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 (Simpson is scheduled to spend September, October, and November of 2009 in the UK)

Strategic Treatment Planning in England: ***Leadership Meetings for Applications of TCU-based Resources***

Summary

Collaborative work between the Texas Institute of Behavioral Research (IBR) at TCU, service provider networks located in the North West and West Midlands of England, and addiction treatment scientists associated with England's National Treatment Agency (NTA) for Substance Misuse has been in progress since 2005. It has helped put in place an infrastructure of regional working relationships and new "UK-branded" resources on which broader implementation steps are now ready to proceed. Namely, UK addiction treatment scientists and practitioners in the greater regions of Birmingham and Manchester have made impressive progress in completing adaptations and regional applications of TCU-originated treatment resources to meet their service improvement needs in relation to psychosocial interventions.

In early 2009, the NTA announced its official endorsement of these strategies for enhancing treatment engagement and retention nationally. The work supported by this US Distinguished International Scientist Award from NIDA focuses on structural and systemic issues in implementation that are fundamental to fuller applications and sustaining innovations, representing a new stage of this work. Dr. Ed Day from the University of Birmingham, representing his associates from addiction treatment systems in the West Midlands and North West regions, will be the key UK collaborator in guiding effective strategic planning and implementation strategies. Letters of support reflect regional enthusiasm for continuing to work with the IBR/TCU through a series of seminars and group meetings scheduled with Professor Simpson during the Fall 2009.

1. Background

The National Institute on Drug Abuse (NIDA) funded large-scale national treatment evaluations in the USA during the 1970s, 80s, and 90s. Collectively, these naturalistic studies – known as DARP, TOPS, and DATOS, respectively – examined during-treatment performance and follow-up outcomes for stratified samples of 65,000 admissions to major types of treatment in 272 community-based programs located throughout the country (see Simpson & Sells, 1982; Hubbard, Marsden et al., 1989; Simpson, Joe et al., 1999, www.datos.org). A similar national treatment effectiveness evaluation study was also conducted in the UK during the 1990s (known as NTORS; Gossop, 2006; Gossop, Marsden et al., 2003, Gossop, Stewart, & Marsden, 2003). Because these evaluations examined treatment on a large-scale and as practiced in the "real-world" of community-based uncertainties, however, they often raised more questions than they answered. Especially important were questions about why some programs and some clients had better outcomes than others.

Clinical and field-based studies that indicated "treatment works" turned next to questions about the active ingredients or components that determine effectiveness. Understanding treatment dynamics is essential to issues of quality control and improvement. The *TCU Treatment Process Model* (Simpson, 2004) provides a conceptual framework for describing general stages of treatment and how they relate to recovery. It is a framework for integrating findings about how client and program attributes interact to influence the degree to which clients become engaged in treatment and remain long enough to show evidence of recovery while in treatment and at follow-up.

This model likewise portrays how specialized interventions as well as health and social support

services promote stages of recovery-oriented change. Important for increasing early engagement in treatment is a set of cognitive and behavioral interventions. Cognitive strategies (especially those for increasing levels of treatment readiness among low-motivated clients) have proven useful for improving subsequent therapeutic relationships and retention. TCU assessment instruments that gauge client and program performance provide a foundation for systematic treatment monitoring and management strategies, and for tracking the evidence for using targeted interventions to improve treatment quality (see *Spring 2008 Research Report from IBR*).

2. Origins of the Collaboration with England

Evidence-based resources based on **TCU Mapping-Enhanced Counseling** have been widely disseminated via the Texas IBR Website (www.ibr.tcu.edu) and was recently included in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). The series of *2008 Research Reports from IBR* available from the Website summarize TCU treatment resources that are helping some programs restructure and enhance their services. In particular, these reports focus on core ingredients of treatment within a systems context and how client assessments of needs and progress might be better integrated with intervention strategies.

The **National Treatment Agency (NTA) for Substance Misuse** was created by the English Parliament in 2001 to oversee improvements in the availability and effectiveness of drug misuse treatment in England. Its mission – “to ensure that there is more treatment, better treatment, and fairer treatment available to those who need it” – guides the current national drugs strategy. An estimated 300,000 people have serious drug problems in England and Wales, generally related to heroin and/or cocaine use. The country faces issues similar to those in the US in terms of addressing the economic, social, health, and crime related problems of drug misusers and their families.

An important part of this responsibility includes improving treatment effectiveness and quality, overseen by Annette Dale-Perera (Director of Quality for NTA). In March 2005, Ms. Dale-Perera led a team of 11 senior clinicians, scientists, and policymakers from England on a week-long visit to the Texas IBR in Fort Worth to discuss adoption and adaptation of portions of the *TCU Treatment Process Model* and related early engagement resources. The NTA has 9 regional oversight teams that work with 149 Drug Action Teams (DATs) across England whose job it is to allocate central government and local funding to pay for (“commission”) treatment delivered by National Health Service programs and voluntary (private nonprofit) providers. The DATs are local consortiums made up of representatives from community agencies

that have a stake in drug misuse problems, such as primary health care trusts for the area, law enforcement, probation, and other local authorities. NTA regional teams supply standards and guidance to help ensure that DATs are providing drug misusers with a full range of services.

A series of highly productive collaborative activities have occurred since 2005 (including further UK group visits to Texas, and TCU team visits to England for project planning and resource training). This work has particularly flourished within the West Midlands (Greater Birmingham region) and North West (Greater Manchester region) DATs, which account for major concentrations of drug use and related treatment service innovation initiatives. The **International Treatment Effectiveness Project (ITEP)** in particular illustrates fruits from the NTA/TCU collaboration. It is part of the NTA Treatment Effectiveness Initiative for enhancing the quality of treatment interventions. ITEP is a manual for use by trained keyworkers with their clients and incorporates a care-planning approach based on TCU Mapping-Enhanced Counseling (Campbell, Finch, Brochie, & Davis, 2007). It also includes a brief intervention aimed at changing client thinking patterns, adapted from materials in TCU manuals on criminal thinking, motivation enhancement, and related topics. Over 1000 drug workers in this region have been trained to date to use the ITEP manual.

The work planned in relation to this NIDA award therefore represents a new stage of this collaborative venture in that it moves more explicitly to assist regional teams of scientists and clinical practitioners in the West Midlands and North West regions of the UK. The broader network of contacts these service providers and scientists have already established with other treatment systems in the UK is expected to spread interest in the innovations.

3. Major Objectives

Strategic Treatment Planning (STP) seminars being provided to TCU/IBR collaborators in the US will be adapted for use with UK treatment leaders and planning teams, becoming the cornerstone of this phase of collaboration. While the planning process is evidence-based, it is not about doing more research. Instead, a series of practical questions are considered in the seminar with a group of treatment program leaders who have requested structured guidance from IBR scientists. The seminar includes a hands-on and interactive discussion of how materials like the TCU resources “fit together” and can be implemented to meet customized program needs. It begins with a conceptual overview of addiction treatment process and innovation implementation as a basis for goal-specific discussions with participants about

applications. Several key questions are usually discussed.

a. How can interventions be therapeutically interlaced with assessment results?

The *Summer 2008 Research Report from IBR*, entitled “Revisiting the basics of treatment,” uses the TCU Treatment Process Model to explain how client progress and recovery stages are dependent on a series of cognitive, behavioral, psychosocial, and skill-building developments. The increments *generally* tend to be sequential – admittedly with fine gradations and changes that are not strictly linear – and assessments of client needs and functioning can be used to gauge progress.

Over 20 TCU manuals are available, all based on evidence-based TCU Mapping-Enhanced Counseling concepts. They focus on sequential stages of treatment readiness and motivation, client assessment applications for care planning and progress monitoring, behavioral techniques for improving treatment participation, therapeutic engagement strategies, emotional self-management, dealing with negative (e.g., criminal) thinking patterns, communication skills, developing healthy relationships, sexuality, parenting, HIV/AIDS awareness, and preparing for relapse risks. These manuals have been grouped on the IBR Website into stage-sensitive “clusters” relevant to the treatment process model and provided foundations of the *International Treatment Effectiveness Program (ITEP)* developed originally for use in treatment services in the Greater Manchester region of England. Dr. Day also has incorporated the same concepts into his clinical team applications, BTEI manuals, and into his academic curriculum being developed at the University of Birmingham.

b. What is “TCU Mapping-Enhanced Counseling”?

TCU Mapping-Enhanced Counseling is an evidence-based graphic representation strategy used to visually enhance the counseling process, including the presentation, training, and implementation of TCU intervention manuals (Dansereau, Joe, & Simpson, 1993; Dees, Dansereau, & Simpson, 1994). It is included in SAMHSA’s *National Registry of Evidence-based Programs and Practices* (NREPP), and a conceptual overview of this approach is published in *Professional Psychology: Research and Practice* (Dansereau & Simpson, 2009).

In brief, Mapping-Enhanced Counseling is effective in increasing client motivation, engagement, participation, and retention in treatment by promoting more positive interactions with other clients and treatment staff, both in community-based and correctional settings. Its bases are *node-link maps* used to depict interrelationships among people, events, actions, thoughts, and feelings that underlie negative circumstances and the search for potential solutions.

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

Several TCU manuals on the IBR Website provide guidance for applying mapping techniques in group and individual counseling using a variety of structured and free-flow formats to increase treatment motivation, readiness, and engagement of clients.

c. What kinds of client assessment measures are needed?

TCU Forms include several major client and program measures conceptually linked to the TCU Treatment Process Model. Historically, they were developed in response to assessment needs of treatment clients and programs participating in a series of early NIDA-funded research projects. Treatment settings have included community-based outpatient methadone and drug-free services, prison-based treatment, and intensive residential care. Clients have included men and women, sometimes with children, reporting a wide variety of drug use histories and legal involvement (such as in-prison treatments and diversion programs for parolees or probationers).

With modest adaptations (including language and cultural translations), these self-report assessments have been shown to be applicable across diverse settings. They have been designed to be highly focused, practical, and flexible in order to meet the needs of “real-world” programs. As core tools in a continuing research program for improving treatment resources, revisions and refinements enable “generic” applications *across* treatment settings. Drs. Ed Day and David Best have already adapted some of these assessments for the UK (see Best, Day et al., 2009; Simpson, Rowan-Szal et al., 2009).

d. How is organizational context relevant to innovation adaptation and implementation?

Transferring “evidence-based” techniques into practice is a complicated task which is itself being given systematic scientific study. Organizational climate and readiness for change are especially important to consider, and the TCU Program Change Model (Simpson, 2002; Simpson & Flynn, 2007) offers a conceptual framework that summarizes these and other sources of influence on this stage-based process. The innovation and implementation process properly begins with consideration of program needs and resources, structural and functional characteristics, and general readiness to embrace innovations (Simpson, 2009). Guidelines for conducting agency self-evaluations and defining action plans for addressing system-level changes are described by Simpson and Dansereau (2007).

4. Concluding Comments

This NIDA award is intended to offer “strategic planning assistance” that is user-friendly, building on the efforts of practitioners in the leading WM/NW DAT groups who have transformed TCU resources with UK trademarks. These assessment and intervention resources are innovative psychosocial techniques that build on TCU Mapping-Enhanced Counseling, and they are “free.” Regional teams composed of strategic planners and clinical services leaders responsible for addressing organizational and policy-related issues in the UK will be a priority. When leadership sessions are organized as a “master-class,” *participant learning objectives* for the seminar will emphasize understanding of (1) *adaptive treatment programming* as represented by the TCU treatment process framework, (2) the functional and interdependent roles and applications of client assessments and intervention manuals, (3) core ingredients of the focal system of treatment services represented by the seminar participants, their conceptual integration, and strengths and weaknesses as currently applied, and (4) formulating a strategic planning approach for adopting and implementing innovations that may be needed within the treatment system being represented.

Talented addiction scientists and practitioners in the UK have benefited from past training and encouragement provided by experienced groups like the Texas IBR team. First, this includes developing their own evidence-based treatment resources – sometimes by recalibrating those from the US to match UK staff skill sets, treatment systems in place, predominant drug use patterns being addressed, and unique cultural variations (both for staff and clients). Second, it includes assistance in developing evaluation strategies that help establish a UK-based science infrastructure (such as was the case with NTORS, which benefited from lessons learned in the US from DARP, TOPS, and DATOS). Third, the area of implementation science is currently under construction and projects like this one can help position UK scientists in the research process and simultaneously expand its focus. In return, the reputation of TCU treatment resources also is supplemented by the experience and reputations of Dr. Day and the team of English collaborators.

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