

2014 Annual Report

Institute of Behavioral Research

*Texas Christian University
Fort Worth, TX*



INSTITUTE OF BEHAVIORAL RESEARCH

IBR ANNUAL REPORT

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This Annual Report presents a summary of IBR research updated for 2014. We encourage you to visit the IBR website, where our research activities are reported with timely updates.

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2014 IBR 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 277 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 117 undergraduate areas of study and over 1,380 graduate students in 62 master's level programs and 25 areas of doctoral study. It employs approximately 2,100 faculty and staff and has an annual operating budget of almost \$550 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.

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

MISSION

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

ABOUT IBR–TCU

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

The IBR is committed to excellence and the highest standards of scholarship, and offers research training and learning experiences in behavioral and health services research for Ph.D. graduate students who work in close partnership with faculty

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 as Chairperson of the NIH/CSR Behavioral and Social Science Approaches to Preventing HIV/AIDS Study Section (BSPH) for a term 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. 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 100 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 on a major NIDA Cooperative Agreement called Criminal Justice Drug Abuse Treatment Studies (CJ-DATS); a multi-site project currently in its 11th year with a focus on testing

RESEARCH STAFF AND PERSONNEL

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

has been a Senior Research Scientist at the IBR since 2009. He originally began work at the IBR as a Graduate Research Assistant in 1978 before working at Texas A&M University as a Research Scientist at the Behavioral Research Program from 1982 to 1989. He returned to TCU in 1989 and was at the IBR again until 2002 when he went to Colorado and worked as a Senior Statistician for Litigation Support Services in Boulder and a statistician for Project Safe at the University of Colorado Denver, conducting research on HIV prevention among out-of-treatment drug users. 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. 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.

Senior 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 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 test implementation strategies for improving the availability and quality of substance use services for justice-involved youth under community 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, factors affecting adolescent recovery from substance abuse, and organizational factors associated with service provision.

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 transitioned into research examining behavioral treatment approaches for drug users. Celebrating 25 years with the Institute this year, her role has included serving as a data manager, project director, and research scientist. She was heavily involved in the 20-year research program (DATAR) conducted by the Institute on the evaluation of mapping-enhanced counseling, the study of the treatment process, and the transfer of new treatment innovations into practice. Dr. Rowan specializes in the development of client assessment and data management systems. While at the IBR, she has authored and coauthored many publications focusing on gender issues and/or women involved in drug abuse treatment. Her early studies looked at women in methadone treatment, interventions designed specifically for women "Time Out for Me", and outcomes for women with sexual abuse histories. Dr. Rowan's more recent papers have focused on women in the criminal justice system including methamphetamine-using offenders and a particular focus on the development and testing of screening instruments for trauma, mental health, and HIV. She currently serves the Institute in the role of IBR Data Manager and as a Research Scientist across projects.

RESEARCH STAFF AND PERSONNEL

Associate Research Scientist

JENNIFER EDWARDS BECAN, PhD

began her work as Associate Research Scientist in 2010 after completing her doctorate at Texas Christian University. As a Graduate Research Assistant at the IBR, 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. Based on her work as Project Director for the 5 year NIDA funded Adolescent Project, Dr. Becan published on implementation science topics including dissemination 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 the Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) 5 year NIDA funded grant.

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 DRR-2 and as a site facilitator on JJ-TRIALS. Additionally, she served as Project Director on the recently completed CJ-DATS II implementation research initiative.

Postdoctoral Research Fellow

JULIE S. GRAY, PhD

joined the IBR in 2003. Her background includes extensive understanding of computer applications and recent experience with automating data collection and evaluations for large-scale projects. That involvement included design, configuration, and setup for optical scanning (Sustainable HIV Risk Reduction Strategies for CJ), web surveys, and interactive voice response systems (CJDATS 2, Medication-assisted treatment client outcomes sub-study). Further, she conducted on-site training with research partners and to ensure the fidelity of research protocols for these data. In addition, she developed “user-friendly” TCU reporting tools for use by treatment professionals, and conducted over 50 trainings in the use of these TCU assessment tools nationwide. Over the past year, Dr. Gray continued management for a study supplement to CJ-DATS II that examined client-level outcomes among probationers and parolees receiving medication-assisted treatment (MAT). She also conducted field interviews and data collection with HIV seropositive offenders during their first six months after release for the STT project and continued to oversee SharePoint services for the STT national collaborative. A current project she enjoyed initiating the most is a multidisciplinary collaboration between the IBR and the TCU Computer Science Department to develop an Android application for delivering curriculum to guide better decision making about HIV risks behaviors among community corrections populations.

Research Associate

MICHELE GOULD, MPH

joined the IBR in 2011 and serves as its Project Coordinator on the NIDA-funded “Seek, Test, Treat, and Retain” 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, prior to joining the IBR, 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

ROXANNE MUIRURI, MPH

joined the IBR in 2012. She serves as a Research Associate on the IBR NIDA-funded projects—JJ TRIALS, DRR-2, “Seek,

RESEARCH STAFF AND PERSONNEL

Test, Treat, and Retain” and 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. Roxanne 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 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.

RESEARCH STAFF AND PERSONNEL

Support Staff

LINDA FERDINAND

(ADMINISTRATIVE RESEARCH SPECIALIST)

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 projects, prepares materials for trainings, and assembles the Adult and Adolescent Downward Spiral Games.

HELEN HUSKEY

(ADMINISTRATIVE RESEARCH SPECIALIST)

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

Graduate Research Assistants

AARON CHERRY

(MS, EXPERIMENTAL 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.

RACHEL CRAWLEY

(MS, EXPERIMENTAL PSYCHOLOGY; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

is a graduate student in Cognitive Psychology and has interests in cognitive functioning, delinquency, criminal

thinking, and substance abuse among adolescents. She assists with the Adolescent Project and the JJ-TRIALS 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 cognitive functioning changes during substance abuse treatment among youth in community-based residential and juvenile justice secure treatment settings.

SARAH THEISEN

(EXPERIMENTAL PSYCHOLOGY; GRADUATE STUDENT IN COGNITIVE PSYCHOLOGY)

Sarah Theisen is a Graduate Student in Experimental Psychology with an emphasis in Cognitive Psychology. She assists with the Juvenile Justice Translational Research on Adolescents in the Legal System (JJ-TRIALS) Project as well as the Adolescent Project. Sarah is currently interested in how cognition influences client involvement during treatment and the implementation of best practices for substance abuse prevention and treatment within the juvenile justice system.

Undergraduate Assistant

DEANNA MORRISON

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
JJ Partners: Texas Juvenile Justice Department and Nancy Arrigona (Council of State Governments – Justice Center)

Co-Principal Investigators:
Patrick M. Flynn, PhD and Kevin Knight, PhD

IBR Data Manager/Research Scientist:
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

Postdoctoral Research Fellow: Julie S. Gray, PhD
Research Associates:

Michele Gould, MPH; Roxanne Muiruir, MPH

Graduate Research Assistants:
Rachel D. Crawley, M.S.; Sarah Theisen

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: July 2013 to June 2018

Recent Activity: The full implementation study protocol was approved by the JJ-TRIALS Steering Committee in April 2014.

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. The Texas Juvenile Justice Department (TJJD) and Nancy Arrigona of the Council of State Governments – Justice Center serve as TCU's partners.

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

In the primary implementation study, a cluster-randomized design (with a phased roll-out) is being used to evaluate the effectiveness of two bundles of Implementation Strategies for improving substance use services available to juvenile offenders. Research questions 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 receiving substance use screening and assessment services, 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 engage in treatment services. Implementation outcomes include documentation of progress toward site-selected goals, 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.

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, 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.

DRR-2

Project Highlights

Current Title: Sustainable Disease Risk Reduction Strategies for CJ Systems (DRR-2)

Principal Investigator: Wayne E. K. Lehman, PhD

Co-Principal Investigator: Kevin Knight, PhD

Project Director/Associate Research Scientist:

Jennifer Pankow, PhD, CADC

IBR Data Manager/Research Scientist:

Grace A. Rowan, PhD

Project Scientists: Donald F. Dansereau, PhD;

Patrick M. Flynn, PhD; George W. Joe, EdD

Postdoctoral Research Fellow: Julie S. Gray, PhD

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: April 2014 to March 2019

Current Activities: During the first year of the project, we adapted ideas from the group-based *WaySafe* curriculum and a decision-making schema, WORK-IT, to develop *StaySafe*, a self-administered approach for probationers utilizing an interactive, tablet computer-based interface. Adaptation activities included interviews and focus groups with probationers and key probation department officials for input in the design of the materials and logistics for the project. Three different templates for *StaySafe*, to be used across twelve sessions, have been developed and are currently being tested and finalized. Our ultimate goal for *StaySafe* is to have a sustainable product for probation departments that can be administered with minimal staff training and low burden on probation officers, that is easy to use by probationers, requires minimal maintenance, and is free to probation departments other than the cost of providing touchscreen computers.

Well established and consistent use of HIV/HBV/HCV risk reduction prevention/intervention programs with continuity of care do not exist in most criminal justice treatment systems because of lack of policy development and integration between institution and community-based corrections, health, and social service agencies. Risk reduction interventions targeting re-entry are crucial because of the likelihood for risk behaviors to increase upon return to the community. Approaches for community corrections populations are needed that have the capability of addressing motivational, social, and cognitive deficits.

The first phase of this continuation project (DRR-1) developed and tested an in-prison, highly interactive group-based curriculum, titled *WaySafe*, that was designed to help offenders make better decisions regarding health risk behaviors after release back to the community. The current project is adapting the innovative *WaySafe* intervention for use with community-corrections populations. The adapted intervention, ***StaySafe***, includes twelve 10-15 minute self-administered sessions based on evidence-based cognitive principles designed to improve decision-making skills regarding health risk behaviors during the critical first several months under community supervision.

StaySafe will be administered to probationers newly released from residential or prison-based substance abuse treatment during the brief time they are waiting for their regularly scheduled appointments with their probation officer (PO). It utilizes tablet computers that provide an easy to use and interactive interface for probationers to work through an evidence-based, decision-making schema. An advantage of this approach is that it can be administered to probationers with minimal time commitment by staff and that it utilizes probationer down time when they are waiting for appointments. This intervention will be implemented in the probation departments of several large counties in Texas. Participating probationers will be randomly assigned to an experimental (*StaySafe*) or control (standard operating procedure; SOP) arm. All participating probationers will be asked to complete measures at baseline and at 6 and 12 months.

SELECTED PRESENTATIONS

Gray, J. S., Pankow, J., Lehman, W. E. K., Rowan, G. A., & Knight, K. (2014, October). *"There's an app for that": A novel tool to help community correction populations learn strategies to decrease HIV risk behaviors after release.* Presented at the Addiction Health Services Research Conference, Boston, MA.

Lehman, W. E. K., Pankow, J., Knight, K., Rowan, G. A., & Gray, J. S. (2014, October). *Staying safe in the community: Adaptation of WaySafe for helping probationers make better decisions about their health risks.* Presented at the Addiction Health Services Research Conference, Boston, MA.

Rowan, G. A., Lehman, W. E. K., Knight, K., Joe, G. W., & Yang, Y. (2014, October). *WaySafe: Improving decision-making around health risk behaviors for prisoners transitioning back to the community.* Presented at the Addiction Health Services Research Conference, Boston, MA.

TRIP: DATAR PHASE 5

PROJECT HIGHLIGHTS

Current Title: Treatment Readiness and Induction Program for Adolescents

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

Graduate Research Assistants:

Rachel Crawley, MS; Sarah Theisen

Funded by: National Institute on Drug Abuse (NIDA)

Project Period: January 2010 to December 2015

This 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

TRIP improved motivation and decision making and increased self-awareness, positive focused thinking, and recognition of the negative effects of drug use.

organized around 4 main themes related to the primary components of the Integrated 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., 2014) 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

Projects

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 at ibr.tcu.edu.

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 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., in press) 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., 2015) 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

Crawley, R. D., Becan, J. E., Knight, D. K., Joe, G. W., & Flynn, P. M. (in press). Predictors of physical altercation among adolescents in residential substance abuse treatment. *Deviant Behavior*.

Knight, D. K., Dansereau, D. F., Becan, J. E., Rowan, G. A., & Flynn, P. M. (in press). Effectiveness of a theoretically-based judgment and decision making intervention for adolescents. *Journal of Youth and Adolescence*.

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*.

Becan, J. E., Knight, D. K., Crawley, R. D., Joe, G. W., & Flynn, P. M. (2015). Effectiveness of the Treatment Readiness and Induction Program for increasing adolescent motivation for change. *Journal of Substance Abuse Treatment*, 50, 38-49.

Knight, D. K., Becan, J. E., Landrum, B., Joe, G. W., & Flynn, P. M. (2014). Screening and assessment tools for measuring adolescent client needs and functioning in substance abuse treatment. *Substance Use & Misuse*, 49(7), 902-918.

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.

SEEK, TEST, TREAT, AND RETAIN (STTR)

PROJECT HIGHLIGHTS

Current Title: Seek, Test, Treat, and Retain (STTR): 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 Director: Michele Gould, MPH

TCU Research Associate: 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 405 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 have adapted and integrated 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 is being compared with standard care in a sample of over 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.

This research represents one of the largest and most rigorous studies of risk behavior among a cohort of HIV-infected releasees ever undertaken. Among others, innovations include the use of cellular phones to deliver Motivational Interviewing sessions post-release, to conduct unannounced pill counts, and deliver audio files and text messages including tailored reminders regarding ART dosing and HIV-related clinic appointments following release. The proposal addresses a highly significant public health issue with potential to greatly advance the US HIV prevention agenda by delivering and testing a comprehensive intervention to sustain HIV viral suppression.

To date, participants have been recruited from over 25 prisons and state jails. In Texas we have successfully recruited over 200 participants.

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, CADC; 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 in an effort to 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 progress. The heuristic value of

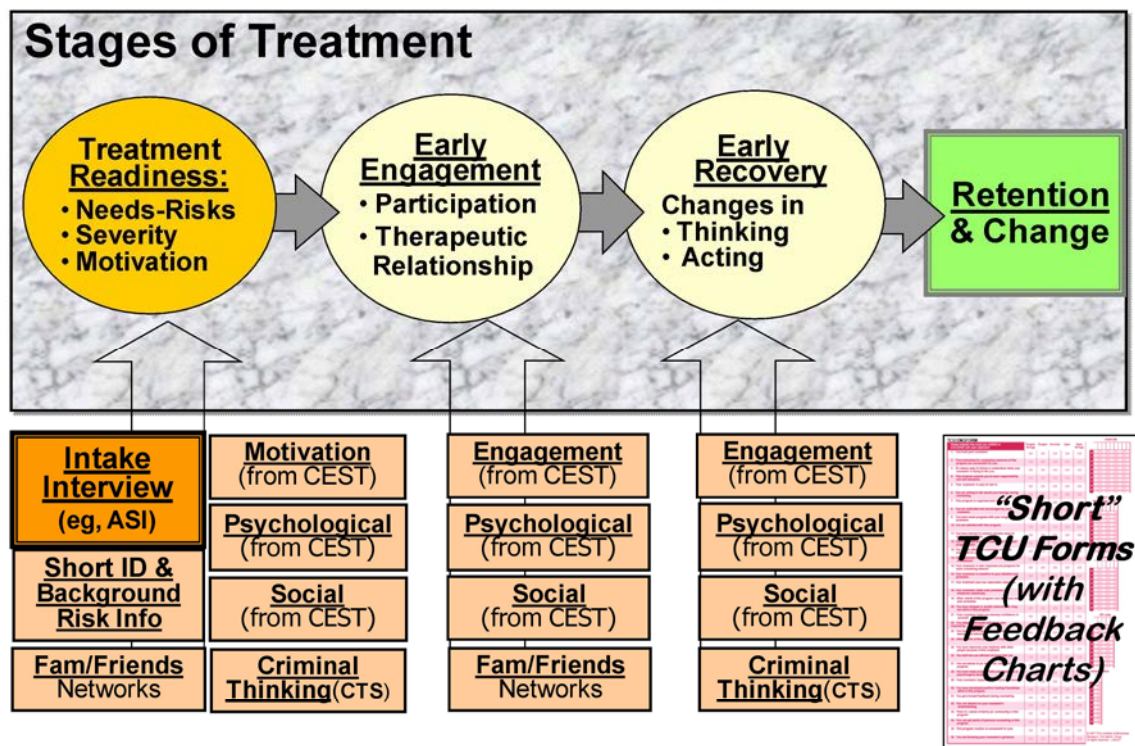
Research as part of CJ-DATS II is extending the previous research and creating a foundation for improving the implementation and sustainability of treatment services for drug-involved offenders.

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)

Projects

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).



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.

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.

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.

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

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/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

This 5-year project was funded by NIDA in 2008 and included 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 addressed its implementation in CJ field settings. A manual-guided DRR planning and decision-making strategy was developed based on cognitive tools that focused 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 was 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 study developed and tested an effective Disease Risk Reduction (DRR) intervention, titled *WaySafe*, for HIV and other

infectious diseases and evaluated its implementation process (R01DA025885, funded by the National Institute on Drug Abuse, National Institutes of Health). The specific aims of the project included: (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 project, *WaySafe*, a manualized DRR planning and decision-making intervention was developed and tested. The intervention utilized a visual-spatial rather than traditional didactic communication approach (Dansereau & Simpson, 2009) that focused on risk behaviors during community reentry and addressed attitudes and behaviors related to risks for contracting HIV or other infectious diseases. Key components included problem recognition, commitment to change, and strategies for avoiding behavioral risks of infections. Motivational and planning sessions were designed to be delivered near the end of institution-based substance abuse treatment, expanding beyond the didactic HIV/AIDS education provided.

The *WaySafe* curriculum included 6 weekly sessions and self-directed workbooks that clients completed between sessions. Sessions were conducted by a trained counselor and included a variety of group-based and participatory activities. The 6 hour-long sessions included in *WaySafe* were: (1) *Introduction to Mapping*, which included participants working on group maps while learning mapping principles, (2) *Risk and Reasons* which addressed risk taking and included having subgroups each working on maps around different aspects of using or not using condoms, (3) *The Game* in which participants formed teams and played a quiz game around facts related to HIV, AIDS, and hepatitis B and C (HBV/HCV), (4) *The Should/Want Problem* had 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 included activities in which participants were 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, included activities and exercises participants were asked to complete on their own to prepare for the following week’s session.

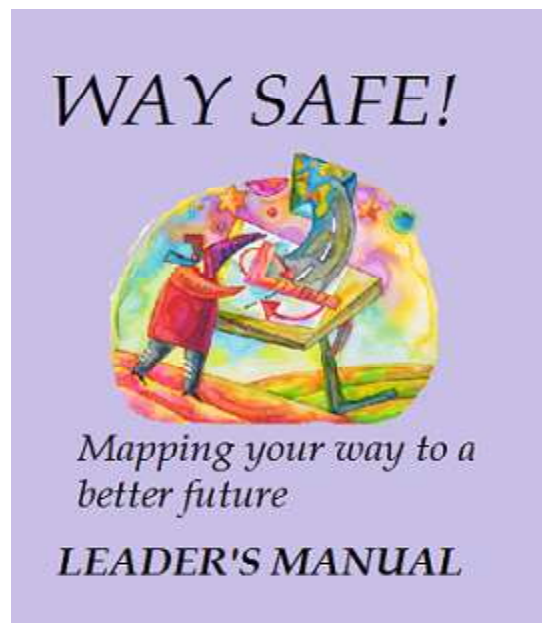
Projects Completed

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.

This study has resulted to date in 11 published articles (with 2 articles under review), and 26 conference presentations. In addition, the project included 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 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 examined the process of intervention implementation among 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.

Projects Completed

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.”

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. 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.

PROJECTS COMPLETED

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-Blackman, Ph.D.

SELECTED TCOM PUBLICATIONS

Broome, K. M., Flynn, P. M., Knight, D. K., & Simpson, D. D. (2007). Program structure, staff perceptions, and client engagement in treatment. *Journal of Substance Abuse Treatment*, 33(2), 149-158. PMID: PMC2140244

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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.

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.

Flynn, P. M., Broome, K. M., Beaston-Blackman, A., Knight, D. K., Horgan, C. M., & Shepard, D. S. (2009). Treatment Cost Analysis Tool (TCAT) for estimating costs of outpatient treatment services. *Drug and Alcohol Dependence*, 100(1), 47-53. PMID: PMC2647776

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

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.

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.

Knight, D. K., Broome, K. M., Simpson, D. D., & Flynn, P. M. (2008). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Services Research*, 43(2), 616-634. PMID: PMC2442366

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

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 pages 12-13).

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.

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 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.

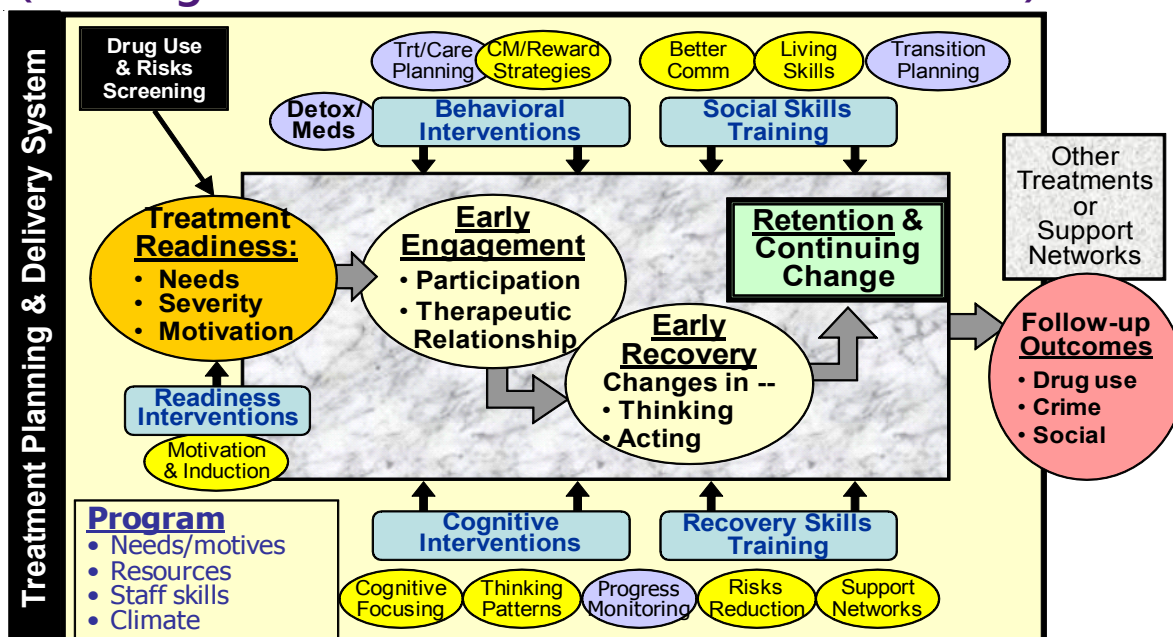
This manual features materials for leading an 8-session workshop for men who want to improve their intimate relationships. Communication skills, self-esteem enhancement, sexual health information, and conflict resolution skills are presented as a foundation for helping resolve relationship problems.

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.

DATAR – PHASE 3

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 databases 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.

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

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.

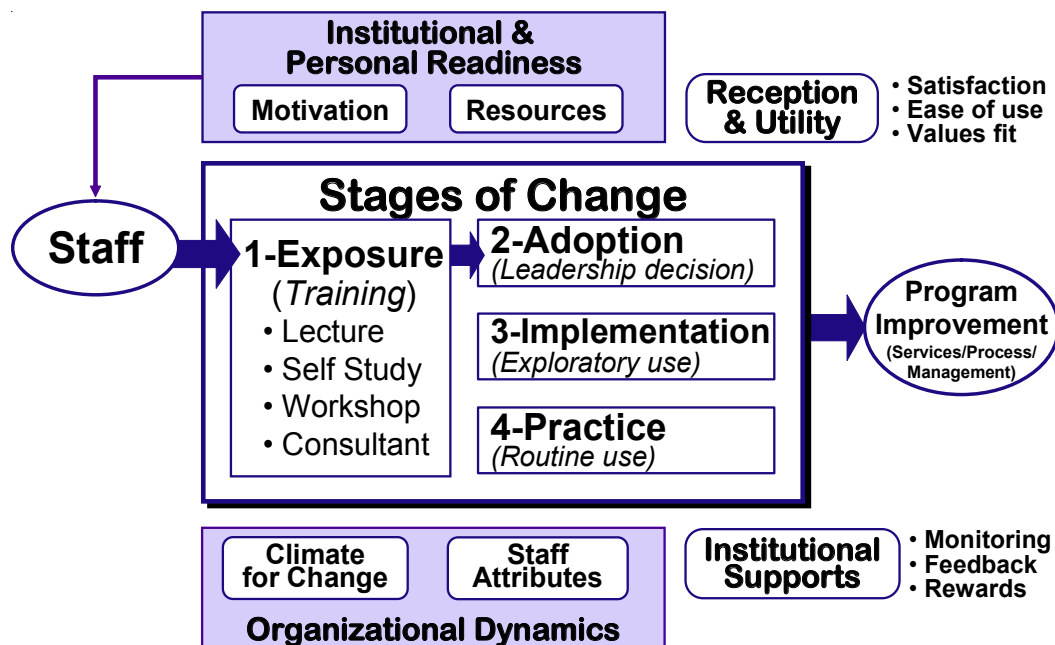
With respect to health disparities, findings showed there were race-ethnic differences with regard to types of health problems reported. More importantly, health problems were related to psychosocial functioning and to treatment engagement and these relationships held when adjusted for race, gender and 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.

DATAR – PHASE 4

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 form (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

PROJECTS COMPLETED

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.

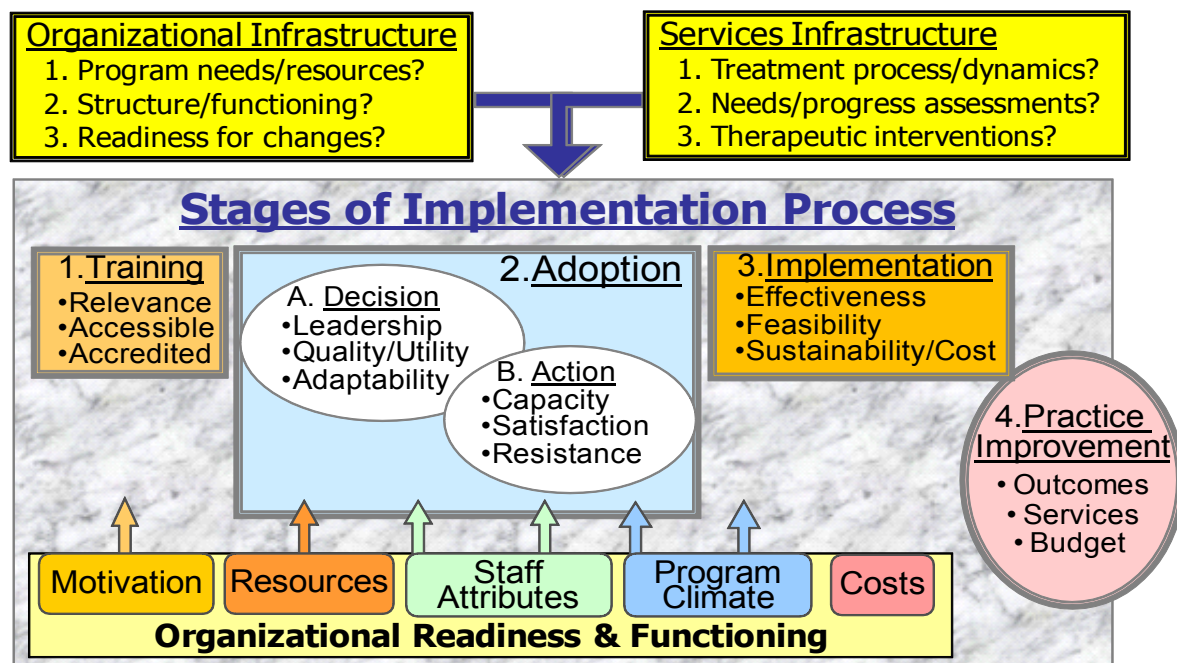
Study 6 (Simpson et al.) investigated stages in a longitudinal evaluation of the overall technology model in Figure 3. The study examined adoption of workshop training in relation to the ORC instrument and the technology transfer framework. Organizational climate, treatment program resources, and staff 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 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.

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)**



PROJECTS COMPLETED

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

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

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.

PROJECTS COMPLETED

climate across a diverse sample of drug treatment and outreach programs. Results were interpreted using 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.

SELECTED REFERENCES

- Dansereau, D. F., & Simpson, D. D. (2009). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research & Practice*, 40(1), 104-110.
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CETOP – PHASE 1

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.”

PROJECTS COMPLETED

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

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., & 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.

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.

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

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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.

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.

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.

CETOP – PHASE 2

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.

PROJECTS COMPLETED

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.

PUBLICATIONS

JOURNAL ARTICLES

Joe, G. W., Knight, D. K., Becan, J. E., & Flynn, P. M. (2014). Recovery among adolescents: Models for post-treatment gains in drug abuse treatments. *Journal of Substance Abuse Treatment*, 46, 362-373. PMID: PMC3947115

Knight, D. K., Becan, J. E., Landrum, B., Joe, G. W., & Flynn, P. M. (2014). Screening and assessment tools for measuring adolescent client needs and functioning in substance abuse treatment. *Substance Use & Misuse*, 49(7), 902-918. PMID: PMC3998717 [Available on 2015/6/1]

Lehman, W. E. K., Rowan, G. A., Joe, G. W., & Knight, K. (2014). Reducing disease risk behaviors after release from prison. *Offender Programs Report*, 17(6).

Pearson, F. S., Shafer, M. S., Dembo, R., del Mar Vega-Debién, G., Pankow, J., Duvall, J. L., Belenko, S., Frisman, L. K., Visher, C. A., Pich, M., & Patterson, Y. (2014). Efficacy of a process improvement intervention on delivery of HIV services to offenders: A multi-site trial. *American Journal of Public Health*, 104(12), 2385-2391. PMID: PMC4232133 [Available on 2015/12/1]

Shafer, M. S., Prendergast, M., Melnick, G., Stein, L. A., Welsh, W. N., & the CJDATS Assessment Workgroup. (2014). A cluster randomized trial of an organizational process improvement intervention for improving the assessment and case planning of offenders: A study protocol (Wayne E. K. Lehman is member of workgroup contributing to publication). *Health & Justice*, 2(1). doi:10.1186/2194-7899-2-1 PMID: PMC4279850

Visher, C. A., Hiller, M., Belenko, S., Pankow, J., Dembo, R., Frisman, L. K., Pearson, F. S., Swan, H., & Wiley, T. R. A. (2014). The effect of a Local Change Team intervention on staff attitudes towards HIV service delivery in correctional settings: A randomized trial. *AIDS Education and Prevention*, 26(5), 411-428.

IN PRESS

Crawley, R. D., Becan, J. E., Knight, D. K., Joe, G. W., & Flynn, P. M. (in press). Predictors of physical altercation among adolescents in residential substance abuse treatment. *Deviant Behavior*.

Knight, D. K., Dansereau, D. F., Becan, J. E., Rowan, G. A., & Flynn, P. M. (in press). Effectiveness of a theoretically-based judgment and decision making intervention for adolescents. *Journal of Youth and Adolescence*.

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 & Adolescent Substance Abuse*.

Substance Abuse and Mental Health Services Administration. (in press). *Screening and assessment in the Criminal Justice System: What's new and why does it matter?* (SAMHSA Monograph; Knight, K. is member of working group contributing to publication). Rockville, MD.

TECHNICAL REPORTS

Becan, J., Crawley, R., Rowan, G., Knight, D., & Flynn, P. (2014, June). *Implementing the Treatment Readiness and Induction Program (TRIP) in Adolescent Treatment Programs, Facility Assessment Closeout Report, January 2013 through April 2014, Pacific Coast Region*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Becan, J., Crawley, R., Rowan, G., Knight, D., & Flynn, P. (2014, July). *Implementing the Treatment Readiness and Induction Program (TRIP) in Adolescent Treatment Programs, Facility Assessment Closeout Report, March 2013 through April 2014, Great Lakes Region*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Becan, J., Crawley, R., Rowan, G., Knight, D., & Flynn, P. (2014, August). *Implementing the Treatment Readiness and Induction Program (TRIP) in Adolescent Treatment Programs, Facility Assessment Closeout Report, May 2013 through June 2014, South Southwest Region*. Fort Worth: Texas Christian University, Institute of Behavioral Research.

CONFERENCE AND TRAINING PRESENTATIONS

JANUARY

Gray, J., & Pankow, J. (2014, January). A TCU toolkit for client screening and evaluation in drug courts. Panel presentation at the annual meeting of the Texas Association of Drug Court Professionals (TADCP), Fort Worth, TX.

FEBRUARY

Flynn, P. M., & Dansereau, D. F. (2014, February). Mapping new roads to recovery. Presented (by Dansereau) at the South by Southwest Addiction Technology Transfer Center (SSWATTC; HHS Region 6) Advisory Group Meeting, Austin, TX.

Knight, K. (2014, February). Treatment for drug addiction and criminality with the criminal justice system. Invited presentation given at KETHEA, Therapy Center for Dependent Individuals, Athens, Greece.

MARCH

Becan, J. E., Knight, D. K., Rowan, G. A., Crawley, R. D., & Flynn, P. M. (2014, March). Workplace practices and attitudes toward adoption of evidence based practices in juvenile justice settings. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH). Houston, TX.

Cardo-Auten, J., Golin, C. E., Gould, M., Flynn, P., Knight, K., & Wohl, D. A. (2014, March). Substance abuse, mental health, and post-release service utilization among recently incarcerated HIV positive individuals: Preliminary results from Project imPACT, a randomized controlled trial in two southern states. Presented at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

Gould, M., Muiruri, R., Flynn, P. M., Knight, K., Carda-Auten, J., Golin, C., & Wohl, D. (2014, March). Understanding characteristics of HIV+ offenders who remain compliant with research protocols upon release from incarceration. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

Gray, J. S., Knight, K., Cohn, A. M., Desmarais, S. L., Pankow, J., Doherty, S., & Flynn, P. M. (2014, March). Medication-Assisted Treatment: Identifying predictors for “no-shows.” Poster presentation at the Correctional Health, Houston, TX.

Gray, J. S., Muiruri, R., Gould, M., Knight, K., Flynn, P. M., Carda-Auten, J., Golin, C., & Wohl, D. (2014, March). The relationship between social support and antiretroviral medication adherence among individuals recently released from incarceration. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health, Houston, TX. 7th Academic and Health Policy Conference on Correctional Health, Houston, TX.

Knight, K. (2014, March). Improving judicial decision making with principles of addiction treatment. Presented at the Great Plains Justice Leaders Symposium, Reno, NV.

Knight, D. K. (2014, March). JJ-TRIALS TEXAS pre-launch considerations. Presented at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

Knight, K. (2014, March). Principles of addiction treatment and judicial decision making. Presented at the Justice Leaders Symposium: Enhancing Court Efficacy through Emerging Addiction Science—A Systems Approach. Reno, NV.

Knight, K., Friedmann, P., & MATICCE Workgroup of CJDATS. (2014, March). Medication-Assisted Treatment in Community Correctional Environments (MATICCE). Presented at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

Lehman, W. E. K., Becan, J. E., Rowan, G. A., Knight, D. K., & Flynn, P. M. (2014, March). Client and staff characteristics and program change in adolescent substance abuse treatment programs. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

Muiruri, R., Gray, J. S., Gould, M., Knight, K., Flynn, P. M., Carda-Auten, J., Golin, C., & Wohl, D. (2014, March). Telephone-based motivational interviewing and HIV medication adherence among recently released offenders. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health, Houston, TX.

Pankow, J., & Knight, K. (2014, March). Implementation research in a correctional setting: Criminal Justice Drug Abuse Treatment Studies Phase 2. Panel presentation at the 7th Academic and Health Policy Conference on Correctional Health (AHPCCCH), Houston, TX.

CONFERENCE AND TRAINING PRESENTATIONS

Rowan, G. A., Becan, J. E., Lehman, W. E. K., Knight, D. K., & Flynn, P. M. (2014, March). Comprehensive behavioral health services provided to adolescents in juvenile facilities. Poster presentation at the 7th Academic and Health Policy Conference on Correctional Health (AHPCH), Houston, TX.

Wohl, D. A., Golin, C. E., Flynn, P., & Knight, K. (2014, March). Individuals motivated to participate in adherence, care and treatment: A collaboration between UNC, TCU and NIDA. Presented at the 7th Academic and Health Policy Conference on Correctional Health (AHPCH), Houston, TX.

APRIL

Flynn, P. M. (2014, April). Ask a reviewer. Panel presentation for TCU Office of Sponsored Programs, Fort Worth, TX.

MAY

Knight, K. (2014, May). Evidence-based treatment: Public health and public safety. Presented at the Justice Leaders Symposium: Enhancing Court Efficacy Through Emerging Addiction Science—A Systems Approach. Salt Lake City, UT.

Knight, K. (2014, May). Informing judicial decision-making with principles of addiction treatment. Presented at the Justice Leaders Symposium: Enhancing Court Efficacy Through Emerging Addiction Science—A Systems Approach. Albuquerque, NM.

Knight, K., Gray, J., & Doherty, S. (2014 May). Treating addicted offenders: An examination of medication-assisted treatment and mental health problems. Presented at the Missouri Department of Mental Health's Spring Training Institute, Osage Beach, MO.

JUNE

Knight, K. (2014, June). The impact of drug treatment on public health and public safety. Plenary presentation at the Texas Corrections Association Annual Conference, Sugar Land, TX.

AUGUST

Lehman, W. E. K. (2014, August). TCU Mapping Enhanced Counseling. Presented at the Florida Alcohol and Drug Abuse Association, Orlando, FL.

SEPTEMBER

Flynn, P. M. (2014, September). Addiction treatment outcomes, process, change, and related studies and initiatives. Presented at The Ken Altshuler, M.D. Grand Rounds in Psychiatry Series, UT Southwestern Medical Center, Dallas, TX.

Knight, K. (2014, September). Medication-assisted treatment: Promoting tools for successful recovery. Plenary presentation at the Mid-America Addiction Technology Transfer Center symposium, Kansas City, MO.

Knight, K. (2014, September). Treating addicted offenders: Top ten list of effective practices. Plenary presentation at the Indiana Annual Recovery Month Symposium (INARMS) Conference, Indianapolis, IN.

OCTOBER

Becan, J. E., Knight, D. K., Crawley, R. D., & Flynn, P. M. (2014, October). Internal dissemination of evidence-based interventions using a Train-the-Trainer Model. Presented at the Addiction Health Services Research Conference, Boston, MA.

Belenko, S., Dennis, M., Wiley, T., Wasserman, G., Knight, D., & Taxman, F. (2014, October). A new behavioral health services cascade framework for measuring unmet addiction health services needs and adolescent offenders: Conceptual and measurement challenges. Presented at the Addiction Health Services Research Conference, Boston, MA.

Crawley, R. D., Becan, J. E., Knight, D. K., & Flynn, P. M. (2014, October). Influence of director-staff discordance about organizational functioning on implementation attitudes. Presented at the Addiction Health Services Research Conference, Boston, MA.

Gray, J. S., Pankow, J., Lehman, W. E. K., Rowan, G. A., & Knight, K. (2014, October). "There's an app for that": A novel tool to help community correction populations learn strategies to decrease HIV risk behaviors after release. Presented at the Addiction Health Services Research Conference, Boston, MA.

Knight, D. K., Belenko, S., Robertson, A., Wiley, T., Wasserman, G., Leukefeld, C., DiClemente, R., Brody, G., & JJ-TRIALS Juvenile Justice Partners. (2014, October). EPIS as a theoretical framework for selection and timing of implementation interventions. Presented at the Addiction Health Services Research Conference, Boston, MA.

Lehman, W. E. K., Pankow, J., Knight, K., Rowan, G. A., & Gray, J. S. (2014, October). *Staying safe in the community: Adaptation of WaySafe for helping probationers make better decisions about their health risks*. Presented at the Addiction Health Services Research Conference, Boston, MA.

Leukefeld, C., Wasserman, G., Knight, D., DiClemente, R., Belenko, S., Brody, G., Robertson, A., Knudsen, H., & Wiley, T. (2014, October). Community partner involvement in a juvenile justice behavioral health service organizational implementation trial. Presented at the Addiction Health Services Research Conference, Boston, MA.

Pankow, J., Gray, J. S., Knight, K., & Lehman, W. E. K. (2014, October). *Optimizing continuity-of-care opportunities to reduce health risk: Shared qualitative perspectives from CJDATS-2 research*. Presented at the Addiction Health Services Research Conference, Boston, MA.

Rowan, G. A., Lehman, W. E. K., Knight, K., Joe, G. W., & Yang, Y. (2014, October). *WaySafe: Improving decision-making around health risk behaviors for prisoners transitioning back to the community*. Presented at the Addiction Health Services Research Conference, Boston, MA.

Yang, Y., Gray, J. S., Pankow, J., Flynn, P. M., & Knight, K. (2014, October). *Investigating treatment satisfaction and progress for offenders referred to community-based drug addiction treatment*. Poster presentation at the Addiction Health Services Research Conference, Boston, MA.