

An evaluation of the Dual Diagnosis Reciprocal Rotations Program.

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Dual Diagnosis Reciprocal Rotations

- Implemented by the Victorian Dual Diagnosis Initiative
- Three month placement in other sector
- Supervision by Dual Diagnosis Clinician
- Pre- and post-placement questionnaires filled in by participant, and parent and host organisations, in line with reflective practices research.

Hypotheses

It is hypothesized that:

- 1. The participants will rate higher post-placement in level of knowledge, confidence and ability as compared with pre-placement.
- 2. Parent organizations will report an increase in staff knowledge and abilities post- placement as compared with pre-placement.
- 3. Host organizations will report a higher level of knowledge and abilities post- placement as compared with pre-placement.

Participants

- 19 rotatees aged between 27-55 were recruited by virtue of their applications to be involved in the reciprocal rotations project.
- 17 Parent organisations were recruited by virtue of their employee being involved in the reciprocal rotations project.
- 15 Host organizations were recruited by Dual Diagnosis clinicians local to the area of the agencies involved.

Design

- Descriptive statistics, including means and frequencies, for all three sample sub-groups.
- Repeated measures ANOVA – measuring improvement in level of knowledge, skills and confidence from pre- to post evaluation.
- Pearson Product-Moment correlation coefficients used to investigate the relationship between pre-and post- rotation mental health, alcohol and other drug use and dual diagnosis knowledge, skill and confidence.

Results

- The hypotheses were supported.
- Participants, parent organisations and host organisations all rated higher in dual diagnosis knowledge skill and confidence post rotation, with participants having the greatest benefit.
- Statistically it appeared that AOD services experienced slightly greater benefit than did Mental health, however qualitative data refuted this.

Scores for role in Mental Health, Alcohol and other drug and Dual Diagnosis Knowledge skills and confidence

	Rotatee						Host Organisation						Parent Organisation					
	Pre			Post			Pre			Post			Pre			Post		
	M	SD	n	M	SD	n	M	SD	n	M	SD	n	M	SD	n	M	SD	n
MHKnowledge	14.8	4.21	29	20.0	1.87	19	15.55	7.00	21	19.5	4.82	9	16.60	5.20	23	18.8	3.40	15
Skills	14.6	4.07	29	19.7	2.27	19	15.33	7.12	21	19.5	5.36	9	16.33	5.27	23	18.4	4.00	15
Confidence	14.6	4.04	29	20.2	1.81	19	15.11	7.23	21	19.5	5.36	9	15.46	5.73	23	18.2	4.31	15
AodKnowledge	18.0	5.86	29	20.8	3.46	19	19.33	4.15	21	20.7	3.83	9	21.06	3.12	23	22.0	2.65	15
Skills	17.5	6.09	29	20.5	3.61	19	19.11	4.25	21	20.0	4.50	9	21.00	3.20	23	22.0	2.71	15
Confidence	17.4	6.30	29	20.6	3.72	19	18.66	4.35	21	19.8	4.72	9	20.60	3.56	23	22.0	2.9	15
DDKnowledge	14.3	3.93	29	26.2	3.47	19	20.88	8.20	21	23.4	5.70	9	20.53	5.33	23	23.6	4.09	15
Skills	18.1	3.87	29	26.2	3.61	19	20.66	7.98	21	23.6	6.48	9	20.53	5.09	23	22.7	4.38	15
Confidence	18.2	4.35	29	27.4	3.59	19	20.88	7.67	21	24.0	6.51	9	19.66	5.53	23	23.4	4.58	15

Table 2.

Scores for Host and Parent Sector in Mental Health, AOD and Dual Diagnosis Knowledge Skills and Confidence scores pre and post rotation

		Alcohol and Other Drug Sector						Mental Health Sector					
		Pre			Post			Pre			Post		
		M	SD	n	M	SD	n	M	SD	n	M	SD	n
MHK	Host	16.86	4.72	26	19.36	3.34	19	14.33	5.37	24	19.71	3.45	15
	Parent	14.33	5.37	29	16.86	4.72	16	16.86	4.72	23	19.36	3.45	12
MHS	Host	16.50	4.83	26	19.04	3.60	19	14.19	5.33	24	19.52	3.78	15
	Parent	14.10	5.33	29	19.52	3.78	16	16.50	4.83	23	19.04	3.60	12
MHC	Host	15.86	5.19	26	18.72	3.60	19	14.14	5.38	24	20.04	3.77	15
	Parent	14.14	5.38	29	20.04	3.77	16	15.86	5.19	23	18.72	3.65	12
AODK	Host	19.59	4.33	26	21.50	2.59	19	19.09	5.36	24	21.00	3.89	15
	Parent	19.09	5.36	29	21.00	3.89	16	19.59	4.33	23	21.50	2.59	12
AODS	Host	19.09	4.85	26	21.13	3.25	19	19.04	5.30	24	20.81	3.90	15
	Parent	19.04	5.30	29	20.81	3.90	16	19.09	4.85	23	21.13	3.25	12
AODC	Host	18.82	5.01	26	21.04	3.53	19	18.80	5.45	24	20.86	3.95	15
	Parent	18.81	5.47	29	20.86	3.95	16	18.82	5.01	23	21.04	3.53	12
DDK	Host	20.54	5.42	26	24.07	3.57	19	18.71	5.56	24	25.28	5.05	15
	Parent	18.71	5.56	29	25.28	5.05	16	20.54	5.42	23	24.27	3.57	12
DDS	Host	20.36	5.27	26	23.77	4.07	19	18.57	5.42	24	25.19	5.38	15
	Parent	18.57	5.43	29	25.20	5.38	16	20.36	5.28	23	23.77	4.07	12
DDC	Host	19.77	5.79	26	24.31	4.09	19	18.80	5.34	24	26.42	5.57	15
	Parent	18.80	5.34	29	26.42	5.57	16	19.77	5.79	23	24.31	4.09	12

Improvements were seen in the following areas of practice:

- Identification of MH or AOD Disorder
- Ability to screen for disorders
- Ability to Assess for severity of disorder
- Knowledge of services, and skills in accessing them.
- Knowledge of intake and referral pathways
- Ability to provide integrated treatment for dual diagnosis.

Implications

- The current study has implications for treatment provision in Mental Health and Alcohol and other Drug Services, given that the client bases of the two sectors overlap considerably.
- Positive support for further research to establish improvement of treatment outcomes – importance in the incidence of Dual Diagnoses - the expectation rather than the exception, in mental health clients (Coombes & Wratten, 2007; Croton, 2006; Meuser, 2004).
- It is hoped that this study will inform decisions regarding the extension of the Reciprocal Rotations Project.

References

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