IMPROVING CAPACITY OF DRUG TREATMENT WORKERS TO MANAGE CO-OCCURRING MENTAL HEALTH DISORDERS AMONG AOD CLIENTS

Results of the dissemination of the PsyCheck Program

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Introduction

Co-occurring disorders are common in alcohol and other drug treatment and services are increasingly being called upon to increase their capacity to respond.

The PsyCheck program is a manualized screening and brief intervention package designed for AOD workers with no mental health background. The intervention is based on cognitive behavioral therapy (CBT), best practice in both mental health and substance use treatment and focused on the more common high prevalence mental health disorders.

In 2007, a national dissemination based on best practice in the translation of science to practice was evaluated. The workforce development approach included training and guidelines for managers, clinical supervisors and clinicians.

Method

Independent raters completed the DDCAT with 10 services across Australia. Managers rated their service using the same framework. Measures were taken the week prior to, and 6 months after, training.

The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index (McGovern et al., 2007) is a fidelity instrument for measuring AOD services' capacity to provide comorbidity treatment. It uses a range of data including:

- Ethnographic observation
- Focused, open-ended staff interviews
- Review of service documentation

Services are rated on 35 items across 7 domains including structure, milieu, assessment, treatment, continuity of care, staffing and training. The three DDCAT benchmark scores are:
1 = AOS (addiction only service)
3 = DDC (dual diagnosis capable)
5 = DDE (dual diagnosis enhanced)

The findings

Differences in self versus independent rated organisational capacity

Figure 1 shows on average services rated themselves higher than the independent rater at baseline and follow-up and rated themselves improved over time while the independent rater rated no change.

Changes in organisational capacity after training

DDCAT scores averaged across services did not show change pre and post training (Fig 1). Services were divided into three groups, rated by the independent assessors as:

1.Full implementers: successfully implemented the program on a service level

2.Partial implementers: some clinicians used the resources but not the whole service

3.Non implementers: no implementation was obvious

Fig 2 shows changes in DDCAT scores grouped by implementation group. Results show that those who more successful implemented the package improved over 6 months while those that were partial or non implementers had lower DDCAT scores at followup.

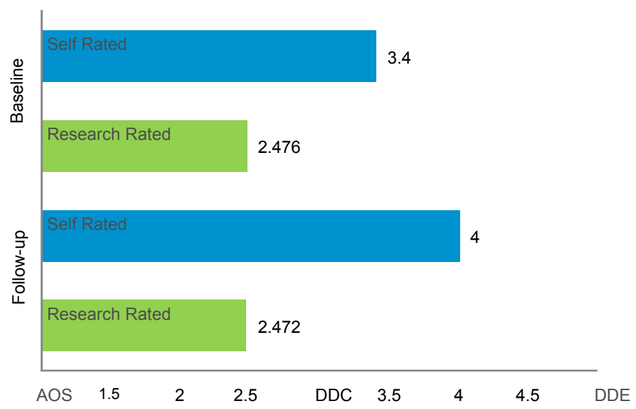

Fig 1: self vs independent DDCAT scores

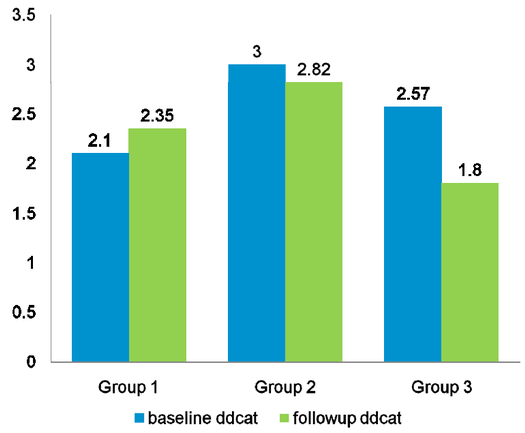

Fig 2: DDCAT score by implementation group

Changes in detection

Two hundred and eighty random files across all sites were audited. Chi-square analyses (with Yates Continuity Correction) showed significant changes in use of screening tool ($\chi 2$ (1) n = 265) = 11.52, p = .001, phi= .217) and mental health in treatment plan ($\chi 2$ (1) n = 265) = 5.40, p = .02, phi= .513) between baseline and follow up. Increases in mental health formulation and brief intervention recording were not significant.

File Audit items	% at baseline	% at follow up
Mental health screen undertaken	57.44	68.21
Treatment plan contains mental health plan	22.70	23.57
Formulation identified mental health issue	17.02	18.57
Evidence of brief intervention for mental health	29.14	36.43

Sandra Roeg, PsyCheck Trainer with the published resources

There was variation in degree of implementation and those that had better outcomes:

- identified and utilized a "champion" at each site who supported the implementation
- persisted with the implementation even when there was initial resistance

Where individuals used the program but a whole of workforce intervention was not implemented, individual clinical practice measures improved but there was little change in organizational capacity measures.

Conclusion

A comprehensive workforce approach appears provide a good basis for improving practice. A randomized trial of these methods is warranted to compare a whole of workforce approach to the traditional approach of clinician training only. A number of barriers to implementation were identified, forming recommendations for future efforts in disseminating such an intervention.