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# GCC Insider

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We'd love to hear from GAIN users with suggestions for the *GCC Insider*: ideas for articles, questions you'd like answered, and other things you're interested in learning about from us. We also welcome ideas from veteran GAIN users to new trainees about use of the GAIN, such as strategies for maximizing use of the GAIN and its reports, tips on successful implementation, ways to ensure high rates of follow-up, and other findings from the field. All comments, suggestions, and inquiries can be sent to [GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org) or 722 W. Chestnut, Bloomington, IL 61701.

The GAIN Coordinating Center mission: Improving assessment to facilitate evidence-based practices.

## WELCOME TO THE GCC INSIDER

By Michael L. Dennis, Director, GAIN Coordinating Center

I'd like to welcome you to the first issue of the *GCC Insider*, the newsletter of the GAIN Coordinating Center. Most of us at Chestnut Health Systems who work with the GAIN serve the GCC in a variety of roles, including development, training, implementation, coordination, and software support. The GCC began in 2003 with around half a dozen full-time employees, and we worked with fewer than 100 GAIN users. Today we have over 50 full-time employees and work with thousands of GAIN users all across the country (and internationally). All this growth has kept us very busy, and we're glad to have so many GAIN users joining us at such an exciting time.

The GAIN system is designed to serve as a peer-to-peer network, connecting subgroups of clinicians and researchers interested in particular populations, interventions, and issues. It supports clinical agencies and researchers interested in moving toward evidence-based practice by providing a large common dataset for needs assessment, outcome monitoring, and comparison across sites, time, and populations. This network serves to further knowledge across the treatment field and improves practices system-wide. The work you do with the GAIN at your site has benefits far beyond your immediate client base.

The GCC's mission is simple:

### *Improving assessment to facilitate evidence-based practices.*

We strive to improve the quality, effectiveness, and cost-effectiveness of substance abuse treatment across the field. We hold a variety of trainings on how to administer and interpret the GAIN and related tools and instruments. These trainings are held regionally at sites across the U.S. and at the GCC's base of operations in Bloomington, Illinois. In addition to these trainings the GCC also supports implementation of the GAIN, quality assurance, development of new products, and much



more. To facilitate these services the GCC is divided into a series of teams, each of which can help you with various aspects of GAIN use at your site:

- Instrumentation Development
- Clinical Product Development
- Analysis and Publication
- Software Development
- Software Support
- Data Management
- GAIN Administration
- CSAT Product Coordination
- Regional Product Coordination
- Business Development and Management
- GAIN Training and Quality Assurance
- Clinical Interpretation Training

The *GCC Insider* is one of the primary ways that GAIN-related news and information is delivered to users. Included are articles of interest to everyone from new trainees to National Trainers, from certified Site Interviewers to researchers and evaluators, and everyone in between. We welcome ideas for articles from users like you, too—if there's an aspect of the GAIN you'd like to learn more about, let us know.

## FREQUENTLY ASKED QUESTIONS

**Q:** Items S7 and S7a on the GAIN-I are about how many times in the participant's life they've had various kinds of treatment. What do you mean by how many times?

**A:** For item S7, "times" refers to the number of admissions into treatment. If a participant goes from one level of care to another within the same treatment episode, each admission would be counted for item S7 but each level of care would be recorded in a separate row in the S7 grid. For example, if a participant was admitted one time into residential treatment, then stepped down to intensive outpatient and finally to regular outpatient, the correct response for item S7 would be 1, while three different levels of care would be recorded in the S7 grid.

The S7a1-99 treatment items should reflect the grid, not item S7. In the above example the correct responses to items S7a2 (How many of these times were you admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or other drug use problems?), S7a3 (...admitted to an intensive outpatient or day program for your alcohol or other drug use problems?), and S7a4 (...admitted to a regular (1-8 hours per week) outpatient program for your alcohol or other drug use problems?) would all be 1.

*If you have a question about GAIN administration or interpretation, send it to [GAIN-Support@chestnut.org](mailto:GAIN-Support@chestnut.org). We'll answer all and print some in each issue of the Insider.*

## GAIN Help Contacts: GCC Experts at Your Service

The GAIN Coordinating Center serves many different purposes, so sometimes a user can be a little unsure about where to send GAIN-related questions or comments. Luckily, it's a simple matter of matching your question to one of the six groups of GCC specialists, each of which has its own e-mail helpline.

Oftentimes the first contact for people interested in using the GAIN is **GAIN Info** ([GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org)). GAIN Info answers questions about setting up use of the GAIN and maintaining ongoing GAIN projects, including training, licensing, budgeting, implementation, and project maintenance. GAIN Info also acts as a general helpline for people new to the GAIN and can direct questions to the appropriate people. Some typical GAIN Info questions:

- How can we set up the GAIN in our program?
- How can we set up an on-site training?
- How is the GAIN Short Screener used?
- How can I get a license for my site?

**GAIN Support** ([GAINSupport@chestnut.org](mailto:GAINSupport@chestnut.org)) is sort of a next-step contact after a site has established use of the GAIN and begun training staff members on its use. It's used primarily by trainees working toward GAIN certification and by certified GAIN Administrators and Local Trainers. GAIN Support answers questions about all aspects of the certification process and general GAIN administration: next steps in the certification process, submission deadlines, clarifications and inconsistencies, and queries about individual items. Examples of questions for GAIN Support:

- How do I become a GAIN Local Trainer?
- How do I complete the S7 grid?
- When is the deadline for my second GAIN submission?

- Why is ecstasy listed as a stimulant when it has hallucinogenic effects?
- How would I code a paralegal for item V5b?

**ABS Support** ([ABSSupport@chestnut.org](mailto:ABSSupport@chestnut.org); 309.557.1400) is the primary contact for questions about the Assessment Building System, the computerized version of the GAIN, and the forthcoming GAIN ABS program. ABS Support is concerned primarily with setup and use of ABS, which includes licensing, updates, and security. Typical ABS Support questions:

- How can I buy access to the ABS program?
- Why won't ABS let me enter my staff ID when administering a GAIN?
- I'm trying to enter the correct year on item A2a, but ABS won't accept it. Why not?
- How do I export data?

**Data Submit** ([DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org)) is the data submission hotline. Data Submit answers questions about the data submission process, data cleaning, site profiles, the GAIN Record Log (GRL), creating GAIN-related scales and variables in SPSS, and Data Coordinator training. Examples of questions for Data Submit:

- When submitting data, which files do I need to send?
- What does the color-coding mean on my GRL?
- How do I access the FTP site?
- When is the appropriate time to conduct a Treatment Satisfaction Index (TxSI)?
- How do I read my exported data file into SPSS?

**See CONTACTS next page**



## Recent GAIN Publications

Every year, GAIN data gathered in various studies is published in numerous articles and book chapters. Below are some recent GAIN-related publications, some of which were written by the GCC's research scientists. Future issues of the Insider will feature summaries of noteworthy GAIN-related publications, including abstracts, data, and other findings. A continually updated list of GAIN publications can be found at <http://www.chestnut.org/LI/gain/index.html>.

Conrad, K. J., Dennis, M. L., Bezruczko, N., Funk, R. R., & Riley, B.B. (2007). Substance use disorder symptoms: Evidence of differential item functioning by age. *Journal of Applied Measurement*, 8(4), 373-387.

Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.

Dennis, M. L., & Scott, C. K. (2007). Managing substance use disorders (SUD) as a chronic condition. *Addiction Science and Clinical Perspectives*, 4(1), 45-55.

Garner, B. R., Godley, M. D., Funk, R. R., Dennis, M. L., & Godley, S. H. (2007). The impact of continuing care adherence on environmental risks, substance use and substance-related problems following adolescent residential treatment. *Psychology of Addictive Behaviors*, 21(4), 488-947.

Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., & Passeti, L. L. (2007). The effect of Assertive Continuing Care

(ACC) on continuing care linkage, adherence and abstinence following residential treatment for adolescents. *Addiction*, 102(1), 81-93.

Gotham, H. J., White, M. K., Bergethon, H. S., Feeney, T., Cho, D. W., & Keehn, B. (2008). An implementation story: Moving the GAIN from pilot project to statewide use. *Journal of Psychoactive Drugs*, 40(1), 97-107.

Riley, B. B., Conrad, K. J., Bezruczko, N., & Dennis, M. L. (2007). Relative precision, efficiency and construct validity of different starting and stopping rules for a Computerized Adaptive Test: The GAIN Substance Problem Scale. *Journal of Applied Measurement*, 8(1), 48-64.

Rush, B. R., Dennis, M. L., Scott, C. K., Castel, S., & Funk, R. R. (2008). The interaction of co-occurring mental disorders and recovery management checkups on substance abuse treatment participation and recovery. *Evaluation Review*, 32(1), 7-38.

Subramaniam, G. A., Stitzer, M. A., Clemmey, P., Kolodner, K., & Fishman, M. J. (2007). Baseline depressive symptoms predict poor substance use outcome following adolescent residential treatment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(8), 1062-1069.

White, M. K. (2007). Predicting violence in juvenile offenders: The interaction of individual, social and environmental influences. In K. Knight & D. Farabee (Eds.), *Treating addicted offenders II: A continuum of effective practices* (pp. 23.1-23.9). Kingston, NJ: Civic Research Institute.

## CONTACTS continued

The preceding support lines can be thought of as early and intermediate contacts regarding the use of the GAIN. The final contacts, the ones to answer questions about the use of the information collected by the GAIN, are GAIN Evaluation and GAIN Clinical. **GAIN Evaluation** (GAINEval@chestnut.org) is for evaluators, research scientists, and others using GAIN data for research studies who would like advanced information on interpretation and use of the information collected by the GAIN. In addition, researchers can get access to GAIN data by contacting GAIN Evaluation. Some other questions for GAIN Eval:

- What is the reliability of certain scales?
- How do I identify groups of clients for analysis?
- I'd like to study a client group that is too small for analysis at my site. What can I do?
- What other sites have clients like mine?
- Has anyone published a study using the Treatment Motivation Index?

Finally, **GAIN Clinical** (GAINClinical@chestnut.org) provides support for GAIN clinical trainees and clinical use of the GAIN, especially interpretation and use of the computer-generated re-

ports for supporting diagnosis, treatment planning and level of care decisions. Typical questions for GAIN Clinical:

- The GAIN Recommendation and Referral Summary (G-RRS) is diagnosing my client with something that I don't think he has. What should I do?
- The G-RRS says my client is in remission, but I don't think so. What should I do?
- Are there any scales to help determine my client's coping abilities?
- How does the GAIN correlate to DSM and ASAM?

If none of these seem to fit your question, you can write to GAINInfo@chestnut.org and we'll help you find the correct person to contact, usually within 24 hours. If you know the person you want to speak to but don't know their e-mail address or phone extension, you can call 309.820.3543 and ask by name. If you prefer, you can write to us at Chestnut Health Systems, 722 W. Chestnut, Bloomington, IL 61701 or fax us at 309.827.4221. And the GAIN website (<http://www.chestnut.org/LI/gain/index.html>) is always a good source of information. Whatever the question, there's someone available to help.

## Top 10 Signs You've Been to GAIN Training

- 10) The guy at the restaurant says that your table will be ready in 15 to 20 minutes, and you reply, "So would that be 15, 20, or some other number?"
  - 9) Any bowl of alphabet soup seems to contain at least a dozen GAIN-related acronyms.
  - 8) GAIN Support is flattered, but you really shouldn't name them as your insurance beneficiary.
  - 7) The check-in clerk at O'Hare smells the Beer Nuts on your clothes and asks, "How was Bloomington?"
  - 6) You can no longer respond to any-
- one without using card A.
  - 5) ABS Support explains patiently that no, you can't play ABS on your Wii.
  - 4) Arguing with your significant other becomes "clarifying inconsistencies."
  - 3) Kids offering lame excuses for why their homework isn't done? Hit 'em with a MISREP.
  - 2) You find yourself wondering how Phillip is doing.
  - 1) You understood everything in this list.



## Recording Treatment in the GAIN Record Log

by Kate Moritz

The GAIN Record Log (GRL) Excel file is a great tool for recording participant treatment and follow-up information. For sites that complete the GRL, the information entered is used to produce reports for the Center for Substance Abuse Treatment (CSAT), the GCC, and individual site use. The GRL summarizes each participant's complete treatment history and gives statistics (such as breakdowns by treatment type and status) for each site's participants. This article will explain how to most effectively use the Treatment Transition Log (TTL) tab, which compiles this information into an easily viewable format.

Say that you have a new participant, Charlie P., entering treatment. You enter the details of Charlie's treatment (such as his intake, where he was referred from, and the type of treatment he is receiving) into the TTL tab of the GRL. How do you know that the information was entered correctly? As soon as Charlie's information has been entered in the Intake Program Level of Care (INTKLOC) column on the TTL, the Treatment Transition Log Site Report (the next tab in the file) updates accordingly with his information. For example, if Charlie is entering intensive outpatient treatment, and all your other outpatient clients are in intensive outpatient treatment and have been entered correctly on the TTL tab, the TTL Site Report tab should read 100% in row 88, "Intensive Outpatient (9-14 hours per week)." If, however, the intensive outpatient row contains a percentage other than 100%, it indicates a data entry error in the Intake Program Level of Care (INTKLOC) column—you might have made a mistake when entering Charlie's information. To make sure you are entering the most accurate information on the TTL tab, the GAIN Data Management Team suggests checking the TTL Site Report tab frequently each month, or at least before submitting the GRL to the Data Management Team.

Once the Data Management Team has received your site's GRL, the information on the TTL Site Report tab is compiled into an overall TTL Report for your grant. Some

areas that CSAT and the GCC use to determine your site's status and grant compliance include the system engagement rate and continuing-care rate, which are taken directly from the TTL tab in the GRL. The system engagement rate is calculated based on the number of clients who have stayed in treatment from their index admission, including step-up or step-down treatment, for 42 or more days divided by the number of unique persons who were admitted to their index admission at least 42 days ago. (FYI: the 42-day criterion is based on Washington Circle Group's criteria for "engagement," which is actually 6 weeks and 4 sessions.) This criterion is used because it is approximately the median amount of treatment actually received by adolescents in public treatment systems. The continuing-care rate is the percentage of any treatment received (including step-down or step-up) where the client was in treatment for 90 to 180 days after the index treatment. To be in compliance with your CSAT grant, neither the engagement rate nor continuing-care rate should be below 80%.

If on the TTL Report you notice the system engagement rate or continuing-care rate is highlighted pink, orange, or yellow, it indicates that that rate is below your grant's required rate:

- 0% = pink
- 1 to 69% = orange
- 70 to 79% = yellow

The TTL Reports for a grant are always available on the APSS website (<http://www.chestnut.org/LI/APSS>), and a new report is posted each month.

As a CSAT grantee, you have access to a knowledgeable staff at the GCC. Please contact the GAIN Data Management Team at [DataSubmit@chestnut.org](mailto:DataSubmit@chestnut.org) for any questions about how to accurately use and maintain information entered in your GRL.