

# Addiction Exchange

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. In this issue, we discuss the NIDA funded research of Dr. Dwayne Simpson and colleagues. He was the keynote speaker at this year's Research and Evaluation conference sponsored by the Mid-ATTC, Virginia Department of MHMRAS, and the Southeastern Rural Mental Health Research Center, UVA. Dr. Simpson has been associated with all three national treatment evaluations funded by the National Institute on Drug Abuse (NIDA) as well as several other projects that focus on *treatment process and outcome*, the focus of his keynote presentation. He provided an overview of these projects and his three decades of studying the general effectiveness of drug treatment, much of which was conducted in community practice locations.

He noted that one of the most consistent predictors of client outcomes is their length of stay in treatment. Therefore, it is important to identify the factors that influence a client to remain in treatment for an adequate period of time. He has found that some of the most important factors associated with retention are motivation, individual problem severity, social pressures, and counselor/program characteristics. One of his recommendations is that programs improve assessments of client needs and progress throughout the treatment process, including their motivation at intake and readiness to change. This could help change the tendency to use "one approach for every client" that has limited treatment effectiveness in the past. That is, treatment effectiveness rates could improve if there is improvement in assessment, which then improves the matching of clients to appropriate treatment based on client problem profiles, individual needs, and motivation. For example, Program B's outcome data may show a better success rate than Program A's but this can in part be attributed to the fact that Program A works with a more difficult client population. When this information is included in the research through better assessment, Program A's success rate may increase. Dr. Simpson recommends that assessment instruments be evidence-based, reliable, practical/affordable, and clinically acceptable.

As a result of this research, Dr. Simpson has developed a method of conceptualizing treatment in phases, including outreach, induction, engagement, treatment, and aftercare. He emphasizes that client needs and progress represent sequential phases and these deserve individualized attention and action. If programs/clinicians adapt interventions to address these differences, the client retention rate tends to improve, thus impacting overall treatment effectiveness. One example is that a cognitive visual representation technique (node-link mapping) can improve client engagement in treatment. Another example is the use of specialized group education materials, with counseling manuals on communication skills for women, communication skills for men, and aftercare transition. Data indicate that the use of these manuals in specialized groups was a significant factor in improving clients' psychosocial functioning and retention in treatment. Other factors that contributed to treatment effectiveness were higher program participation, better therapeutic relationships, family support, and clients' self-reports that needs were being met.

According to Dr. Simpson, his research indicates that "there are sequential therapeutic elements that link together over time to help sustain treatment retention and thereby improve outcomes after discharge." Further information on national treatment outcome findings is available at [www.datos.org](http://www.datos.org). To review excerpts of the manuals discussed and the assessment instruments developed as a result of the research, go to [www.ibr.tcu.edu](http://www.ibr.tcu.edu). All of the materials from his research are considered public domain and are available for general use.

Simpson, D. D., Joe, G. W., Dansereau, D.F. & Chatham, L. R. (1997) Strategies for improving methadone treatment process and outcomes. *Journal of Drug Issues*, 27(2), 239-260.  
Simpson, D. D., Joe, G. W. & Rowan. Szal, G.A. ( 1997) Drug abuse treatment retention and process effects on follow-up outcomes. *Drug and Alcohol Dependence*, 47, 227-235.

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