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BRIEF COMMUNICATION

Differences in self and independent ratings on an organisational dual diagnosis capacity measure

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Abstract

Introduction and Aims. *There are a number of tools to assist services to measure their capacity to respond to co-occurring substance use and mental health disorders. This study aimed to examine whether services could accurately self-rate their dual diagnosis capacity.* ***Design and Methods.*** *Data were collected from 13 alcohol and drug services across Australia that participated in a comorbidity capacity building initiative. The organisations provided a range of services, including pharmacotherapy and counselling services, residential and outpatient services, youth and adult services and withdrawal. There was a mix of government and non-government services.* ***Results.*** *Services rated themselves substantially higher than the independent raters at both baseline and follow up.* ***Discussion and Conclusions.*** *The results suggest that services may not accurately assess their own capacity. For organisations trying to make improvements in their services, independent assessment may be more helpful than self-assessment in accurately determining service gaps. Overestimation of capacity may lead to failure to address important service needs.* [Lee N, Cameron J. Differences in self and independent ratings on an organisational dual diagnosis capacity measure. *Drug Alcohol Rev* 2009;28:682–684]

Key words: comorbidity, capacity building, organisation change, Dual Diagnosis Capability in Addictions Treatment, PsyCheck.

Co-occurring disorders are common in alcohol and other drug treatment and services are increasingly being called upon to augment their treatment in order to improve their capacity to respond [1].

There are a number of tools to assist services to measure their capacity to respond to co-occurring substance use and mental health disorders, including the Comorbidity Program Audit and Self-Survey (COMPASS) [2], the Integrated Dual Disorder Treatment Fidelity Scale (IDDT) [3] and the Dual Diagnosis Capability in Addiction Treatment (DDCAT) index [4].

These scales differ on a number of dimensions, but most notably on whether they are designed as self-rated measures or fidelity (objective) measures. Self-rating has a number of advantages, including being potentially less threatening for staff and services, especially if they are required to report to funders using such tools. The main advantage of fidelity measures is that they are objective because they are rated by a person independent of the service or clinician and are less likely to be influenced by pressure to appear in a positive light, especially when funding is contingent on outcomes.

The DDCAT index is a fidelity measure designed to assess the dual diagnosis capability of addiction treatment services. The measure has proven to have psychometric properties that are sensitive to change [4].

The aim of this study was to examine differences on the DDCAT of self and objective ratings of service capacity to respond to co-occurring disorders. The data were collected as part of a larger dissemination study evaluating the outcomes of a national comorbidity capacity building initiative (PsyCheck) among alcohol and drug services across Australia.

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Methods

Participants

Data were collected from 13 alcohol and drug services across Australia that participated in a comorbidity capacity building initiative. The organisations provided a range of services, including pharmacotherapy and counselling services, residential and outpatient services, youth and adult services and withdrawal. There was a mix of government and non-government services.

Capacity building intervention

A capacity building intervention using the screening and brief intervention package, PsyCheck [5], was evaluated in 13 services across Australia. The dissemination took a workforce development approach and offered training, guidelines and post training support to service managers, clinical supervisors and alcohol and other drug workers.

Measure

The DDCAT index [4] is a fidelity instrument for measuring alcohol and other drug treatment services' capacity to provide comorbidity service to clients. The DDCAT uses a range of data collection strategies via site visits of the service, including:

- Ethnographic observations of the program milieu and physical settings;
- Focused but open-ended interviews with a range of agency staff;
- Review of documentation such as client records/case notes, program manuals, brochures, intake and assessment procedures, telephone intake screening forms and other relevant materials.

Information from these sources is used to score the 35 DDCAT Index items across seven domains, including program structure, program milieu, assessment and treatment, continuity of care, staffing and training. The definitions of the three DDCAT benchmark scores are:

1 = AOS (addiction only services) AOS programs target services to persons with primary substance use disorders who have no or minimal co-occurring problems.

3 = DDC (dual diagnosis capable) DDC programs offer services to persons with psychiatric comorbidity but who are relatively stable in symptoms and severity.

5 = DDE (dual diagnosis enhanced) DDE programs are programs that can be responses to persons of varying, including severe, level of psychopathology, regardless of acuity or stability.

Scores can fall between 1, 3 and 5 and reflect intermediary levels between the standards established for 1 (AOS), 3 (DDC) and 5 (DDE).

Procedure

Two independent raters considered evidence from the range of sources above to determine a rating for each service. The DDCAT tool was explained to the service managers by the independent raters. The manager was then asked to consider the sources of information required to rate the DDCAT, read the definition of the three DDCAT benchmark scores and rate their own service at that point in time based on this definition. Measures were taken the week prior to the PsyCheck training and 6 months after the training at each site.

Results

Figure 1 shows the differences between service and independent ratings at baseline and follow up.

Services rated themselves substantially higher than the independent raters at baseline. The average independent rating was in the AOS range (2.4), while on average services rated themselves in the AOS/DDC range (3.2). At follow up, the service rating increased substantially, placing them into the DDC range (4), while the independent rating did not change (2.4).

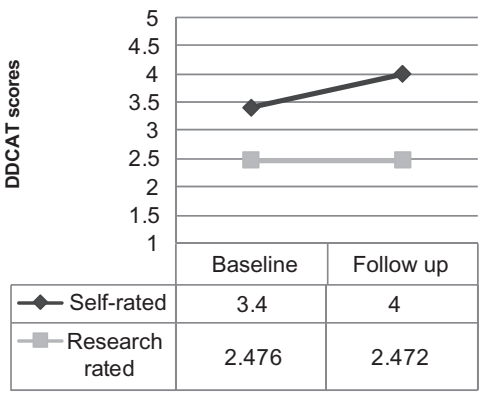

Figure 1. *Difference between service and independent ratings at baseline and follow up on the Dual Diagnosis Capability in Addictions Treatment (DDCAT) index.*

Discussion

The outcomes of this study highlight potential differences between self and independent ratings of service capacity. Services tended to rate themselves higher than an independent rater. These are similar findings to

McGovern *et al.* [4] who found that services consistently rated themselves higher than a researcher on the DDCAT.

This suggests that services may not accurately assess their own capacity and may over-rate themselves. For organisations trying to make improvements in their services, independent assessment may be more helpful than self-assessment in accurately determining where their service gaps lie and in addressing them. Self-assessment may lead to overestimation of capacity and hence failure to address important service needs.

In this study, managers did not use the full DDCAT instrument to rate their services (they used the rating scale only) and ratings were not obtained from other staff. However, with respect to the latter, McGovern *et al.* [4] have previously shown that, within organisations, staff are generally consistent in their ratings. Although the results indicate a potential for over-rating by service managers, a study where both services and the independent raters used the full DDCAT instrument is required. The results do, however, suggest that this as an area worthy of further study. In any future study, a calculation of inter-rater reliability between the independent raters would also be helpful.

Despite some limitations, the results are a reminder to service providers and funders to consider carefully the use of instruments such as the DDCAT and to ensure that they are being used as intended. The cost of employing an independent rater for 2–4 days to undertake the DDCAT may seem prohibitive for some services, but alternatives such as engaging someone from a separate part of an organisation should be considered, especially considering the potential for inaccurate results and the costs of having internal staff offline to undertake the measure.

References

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