

INSTITUTE OF BEHAVIORAL RESEARCH ANNUAL REPORT

IBR research activities represent a dedication to our primary goal — helping people who have, or are at risk for, a substance use disorder by conducting studies of health services in community and correctional settings.



INSTITUTE OF BEHAVIORAL RESEARCH



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HISTORICAL PERSPECTIVE AT TCU

FROM NASA TO NOW

The Institute of Behavioral Research (IBR) was established in 1962 by Dr. Saul B. Sells to conduct research on personality structure, personnel selection, social interactions, and organizational functioning. This pioneering work used first-generation computers to assess personality theories through large-scale factor analyses, develop performance-based selection criterion for airline pilots, and formulate personal distance needs for humans during long-duration space missions for NASA. 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

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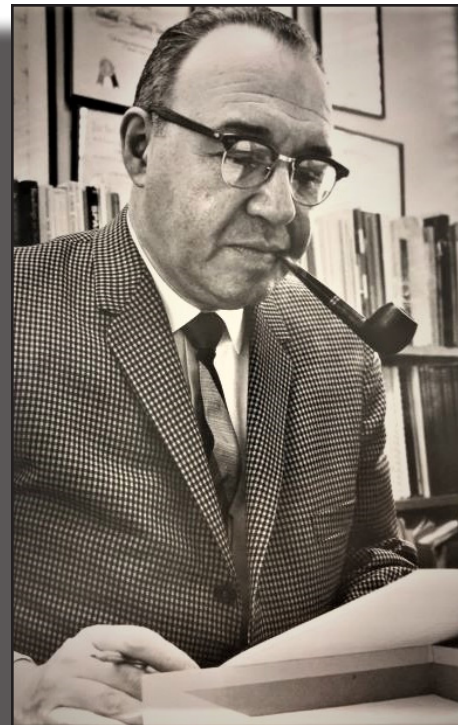


Photo to
the left:
Saul B. Sells



From left to right: BACK ROW - George Joe, Richard Demaree, and D. Dwayne Simpson
FRONT ROW - John Ball, Saul B. Sells, and Y. P. Low

studies in natural field settings, leading to the IBR's participation in all three major national treatment effectiveness studies funded by the National Institute of Health (NIH). 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.

After joining the TCU Department of Psychology in 1958, Dr. Sells 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.

Dr. Sells implored 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).

Dr. Sells received his Ph.D. from Columbia University in 1936 and was trained under Robert S. Woodworth and Edward L. Thorndike. He recruited Robert I. Watson and Phillip H. Dubois to serve as members of his first IBR Advisory Council. Dr. Sells served as the director of the IBR until his retirement from this role 20 years later. Dr. D. Dwayne Simpson, a student of Dr. Sells and a member of the IBR faculty since 1970, became director in 1982 and, subsequently, moved the IBR to Texas A&M University.

In 1989 the IBR was re-affiliated with TCU, continuing the long-standing tradition of providing training opportunities for graduate students in health services research. The IBR's mission and role within TCU has remained essentially unchanged since its founding. The IBR received the designation of "Center of Excellence" in 1996 for providing valuable training opportunities in graduate and postgraduate education and contributing to the professional success of many former students and staff members in both academic and applied research leadership positions.

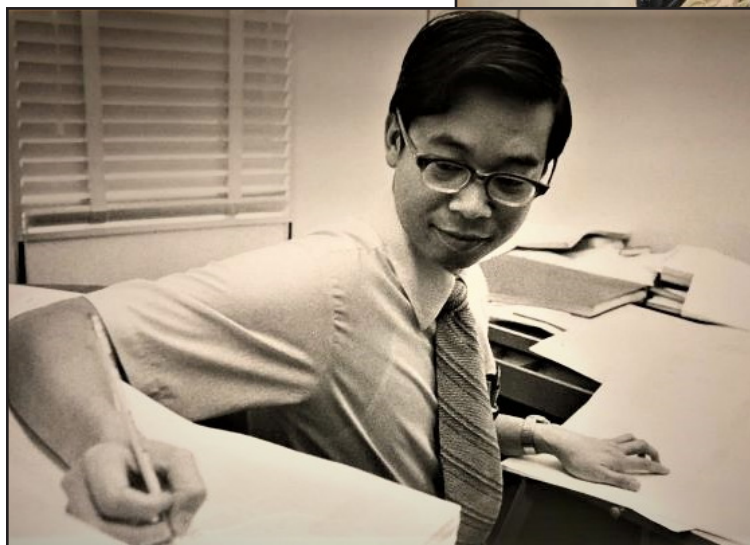
In April 2009, Patrick M. Flynn became director. As a professor of psychology, he strengthened the collaborative relationship with TCU's psychology department. The 50th anniversary of the IBR included several prominent scientists and policy-makers, especially from the program evaluation and addiction treatment fields.

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" Collectively, they have examined treatment performance and predictors of follow-up outcomes for ... 65,000 admissions to major types of treatment in 272 community-based programs throughout the U.S. Findings ... give consistent and broad field-based support for the effectiveness of drug dependence treatments, particularly for clients with adequate lengths of stay."



Photo at Left:
D. Dwayne Simpson

Guests and attendees of the celebration reflected on their many experiences with both Dr. Sells and Dr. Simpson and the rich heritage they left behind. Robert DuPont and Karst Besteman, the first director and deputy director of the National Institute on Drug Abuse (NIDA), recalled the pioneering role and impact that Dr. Saul B. Sells and his associates had in conducting the first large-scale national evaluation of community-based substance use treatment in the United States. Barry Brown (University of North Carolina at Wilmington), Carl Leukefeld (University of Kentucky), and George De Leon (New York University, School of Medicine) noted how these contributions moved treatment research beyond large-scale effectiveness evaluations into the identification of key issues in therapeutic process and field implementation.



**Photos from
top to bottom:**

Flag taken into space with the Apollo XIII crew in 1970 and presented to Saul B. Sells.

George W. Joe

MISSION AND OBJECTIVES

The mission of the IBR is to evaluate and improve health services that address drug abuse as well as related mental health and social problems. For many years, research staff at the IBR have given special attention to addictions, treatment, and the evaluation of cognitive and behavioral interventions provided by community-based and criminal justice programs. Emphasis has been on the design of studies in real-world settings and the use of advanced multivariate methodologies.

Research interests in recent years include a focus on areas of significant public concern — especially addiction treatments for justice-involved populations (both adult and youth). Other areas of interest include: prevention efforts in the spread of HIV and related infections among drug users and the implementation of evidence-based practices, organizational functioning, and process research. For many years, the IBR functioned as a separate research unit of the university. Common research, training goals, and interests have and continue to align the IBR with the department of psychology. At the IBR, research scientists function much like other university faculty members in that the director is a professor of psychology, and all IBR scientists hold graduate faculty appointments,

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

Jen Pankow and
Wayne Lehman at
Mundelein, IL, with
Police Chief,
Eric Guenther.





Pictured from left to right:

BACK ROW - Jen Pankow, Jennifer Becan, Amanda Wiese, Wayne Lehman, Kevin Knight, and George Joe
FRONT ROW - Danica Knight, Amy Johnson, and Roxanne Muiruri

serve on student thesis and dissertation committees, supervise graduate students, and assist with independent studies. Advanced data management and multivariate analytic techniques provided by IBR staff serve as the foundation for graduate training in health services research.

IBR research goals include the:

- (1) generation and dissemination of knowledge that impacts policy decisions in the addiction field at the state, national, and international levels
- (2) provision of graduate students with the critical methodological and substantive research training to continue this research
- (3) facilitation of collaboration of scientists in achieving their highest scholarly potential
- (4) raising the research reputation and visibility of TCU through scientific and public health contributions.

The IBR also strives to be both strategic and deliberate, emphasizing its legacy in research and bridging knowledge gaps in the field.

**7 active
researchers
totaling over
204 years of
research
experience**

**Awarded
40 research grants
totalling over
\$57 million**

**Contributed to
over 200
professional
presentations**

**Published
over 270
peer-reviewed
articles**

OBJECTIVES & RESEARCH STRATEGY

A key operational principle is to be scientifically selective in requests and commitments for research funding. The IBR scientific strategy is organized around conceptual frameworks synthesized from existing knowledge as evidenced by both the TCU Treatment Process and Outcome Model as well as the TCU Program Change Model.

These two 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. Implementing innovations developed from field-based studies depends heavily upon partnerships with treatment systems and honoring commitments to address their needs.

The ability to provide useful and meaningful feedback to researchers, funding agencies, and policy-makers is a vitally important element of science. In particular, scientific publications are strategically planned, integrated with other studies from relevant literature, and structured to effectively communicate salient findings.

Finally, products developed from funded research (i.e., intervention manuals, assessments, presentations, and integrative summaries) are made available without cost to treatment providers, interested researchers, and the general public. IBR researchers believe that dissemination and sustained implementation of science-supported innovations deserve as much attention as discovery.

PERSONNEL

Since joining the IBR faculty in 1991, Kevin Knight's career has focused on researching substance-using criminal justice populations. He has served as the Principal Investigator (PI) on several research projects funded by NIDA (the National Institute of Drug Abuse), the National Institute of Justice (NIJ), and the National Institute of Corrections. He has also served as the TCU PI on a major NIDA Cooperative Agreement called *Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)*; a multisite project spanning over 12 years and focused on testing strategies to improve the implementation of evidence-based practices within a criminal justice setting. He currently serves as one of the Multiple PIs on one of two HEAL projects - the *Justice Community Opioid Innovation Network* or *JCOIN* project.



**INTERIM
DIRECTOR**

Dr. Knight served with Dr. Patrick Flynn as one of the Multiple PIs on a five-year project for HIV-positive prisoners from North Carolina and Texas being released back into the community. This project involved conducting a randomized clinical trial of an augmented test, treat, link, and retain model. Additionally, as a Co-PI on the IBR's 6-year NIDA-funded Disease Risk Reduction Project (*DRR*), Dr. Knight developed, adapted, and tested intervention strategies designed to reduce the frequency of on-going risky behaviors for HIV-positive individuals released from custody.

Dr. Knight has spearheaded studies involving the development, implementation, and psychometric testing of brief screening tools for substance use disorders, psychosocial functioning, client motivation, and treatment engagement. He co-authored the TCU Drug Screen 5—Opioid Supplement and serves on multiple journal editorial boards. He participates in advisory activities for organizations addressing criminal justice, substance use, and related policy issues. His primary research interests include screening and assessment strategies, targeted and adaptive interventions, and implementation strategies for evidence-based practices within justice-involved organizations. Dr. Knight assumed the role of Interim Director in June of 2019.



KEVIN KNIGHT, PH.D.

2019 Publications

DiPrete, B. L., Pence, B. W., Golin, C. E., Knight K., Flynn, P. M., Carda-Auten J., Groves, J., ... Wohl, D. A. (2019). Antiretroviral adherence following prison release in a randomized trial of the impACT Intervention to maintain suppression of HIV Viremia. *AIDS and Behavior*, 23(9), 2386-2395. PMID: 30963321 doi: 10.1007/s10461-019-02488-7

Hussong, A. M., Gottfredson, N. C., Bauer, D. J., Curran, P. J., Haroon, M., Chandler, R., Kahana, S. Y., ... Springer, S. A. (2019). Approaches for creating comparable measures of alcohol use symptoms: Harmonization with eight studies of criminal justice populations. *Drug and Alcohol Dependence*, 194, 59-68. PMCID: PMC6312501 doi: 10.1016/j.drugalcdep.2018.10.003

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services*, 19(1), 61-79. PMID: 25126420 doi: 10.1186/2049-9957-3-26.

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). The role of physical and psychological health problems in the drug use treatment process. *Journal of Substance Abuse Treatment*, 102, 23–32. doi: 10.1016/j.jsat.2019.03.011

Knight, D. K., Blue, T. R., Flynn, P. M., & Knight, K. (2019). The TCU Drug Screen 5: Identifying justice-involved individuals with substance use disorders. *Journal of Offender Rehabilitation*, 57(8), 525-537. doi: 10.1080/10509674.2018.1549180

Knight, K., Lehman, W. E. K., Knight, D. K., & Flynn, P. (2019). Substance abuse treatment research and outcomes related to recovery and desistance for individuals involved in the legal system in the United States: Years of progress. In D. Best & C. Colman (Eds.), *Strengths-based approaches to offending and substance use: From drugs and crime to recovery and desistance* (pp. 178–194). London, UK: Routledge, Taylor & Francis Group Publishers. doi.org/10.4324/9781315227221-10

Knight, K. & Knight, D. (2019). Substance Use and Justice-Involved Individuals: Improving Practice. *Federal Probation Journal*, 83(2), 3-4.

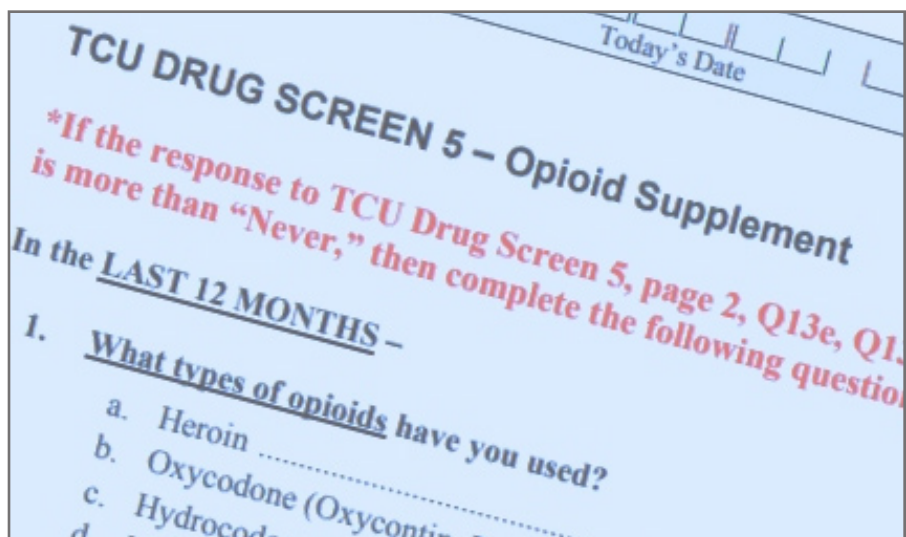
Lehman, W.E.K., Rowan, G.A., Pankow, J., Joe, G.W., & Knight, K. (2019). Gender Differences in a Disease Risk Reduction Intervention for People in Prison-based Substance Abuse Treatment. *Federal Probation Journal*, 83(2), 27-33.

Pankow, J., Lehman, W.E.K., Muiruri, R., & Knight, K. (2019). Facilitating self-exploration and behavioral change associated with HIV risk reduction: A qualitative study of individuals on probation and their experiences using a decision-making app. *Federal Probation Journal*, 83(2), 34-38.

Valdes, R., Boggs, J. B., Redfield, P. A., Kijanczuk, K. A., Fretz, R. J., Schofield, D. D., & Knight, K. (2019). An Evaluation of an In-prison Therapeutic Community: Treatment Needs and Recidivism. *Federal Probation Journal*, 83(2), 9-14.

Wiese, A. L., Blue, T. R., Knight, D. K. & Knight, K. (2019). The Validity of TCU Drug Screen 5 for Identifying Substance Use Disorders among Justice-Involved Youth. *Federal Probation Journal*, 83(2), 65-70.

Yang, Y., Gray, J. S., Joe, G. W., Flynn, P. M., & Knight, K. (2019). Treatment retention, satisfaction, and therapeutic progress for justice-involved individuals referred to community-based medication-assisted treatment. *Substance Use & Misuse*, 54(9), 1461-1474. PMID: 31030611 doi: 10.1080/10826084.2019.1586949



The image shows a portion of a form titled "TCU DRUG SCREEN 5 – Opioid Supplement". At the top right, there is a field for "Today's Date". Below the title, a red instruction reads: "*If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, is more than 'Never,' then complete the following question". Below this, it says "In the LAST 12 MONTHS –". The first question is "1. What types of opioids have you used?". Below this question are three options: "a. Heroin", "b. Oxycodone (Oxycontin)", and "c. Hydrocodone".

(Dr. K. Knight, continued)

2019 Presentations

Knight, K., (2019, April). Principals of effective treatment with justice-involved populations. Invited plenary presentation at Mediterranean College's Psychopathology, Crime & Criminal Profiling Conference. Thessaloniki, Greece.

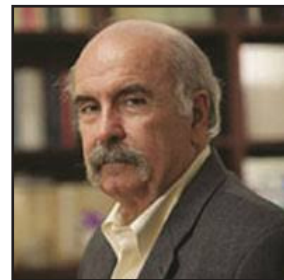
Lehman, W.E.K., Pankow, J., Muiruri, R., Joe, G.W, Knight, K., & Flynn, P. (2019, October). A Mixed Method analysis of attitudinal and behavioral changes after StaySafe, a computer tablet app to improve decision making around health behaviors among people on probation. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Muiruri, R., Pankow, J., Lehman, W.E.K., Bonnette, B., Goldberg, G., & Knight, K. (2019, October). Methodological considerations for conducting research with Adults in Community and Residential corrections settings. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Pankow, J., Lehman, W.E.K., Muiruri, R., Goldberg, & Knight, K. (2019, October). Substance use and treatment-seeking experiences for adults on probation in a county residential treatment setting: A qualitative study. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

DIRECTOR

*(Sabbatical leave;
June 1, 2019 -
May 31, 2020)*



Pat Flynn joined the IBR on July 1, 2000, and was appointed Director on April 1, 2009. He is a tenured Professor of Psychology and holds the Saul B. Sells Chair of Psychology. His scientific work, reported in over a hundred publications, centers on treatment effectiveness and benefits for adolescents and adults.

The broad scope of Dr. Flynn's work with community-based programs includes clinical assessment, questionnaire development, multisite clinical trials, and intervention dissemination and implementation across the U.S., United Kingdom, and Italy. Additionally, his work addresses organizational functioning and costs in outpatient treatments as well as treatment services and outcomes research with correctional populations. Dr. Flynn is a Fellow in several divisions of the American Psychological Association and a fellow in the American Educational Research Association. He also serves on several federal grant review panels and journal editorial boards and has served as chairperson of an NIH/CSR health services research study section. Dr. Flynn has served on the NIH/NIDA Health Services Research Initial Review Group from 2004 through 2007. More recently, he served as the Chairperson of the NIH/CSR Behavioral and Social Science Approaches to Preventing HIV/AIDS Study Section (BSPH).

Since returning to the research environment full-time in 1990, Dr. Flynn has been the PI, Project Director, and Co-Director of several national grant-funded research projects. He served as Co-PI and key investigator for a number of other treatment studies including being the PI on a major five-year NIDA project that adapted, adopted, and implemented an intervention for adolescents called T.R.I.P. (Treatment Readiness and Induction Program).

Recently, Dr. Flynn worked as one of the Multiple PIs on a randomized clinical trial of an augmented test, treat, link, and retain model for HIV-positive North Carolina and Texas prisoners prior to their release back into the community. Previously, he served in several capacities within a therapeutic community working with methadone and outpatient drug-free treatment programs. Within higher education, he has filled multiple upper-level administrative positions and, as of June 2019, began his 12-month sabbatical to focus on research and writing.

PAT M. FLYNN, PH.D.

2019 Publications

DiPrete, B. L., Pence, B. W., Golin, C. E., Knight, K., Flynn, P. M., Carda-Auten, J., ... Wohl, D. A. (2019). Antiretroviral adherence following prison release in a randomized trial of the imPACT Intervention to maintain suppression of HIV Viremia. *Antiretroviral Adherence Following Prison Release in a Randomized Trial of the ImPACT Intervention to Maintain Suppression of HIV Viremia*. doi:10.1007/s10461-019-02488-7

Hussong, A. M., Gottfredson, N. C., Bauer, D. J., Curran, P. J., Haroon, M., Chandler, R., Kahana, S. Y., Delaney, J. A. C., Altice, F. L., Beckwith, C. G., Feaster, D. J., Flynn, P. M., Gordon, M. S., Knight K., Kuo, I., Ouellet, L. J., Quan, V. M., Seal, D. W., & Springer, S. A. (2019). Approaches for creating comparable measures of alcohol use symptoms: Harmonization with eight studies of criminal justice populations. *Drug and Alcohol Dependence*, 194, 59-68. PMCID: PMC6312501

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services*, 19(1), 61-79. doi.org/10.1080/15381501.2019.1584140

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M., (2019). The role of psychological health problems in the drug use treatment process. *Journal of Substance Abuse Treatment*. doi.org/10.1016/j.jsat.2019.03.011

Knight, D. K., Blue, T. R., Flynn, P. M., & Knight, K. (2019). The TCU Drug Screen 5: Identifying justice-involved individuals with substance use disorders. *Journal of Offender Rehabilitation*, 57(8), 525-537. doi.org/10.1080/10509674.2018.1549180

Knight, K., Lehman, W. E. K., Knight, D., & Flynn, P. (2019). Substance abuse treatment research and outcomes related to recovery and desistance for individuals involved in the legal system in the United States: Years of progress. In D. Best & C. Colman (Eds.), *Strengths-based approaches to offending and substance use: From drugs and crime to recovery and desistance* (pp. 178–194). London, UK: Routledge, Taylor & Francis Group Publishers. doi.org/10.4324/9781315227221-10

Yang, Y., Gray, J. S., Joe, G. W., Flynn, P. M., & Knight, K. (2019). Treatment retention, satisfaction, and therapeutic progress for justice-involved individuals referred to community-based medication-assisted treatment. *Substance Use & Misuse*. doi.org/10.1080/10826084.2019.1586949

GEORGE W. JOE, ED.D.

SENIOR RESEARCH SCIENTIST

George Joe originally joined the IBR in 1969. In 1983, he became a Research Scientist for the Behavioral Research Program at Texas A&M University and later returned to TCU in 1989. His research focuses on the components of the treatment process, evaluation models for treatment effectiveness, etiology of drug abuse, and statistical methodology. He is a senior statistician for the IBR and specializes in the application of univariate and multivariate statistical methods, analytic modeling of data, questionnaire development, sample selection, and survey research. Dr. Joe's professional work includes over 100 professional journal publications. He was a member of the NIDA Treatment Research Subcommittee and Special Emphasis Panels, and is a frequent reviewer for professional journals.



Advisory and Service Activities

Dr. Joe is a peer reviewer for the following publications: JJ-TRIALS; Substance Use & Misuse; Addiction; AIDS and BEHAVIOR; and the Journal of Substance Abuse and Treatment.

2019 Publications

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services*, 19(1), 61-79. PMID: 25126420, doi: 10.1186/2049-9957-3-26

Knight, D., Joe, G. W., Becan, J. E., Crawley, R. D., Theisen, S. E., & Flynn, P. M. (2019). Effectiveness of an intervention for improving intrinsic motivation among adolescent males in a secure substance use treatment setting. *Criminal Justice and Behavior*, 46(1), 101-114. doi.org/10.1177/0093854818804857

(Dr. Joe, continued)

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). The role of physical and psychological health problems in the drug use treatment process. *Journal of Substance Abuse Treatment, 102*, 23–32. doi: 10.1016/j.jsat.2019.03.011

Joe, G. W., Simpson, D. D., Rowan, G. A., Greener, J. M., & Flynn, P. M. (2019). Health Problems: Relationships to Demographics, Problem Severity, and Services for Substance Users in Treatment with a Legal Status. *Federal Probation, 83*(15).

Lehman, W.E.K., Rowan, G.A., Pankow, J., Joe, G. W., & Knight, K. (2019). Gender Differences in a Disease Risk Reduction Intervention for People in Prison-based Substance Abuse Treatment. *Federal Probation Journal, 83*(2), 27-33.

Yang, Y., Gray, J. S., Joe, G. W., Flynn, P. M., & Knight, K. (2019). Treatment retention, satisfaction, and therapeutic progress for justice-involved individuals referred to community-based medication-assisted treatment. *Substance Use & Misuse, 54*(9), 1461-1474. PMID: 31030611 doi: 10.1080/10826084.2019.1586949

2019 Presentations

Lehman, W.E.K., Pankow, J., Muiruri, R., Joe, G. W., Knight, K., & Flynn, P. M. (2019, October). A Mixed Method analysis of attitudinal and behavioral changes after StaySafe, a computer tablet app to improve decision making around health behaviors among people on probation. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Muiruri, R., Pankow, J., Lehman, W. E. K., Bonnette, B., Goldberg, G., & Knight, K. (2019, October). Methodological considerations for conducting research with Adults in Community and Residential corrections settings. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Pankow, J., Joe, G. W., Robertson, A., Gardner, S., Morse, D., Arrigona, N., Johansson, P., and Knight, D. (2019, July). Examining the Mediating Effect of Substance Use Treatment Services Receipt on the Relationship between Treatment Need and Recidivism Rates for Justice-involved Youth in Participating JJ-TRIALS Sites. Symposium presentation at the XXXVIth International Academy of Law and Mental Health, Rome, Italy.

WAYNE E. K. LEHMAN, PH.D.

SENIOR RESEARCH SCIENTIST

Wayne Lehman has been a Senior Research Scientist at the IBR since 2009. Initially, Dr. Lehman began work at the IBR as a graduate research assistant in 1978. From 1982 to 1989, Dr. Lehman worked as a research scientist at Texas A&M University for the Behavioral Research Program. Three years after returning to the IBR in 1989, he went to Colorado in 2002 to work as a senior statistician for a litigation support services business in Boulder. Dr. Lehman served as a Project Safe statistician at the University of Colorado in Denver where he conducted research on HIV prevention among drug users who were out of treatment. Dr. Lehman's major research efforts focus on the assessment of organizational factors of drug treatment programs, organizational improvement and change strategies in drug treatment programs, technology transfer, and strategies for reducing HIV risk behaviors in criminal justice populations. He is the PI for the CJ DRR Project and serves on the editorial board for the Journal of Substance Abuse Treatment. Previously, he served as a member of NIDA's Epidemiology, Prevention, Training, and Development subcommittees. Dr. Lehman is a reviewer for NIH's Behavioral and Social Consequences of HIV/AIDS Study Section (BSCH) and serves on many special emphasis panels.



Journal Reviewer

Health & Justice
Health Services Insights
Journal of Substance Abuse Treatment

Grant Application Reviewer

National Institutes of Health (NIH)

2019 Publications

Joe, G., Lehman, W. E. K., Rowan, G., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services, 19*(1), 61–69. doi.org/10.1080/15381501.2019.1584140

Joe, G. W., Lehman, W. E. K., Rowan, G. A., Knight, K., & Flynn, P. M. (2019). The role of physical and psychological health problems in the drug use treatment process. *Journal of Substance Abuse Treatment, 102*, 23–32. doi: 10.1016/j.jsat.2019.03.011

Knight, K., Lehman, W. E. K., Knight, D. K., & Flynn, P. M. (2019). Substance abuse treatment research and outcomes related to recovery and desistance for individuals involved in the legal system in the United States: Years of progress. In D. Best & C. Colman (Eds.), *Strengths-based approaches to offending and substance use: From drugs and crime to recovery and desistance* (pp. 178–194). London, UK: Routledge, Taylor & Francis Group Publishers. doi.org/10.4324/9781315227221-10

Lehman, W. E. K., Rowan, G., Pankow, J., Joe, G. W., & Knight, K. (2019). Gender Differences in a Disease Risk Reduction Intervention for People in Prison-based Substance Abuse Treatment. *Federal Probation Journal, 83*(2), 27-33.

Pankow, J., Lehman, W. E. K., Muiruri, R., & Knight, K. (2019). Facilitating self-exploration and behavioral change associated with HIV risk reduction: A qualitative study of individuals on probation and their experiences using a decision-making app. *Federal Probation Journal, 83*(2), 34-38.

2019 Presentations

Becan, J. E., Wiese, A., Lehman, W. E. K., Goldberg, G., & Knight, K. (2019, October). Using the Consolidated Framework for Implementation Research (CFIR) to Predict Agency Use of a Motivational Enhancement Curriculum. Poster Presentation at the Addiction Health Services Research Conference, Park City, UT.

Lehman, W. E. K., Pankow, J., Muiruri, R., Joe, G. W., Knight, K., & Flynn, P. M. (2019, October). A Mixed Method analysis of attitudinal and behavioral changes after StaySafe, a computer tablet app to improve decision making around health behaviors among people on probation. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Muiruri, R., Pankow, J., Lehman, W. E. K., Bonnette, B., Goldberg, G., & Knight, K. (2019, October). Methodological considerations for conducting research with Adults in Community and Residential corrections settings. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

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DANICA K. KNIGHT, PH.D.

SENIOR RESEARCH SCIENTIST

Danica Kalling Knight joined the IBR in 1992. She is a Senior Research Scientist for the IBR, an Associate Professor of Psychology at TCU, and affiliated with the Karyn Purvis Institute of Child Development. Her research includes large-scale projects designed to improve health and reduce substance use by strengthening relationships, including caregivers and family members, as well as others within the clients' networks. The scope of her recent publications focus on identifying factors affecting adolescent recovery from substance use; improving substance use screening, assessment, and treatment services for justice-involved youth; understanding organizational factors associated with the adoption, implementation, and use of best practices; and testing strategies for improving identification and coordination of substance use treatment programs and other health services.



Dr. Knight is currently one of the Multiple PIs for the TCU hub of NIDA's *Justice Community Opioid Innovations Network (JCOIN)*. She serves as PI for the TCU research center of NIH/NIDA's HEAL Prevention Grant called *Preventing Opioid Use Among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults or LeSA*. She is also the PI for the NIDA grant called *Family Assessment, Linkage, and Motivation Intervention or FAMLI*.

The *JCOIN* project seeks to improve local community public health and safety outcomes for reentering justice-involved individuals who either have a history of or are at risk for using opioids. The *LeSA* project targets the initiation and escalation of substance use by equipping parents with the tools to better support their justice-involved youth as they transition home after being detainment in secure juvenile justice (JJ) facilities. The *FAMLI* project aims to increase family engagement and support among justice-involved youth with substance use treatment needs.

Additionally, Dr. Knight is one of the Multiple PIs for the grant *Substance Use and Health Risk Intervention for Justice-involved Youth or SUHRI*. This project seeks to develop an integrated health risk-reduction and motivational enhancement intervention for JJ youth that will be sustainable within a JJ supervision/case management context.

(Dr. D. Knight, continued)

Dr. Knight has published over 50 peer-reviewed papers, overseen the development of two treatment interventions (the *Partners in Parenting* program and the *Treatment Readiness and Induction Program*), and given over 130 presentations at local, national, and international conferences. In 2019, she served as Associate Editor of the Journal of Substance Abuse Treatment.

Advisory and Service Activities

Addiction Health Services Research, Member of Conference Planning Committee

Journal of Substance Abuse Treatment, Associate Editor

Reviewer for more than a dozen scientific journals

2019 Publications

Becan, J., Fisher, J., Johnson, I., Bartkowski, J., Seaver, R., Gardner, S., ... Knight, D. (2019). Improving Substance Use Services for Juvenile Justice-Involved Youth: Complexity of Process Improvement Plans in a Large Scale Multisite Study. *Journal of Substance Abuse Treatment*. doi.org/10.1007/s10488-019-01007-z

Dennis, M. L., Smith, C. N., Belenko, S., Knight, D. K., McReynolds, L., Dembo, R., ... Wiley, T. (2019). Operationalizing a behavioral health services cascade of care model: Lessons learned from a 33-site implementation in juvenile justice community supervision. *Federal Probation Journal*, 83(2), 52-64.

Elkington, K., Spaulding, A., Gardner, S., Knight, D. K., Belenko, S., Becan, J., ... DiClemente, R. (in press). A system-level intervention to encourage collaboration between juvenile justice and public health agencies to promote HIV/STI testing. *American Public Health Association (APHA)*.

Gardner, S. K., Ellington, K. S., Knight, D. K., Huang, S., DiClemente, R. J., Spaulding, A. C., ... Baird-Thomas, C. (2019). Juvenile Justice Staff Endorsement of HIV/STI Prevention, Testing, and Treatment Linkage. *Health & Justice*. doi.org/10.1186/s40352-019-0096-7

Knight, D. K., Blue, T. R., Flynn, P. M., & Knight, K. (2019). The TCU Drug Screen 5: Identifying justice-involved individuals with substance use disorders. *Journal of Offender Rehabilitation*, 57(8), 525-537. https://doi.org/10.1080/10509674.2018.1549180

(Dr. D. Knight, continued)

Knight, D. K., Joe, G. W., Becan, J. E., Crawley, R. D., Theisen, S. E., & Flynn, P. M. (2019). Effectiveness of an intervention for improving intrinsic motivation among adolescent males in a secure substance use treatment setting. *Criminal Justice and Behavior*, 46(1), 101-114. doi.org/10.1177/0093854818804857

Knight, D. K., & Knight, K. (2019). Substance Use and Justice-Involved Individuals: Improving Practice. *Federal Probation Journal*, 83(2), 3-4.

Knight, K., Lehman, W. E. K., Knight, D. K., & Flynn, P. M. (2019). Substance abuse treatment research and outcomes related to recovery and desistance for individuals involved in the legal system in the United States: Years of progress. In D. Best & C. Colman (Eds.), *Strengths-based approaches to offending and substance use: From drugs and crime to recovery and desistance*. London, UK: Routledge, Taylor & Francis Group Publishers. doi.org/10.4324/9781315227221-10

Wiese, A., Blue, T. R., Knight, D. K., & Knight, K. (2019). The Validity of TCU drug Screen 5 for Identifying Substance Use Disorders among Justice-Involved Youth. *Federal Probation Journal*, 83(2), 65-70.

2019 Presentations

Knight Ph.D., D. K. (2019, August). Critical Measures in Implementation Science: Lessons learned from JJ-TRIALS. Measurement Meeting of the Justice Community Opioid Innovation Network (JCOIN). Bethesda, MD.

Knight Ph.D., D. K. (2019, June). Using Implementation Science Principles and Interventions to Improve Substance Use Services Linkage for Justice-Involved Adolescents. Using Implementation Science Principles and Interventions to Improve Substance Use Services Linkage for Justice-Involved Adolescents. San Antonio, TX.

Knight Ph.D., D. K., Funk, R., Dennis, M., Wiese, A., & Scott, C. (2019, June). Substance Use Treatment Services for youth under Community Supervision: Exploration of Availability, Quality, and Collaboration. Addiction Health Services Research Annual Conference. Washington DC.

Pankow, J., Joe, G. W., Robertson, A., Gardner, S., Morse, D., Arrigona, N., ... Knight, D. K. (2019, July). Examining the Mediating Effect of Substance Use Treatment Services Receipt on the Relationship between Treatment Need and Recidivism Rates for Justice-involved Youth in Participating JJ-TRIALS Sites. XXXVIth International Academy of Law and Mental Health. Rome, Italy.

JENNIFER BECAN, PH.D.

ASSOCIATE RESEARCH SCIENTIST

Jennifer Becan, who joined the IBR in 2006, has served as both Investigator and PI on several large-scale research NIDA-funded projects to further the understanding of substance use treatment processes; intervention adaptation and effectiveness; and the role of contextual factors and implementation strategies in improving substance use services. Dr. Becan serves as a PI on two NIDA-funded projects - *Mapping Approaches to Prepare for Implementation Transfer (MAP-IT)* and *Substance Use and Health Risk Intervention (SUHRI)*. *MAP-IT* examines the preliminary intervention



efficacy and skill development among agency leadership and frontline staff regarding the deliberate, ongoing, and agency-driven preparation for implementing evidence-based practices. The *SUHRI* project assesses the feasibility of a unique, tablet-based intervention designed to reduce the likelihood of risky health behaviors and enhance motivation for justice-involved youth to participate in intervention or treatment programs. This program is designed to teach and encourage positive, prosocial, and healthy behavioral

choices, such as enrolling in substance use treatment and related health services. Additionally, Dr. Becan serves as the co-PI on the *Family Assessment, Motivation, and Linkage Intervention (FAMLI)*. This project develops and tests a caregiver-youth intervention that increases motivation for change and facilitates successful navigation of logistical challenges (e.g., how to recognize and overcome a problem and how to find help when you need it). Dr. Becan serves as an Investigator/Project Director for the TCU hub of the *Justice Community Opioid Innovation Network (JCOIN)*, a five-year project targeting opioid use disorder (OUD) is designed to increase access to and retention in behavioral health and medication-assisted treatment programs among adults involved in the justice system. Dr. Becan's research endeavors have earned her five New Investigator Travel Awards - two from NIAAA, two from NIDA, and one from the College on Problems of Drug Dependence (CPDD). Dr. Becan serves as a grant reviewer for both NIH and SAMHSA and is a recipient of the NIH Training Institute Award for Dissemination and Implementation Research on Health (TI-DIRH).

2019 Publications

Becan, J. E., Crawley, R. D., Knight, D. K. (in press). Using a Train-the-Trainer Model to Promote Practice Change among Agencies Serving Justice Involved Youth. *Federal Probation Journal*.

Becan, J. E., Horan Fisher, J., Johnson, I. D., Bartkowski, J. P., Seaver, R., Gardner, S. K., Aarons, G. A., ... Knight, D. K., (in press). Improving substance use services for juvenile justice-involved youth: Complexity of process improvement plans in a large scale multisite study. *Administration and Policy in Mental Health and Mental Health Services Research*. <https://doi.org/10.1007/s10488-019-01007-z>

Knight, D. K., Joe, G. W., Becan, J. E., Crawley, R. D., Theisen, S. E., & Flynn, P. M. (2019). Effectiveness of an intervention for improving intrinsic motivation among adolescent males in a secure substance use treatment setting. *Criminal Justice and Behavior*, 46(1), 101-114. doi.org/10.1177/0093854818804857

2019 Presentations

Cross, D., Becan, J., Matterson, A., and Jones, K. (2019, January). Transforming Cultures of Care and Service. Victims of Crime Act Formula Grant Program. 2019 Update. Presentation to the Partner Agencies, Houston, TX.

Bartkowski, J., Becan, J., and Xu, Xiaohe (2019, June). Beyond Fidelity: The Case for Measuring and Monitoring Site Engagement. College on Problems of Drug Dependence (CPDD) Conference, San Antonio, Tx.

Belenko, S., Knight, D. K., Dennis, M., Wasserman, G., Bartkowski, J., Becan, J., Welsh, W., & Wiley, T. (2019, June). Using Implementation Science Principles and Interventions to Improve Substance Use Services Linkage for Justice-Involved Adolescents: Findings from the NIDA JJ-TRIALS Cooperative Agreement. Presentation at the College on Problems of Drug Dependence (CPDD) Annual Meeting, San Antonio, TX.

Knight, D. K., Jones, D., Matteson, A., Becan, J., Furman, K. (July, 2019). Transforming Cultures of Care and Service. Victims of Crime Act Formula Grant Program. Agency planning for TBRI Implementation. Presentation to the Partner Agencies, Houston, TX.

Becan, J., Wiese, A., Lehman, W. E. K., Goldberg, G., Knight, D. K. (October, 2019). Using the Consolidated Framework for Implementation Research (CFIR) to Predict Agency Use of a Motivational Enhancement Curriculum. Presentation at the Addiction Health Services Research Conference, Park City, UT.

JENNIFER PANKOW, PH.D., CADC

ASSOCIATE RESEARCH SCIENTIST

Jennifer Pankow relocated to Fort Worth in 2007, completing the TCU graduate program in experimental psychology and then joining the IBR team. As a part of her work on several large-scale federal research initiatives in the last decade, she served as Project Director on the 5-year *Criminal Justice Drug Abuse Treatment Studies (CJ-DATS 2)* protocols: one study testing implementation strategies designed to improve access to HIV care in the community, and a second study testing organizational strategies to implement medication-assisted treatment options for individuals with an opioid and/or alcohol addiction. As Project Director on the 5-year *Sustainable HIV Risk Reduction Strategies for Criminal Justice Systems Project (DRR2)*, she was instrumental in developing and testing an app for improving decision-making skills to reduce health risks for adults on probation. She served as an Investigator on the *Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS)*, and continues to examine the mediating effect of substance use treatment on recidivism for youth under supervision.



Currently, Dr. Pankow serves as PI on the *Telehealth-Clinical Advocacy Project (T-CAP)* funded by NIDA. The two-year project is a feasibility study testing a multidisciplinary telehealth intervention integrated within a state-supported police opioid diversion program. Additional leadership roles include supervising qualitative analyses across IBR projects and launching the new IBR Undergraduate Student Lab (described later in this report) in October, 2019. Dr. Pankow maintains a license as a Certified Alcohol and Drug Counselor (CADC) and brings her clinical experience with prison-based substance use treatment and case management to her research activities.

2019 Publications

Lehman, W. E. K., Rowan, G. A., Pankow, J., Joe, G. W., & Knight, K. (2019). Gender Differences in a Disease Risk Reduction Intervention for People in Prison-based Substance Abuse Treatment. *Federal Probation Journal*, 83(2), 27-33.

Pankow, J., Lehman, W. E. K., Muiruri, R., & Knight, K. (2019, September). Facilitating self-exploration and behavioral change associated with HIV risk reduction: A qualitative study of individuals on probation and their experiences using a decision-making app. *Federal Probation Journal*, 83(2).

2019 Presentations

Pankow, J., Joe, G. W., Robertson, A., Gardner, S., Morse, D., Arrigona, N., Johansson, P., and Knight, D. (2019, July). Examining the Mediating Effect of Substance Use Treatment Services Receipt on the Relationship between Treatment Need and Recidivism Rates for Justice-involved Youth in Participating JJ-TRIALS Sites. Symposium presentation at the XXXVIth International Academy of Law and Mental Health, Rome, Italy.

Lehman, W. E. K., Pankow, J., Muiruri, R., Joe, G. W., Knight, K., & Flynn, P. M. (2019, October). A Mixed Method analysis of attitudinal and behavioral changes after Stay-Safe, a computer tablet app to improve decision making around health behaviors among people on probation. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Pankow, J., Lehman, W. E. K., Muiruri, R., Goldberg, G., & Knight, K. (2019, October). Substance use and treatment-seeking experiences for adults on probation in a county residential treatment setting: A qualitative study. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Muiruri, R., Pankow, J., Lehman, W. E. K., Bonnette, B., Goldberg, G., & Knight, K. (2019, October). Methodological considerations for conducting research with Adults in Community and Residential corrections settings. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

PUBLIC HEALTH RESEARCH ASSOCIATES

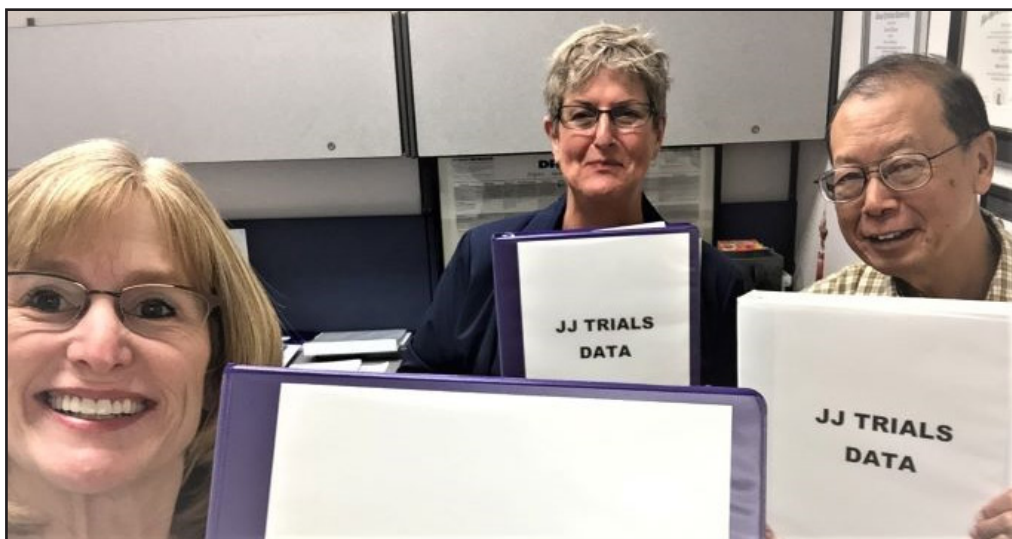
Roxanne Muiruri joined the IBR in 2012 from the field of social work where she focused on implementing programs for foster children, asylum seekers, and refugees. Roxanne has experience in HIV prevention activities with young adults and youth in a university setting. As a research associate, she has worked on four IBR NIDA-funded projects—*JJ-TRIALS*, *DRR2*, *STT* (“Seek, Test, and Treat,”), and *CJ-DATS 2*. Currently, she primarily works on two IBR NIDA-funded projects, *T-CAP* and *MAP-IT*. Her interests include the intersection of healthcare and technology, the impact of social-cultural factors on health choices/decision-making, and the use of evidence-based research to modify and adapt interventions for vulnerable, underserved, and minority populations with a focus on mental health, substance use, and chronic diseases.

**ROXANNE
MUIRURI, MPH**



**JUSTIN
JONES,
MPH**

Justin Jones joined the IBR in 2019. He is a Research Associate primarily working on two NIDA-funded projects, *MAP-IT* and *JCOIN*. Previously, he worked as a Research Associate on a malaria and genomics study and has worked as a project coordinator for an HIV/TB project in South Africa. He earned his Masters in Public Health from Yale in 2019 and is trained in epidemiology and microbial disease.



**Pictured from left
to right:**

Danica Knight, Jen
Pankow, and
George Joe.

ADMINISTRATIVE AND RESEARCH SUPPORT STAFF



AMY JOHNSON

Operations Coordinator: Amy joined the IBR in 2015 with a Bachelor's degree in Workforce Education and Development and over 14 years of budgetary experience in higher education. She manages the day-to-day operations of the IBR and provides assistance to the director and research scientists. Additionally, she maintains financial records and coordinates administrative and financial functions with TCU Financial Services, Sponsored Programs, and other administrative units on campus.

AUDREY ARMSTRONG, M.A.

Research Support Specialist: Audrey joined the IBR in 2019 and works on various projects, manages publication and manuscript submission, maintains a bibliographic database for all of the research scientists, and assists with software support. Previously, Audrey served as a licensed specialist in school psychology for over 20 years, working with special education students in the public school setting.



AMANDA (Mandy) SOTO

Administrative Support Assistant: Mandy joined the IBR in 2019. She serves as an Administrative Support Assistant performing clerical, budgetary, and receptionist duties and is the "face of the office" for visitors. Additionally, she assists the operation coordinator with various projects for the IBR. Mandy has a bachelor's degree in economics with experience in public school as an after-school technology instructor.

DAISHA SIPHO

Administrative Support Assistant: Daisha joined the IBR in 2019 and works on web-based and other media projects, such as updating and maintaining the IBR website as well as developing web-based forms and surveys for IBR operations and projects. Additionally, she assists the research scientists with web-based technology needs. Daisha earned her bachelor's degree in communication from TCU and is presently participating in TCU's graduate program in criminology.



CURRENT IBR RESEARCH PROJECTS

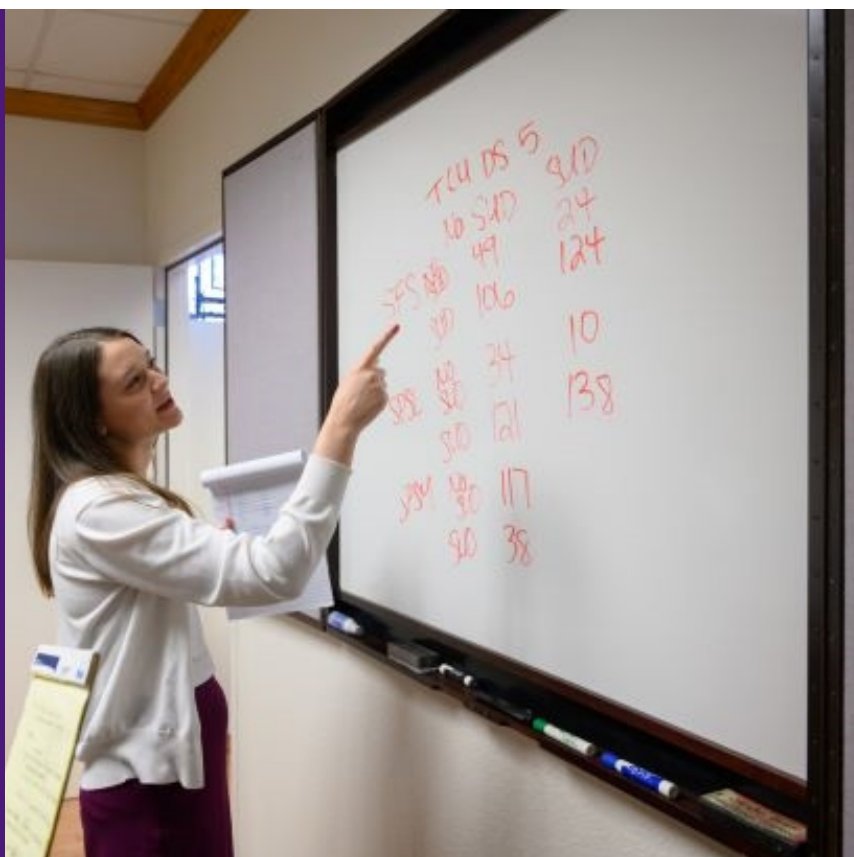


Photo above:
Amanda Wiese, graduate student,
discussing a project.

Currently, at the close of 2019, the IBR has eight active NIH projects totaling over \$3.7M, including \$791,000 in indirect funds.

CURRENT PROJECT TIMELINES

	2008 - 2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
DRR2	R01DA025885												DRR2
TRIALS		U01DA036224											TRIALS
MAP-IT						R21DA044261							MAP-IT
FAMLI							UG3DA050250						FAMLI
JCOIN							1UG1DA050074						JCOIN
T-CAP							1R21DA048232						T-CAP
SUHRI							R34DA048065						SUHRI
LeSA							1UG3DA050250						LeSA
	2008 - 2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	



WE ARE HERE!

DRR2***Sustainable HIV
Risk Reduction
Strategies for
CJ Systems***

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 (2008-2014)* 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 was 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

Principal Investigator: Wayne E. K. Lehman
Project Period: 9/15/08 - 3/31/20
2019 Funding: \$53,431

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 six and twelve months.

Selected Publications for DRR2

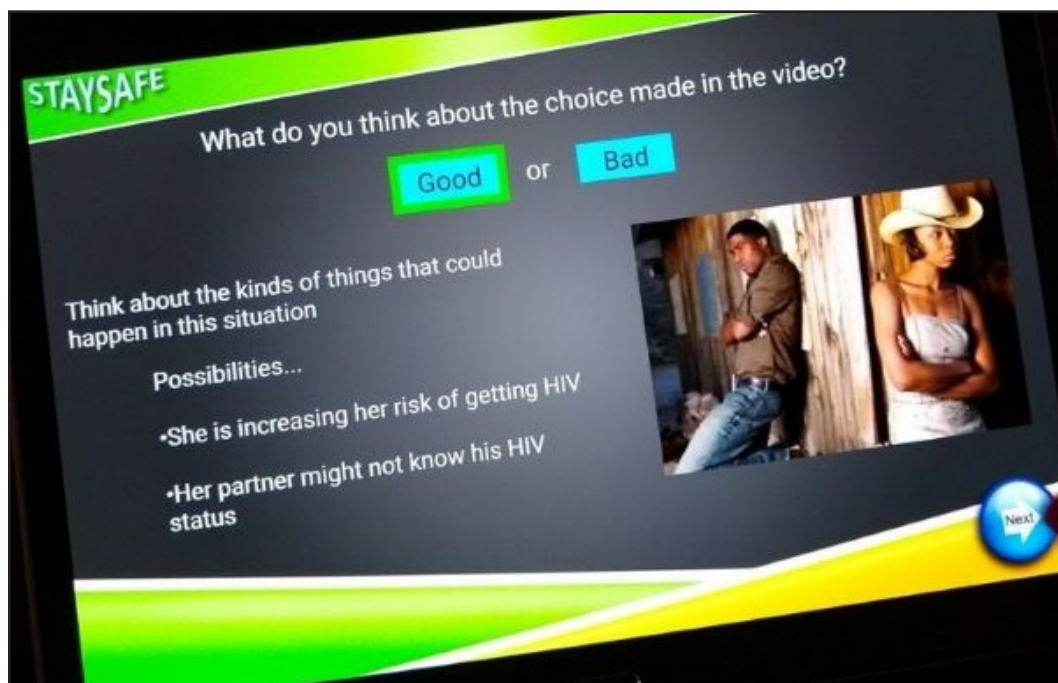
Joe, G., Lehman, W. E. K., Rowan, G., Knight, K., & Flynn, P. M. (2019). Evaluating the impact of a targeted brief HIV intervention on multiple inter-related HIV risk factors of knowledge and attitudes among incarcerated drug users. *Journal of HIV/AIDS & Social Services*, 19(1), 61–69. doi.org/10.1080/15381501.2019.1584140

Lehman, W.E.K., Pankow, J., Muiruri, R., Joe, G.W, Knight, K., & Flynn, P. (2019, October). A Mixed Method analysis of attitudinal and behavioral changes after StaySafe, a computer tablet app to improve decision making around health behaviors among people on probation. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Muiruri, R., Pankow, J., Lehman, W.E.K., Bonnette, B., Goldberg, G., & Knight, K. (2019, October). Methodological considerations for conducting research with Adults in Community and Residential corrections settings. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.

Pankow, J., Lehman, W. E. K., Muiruri, R., & Knight, K. (2019). Facilitating self-exploration and behavioral change associated with HIV risk reduction: A qualitative study of individuals on probation and their experiences using a decision-making app. *Federal Probation Journal*, 83(2), 34-38.

Pankow, J., Lehman, W.E.K., Muiruri, R., Goldberg, & Knight, K. (2019, October). Substance use and treatment-seeking experiences for adults on probation in a county residential treatment setting: A qualitative study. Paper Presentation at the Addiction Health Services Research Conference, Park City, UT.



JJ-TRIALS

***Juvenile Justice -
Texas Research
Initiative for
Adolescents in
the Legal System*****Principal Investigator:** Danica Knight
Project Period: 7/1/13 - 6/30/19
2019 Funding: \$58,509

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.

In 2013, NIDA funded the *Juvenile Justice-Translational Research on interventions for Adolescents in the Legal System (JJ-TRIALS)*, a cooperative designed to support implementation research improving the continuum of substance use and HIV services for youth under juvenile justice supervision. The 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 six-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 publish papers on the set of implementation studies that not only achieved the goals of system-wide improvement in service and implementation outcomes, but also contributed to implementation science through the development of new strategies and tools, novel theoretical and methodological advances, and new measurement approaches.

Selected Publications for JJ-TRIALS

Becan, J.E., Horan Fisher, J., Johnson, I.D., Bartkowski, J. P., Seaver, R., Gardner, S.K., Aarons, G.A., Renfro, T.L., Muiruri, R., Blackwell, L., Piper, K.N., Wiley, T.A., Knight, D.K. (in press). Improving Substance Use Services for Juvenile Justice-Involved Youth: Complexity of Process Improvement Plans in a Large Scale Multisite Study.

Administration and Policy in Mental Health and Mental Health Services Research.

Belenko, S., Knight, D. K., Wasserman, G., Dennis, M. L., Wiley, T., Taxman, F. S., Oser, C., Dembo, R. Robertson, A. A., & Sales, J. (2017). The Juvenile Justice Behavioral Health Services Cascade: A new framework for measuring unmet substance use treatment services needs among adolescent offenders. *Journal of Substance Abuse Treatment*, 74, 80-91. doi.org/10.1016/j.jsat.2016.12.012

Dennis, M.L., Smith, C.N., Belenko, S., Knight, D., McReynolds, L., Rowan, G., ... Wiley, T. (2019). Operationalizing a behavioral health services cascade of care model: Lessons learned from a 33-site implementation in juvenile justice community supervision. *Federal Probation Journal*, 83(2), 52-64.

Gardner, S. K., Elkington, K. S., Knight, D. K., Huang, S., DiClemente, R. J., Spaulding, A. C., Oser, C. B., Robertson, A. A., & Baird-Thomas, C. (2019). Juvenile Justice Staff Attitudes about HIV/STI Prevention, Testing, and Treatment Linkage. *Health & Justice*, 7(15). doi: 10.1186/s40352-019-0096-7

Knight, D. K., Belenko, S., Wiley, T., Robertson, A. A., Arrigona, N., Dennis, M., Bartkowski, J. P., McReynolds, L. S., Becan, J. E., Knudsen, H. K., Wasserman, G. A., Rose, E., DiClemente, R., Leukefeld, C., & the JJ-TRIALS Cooperative. (2016). Juvenile Justice—Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS): A cluster randomized trial targeting system-wide improvement in substance use services. *Implementation Science*, 11(1), 57. doi.org/10.1186/s13012-016-0423-5

Knight, D. K., Joe, G. W., Morse, D. T., Smith, C., Knudsen, H., Johnson, I., Wasserman, G., Arrigona, N., McReynolds, L., Becan, J. E., Leukefeld, C., & Wiley, T. (2019). Organizational context and individual adaptability in promoting perceived importance and use of best practices for substance use. *Journal of Behavioral Health Services & Research*. doi: 10.1007/s11414-018-9618-7

***Mapping
Approaches to
Prepare for
Implementation
Transfer***

For successful implementation (and sustainment) of new interventions, it is critical that barriers are identified and addressed prior to change. It is challenging, however, for agencies to independently assess their own strengths and weaknesses in order to develop plans for organizational improvement. Furthermore, the sheer number of strategies that promote implementation also make it difficult for

agency leadership to identify the most appropriate evidence-based intervention for their own contexts and needs. This project develops and pilot tests *Mapping Approaches to Prepare for Implementation Transfer (MAP-IT)*. MAP-IT is an organizational intervention that includes three key elements: (1) instruction on mechanisms known to impact implementation, (2) tools and instruction for conducting an agency-driven diagnosis of potential implementation barriers, and (3) tools for developing an implementation blueprint to address identified barriers (including instruction on strategies for addressing potential barriers prior to implementation). The premise of this application is significant in that it provides a low-cost and sustainable alternative to promoting effective organizational adoption of new practices. Firstly, the MAP-IT intervention is low cost in that it provides for deliberate, agency-driven opportunities to prepare for implementation change without ongoing external coaching. Secondly, the intervention provides a sustainable alternative for promoting organizational program change via targeted skill development for multiple people within the organization or agency .

Principal Investigator: Jennifer Becan
Project Period: 9/30/18 - 8/31/20
Total Funding: \$368,090

The specific aims of the proposed research are as follows:

AIM 1 – Synergistically integrate and adapt three established implementation intervention tools to promote deliberate agency implementation preparation – organizational assessment and feedback; taxonomy of implementation strategies; and visual-spatial decision making techniques – as combined into a comprehensive training and manualized bundle, MAP-IT.

AIM 2 – Conduct a 2-arm cluster randomized efficacy trial of the MAP-IT intervention with twelve substance abuse treatment community-based residential and juvenile justice secure agencies serving adolescents (including those with opioid use disorders) randomized to either MAP-IT (evidenced-based practice and MAP-IT trainings) or the non-intervention control condition (evidence-based practice training only).

Successful completion of the following aims is expected to:

- (1) establish preliminary evidence for the efficacy of a low-cost, sustainable alternative for improving implementation preparation that agencies can use to support and expedite implementation transfer
- (2) shift the current paradigm by encouraging researchers (designing uptake studies) and health care agencies (independently striving to implement new practices) to place greater emphasis on pre-implementation preparations for change
- (3) provide an empirical examination of how exploration and preparation can support implementation, using established measurement platforms and theoretical frameworks
- (4) provide documentation of agency selection of implementation strategies for promoting change in real-world settings

Findings from this R21 study will inform intervention effectiveness testing and implementation strategy selection in a future R01 study aimed at improving uptake of best practices within behavioral healthcare delivery services using a full-scale randomized control trial.

Selected Publications for MAP-IT

Becan, J.E., Crawley, R.D., Knight, D.K. (in press). Using a Train-the-Trainer Model to Promote Practice Change among Agencies Serving Justice Involved Youth. *Federal Probation Journal*.

Becan, J.E., Pankow, J., Lehman, W., Wiese, A., Joe, G., Goldberg, G. (2019). Mapping Approaches to Prepare for Implementation Transfer (MAP-IT). Fort Worth: Texas Christian University, Institute of Behavioral Research.

Becan, J., Wiese, A., Lehman, W. E. K., Goldberg, G., Knight, D. K. (October, 2019). Using the Consolidated Framework for Implementation Research (CFIR) to Predict Agency Use of a Motivational Enhancement Curriculum. Presentation at the Addiction Health Services Research Conference, Park City, UT.

Increasing Family Engagement and Treatment Initiation Through Family Assessment, Motivation, and Linkage Intervention

The proposed study will test the integration of existing tools applied to juvenile justice (JJ) populations and examine the feasibility, acceptability, and preliminary efficacy of a caregiver-youth intervention aimed at increasing substance use (SU) treatment initiation. The *Family Assessment, Motivation, and Linkage Intervention (FAMLI)* is an adaptive intervention that incorporates three evidence-based components:

- 1) assessment of motivation and linkage-related barriers with personalized feedback
- 2) Mapping-Enhanced Counseling (MEC) for improving readiness for change and interpersonal communication
- 3) Active Linkage (AL) for addressing logistical barriers to service initiation

Principal Investigator: Danica Knight
Project Period: 6/15/19 - 4/30/22
Total Funding: \$566,398

Using a Sequential Multiple Assignment Randomized Trial (SMART), 80 youth-caregiver dyads will be randomly assigned to receive an initial dose (two one-hour sessions) of either MEC or AL. After 30 days, participants will be classified as Responders (one or more services initiated) or non-responders (no service initiation).

Responders will receive encouragement to continue SU services, but no further MEC or AL; non-responders will be randomized to one of two interventions: an additional dose (two one-hour sessions) of the initial intervention (MEC or AL) or a different dose (two one-hour sessions of the other). The specific aims are to:

- 1) integrate and adapt appropriate evidence-based intervention components as a dyadic intervention approach for JJ youth and caregivers
- 2) test the feasibility, acceptability, and optimal configuration of the dyadic intervention components and the protocol used to evaluate effectiveness (including feasibility of recruitment, implementation, and measurement)

3) preliminarily explore whether:

- a) an initial dose of MEC or AL is sufficient for promoting early initiation
- b) an additional dose of MEC or AL or a change in dose is more effective for non-responders
- c) which component sequence is most effective for non-responders

Primary outcomes consider both youth and caregiver measures. For the youth, measures consist of documenting youth initiation of assessment or counseling and counseling attendance. Caregiver measures are comprised of documenting caregiver attendance at assessment, first counseling session, and/or family sessions.

Secondary outcomes include both youth and caregiver attitudes (problem recognition and desire for help), normative beliefs (SU norms), perceived control (stressors and obstacles), and youth SU (self-report corroborated by urinalysis results).

The proposed study addresses the sizeable gap in service receipt among JJ youth by addressing family engagement and focuses on improving motivation to change, linkage to services, and treatment engagement.

***Justice
Community
Opioid
Innovation
Network: TCU
Clinical
Research
Center***

Recognizing the current opioid crisis among justice-involved individuals and the corresponding need to intervene at the intersection of justice and community health, the *JCOIN* study explores positive outcomes associated with a multi-level hybrid implementation approach (see opposite page). This approach capitalizes on facilitated collaboration (coaching), training, and cross-system data sharing in an effort to leverage improvements in interagency collaboration between criminal justice and community behavioral health (CBH). Ultimately, *JCOIN* seeks to improve local community public health and safety

outcomes for reentering justice-involved individuals who have a history of (or are at risk for) using opioids. Specific aims include:

- 1) increase access to and retention in appropriate CBH and medication treatment programs for opioid use disorders (MOUD) for reentering justice-involved individuals who have a history of (or are at risk for) opioid use
- 2) improve outcomes (including costs) associated with public health and safety
- 3) compare two implementation approaches on systems-level outcomes designed to increase service initiation and receipt with respect to implementation and service outcomes
- 4) examine the impact these two approaches have on individual outcomes for justice-involved individual outcomes

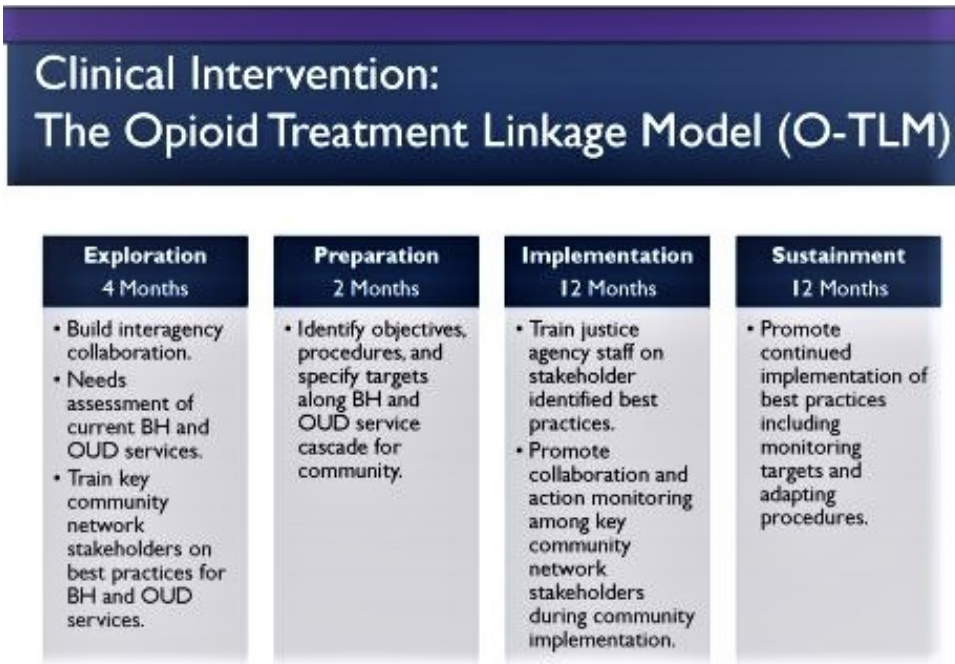
The *JCOIN* project examines both implementation fidelity and efficacy, seeking to answer the question of which implementation strategy (top down versus horizontal cascading) is most effective for rapid uptake of evidence-based practices within justice settings. The study also examines which strategy is most effective for increasing service linkage and initiation, service retention, and improved opioid-related public health safety outcomes.

TCU Multiple Principal Investigators:

Kevin Knight and Danica Knight

Project Period: 7/15/19 - 4/30/24

Total Funding: \$10,029,768



A Hybrid Type 3 study design will be used mainly to compare two implementation strategies and two interventions at two levels (client and system). A secondary aim is to assess client-level outcomes associated with the trial. This design integrates two robust methodologies (stepped wedge and cluster randomized trial), and includes over a dozen clinical research performance sites (communities) located across Texas and Illinois. The multisite *JCOIN* CRC application includes a highly experienced team of Multiple PIs, investigators, and partners, all of which contribute to the *JCOIN* network. This network serves to establish a national consortium of investigators examining promising approaches designed to improve the capabilities and capacity of the justice system to more effectively address the opioid epidemic.

**Telehealth-
Clinical
Advocacy
Project**

Principal Investigator: Jennifer Pankow
Project Period: 8/1/19 - 7/31/21
Total Funding: \$365,598

Telehealth-Clinical Advocacy Project (T-CAP) is a development and feasibility study to examine the impact of integrating clinical telehealth services within a police opioid diversion program in a midwestern state. As part of a state response to the opioid crisis, law enforcement agencies and community stakeholders launched an Opioid Diversion Program (ODP), where individuals voluntarily enter a police department and ask for help with substance use treatment without fear of arrest. The T-CAP intervention focuses on enhancing one county ODP by (1) introducing a telehealth model that links participants to a trained clinician throughout the intervention process and (2) expanding the community treatment services infrastructure (including expanded options for pain management and increased access to medical services that can provide medication-assisted treatment or MAT). Volunteer study participants will be randomly assigned to one of two conditions:

- (1) “treatment as usual” (TAU) comparison group who will meet with a research assistant (RA) to complete surveys at three time points
- (2) T-CAP intervention group who will complete surveys and receive seven telehealth clinical sessions featuring brief intervention services with Motivational Interviewing (MI), “assertive” referrals, and three months of on-going clinical support and advocacy from a clinician

The novelty of this strategy is that it focuses on the need to provide participants with rapidly available professional level clinical services and support as part of the police diversion program, and it expands the management services. The primary study aims are to:

- (1) to demonstrate intervention feasibility by measuring study participant receptivity and utilization of the telehealth approach
- (2) evaluate the proposed T-CAP measures to assess their performance in gauging the impact telehealth on substance use treatment initiation, short-term treatment retention, and access to other appropriate treatment services for future large-scale research

If the enhancements are feasible, the potential impact of the highly innovative T-CAP intervention will be major. The study’s potential to achieve the larger goal of reducing opioid use and related health problems will have major implications for police diversion, policy, and practice.

The Substance Use and Health Risk Intervention for Justice-involved Youth

Multiple Principal Investigators:

Jennifer Becan and Danica Knight

Project Period: 9/30/19 - 8/31/22

Total Funding: \$594,949

This investigation project adapts and pilot tests an integrated health risk-reduction and motivational enhancement intervention for justice-involved youth that, after full testing through a subsequent large-scale randomized clinical trial or RCT, will culminate in a sustainable intervention that can be implemented within a JJ supervision/case management context to teach and facilitate positive, prosocial, and expected behaviors. The intervention will use graphical approaches to encourage introspection and problem identification, enhance self-regulation, improve analytical problem-solving skills, and promote healthy behaviors in two interrelated target areas: substance use and risky sex practices. Existing evidence-based intervention materials will be incorporated and delivered through a web-based application. Sessions will be self-directed (e.g., require minimal instruction/interaction assistance) and include a service-referral piece whereby youth are provided with a list of treatment and health agencies at the end of their sessions that address specific topics. Research activities are carried out in two pilot studies: (1) Intervention Adaptation and Feasibility and (2) Protocol Feasibility and Preliminary Efficacy Trial. More specifically, this study aims to examine intervention feasibility and acceptability, test the feasibility of the study

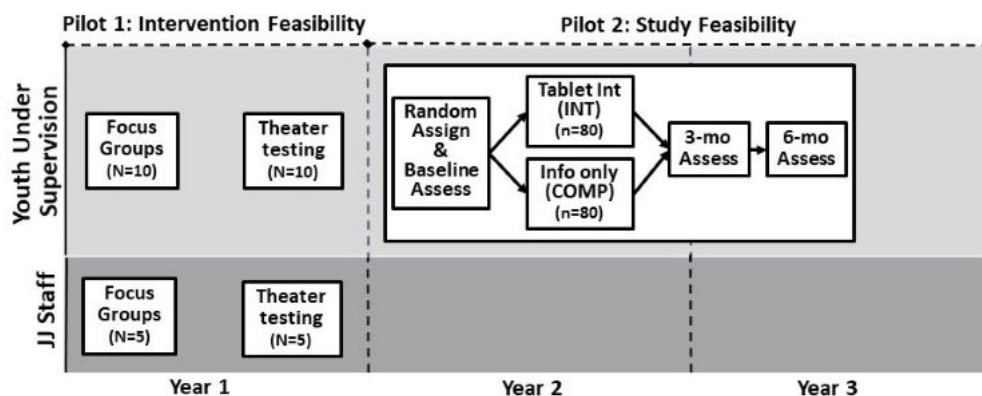


Figure 3. Study Design

examine the preliminary efficacy of the intervention for addressing health-related behavior change. Proximal outcomes are based on improvements in change mechanisms (e.g., problem recognition, decision making, intention to reduce personal risk) and service initiation (SU or STI-related services). Distal outcomes are based on a reduction in risky behaviors, including substance use (self-report and urinalysis) and sexual health risks (self-reported risky sex practices). Research questions, preliminary hypotheses, and successful completion of the aims will result in an intervention that is appropriate and feasible for use with justice-involved youth, will provide important information regarding the feasibility of a full-scale RCT, will inform future study design (and a subsequent R01 application), and will provide preliminary information regarding the efficacy of the intervention. The study has considerable potential to address an important vulnerable population—justice-involved youth—and focuses on a significant problem—youth behaviors that are self-detrimental and unhealthy.

Target Population: Juvenile justice youth that will participate in an intervention within a JJ supervision/case management context.

Pilot 1: Intervention content will be adapted from existing evidence-based interventions so that it is developmentally appropriate for the target population and suitable for a web-based format (N = 30; 20 youth, 10 JJ staff).

Pilot 2: A scaled-down version of the intervention efficacy RCT will be tested, comparing the web-based intervention to a time-matched, information-only group using a two-arm, randomized design whereby 120 youth from one juvenile probation department are enrolled and randomly assigned to a condition.

Preventing Opioid Use Among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults

Principal Investigator: Danica Knight
Project Period: 9/30/19 - 8/31/20
Total Funding: \$5,830,688

**This is a joint project with TCU's Karyn Purvis Institute of Child Development.*

Across the U.S., with an estimated 11.1 million misusing prescription opioids, substance use is a significant public health concern. Rates of opioid use disorders (OUDs) have increased exponentially, with 60% of overdoses being attributed to heroin and illicit synthetics (such as Fentanyl). Although opioid use among youth is low compared to adults, as youth transition to adulthood, experimentation and regular use increases later in adolescence. Juvenile justice (JJ)-involved youth represent a particularly vulnerable population, as they often experience mental health disorders, dysfunctional family/social relationships, and complex trauma, placing them at greater risk for SU and substance use disorders. To ensure that these youth do not become another opioid statistic, innovative and effective prevention interventions are needed. This project adapts and tests an intervention for preventing initiation and/or escalation of opioid misuse among older JJ-involved adolescents.

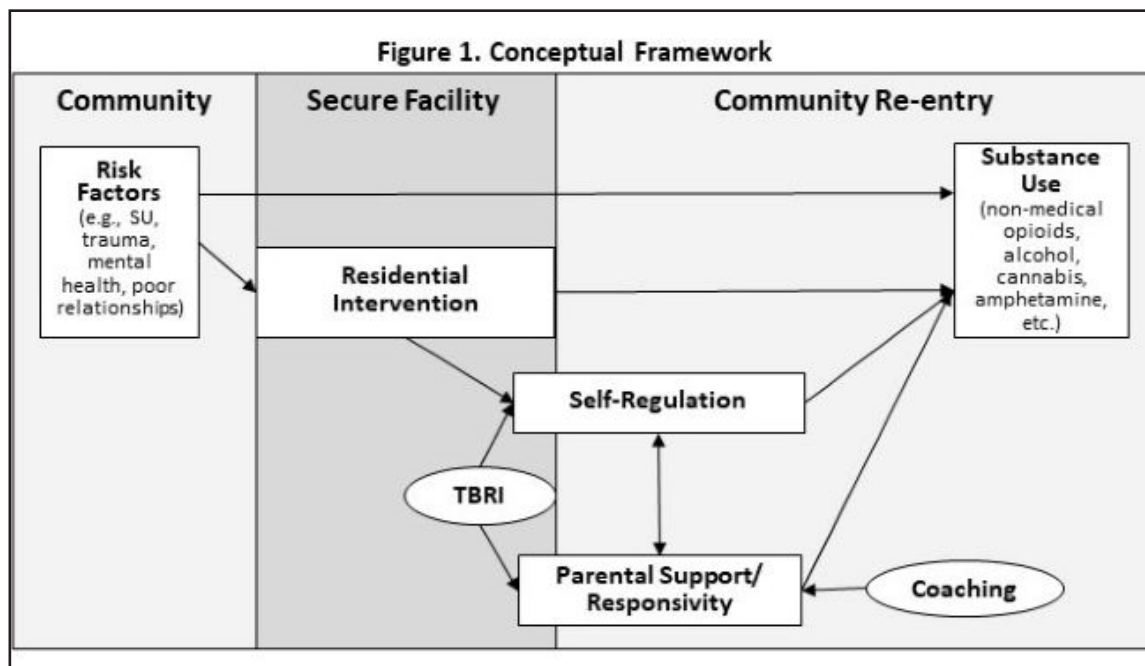
The target population focuses on youth between the ages of 16 and 18 who are aging out of juvenile justice centers and transitioning back into their communities after a period of detainment in a secure treatment or correctional facility.

The study uses ***Trust-Based Relational Intervention***[®] (a relational, attachment-based intervention that promotes emotional regulation through interaction with responsive, trained adults). It will be adapted for use as a prevention intervention targeting youth at risk for SU (especially non-medical use of opioids). Safe adults (e.g., parent/guardian, extended family member) will be trained in behavior management techniques for empowering youth to appropriately express their needs, connecting them with others in pro-social ways, and correcting or reshaping undesirable behavior.

Phase 1 adapts elements of the TBRI® for JJ-involved youth, develops intervention manuals and study protocols, examines the acceptability of the adapted intervention, and tests the feasibility of the proposed study protocol (e.g., agency and youth recruitment). Feedback from 15 youth/safe adult dyads will be solicited as part of this phase.

Phase 2 examines both the effectiveness of the TBRI® for preventing opioid misuse and the comparative utility of three support formats: (1) TBRI® Training only, (2) TBRI® Training + Structured Coaching, or (3) TBRI® Training + Responsive Coaching (triggered by the youth's need/risk). A total of 360 youth/safe adult dyads will be recruited from six participating JJ facilities over a 3-year period and followed for 18 months post-release. This design enables a comparison of the TBRI® versus SRP (using a stepped-wedge design in which each facility serves as its own control) plus an RCT comparing three TBRI® support formats.

Phase 3 examines barriers and facilitators of TBRI® sustainment. Sixty staff (ten from each JJ agency) provide input annually via focus groups and surveys. TCU will work with administrators and staff at each JJ facility to implement a sustainment plan, which will include developing in-house TBRI® expertise (i.e., staff training and implementation assistance). Successful completion of the study aims test the adapted intervention and facilitate sustainment by providing training and implementation support to participating facilities.



RESEARCH PRODUCTS

Over the past three decades, studies and research performed through the IBR have had a major impact on the field of substance use treatment and justice-involved settings. Evidence from this research has formed the foundation for the TCU Treatment Process Model (Simpson, 2004; 2006) and involves induction into treatment, engagement in treatment, early recovery in treatment, adequate retention before treatment release, and preparation for community re-entry.

All TCU Interventions rely on a cognitive-based visual representation strategy for counseling—that is, TCU Mapping-Enhanced Counseling (Dansereau, Joe, & Simpson, 1993; Dansereau, Dees, & Simpson, 1994). These interventions have been shown to enhance client communication, planning, and decision-making skills. As a clinical technique, node-link mapping incorporates visual tools (e.g., guide maps, free-form maps, information maps) to help clients and counselors more readily identify and address the variety of concepts covered during treatment.

These interventions include a set of assessments and manual-guided procedures that “target” the specific needs and status of clients in different stages of change during treatment. In addition to client considerations, the needs and functioning of an organization or treatment agency may also adversely affect the delivery and efficacy of treatment services. Additional research-based programs and interventions have been developed to mitigate this.

An integrated set of TCU Forms is available on the IBR website for free download for interested agencies and service providers. However, in an effort to limit commercial or for-profit use of these resources, all of the products available online are “copyrighted.” With modest adaptations in language and illustrations, these interventions have shown great utility across highly diverse treatment settings. Manuals have been designed to be highly focused, practical, and flexible in order to meet the therapeutic needs of “real-world” programs.

HIGHLIGHTED INTERVENTIONS

PARTNERS IN PARENTING

Partners in Parenting focuses on the identified concerns of recovering parents and encourages learning and skill-building in key areas such as parent-child communication, developmental expectancies, guidance and discipline, problem solving, and self-care.

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/ppmanual.pdf>

ENTIRE INTERVENTION:
294 pages

RECOMMENDED CITATION:
Bartholomew, N. G., Knight,
D. K., Chatham, L. R., &
Simpson, D. D. (2000).

UNLOCK YOUR THINKING, OPEN YOUR MIND

This intervention is aimed at addressing the ingrained pattern of criminal thinking. Individuals involved in a lifestyle steeped in drug use and other criminal activity are likely to return to the community and continue making poor decisions based on their thinking errors.

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA05Aug-mind.pdf>

ENTIRE INTERVENTION:
55 pages

RECOMMENDED CITATION:
Bartholomew, N. G., &
Simpson, D. D. (2005).

GETTING MOTIVATED TO CHANGE

Participants are encouraged to make a commitment on a specific behavior or attitude they are willing to work on and report on to the group over the course of the intervention. It features a leader's script, with notes and suggested discussion questions for exploring the meaning of motivation and ways in which clients can develop it and put it into action.

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA06Sept-mot.pdf>

ENTIRE INTERVENTION:
63 pages

RECOMMENDED CITATION:
Bartholomew, N. G.,
Dansereau, D. F., & Simpson,
D. D. (2006).

**Pictured from
left to right:**
Amanda Wiese,
Danica Knight,
Kevin Knight, and
Jennifer Becan



UNDERSTANDING AND REDUCING ANGRY FEELINGS

This intervention is designed to help clients learn to understand and respond to anger in more appropriate ways by identifying anger triggers, differentiating between healthy and unhealthy anger, setting goals, planning strategies for interrupting angry patterns, and utilizing progressive muscle relaxation.

ENTIRE INTERVENTION:
42 pages

RECOMMENDED CITATION:
Bartholomew, N. G., &
Simpson, D. D. (2005).

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA05Aug-Anger.pdf>

MAPPING YOUR TREATMENT PLAN: A COLLABORATIVE APPROACH

This intervention is a mapping-focused guide for working with clients to establish meaningful and useful treatment goals.

ENTIRE INTERVENTION:
54 pages

RECOMMENDED CITATION: Bartholomew, N. G., Dansereau, D. F., & Simpson, D. D. (2007).

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA07May-TrtPlans.pdf>

MAPPING YOUR RE-ENTRY PLAN: HEADING HOME

This intervention is a collaborative, mapping-based intervention for helping clients identify goals for reentry and aftercare.

ENTIRE INTERVENTION:
72 pages

RECOMMENDED CITATION: Bartholomew, N. G., Dansereau, D. F., Knight K., & Simpson, D. D. (2007).

URL: <http://ibr.tcu.edu/wp-content/uploads/2013/09/TMA-MapReEntryPlan-CJ.pdf>

DOWNWARD SPIRAL GAME

DESCRIPTION

Downward Spiral is a sole-survivor board game developed to encourage people to think about the consequences of substance use in a personalized but indirect format that looks, on the surface, like fun. With this format, players feel less of a need to build counter-arguments, or justify their freedom to use, as can be the case with direct anti-substance use messages. As players roll the dice and move across the game board, they encounter potential downfalls and opportunities related to family, health, friendships, finances and self-esteem. The objective of the game is to stay alive without losing all social and financial resources due to substance use — a task that becomes more challenging the longer the player stays in the game. The last player left “alive” in the game “wins.”

The Downward Spiral game comes in two versions (adult and adolescent) and uses vignettes, as well as facts and quotes, to emphasize the negative consequences connected to continued drug use.

An after-game discussion helps the players identify and "reflect" on issues that surfaced during the course of play.

RECOMMENDED CITATION

M. Czuchry, T. L. Sia, D. F. Dansereau, & J. Blankenship (1998).

LINKS TO FREE DOWNLOADS

Gameboard (Lg) - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DSgameboard21x251.pdf>

Gameboard (Sm) - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DSgameboard8-5x111.pdf>

Intervention instructions - http://ibr.tcu.edu/wp-content/uploads/2013/09/DS_Treatment_Manual1.pdf

Rules - <http://ibr.tcu.edu/wp-content/uploads/2013/09/DS-Appendix-D-TheRules1.pdf>

Consequence Card Selection and Developers' Contact Information -

<http://ibr.tcu.edu/wp-content/uploads/2014/02/DS-Appendix-G-BytheBook-rev.pdf>

TREATMENT READINESS AND INDUCTION PROGRAM

DESCRIPTION

The Treatment Readiness and Induction Program (TRIP) focuses on increasing motivation for treatment by helping clients think more clearly and systematically about their drug use and personal problems. TRIP is a compilation of effective tools and materials, originally developed with adult treatment samples, adapted for use with adolescent clients. These modules are designed to be delivered in the first 30 days of substance use treatment (orientation or induction phase). TRIP consists of 8 modules that can be used in either open or closed groups through 90-minute group sessions and organized around four main tools: (1) **Mapping Enhanced Counseling** (a graphically enhanced analytic decision-making technique), (2) the **Downward Spiral** Experiential Board Game (provides a model for understanding the consequences of poor decision-making often resulting from continued drug use), (3) **Nudge** (a technique to help clients practice identifying, developing, and using cues and signals to enhance metacognition), and (4) **Work-It** (a technique that repetitively uses structured maps or templates to foster the development of wisdom/expertise relative to problem-solving).

RECOMMENDED CITATION

Bartholomew, N. G., Dansereau, D. F., Knight, D. K., Becan, J. E. & Flynn, P. M. (2013). Treatment Readiness and Induction Program (TRIP). Fort Worth: Texas Christian University, Institute of Behavioral Research.

LINKS TO FREE DOWNLOADS

<http://ibr.tcu.edu/wp-content/uploads/2013/12/TRIP-Manual-12.2013.pdf>

Video Segments

<https://www.youtube.com/watch?v=WAYopv4-Bt0&feature=youtu.be>

<https://www.youtube.com/watch?v=TArmDjXAKaY&feature=youtu.be>

<https://www.youtube.com/watch?v=Eci7RGvr-x4&feature=youtu.be>

HIGHLIGHTED TCU FORMS **TCU DRUG SCREEN 5 AND** **OPIOID SUPPLEMENT**

DESCRIPTION

One promising brief (and free) screener is the TCU Drug Screen 5 (TCU DS 5), which is comprised of 17 self-report items that map directly onto the DSM-5 criteria for SUDs. Originally developed based on the DSM-3R, the TCU DS 5 was updated to reflect changes put forth in the DSM-5 (e.g., use of "disorder" instead of "dependence;" addition of three classifications: mild, moderate, and severe disorders). When the two versions of the TCU DS were compared in a sample of justice-involved adolescents and adults, results indicated similar SUD classification rates; however, the TCU DS 5 diagnosed significantly more individuals with a SUD, of which most were classified as mild (Knight, Blue, Flynn, & Knight, 2019).

RECOMMENDED CITATION

Knight, D. K., Blue, T. R., Flynn, P. M., & Knight, K. (2019). The TCU Drug Screen 5: Identifying justice-involved individuals with substance use disorders. *Journal of Offender Rehabilitation*, 57(8), 525-537. doi: 10.1080/10509674.2018.1549180

LINKS TO FREE DOWNLOADS

<http://ibr.tcu.edu/wp-content/uploads/2017/09/TCU-Drug-Screen-5-PLUS-Opioid-Supplement-v.Sept17.pdf>

Client ID# _____ Today's Date _____ Facility ID# _____ Zip Code _____ Administration _____

TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) -

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	<input type="radio"/>	<input type="radio"/>
2. Did you try to control or cut down on your drug use but were unable to do it?	<input type="radio"/>	<input type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	<input type="radio"/>	<input type="radio"/>
4. Did you have a strong desire or urge to use drugs?	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems?	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use?	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger?	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems?	<input type="radio"/>	<input type="radio"/>
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	<input type="radio"/>	<input type="radio"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or have withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months?		
<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Cannabinoids - Marijuana (weed) <input type="radio"/> Cannabinoids - Hashish (hash) <input type="radio"/> Synthetic Marijuana (K2/Spice) <input type="radio"/> Opioids - Heroin (smack) <input type="radio"/> Opioids - Opium (tar) <input type="radio"/> Stimulants - Powder Cocaine (coke) <input type="radio"/> Stimulants - Crack Cocaine (rock) <input type="radio"/> Stimulants - Amphetamines (speed)	<input type="radio"/> Stimulants - Nicotine <input type="radio"/> Synthetic Catin <input type="radio"/> Club Drugs <input type="radio"/> Dissociativ <input type="radio"/> Hallucinoy <input type="radio"/> Inhalants <input type="radio"/> Prescrip <input type="radio"/> Prescrip <input type="radio"/> Other	

TCU Drug Screen 5 - Opioid Supplement (v. Sept17) 1 of 5
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Client ID# _____ Today's Date _____ Facility ID# _____ Zip Code _____ Administration _____

TCU DRUG SCREEN 5 - Opioid Supplement

"If the response to TCU Drug Screen 5, page 2, Q13c, Q13f, or Q13r regarding opioid use is more than 'Never,' then complete the following questions."

In the **LAST 12 MONTHS** -

- What types of opioids have you used?

a. Heroin	<input type="radio"/> No	<input type="radio"/> Yes
b. Oxycodone (Oxycontin, Percodan, Percocet)	<input type="radio"/> No	<input type="radio"/> Yes
c. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zalydro)	<input type="radio"/> No	<input type="radio"/> Yes
d. Morphine (Kadian, Avinza, MS Contin)	<input type="radio"/> No	<input type="radio"/> Yes
e. Fentanyl (Duragesic, Fentora)	<input type="radio"/> No	<input type="radio"/> Yes
f. Hydromorphone (Dilaudid, Exalgo)	<input type="radio"/> No	<input type="radio"/> Yes
g. Methadone (Dolophine)	<input type="radio"/> No	<input type="radio"/> Yes
h. Oxycodone (Dolophine)	<input type="radio"/> No	<input type="radio"/> Yes
i. Codeine (Tylenol cough syrup with codeine)	<input type="radio"/> No	<input type="radio"/> Yes
- How many times did you **inject** an opioid?

<input type="radio"/> Never	<input type="radio"/> A few times	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
-----------------------------	-----------------------------------	---------------------------------------	---------------------------------------
- How many times did you take an opioid **put a film in your mouth**?

<input type="radio"/> Never	<input type="radio"/> A few times	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
-----------------------------	-----------------------------------	---------------------------------------	---------------------------------------
- How many times did you take an opioid **in another way (e.g., grow)**?

<input type="radio"/> Never	<input type="radio"/> A few times	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
-----------------------------	-----------------------------------	---------------------------------------	---------------------------------------
- How many times did you take an opioid **prescribed for you**?

<input type="radio"/> Never	<input type="radio"/> A few times	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
-----------------------------	-----------------------------------	---------------------------------------	---------------------------------------
- From whom did you get the opioids you took?

a. Medical doctor/pharmacy?	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
b. Family member?	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
c. Friend?	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
d. Someone else (e.g., "on the street")?	<input type="radio"/> 1-3 times/month	<input type="radio"/> 1-5 times/month
- Have you taken opioids for **medical reasons**?

*IF YES, briefly describe the reasons:

TCU Drug Screen 5 - Opioid Supplement (v. Sept17) 3 of 5
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Client ID# _____ Today's Date _____ Facility ID# _____ Zip Code _____ Administration _____

- How many times did you go to the **hospital or emergency room** because of an overdose on opioids?

<input type="radio"/> Never	<input type="radio"/> Once	<input type="radio"/> Twice	<input type="radio"/> 3 times	<input type="radio"/> 4 or more times
-----------------------------	----------------------------	-----------------------------	-------------------------------	---------------------------------------
- How many times were you **given naloxone (Narcan)** because of an overdose?

<input type="radio"/> Never	<input type="radio"/> Once	<input type="radio"/> Twice	<input type="radio"/> 3 times	<input type="radio"/> 4 or more times
-----------------------------	----------------------------	-----------------------------	-------------------------------	---------------------------------------
- Have you received any **follow-up treatment** after the most recent overdose?

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

Have you received **Medication Assisted Treatment (MAT)** in the last 12 months?

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

Are you **currently receiving Medication Assisted Treatment (MAT)**?

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

*IF YES, what type?

a. Methadone (Dolophine or Methadone)	<input type="radio"/> No	<input type="radio"/> Yes
b. Buprenorphine (Subutex, Suboxone)	<input type="radio"/> No	<input type="radio"/> Yes
c. Oral naltrexone (Depade, Revia)	<input type="radio"/> No	<input type="radio"/> Yes
d. Depot naltrexone (Vivitrol)	<input type="radio"/> No	<input type="radio"/> Yes
e. Other, specify:	<input type="radio"/> No	<input type="radio"/> Yes

Have you **obtained** any of these medications **without a prescription**?

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

Have you **taken more** of these medications **than were prescribed**?

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

TCU Drug Screen 5 - Opioid Supplement (v. Sept17) 5 of 5
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FIELD IMPACT . . .



Downward Spiral Game

**Order the complete game by
emailing your request to:**

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**\$60 buys the complete game
kit and includes FREE shipping
and handling.**



**This icon represents locations which purchased the
Downward Spiral Game.**

... ON THE MAP



2019 Conference Presentations

**22 total conference presentations,
including 2 international
presentations**



This icon represents locations of presentations made by IBR Researchers.

...IN THE MEDIA

SPRING 2019 - *The TCU Endeavors Magazine*

National Institutes of Health

Danica Kalling-Knight,

a senior research scientist at TCU's Institute of Behavioral Research, received a five-year, \$3,244,424 grant to improve drug abuse and HIV prevention programs aimed at adolescents in juvenile justice systems.



SUMMER 2019 -

Aug. 12, 2019 - Institute of Behavioral Research receives \$10 million NIH grant

The TCU **Institute of Behavioral Research** has received a five-year \$10 million grant from the National Institutes of Health to work with state and community partners to implement and evaluate an opioid treatment intervention strategy for people in the criminal justice system. TCU is one of 10 research hubs across the country to be funded through NIH's Justice Community Opioid Innovation Network to address gaps in treatment across a wide range of settings, including jails, probation and parole. Colleagues **Kevin Knight, Ph.D.,** and **Danica Kalling Knight, Ph.D.,** are TCU principal investigators on the grant.

WINTER 2019 -

The TCU Endeavors Magazine



LEARNING TO AVOID RISKY BEHAVIOR

Probationers use an app developed at the Institute of Behavioral Research to model better decision-making.

“Knowledge is not enough,” Lehman said. “Are you motivated to act on that knowledge? And do you have the confidence to be able to avoid risk?”

The app is ideal for probation offices, Pankow said. “The cost of interventions in these settings is huge. To pay counselors to run groups, this is very expensive,” she said. “To be able to have something that maybe has a small footprint but can be made available at a very low cost is absolutely critical.”

FALL 2019 -

Oct. 7, 2019 - TCU institute receives \$4.5 million grant to prevent substance abuse

TCU’s **Institute of Behavioral Research** was recently awarded a \$4.5 million grant by the National Institutes of Health to pursue the prevention of opioid abuse among justice-involved youth. **Danica Knight ’90**, associate professor of psychology, will serve as the principal investigator. The project will be conducted in collaboration with TCU’s Karyn Purvis Institute of Child Development.



UNDERGRADUATE STUDENT LAB

The IBR Undergraduate Student Lab launches in 2019! Recently named by popular student vote, the **IBR SOAR (*Student Overview of Applied Research*) Lab** offers undergraduate students an introduction to applied research coupled with interactive activities aimed to enhance academic skills and provide networking and mentoring opportunities with research-interested peers, graduate students, and experienced IBR research scientists. The IBR hosts monthly Lab meetings open to all interested undergraduate students.

GRADUATE STUDENTS

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 researchers.

Graduate and postgraduate training is carried out in close collaboration with the Department of Psychology and other departments at TCU resulting in publications and professional presentations. 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 instrumentation,
- 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.

Fun Fact:
Students authorship on papers and presentations is emphasized on all IBR projects.



Photo above, from LEFT to RIGHT:
Lizzie Joseph (1st year graduate student) and
undergraduate students, *Lexie Bryant* (senior),
Grant Goldberg (sophomore), and
Rachel Arnold (sophomore).