impact of enhancing mandated substance abuse treatment with cognitive/behavioral tools. The Tarrant County Substance Abuse Treatment Facility (SATF) was a 4-month intensive residential treatment program for 420 probationers each year. This facility was located in the Community Correctional Facility in Mansfield, Texas, and shared a physical plant with two other units (a boot camp and a halfway house). Probationers mandated by judges to the SATF spent their 4 months in a small “community” of residents, where counseling was provided daily. The program also offered a variety of educational and life management activities. Standard treatment program components included (1) a modified therapeutic community approach, (2) counseling to provide professional guidance and support in recovery efforts, (3) special induction and transition sessions to plan for treatment, and later, for recovery maintenance, and (4) life skills instruction and recovery education activities.

Core elements of the cognitive enhancement system introduced by this project were TCU (node-link) Mapping, motivational tools, cognitive skills activities, and scripted collaboration. These tools were used independently and interactively to enhance the drug abuse treatment components at the SATF. During-treatment and follow-up assessment measures were used to assess reactions to treatment. The comprehensive battery of measures developed in the DATAR Project was modified for use in this project.

Node-link mapping and associated visual representation strategies were applied to enhance communication and understanding. These visual-graphic techniques were designed as simple methods of eliciting, representing, and organizing information so that relationships between ideas, feelings, and actions can be easily recognized and understood.

Motivational tools were designed to enhance the induction and transition phases of treatment. A series of self-study booklets provided training in the cognitive skills (e.g., decision making, problem solving) that are the “basics” of life skills.

The final element consisted of a set of strategies structured to encourage cooperative activities among probationers. Probationers working together on a specific task were trained to help each other clarify and elicit ideas and feelings, detect “glitches” in thinking, provide emotional support, develop alternative perspectives, and improve decision making. Responses of residents receiving enhanced treatment were compared to those receiving treatment as usual.

Four sub-studies were conducted. The first three focused on enhancements to counseling, induction/transition, and life skills education, respectively. The overall randomized research design was cumulative in that enhancements developed and tested in each study became a regular part of treatment for all probationers entering the SATF during later studies. The fourth study examined the effectiveness of the enhancements with special populations (e.g., females).

Findings

Mapping. Results showed that residents rated counseling sessions with extensive map use as “deeper” and having greater group participation. Compared to residents who were not in mapping communities, mapping residents gave more favorable ratings to: their counselors; group counseling sessions; their fellow-residents; security staff; their own efforts to benefit from treatment; and their own abilities to benefit from treatment. In addition, mapping residents also reported better progress toward treatment goals, more participation in group sessions, and more positive responses to treatment as a whole. These early studies helped establish the foundation of evidence for “TCU Mapping-Enhanced Counseling.”

Readiness and Reentry (induction into treatment; transition back to society). Residents who received these activities (which included the Tower of Strengths and Downward Spiral) rated their communities as significantly more engaged in treatment and more helpful to them than those receiving the standard treatment. They rated themselves as more involved in treatment and gave higher ratings to the treatment program and personnel. Those with lower levels of educational experience who received the Readiness and Reentry activities rated their confidence and motivation higher than did a similar group in the standard program.

SELECTED PHASE 1 CETOP PUBLICATIONS

Czuchry, M., & Dansereau, D. F. (2003). Cognitive skills training: Impact on drug abuse counseling and readiness for treatment. *American Journal of Drug and Alcohol Abuse*, 29(1), 1-18.

Czuchry, M., & Dansereau, D. F. (2000). Drug abuse treatment in criminal justice settings: Enhancing community engagement and helpfulness. *American Journal of Drug and Alcohol Abuse*, 26(4), 537-552.

Sia, T. L., Dansereau, D. F., & Czuchry, M. (2000). Treatment readiness training and probationers' evaluations of substance abuse treatment in a criminal justice setting. *Journal of Substance Abuse Treatment*, 19, 459-467.

Blankenship, J., Dansereau, D. F., & Simpson, D. D. (1999). Cognitive enhancements of readiness for corrections-based treatment for drug abuse. *The Prison Journal*, 79(4), 431-445.

Czuchry, M., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment*, 17(4), 321-329.

Czuchry, M., Sia, T. L., & Dansereau, D. F. (1999). Preventing alcohol abuse: An examination of the "Downward Spiral" game and educational videos. *Journal of Drug Education*, 29(4), 323-335.

Newbern, D., Dansereau, D. F., & Pitre, U. (1999). Positive effects on life skills motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug and Alcohol Abuse*, 25(3), 407-423.

Czuchry, M., Dansereau, D. F., & Sia, T. L. (1998). Using peer, self-, and counselor ratings to evaluate treatment process. *Journal of Psychoactive Drugs*, 30(1), 81-87.

Pitre, U., Dansereau, D. F., Newbern, D., & Simpson, D. D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment*, 15(6), 535-543.

Newbern, D., Dansereau, D. F., & Dees, S. M. (1997). Node-link mapping in substance abuse: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation*, 25(1/2), 83-95.

IBR WEBSITE

Other **CETOP Project** materials provided in:

Research Summaries—
Download *Research Summaries* on "**Treatment Mapping**," and "**Treatment Readiness and Induction Strategies**."

Core elements of the cognitive enhancement system introduced by this project were TCU (node-link) Mapping, motivational tools, cognitive skills activities, and scripted collaboration.

COGNITIVE INTERVENTIONS

CETOP – PHASE 2

COGNITIVE ENHANCEMENTS FOR THE TREATMENT OF PROBATIONERS

PROJECT HIGHLIGHTS

Title: Cognitive Enhancements for the Treatment of Probationers**Principal Investigator:** Donald F. Dansereau, PhD**Co-Principal Investigator:** Sandra M. Dees, PhD**Project Scientists:**

Michael L. Czuchry, PhD; Tiffany L. Sia, PhD

Funded by: National Institute on Drug Abuse (NIDA)**Project Period:** March 2000 to August 2005

Building on research findings from Phase 1, the primary objective of the 5-year CETOP Phase 2 Project was to assess the impact of introducing into a criminal justice substance abuse treatment program cognitive activities specifically designed to (a) increase probationers' motivation for treatment and (b) promote development of skills that can be useful during treatment. Since probationers frequently come to a criminal justice treatment program with little motivation and no concept of what to do to benefit from treatment, this second project phase employed and extended the motivational and skill-based elements found to be effective with this population. A second major objective was to determine how these activities can be most effectively combined and efficiently delivered.

On-site implementation was relocated to the Dallas County Judicial Treatment Center (under the administration of Cornell Companies, Inc.) in Wilmer, Texas, when the Tarrant County Substance Abuse Treatment Facility site was changed to an outpatient program. The Wilmer facility provided 6 months of residential treatment to approximately 450 probationers each year. Three major studies were conducted to assess the effects of the Motivation Module (Study 1), the Skills Module (Study 2), and the combination of Motivation and Skills Modules (Study 3). In all three studies, residents were randomly assigned to receive enhancements or treatment as usual (TAU).

The broad research questions addressed by each study were:

1. What are the during-treatment effects of these modules on indicators of motivation and on responses to critical aspects of the treatment program and on perceptions of personal change during treatment? Questionnaires were administered at the beginning, middle, and end of treatment.
2. Who benefits the most? Answers to this question help determine how to tailor treatment to meet the needs of specific individuals.

The MOTIVATION Module: The "TCU Personal Power Series"

Under Construction. This was a three-part activity that included the Tower of Strengths (a card sorting task in which individuals selected strengths they have and strengths they desired), the Building Blocks (selection and generation of quotes that will help individuals attain desired strengths), and a Putting Together Map (where clients see how to apply strengths and quotes to a personal problem). This activity had been shown to improve motivation and therapeutic outcomes in treatment, and helped calibrate self-esteem (too low or too high levels of self esteem have both been found to be problematic in treatment).

Downward Spiral. Five to six participants took the roles of people who are committed to a life of substance abuse. In this board game, the "winner" was the player who stays alive and loses the least of the allotted life resources (e.g., health, family, friends). Players "moved" by drawing cards to read about real situations; they suffered consequences of continued substance abuse by losing "life points" (Czuchry, Sia, & Dansereau, 1999; Czuchry, Sia, Dansereau, & Dees, 1997).

Personal Power Manuals and RAFTing. Participants read and completed 4 workbooks, both in session and as homework. They learned a Relax And Focus Technique (RAFTing) that can be used regularly as a self-modulation and control strategy.

RAFTing and Mind Play. This is an audio CD that guides clients through relaxation and visualization techniques that have been shown to be effective in substance abuse treatment. Research has shown that it facilitates therapeutic improvement in treatment for probationers.

The COGNITIVE SKILLS Module

The Thought Team. Participants were taught to visualize a “team” of people who can give them quality input on personal decisions and plans (i.e., perspective taking). They then used this team as they create written solutions to sets of “tough situation” scenarios. These were real-life situations which they may themselves encounter (Weldon & Dansereau, 1999).

Map Magic (Mapping). Participants were taught to organize their thoughts into graphic node-link representations using either free form or “guide” maps (a fill-in-the node structure; Czuchry & Dansereau, 1999; Newbern, Dansereau, & Dees, 1997; Newbern, Dansereau, & Pitre, 1997; Pitre, Dansereau, Newbern, & Simpson, 1998; Pitre, Dees, Dansereau, & Simpson, 1997). This was a manual-driven activity followed by a scripted peer cooperative problem-solving activity.

View Point Game. This activity involved playing a perspective shifting game that taught individuals a difficult cognitive skill in an engaging, social format. Players applied quotes, symbols, people, and personal strengths to personal problems in an effort to develop workable solutions. The View Point Game had been shown to increase creative problem solving in college students.



Introduction Guide for Mapping-Enhanced Counseling available from the IBR Website

Mapping-Enhanced Counseling: An Introduction provides an overview with case examples of ways to incorporate mapping-enhanced counseling into your practice. Sections include:

- Introduction: TCU Mapping-Enhanced Counseling — Introduction and overview to working with TCU Mapping-Enhanced Counseling.
- Part 1: Overview of Mapping-Enhanced Counseling Strategies — Background and primer for using node-link mapping for individual and group work.
- Part 2: The Mapper's Dozen — Twelve multipurpose guide map templates with examples of customization to tailor maps to treatment needs.
- Part 3: Case Studies with Maps — Ideas for using maps to work with clients around issues identified as part of treatment planning.
- Appendix: Bibliography — Bibliography of mapping research studies.

Findings

Research from the second phase of CETOP demonstrated that these motivation modules:

- increase motivation to resist drug use and to avoid unsafe sexual practices (Czuchry & Dansereau, 2005),
- help sustain motivation over time and improve perceptions of the counselors and counseling sessions (Czuchry, Sia, & Dansereau, 2006),
- and are especially beneficial for:
 - females (Czuchry, Sia, & Dansereau, 2006)
 - clients who are impulsive (i.e., have low need for cognition; Czuchry & Dansereau, 2004).

This phase refined the prior research on the motivational and skill-based elements by examining how they can be combined and efficiently delivered.

IBR WEBSITE

CETOP Project Materials:

- **Project web Page** — Check out the CETOP project page for a more detailed explanation of the CETOP Project studies and information on the “Downward Spiral” board game.
- **Interventions** — Download the intervention, **TCU Guide Maps: A Resource for Counselors** and other node-link mapping interventions developed in the CETOP Project.

2013 PUBLICATIONS AND PRESENTATIONS

JOURNAL ARTICLES

Belenko, S., Hiller, M., Visser, C., Copenhaver, M., O'Connell, D., Burdon, W., Pankow, J., Clark, J., & Oser, C. (2013). Policies and practices in the delivery of HIV Services in correctional agencies and facilities: Results from a multi-site survey. *Journal of Correctional Health Care*, 19(4), 293-310. PMID:PMC3801270

Belenko, S., Visser, C., Copenhaver, M., Hiller, M., Melnick, G., O'Connell, D., Pearson, F., Fletcher, B., & the HIV-STIC Workgroup of CJDATS. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: Study protocol (J. Pankow is member of workgroup contributing to publication). *Health & Justice*, 1(8). doi:10.1186/2194-7899-1-8

Dansereau, D. F., Knight, D. K., & Flynn, P. M. (2013). Improving adolescent judgment and decision making. *Professional Psychology Research and Practice*, 44(4), 274-282.

Flynn, P. M., & Brown, B. S. (2013). Dissemination of evidence-based treatment into practice. In P. M. Miller (Ed.-in-Chief), *Interventions for addiction: Comprehensive addictive behaviors and disorders* (Chapter 68, pp. 665-674). San Diego, CA: Elsevier Inc., Academic Press.

Friedman, P. D., Ducharme, L. J., Welsh, W., Frisman, L., Knight, K., Kinlock, T., Mitchell, S. G., Hall, E., Urbine, T., Gordon, M., Abdel-Salam, S., O'Connell, D., Albizu-Garcia, C., Knudsen, H., Duvall, J., Fenster, J., Pankow, J., & for the CJ-DATS MATICCE Workgroup. (2013). A cluster randomized trial of an organizational linkage intervention for offenders with substance use disorders: Study protocol. *Health & Justice*, 1(6). doi:10.1186/2194-7899-1-6

Knight, D. K., Becan, J. E., & Flynn, P. M. (2013, June). The impact of staff turnover on workplace demands and coworker relationships. *Counselor: A Magazine for Addiction Professionals*, 14(3), 20-23.

Landrum, B., Knight, D. K., & Flynn, P. M. (2013, February). Staff stress affects patients' engagement in therapy. *NIDA Notes*. Retrieved from <http://www.drugabuse.gov/news-events/nida-notes/2013/02/staff-stress-affects-patients-engagement-in-therapy>

Lehman, W. E. K., Gould, M., & Flynn, P. M. (2013). HIV/AIDS and substance abuse. In P. M. Miller (Ed.), *Interventions for addiction: Comprehensive addictive behaviors and disorders* (Chapter 25, pp. 235-243). San Diego: Elsevier Inc., Academic Press.

Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G. A., Lehman, W. E. K., & Flynn, P. M. (2013). The influence of client risks and treatment engagement on recidivism. *Journal of Offender Rehabilitation*, 52, 544-564.

IN PRESS

Joe, G. W., Knight, D. K., Becan, J. E., & Flynn, P. M. (in press). Recovery among adolescents: Models for post-treatment gains in drug abuse treatments. *Journal of Substance Abuse Treatment*.

Landrum, B., Knight, D. K., Becan, J. E., & Flynn, P. M. (in press). To stay or not to stay: Adolescent client, parent, and counselor perspectives on leaving substance abuse treatment early. *Journal of Child and Adolescent Substance Abuse*.

TECHNICAL REPORTS

Crawley, R., Becan, J., Knight, D., Townsend, M., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10401: January 2011 through December 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Crawley, R., Becan, J., Knight, D., Townsend, M., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10402: January 2011 through December 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Townsend, M., Becan, J., Knight, D., Crawley, R., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10501: January 2011 through December 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Townsend, M., Becan, J., Knight, D., Crawley, R., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10502: January 2011 through December 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Townsend, M., Becan, J., Knight, D., Crawley, R., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10601: January 2011 through July 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Townsend, M., Becan, J., Knight, D., Crawley, R., & Flynn, P. (2013). *TCU adolescent project assessment closeout report for facility ID 10602: January 2011 through August 2012* (Technical Report). Fort Worth: Texas Christian University, Institute of Behavioral Research.

CONFERENCE AND TRAINING PRESENTATIONS

JANUARY

Becan, J. E., Gray, J., & Crawley, R. D. (2013, January). *Improving clinical practice through client assessment*. Adolescent Project Assessment Training Workshop, Grafton, IL.

Becan, J. E., Gray, J., & Crawley, R. D. (2013, January). *Improving clinical practice through client assessment*. Adolescent Project Assessment Training Workshop, Harrisburg, IL.

FEBRUARY

Knight, D. K., Becan, J. E., & Crawley, R. D. (2013, February). *Training on implementing the Treatment Readiness and Induction Program (TRIP)*. Adolescent Project Implementation Training Workshop, Santa Ana, CA.

MARCH

Bartholomew, N. G., Rowan-Szal, G. A., Yang, Y., Lehman, W. E. K., & Knight, K. (2013, March). *Reducing HIV risks among reentry clients in criminal justice-based substance abuse: Overview of WaySafe Mapping your Way to a Healthy Future*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Cherry, A. M., Lehman, W. E. K., Rowan-Szal, G. A., Bartholomew, N. G., & Yang, Y. (2013, March). *Reducing HIV risks among reentry clients in criminal justice-based substance abuse: Criminal thinking and WaySafe performance*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Desmarais, S. L., Cohn, A. M., Gray, J. S., Doherty, S., & Knight, K. (2013, March). *Medication-assisted treatment for offenders with substance use problems: Treatment adherence, violence and victimization*. Presentation at the American Psychology – Law Society Conference, Portland, OR.

Gray, J., Knight, K., Cohn, A., Desmarais, S., Pankow, J., Rowan-Szal, G. A., Doherty, S., & Flynn, P. M. (2013, March). *Medication-assisted treatment: Examining criminal justice client outcomes*. Presentation at 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Knight, D. K., Becan, J. E., Crawley, R. D., & Flynn, P. F. (2013, March). *Training on implementing the Treatment Readiness and Induction Program (TRIP)*. Adolescent Project Implementation Training Workshop, Indianapolis, IN.

Lehman, W. E. K., Rowan-Szal, G. A., Bartholomew, N. G., Cherry, A. M., & Yang, Y. (2013, March). *Reducing HIV risks among reentry clients in criminal justice-based substance abuse: WaySafe implementation*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Pankow, J., Gray, J., Yang, Y., McFatrigh, M., Flynn, P. M., & Knight, K. (2013, March). *An examination of opposition, knowledge, and support for medication-assisted treatment: CJDATS 2 Medication-Assisted Treatment in Community Corrections Environments (MATICCE)*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Yang, Y., Lehman, W. E. K., Rowan-Szal, G. A., Bartholomew, N. G., & Cherry, A. M. (2013, March). *Reducing HIV risks among reentry clients in criminal justice-based substance abuse: Relationship of WaySafe and toolkit return*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

Rowan-Szal, G. A., Bartholomew, N. G., Lehman, W. E. K., Cherry, A. M., & Yang, Y. (2013, March). *Reducing HIV risks among reentry clients in criminal justice-based substance abuse: Evidence of WaySafe effectiveness*. Presentation at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, IL.

APRIL

Crawley, R. D., Knight, D. K., & Flynn, P. M. (2013, April). *A comparison of two strategies for handling missing data when analyzing assessment responses among adolescents in residential treatment*. Poster presentation at the Texas Christian University Student Research Symposium, Fort Worth, TX.

Lehman, W. E. K., & Knight, K. (2013, April). *The TCU tools*. Workshop for counselors and staff of Community Education Centers, TASC, and Southwestern Illinois Correctional Center, East St. Louis, IL.

MAY

Knight, D. K., Becan, J. E., & Crawley, R. D. (2013, May). *Training on implementing the Treatment Readiness and Induction Program (TRIP)*. Adolescent Project Implementation Training Workshop, Fort Worth, TX.

Lehman, W. E. K. (2013, May). *The TCU assessment system: Utility for client management and program efficacy*. Presentation at the National TASC Conference, Columbus, OH.

JUNE

Becan, J. E., Knight, D., Crawley, R. D., Joe, G. W., & Flynn, P. (2013, June). *Treatment Readiness and Induction Program (TRIP) for increasing adolescent motivation for change*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Crawley, R. D., Knight, D. K., Becan, J. E., & Flynn, P. M. (2013, June). *Problem behaviors and criminal thinking among adolescents in residential substance abuse treatment*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Knight, D. K. (2013, June). *Implementing evidence-based practices with youth in the legal system*. Invited presentation to Texas Corrections Association Annual Conference, San Antonio, TX.

Knight, D. K., & Becan, J. E. (2013, June). *Training on implementing the Treatment Readiness and Induction Program (TRIP)*. Adolescent Project Implementation Training Workshop, New York, NY.

Knight, D. K., Dansereau, D. F., Becan, J. E., Crawley, R. D., & Flynn, P. M. (2013, June). *The effectiveness of the Treatment Readiness and Induction Program (TRIP) for improving adolescent decision making*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Lehman, W. E. K., Rowan-Szal, G. A., Bartholomew, N. G., Joe, G. W., & Knight, K. (2013, June). *Pre-custody HIV risks as a factor in the effectiveness of WaySafe intervention*. Poster presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Rowan-Szal, G. A., Joe, G. W., Lehman, W. E. K., Bartholomew, N. G., & Knight, K. (2013, June). *Brief HIV assessment for screening CJ offenders in addiction treatment*. Poster presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G. A., Lehman, W. E. K., & Flynn, P. M. (2013, June). *Sex/gender differences and the impact of risk factors and psychosocial functioning on the time to re-arrest among offenders treated for substance use*. Presentation at the 75th Annual Meeting of the College on Problems of Drug Dependence, San Diego, CA.

Yang, Y., Knight, K., Joe, G. W., Rowan-Szal, G. A., Lehman, W. E. K., & Flynn, P. M. (2013, June). *Sex/gender differences and the impact of risk factors and psychosocial functioning on the time to re-arrest among offenders treated for substance use*. Poster presentation at the International Women's Sixth Meeting and Conference, Health Disparities, Women, and Substance Abuse: Global Issues, San Diego, CA.

AUGUST

Knight, K., Gray, J. S., Cohn, A. M., Desmarais, S. L., Pankow, J., Doherty, S., & Flynn, P. M. (2013, August). *Medication-assisted treatment: Keeping scheduled appointments*. Presentation at the American Psychological Association Convention, Honolulu, HI.

SEPTEMBER

Dansereau, D. F., Becan, J. E., & Crawley, R. D. (2013, September). *Strategies for engaging adolescents in treatment*. Training for Treatment Readiness and Induction Program (TRIP) effectiveness sites, Fairview Heights, IL.

Knight, K. (2013, September). *Drug addiction research and treatment effectiveness*. Presented at the 14th European Federation of Therapeutic Communities Conference, Prague, Czech Republic.

OCTOBER

Becan, J. E., Knight, D. K., Dansereau, D. F., Joe, G. W., & Flynn, P. M. (2013, October). *Using open enrollment therapeutic groups to promote early treatment engagement: Implications for timing of experiential-based activities*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Crawley, R., Knight, D. K., Becan, J. E., & Flynn, P. M. (2013, October). *Exposure to aggression and maladaptive cognitive scripts are related to treatment factors dependent upon gender and cognitive style*. Poster presentation at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Flynn, P. M. (2013, October). *The importance of competency and intervention delivery methods in promoting early treatment engagement among adolescents*. Symposium chaired by Patrick M. Flynn at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Gray, J. S., Knight, K., Cohn, A. M., Desmarais, S. L., Pankow, J., Doherty, S., & Flynn, P. M. (2013, October). *Medication-assisted treatment: Clinic visit predictors*. Poster presentation at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Knight, K. (2013, October). *Improving judicial decision making with principles of addiction treatment*. Presented at the Great Plains Justice Leaders Symposium, Omaha, NE.

Knight, D. K., Becan, J. E., & Flynn, P. M. (2013, October). *Understanding contextual and organizational factors in intervention uptake: Next steps for the Treatment Readiness and Induction Program (TRIP)*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Knight, D. K., Dansereau, D. F., Joe, G. W., Becan, J. E., & Flynn, P. M. (2013, October). *Promoting adolescent treatment engagement through readiness interventions: Implications for assessing client competency*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Lehman, W. E. K., Rowan, G. A., Bartholomew, N. G., Joe, G. W., & Knight, K. (2013, October). *WaySafe-related risk reduction skills and behaviors after incarceration*. Poster presentation at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Rowan, G. A., Knight, D. K., Becan, J. E., & Flynn, P. M. (2013, October). *Delivery methods that impact the efficacy of an intervention to improve treatment readiness and engagement in adolescents*. Presented at the Addiction Health Services Research (AHSR) Annual Meeting, Portland, OR.

Yang, Y., Knight, K., Joe, G. W., Rowan, G. A., Lehman, W. E. K., & Flynn, P. M. (2013, October). *Impact of pretreatment injection drug use, drug use severity, and treatment experience on the effectiveness of WaySafe: A Disease-Risk-Reduction Intervention*. Poster presentation at the Addiction Health Services Research Conference, (AHSR) Annual Meeting, Portland, OR.

NOVEMBER

Flynn, P. M. (2013, November). *Game-based learning: Adolescent learning, treatment engagement and judgment and decision making through interactive games and analytically created schemas*. Workshop and presentation at the Addiction Technology Transfer Center Network Meeting, Washington, DC.

Knight, K., Gray, J. S., Desmarais, S. L., Cohn, A. M., Pankow, J., Doherty, S., & Flynn, P. M. (2013, November). *Medication-assisted treatment among opioid-dependent parolees and probationers*. Panel presentation at the American Association for the Treatment of Opioid Dependence National Conference, Philadelphia, PA.

DECEMBER

Dansereau, D. F., & Becan, J. E. (2013, December). *Implementing TCU interventions in substance abuse treatment programs*. Training for Treatment Alternatives for Safe Communities (TASC). Fort Worth, TX.

Gray, J. S., Knight, K., Rowan, G. A., & Lehman, W. E. K. (2013, December). *Implementing TCU assessments in substance abuse treatment programs*. Training for Treatment Alternatives for Safe Communities (TASC). Fort Worth, TX.