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The *GCC Insider* is a publication of the GAIN Coordinating Center, part of Chestnut Health Systems' Lighthouse Institute. Edited by Tim Feeney. Photography by Dave Glacinski and Joey Schmitt. Proofreading by Kate Moritz and Kayla Aylward.

We'd love to hear from GAIN users, from new users to experienced National Trainers, 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 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 or 722 W. Chestnut, Bloomington, IL 61701.

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



GCC team in the spotlight: Administration Quality Assurance

Chances are that if you're a GAIN trainee, at some point you'll work with the Administration Quality Assurance (A-QA) team. They currently serve over 50 Center for Substance Abuse Treatment (CSAT) grantee sites as well as 10 independent projects and 3 state and regional projects, all spread across multiple sites, plus many independent agencies. Laine Twanow, Dave Glacinski, and Georgia Larson, GAIN Administration QA Supervisors, oversee every submission that comes in, which is no small task: the number of submissions that the team processes annually has increased about 300% since 2004. They're busy people.

The primary function of the A-QA team is to review submissions from GAIN trainees. Administration trainees record themselves interviewing a participant and then send the recording and the documented hard copy of the assessment to the A-QA team for review. Once the team processes the submission, a GAIN Administration Quality Assurance Associate "puts on [their] headphones and listens to the interview while following along with the paper assessment," as Laine describes it. The A-QA associate makes notes and writes feedback (which averages about six pages) to evaluate the interviewer's skills at using the GAIN assessment, engaging the participant, and documenting responses.

The A-QA team also trains Local Trainers. Laine explains, "Once a trainee has reached Administration certification, he or she can begin working toward Local Trainer certification, where they will train staff at their site to administer the GAIN and draft GAIN QA feedback for their

trainees, and then receive guidance from the A-QA team on areas covered well in their feedback and areas that should be covered further or explained more clearly."

After feedback is returned via e-mail to a trainee, a phone review is often scheduled to provide additional training on aspects of GAIN administration that the trainee might be having trouble with. Each trainee is assigned to a member of the A-QA team, whom trainees can call with questions about administration. A-QA associates also act as mock participants to give instant feedback on a trainee's interviewing skills. The A-QA team's support line, GAINSupport@chestnut.org, answers questions from trainees (and all other GAIN users) about the certification process and general GAIN administration.

As if that weren't enough, A-QA associates also present the major administration, certification, and quality assurance sessions at GAIN trainings (both national and on-site), and they also serve as small-group leaders, acting as the participant in a mock GAIN interview and offering immediate feedback. In addition, A-QA associates are available to act as one-on-one participants at trainings when trainees record mock submissions.

"They're workhorses," says Dave of the team. "They're dedicated to their trainees to ensure that they get the best training possible to help them fully understand the assessment, which helps them provide better care to their patients."

You can contact the team anytime through GAINSupport@chestnut.org with any GAIN administration and certification needs, and you'll be working with some of the best people around.



GAIN licensing basics

by Joan Unsicker

We at the GCC appreciate each of the GAIN users who work toward evidence-based practice by contributing to a large common dataset that serves to further knowledge across the treatment field and improve practices system-wide. Obtaining a GAIN license is the first step in joining this worthwhile effort. There are two documents required in order to be a licensed GAIN user.

First is the GAIN license, a 5-page document detailing the responsibilities of the licensee and Chestnut Health Systems. The licensing fee is \$100 USD for unlimited use within the boundaries of the purposes specified in the license agreement for five years from the date on page 1 of the agreement. The license asks for basic information about the facility such as contact information, grant information (if applicable), and alternate locations where the instrument may be administered. A signature from someone such as a project director or CEO is required.

The other document needed to complete the licensing paperwork is the 1-page usage agreement that obligates the GAIN user to abide by basic research, program, clinical, and certification guidelines. The usage agreement should be submitted along with the completed GAIN license.

Both documents, as well as addi-

tional information about using the GAIN, can be obtained by contacting GAINInfo@chestnut.org. A GAIN license FAQ sheet, available on our website at <http://www.chestnut.org/li/gain>, provides more information at a glance. The completed documents should be returned to Joan Unsicker, Project Associate, Chestnut Health Systems, 720 W. Chestnut, Bloomington, IL 61701. Ms. Unsicker can be reached at 309-820-3543 ext. 83413 or junsicker@chestnut.org and is always happy to answer questions about the licensing process.

Many licensees are funded by grants from agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). At the termination of the grant, agencies have the option of applying for an independent license to continue using the GAIN. If the application is made before the grant terminates, the \$100 application fee is waived. The staff at GAINInfo@chestnut.org is available to help with postgrant opportunities.

We at the GCC welcome questions about licensing or other aspects of using the GAIN. We look forward to working with our licensees and furthering their efforts to provide better treatment for substance users.

FREQUENTLY ASKED QUESTIONS

Item S2x

Q: Since the time frame for 90 days in the community should be the participant's most recent period of 90 consecutive days, what do I do if they have not had 90 consecutive days in the community within the past year?

A: There has been some confusion about this issue. Sometimes it can be difficult to establish a block of 90 days in the community because a participant may have been in and out of controlled environments several times in the recent past, and it may have been some time since they were in the community for 90 consecutive days. Even so, the interviewer should be prepared to go back as long as necessary to get 90 consecutive days when the participant was in the community, even several years before the interview.

The one and only exception is if going back to the most recent 90-day period in the community means going back to a point before the participant started using substances. A young participant, for example, may have begun using at the same time they began going in and out of controlled environments, in which case their most recent 90-day period in the community would have been a time before they used substances at all. In this case, and *only* in this case, should an interviewer put together the largest and most recent blocks of time to total 90 days or to use a 90-day period with the least amount of time in a controlled environment.

Occasionally, trainees have believed that the 90 days in the community had to fall within the 12 months preceding the interview, but this is *not* the case. The error may have evolved out of other guidelines; for instance, *ideally* the participant's most recent 90-day block of time falls within the preceding 12 months, but many participants' circumstances prevent this. (This 12-month guideline is more important to apply to adolescents than adults, since adults tend to have more stable behavioral patterns.) Interviewers should go back as long as it takes to find a 90-day block of time in the community. As mentioned earlier, the exception is if the participant hadn't yet begun to use during the new time frame, in which case the interviewer should use blocks of recent time to get 90 days in the community.



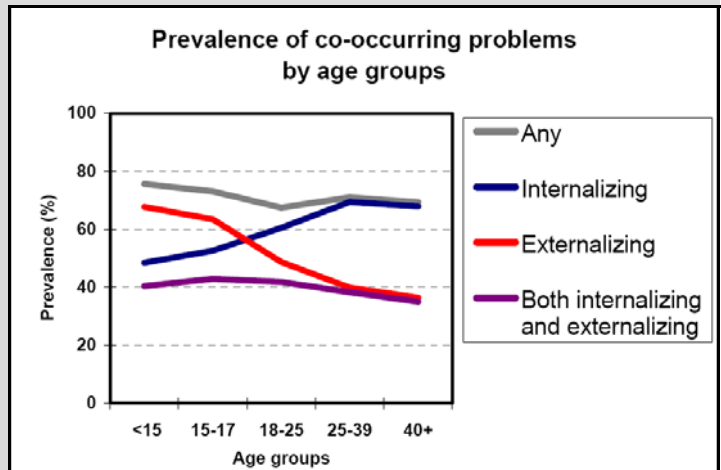
Recent GAIN publications

Chan, Y.-F., Dennis, M. L., & Funk, R. R. (2008). Prevalence and comorbidity of major internalizing and externalizing problems among adolescents and adults presenting to substance abuse treatment. *Journal of Substance Abuse Treatment*, 34(1), 14-24.

In patients presenting for substance abuse treatment, substance use disorders tend to co-occur with mental health disorders, both internalizing (such as anxiety or depression) and externalizing (such as attention deficit or hyperactivity). Chan et al.'s study sets out to investigate patterns of comorbidity by age and substance-use status (abuse or dependence).

The GAIN was used to collect data from 4,930 adolescents and 1,956 adults in 77 substance-abuse-treatment studies. Participants were categorized into five groups by age: younger than 15, 15-17, 18-25, 26-39, and 40+. The sample was 66.9% male and 45.4% Caucasian, and the mean age was 20.1 years. The main GAIN scales used in the analysis were the Substance Problem Scale (alpha of 0.90 for adolescents and 0.92 for adults), the Internal Mental Distress Scale (alpha of .90 for adolescents, 0.96 for adults), and the Behavioral Complexity scale (alpha of 0.90 for adolescents and 0.96 for adults).

Chan et al. found that co-occurring disorders are the norm for people presenting to substance abuse treatment: two-thirds of participants had at least one mental health problem in the year prior to treatment entry. In particular, the prevalence of internalizing problems was found to increase as people get older, while rates of externalizing problems diminish with age. The study also found that while co-occurring disorders were



highly associated with severity of substance use for both adolescents and adults, the associations varied by age: the association was greater for internalizing problems for adolescents, while it was greater for externalizing problems for adults. Furthermore, young adults were found to be most vulnerable to co-occurring disorders.

There are several implications of this research: there is a need to better integrate substance use and mental health treatment; providers should screen for co-occurring disorders early in the treatment process to identify clients with treatable mental health problems; and more research is needed to improve standardized assessment tools for mental health problems and evaluate referral and linkage to mental health treatment.

Coding up!

by Kate Moritz

As many of us have found out, clients have a knack for coming up with new and unexpected situations that don't fit standardized assessments. That's why the GAIN offers an "other" category (usually 99) for many items. However, knowing when to code a response as 99/other can be a little tricky, and often responses that are coded as 99/other would be best coded elsewhere. As a result, your Data Manager may have to send a request for clarification, and your Local Trainer may have to take time to explain how to properly code the item. What a mess.

To help this situation, this article explains techniques on how to match the participant's given response with the most appropriate code in the GAIN.

Often, when there's any doubt about how to code a participant's response, the interviewer chooses to code the response as 99/other. The problem with coding an item this way is that the interviewer has given the item a generic response. That is, what does "other" mean exactly? How can

this response help with better treatment planning and placement for the participant?

Whenever you're inclined to give the response a general code, like 99/other, try first to code up. Begin by rereading the list of possible response choices, because the participant's response may actually be in the list. Let's look at the GAIN-I item P4 (Do you have any physical problems with your vision, hearing, limbs, or any other problems communicating or getting around?). After asking the question, the participant says, "I wear contacts." While "contacts" is not specifically listed, the response choice "limited vision or other vision problems" does fit. Therefore, the interviewer should review the list of possible mentioned responses and code yes (1) for "limited vision or other vision problems" (P4_6).

If after reviewing the possible response choices none seem applicable, ask the participant to clarify. They may be able to explain the situation more clearly and therefore help you

See CODING UP! next page

A teacher is one who makes himself progressively unnecessary.

—Thomas Carruthers

Coding up! (continued from previous page)

enter a more appropriate code. For example, after asking item V11 (During the past 90 days, about how much did you receive all together from each of the following sources?) the participant reports no income for each of the items, yet for V11m (Any other income not previously mentioned) they report receiving money for working in construction. The interviewer should clarify and ask whether the participant considers construction to be legitimate employment, in which case the money received should be entered under V11a (Wages or salary from a legitimate job or business).

Even after you review the response choices and have the participant clarify, sometimes the participant's statement still

doesn't seem to match any of the listed responses. For instance, for item S2t99 (During the past 90 days, did you use alcohol or other drugs somewhere else?), the participant said that they used in a stadium. Coding that response as "outdoors" (S2t7) doesn't quite match, nor does any other listed choice. In this case, coding yes for S2t99 and entering "stadium" in the verbatim field is the best choice.

So remember, when first tempted to code a response as 99/other, reread the given response choices and clarify with the participant before making the final coding decision. Spending a little extra time during the interview will save you and your Data Manager and Local Trainer time (and sanity).

GCC plays softball, keeps dignity

This summer a team of enthusiastic athletes (more or less) from the GCC joined the Bloomington IL Parks & Recreation Co-Rec League for three grueling months of noncompetitive softball. The No-Cost Extensions, fresh from a single sparsely attended Sunday-afternoon practice, started the season at RT Dunn Field in south Bloomington and lurched into their first Wednesday night game, a 21-3 loss to the Wesley Mets. Unbowed, the Extensions regrouped and returned the next week, rested and confident, and were promptly smushed 16-5 by the Lab Rats, a team of Illinois State University professors. After a great deal of soul-searching and some crackerjack coaching (e.g., "No ice cream between games, all right?"), the team improved to less humiliating losses before playing their hearts out late in the season to an incredible 13-13 tie against the X-Factors. Bolstered by this nonloss and a 0-9-1 regular-season record, the Extensions roared into the second round of the playoffs (don't ask about the first) and, in a nail-biter of a game, beat the X-Factors 10-6. *The No-Cost Extensions had won a game!* The team celebrated this historic win with some ice cream between games, resulting in an obliterating 19-1 loss to the Mets and, through the occult mysteries of tournament-bracket math, a fourth-place playoff finish. Interest in the Extensions has been high throughout the GCC, so look for a triumphant return (and a way better record) next year. *Destroy!*



Above: The No-Cost Extensions, beaten twice by university professors. *Professors!*

November national GAIN training to be held in Tampa

by Laura Kelly-Gray

For the first time, a national GAIN training will take place outside Bloomington, Illinois: this fall's national GAIN training (the final national training of 2008) will be held in Tampa, Florida on November 10-13, 2008. The training is being held in Tampa in order to respond to recent trainee requests for national trainings outside Bloomington.

GAIN trainers will include employees from Chestnut Health Systems and GAIN National Trainers in training from Operation PAR. We expect that many of our trainees will be CSAT grantees as well as staff from New Century Institute (NCI) agencies. NCI is a not-for-profit organization, com-

prising six behavioral health centers in Florida, that aims to enhance and improve behavioral health care in Florida and across the country.

As the lead trainer for this event, I am very excited about conducting a GAIN national training outside Bloomington for the first time. The other trainers and I are looking forward to the training week and enjoying the beautiful Tampa weather. For more information and to register for this and other GAIN trainings, please visit <http://www.chestnut.org/LI/gain/GAIN%20Training/index.html>.