Dual Diagnosis and ‘Therapeutic Commitment’

Messages from an Evaluation of a Basic Awareness Training Programme

MARTIN CANAVAN & PAUL WEBB

HSCB and HSC R&D Division Social Work Research Conference
Bridging the Gap – Research and Practice
18 February 2016
STUDY RATIONALE

Dual Diagnosis Definition & Prevalence Rates.

Capability gap among non-specialists.

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

ROLE SUPPORT

ROLE LEGITIMACY

ROLE ADEQUACY

THERAPEUTIC COMMITMENT

ROLE SECURITY

(Adapted from Shaw et al 1978)
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.
# KEY FINDINGS: TESTS & EFFECTS

<table>
<thead>
<tr>
<th>Role</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t(48)</th>
<th>Cohen’s D</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Role Legitimacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIME 1</td>
<td>17.47</td>
<td>4.14</td>
<td>8.98, p &lt; 0.0005</td>
<td>1.28</td>
<td>The increase was statistically significant and Cohen’s D (1.28) shows a large effect.</td>
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<tr>
<td>TIME 2</td>
<td>23.02</td>
<td>3.08</td>
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<tr>
<td>Role Adequacy</td>
<td>25.76</td>
<td>7.38</td>
<td>13.37, p &lt; 0.0005</td>
<td>1.91</td>
<td>The increase was statistically significant and Cohen’s D (1.91) shows a large effect.</td>
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<tr>
<td>TIME 1</td>
<td>29.80</td>
<td>4.81</td>
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<tr>
<td>TIME 2</td>
<td>39.80</td>
<td>4.64</td>
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<tr>
<td>Role Support</td>
<td>26.00</td>
<td>6.43</td>
<td>4.64, p &lt; 0.0005</td>
<td>0.66</td>
<td>The increase was statistically significant and Cohen’s D (0.66) shows a medium effect.</td>
</tr>
<tr>
<td>TIME 1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TIME 2</td>
<td>29.98</td>
<td>4.53</td>
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</table>
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.
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).
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.
SELECT BIBLIOGRAPHY


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