Dual Diagnosis and 'Therapeutic Commitment'

Messages from an Evaluation of a Basic Awareness Training Programme

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STUDY RATIONALE

Dual Diagnosis Definition & Prevalence Rates.

Capability gap among non-specialists.

Challenge to develop cost-efficient, empirically-grounded workforce L&D strategies.

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STUDY AIMS

- To measure programme effectiveness in enhancing participants' 'therapeutic commitment' and related practice readiness.

- To explore the efficacy of operationalising 'therapeutic commitment' as a core conceptual design and evaluation instrument in Dual Diagnosis L&D outputs.

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‘THERAPEUTIC COMMITMENT’

An authentic, respectful ethical stance built upon a robust knowledge and skills base, and a self-belief and confidence in one’s capability to make a positive difference in the lives of service users.

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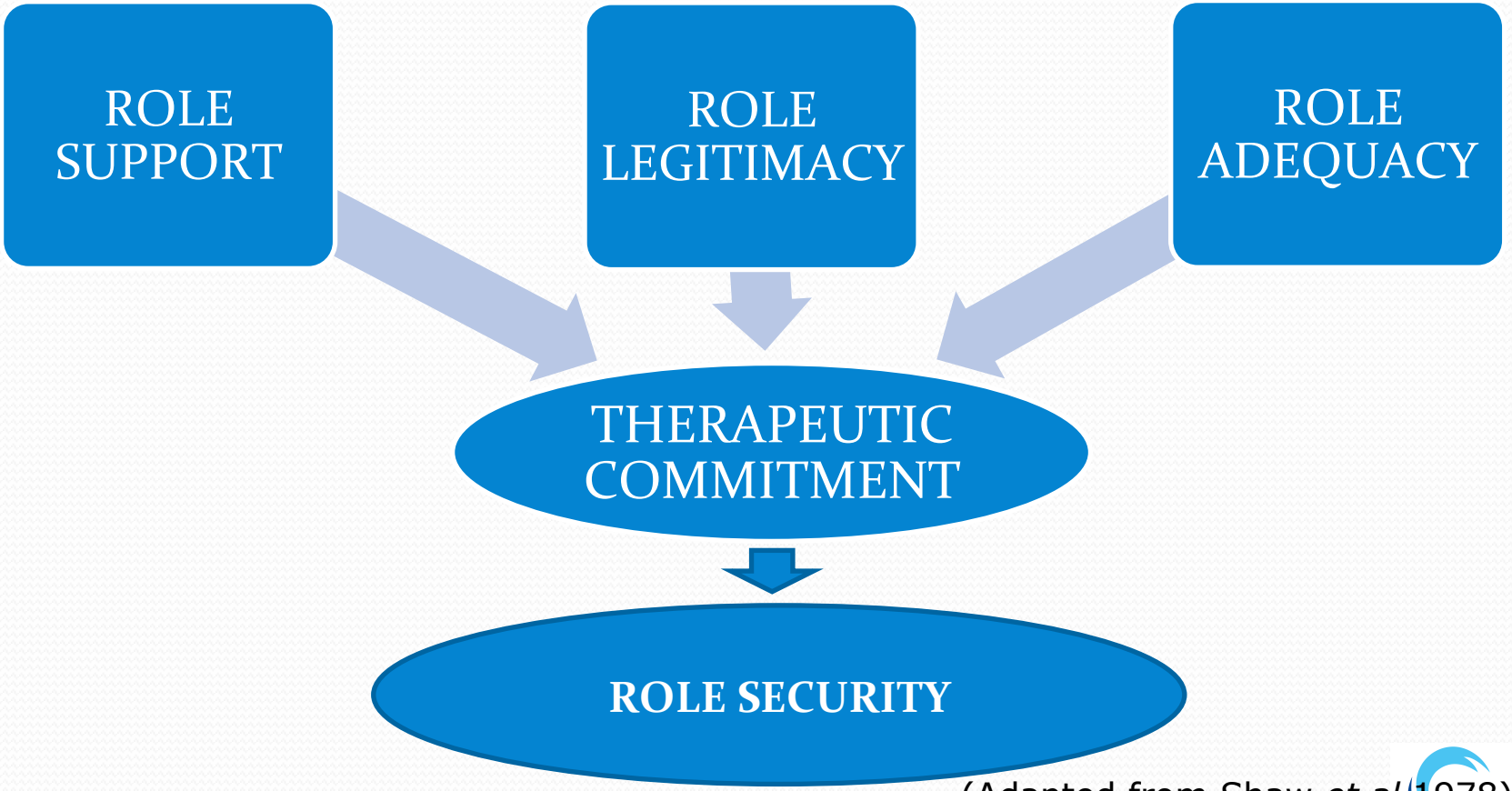
CONCEPTUAL FRAMEWORK



(Adapted from Shaw *et al* 1978)

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STUDY METHODOLOGY

- **Data Collection Method**: 'Dual Diagnosis Problem Perception Questionnaire' (DDPPQ) (adapted from Watson *et al* 2003), with sub-scales premised upon 3 domains of 'therapeutic commitment'.

- **Null hypothesis:** the training programme ('independent variable') will have 'no effect' on participants' 'therapeutic commitment' ('dependent variable').

- **Sample**: 'n' = 49

- **Design**: pre-training (Time 1) / post-training (Time 2) completion of DDPPQ, plus consideration of 'threats to validity' (Cook and Campbell, 1979, p. 99, pp 51 - 56).

- **Analysis**: Time 1 & Time 2 data entered into PSPP data matrix and 'Paired t-tests' (Field et al, 2012 pp 387 – 394) and 'Effect Sizes' (Cohen 1988, Ellis 2010) calculated.

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KEY FINDINGS: TESTS & EFFECTS

	Mean		Standard Deviation		t(48)	Cohen's D
	TIME 1	TIME 2	TIME 1	TIME 2		
Role Legitimacy	17.47	23.02	4.14	3.08	8.98, p < 0.0005	The increase was statistically significant and Cohen's D (1.28) shows a large effect.
Role Adequacy	25.76	39.80	7.38	4.81	13.37, p < 0.0005	The increase *was* statistically significant and Cohen's D (1.91) shows a large effect.
Role Support	26.00	29.98	6.43	4.53	4.64, p < 0.0005	The increase *was* statistically significant and Cohen's D (0.66) shows a medium effect.

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KEY FINDINGS

- The primary objective of enhancing participants' 'therapeutic commitment' and related practice readiness was concretely achieved.

- To bolster practitioners' 'role support', L&D outputs must be combined with policies and procedures to strategically embed collaborative best practice across professional disciplines and agencies.

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SOME STUDY LIMITATIONS

- The use of a 'control group' would have enhanced the study's ability to isolate and more effectively measure the impact of the *independent variable* (i.e. the effect of the training).

- From the perspective of the Kirkpatrick-Barr's outcomes model (SIESWE 2005), the study does not attend to the application of learning to practice (re: behavioural change and practice impact).

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KEY MESSAGES

- The efficacy of 'therapeutic commitment' as a core conceptual design and evaluation instrument was established, therein providing an empirical underpinning to future L&D Practice.

- Utilising this conceptual framework in the future will ensure multifaceted and comprehensive content and evaluation design in Dual Diagnosis workforce development strategies.

- Training alone not a panacea – rather a cohesive synergy based on (A) empirically-tested mix L&D outputs & (B) robust policy and procedural guidance to strategically and operationally embed Dual Diagnosis best practice is required.

- Further research is required to 'test' these assumptions.

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