For this month's EBP TIMES, Bryan Knowles, an IDDT Consultant and Trainer here at the School of Social Welfare, summarizes a recently published article about IDDT implementation. While the agency described is not in Kansas, its process, obstacles, and successes can be reflected in the experiences by most any mental health center looking to make a change in their own outcomes.

A recent article in the *American Journal of Psychiatric Rehabilitation* recounts the efforts of a Chicago-based program to implement services for people with dual disorders. An examination of this article is beneficial in that it highlights some important aspects of agency change in general and, more specifically, of facilitative processes when implementing IDDT.

The article describes Thresholds--the agency in question--and the agency’s process of recognizing, exploring, and responding to the unique challenges of providing treatment to people who have both severe mental illness and substance abuse disorders.

The problem was first recognized (in the late 1980’s) in conjunction with an increase in the number of inpatient psychiatric hospitalizations. Senior management at the agency began researching and evaluating program data to determine the cause of the increase. The active use of substances was found to be a contributor. This process of problem recognition at Thresholds contains key components for addressing such issues. First, the agency was examining critical outcomes with an eye toward how such information could lead to potential programmatic changes. Second, and relatedly, when negative outcomes were found the agency did not make assumptions about the cause and did not assume that simple, so-called “common-sense” modifications to their treatment-as-usual service provision would successfully address the problem. The agency methodically explored the data to determine what was contributing to the problem.

Once the problem was identified, the agency explored what could be done to address the...
issue or providing treatment to people with dual disorders. One step the agency took was to create a task force to review the literature and examine the agency’s services to this population. When the first of two eventual task-force reports was produced (1990, the second being 1998), the national literature on dual disorders as we now understand them was just coming into being. There was no IDDT Evidence-Based Practice in existence at that time, but it was becoming clear that separate, parallel treatment of the disorders was not effective. The agency task force sought out this research to inform their evaluation and shape recommendations. As parallel treatment was how Thresholds had historically dealt with the problem (i.e., referring to other agencies for substance abuse treatment), the task force determined that treatment-as-usual was not adequate.

By conducting the evaluation described above, Thresholds evidenced a vital attribute for effective program enhancement: The agency was willing to take a critical look at itself to determine areas of improvement, and the standard by which the agency measured itself was evidence-based.

The agency's response to its finding included establishing a preliminary treatment philosophy and initial changes to services offered, including residential services, training for staff, and a focus on individualized client goals/motivations. As the years progressed, the agency continued to examine and adjust its services. When IDDT was being implemented as a national Evidence-Based Practice, the agency became a project site. This involvement pointed to three important program components that have been mirrored in the implementation literature.

First, the agency appointed staff specifically designated to oversee the changes being made, to monitor outcomes, and to explore the treatment literature for recommended ongoing program enhancement.

Secondly, the agency looked at its approach to establishing staff proficiency in the model. Initially, many staff had been trained in motivational approaches as well as addictions treatment. The article notes a key flaw in this approach: While didactic training was offered to large numbers of people, the agency “failed to provide staff with supervision and in-vivo practice” (p. 99). The method of general training for large groups was eventually seen as insufficient to effect change in clinical practice. An additional focus on supervision was noted in that it became the responsibility of executive level staff to ensure that “program directors are properly supervising and supporting their team leaders” (p. 99), who are in turn responsible for supervising direct service staff.

Third, the article notes that the agency has “learned firsthand how critical it is to use a model and external consultants” (p. 106) in implementing the IDDT model. In this vein, the agency began monitoring and adhering to the IDDT fidelity scale, using the recommendations from fidelity reviews to guide program improvements. This included identifying the strengths and needs of the eight programs implementing the model and tailoring training, consultation, and in-vivo coaching to their individual circumstances.

It has been twenty years since Thresholds began its initial, self-directed examination and improvement of the agency’s approach to working with people who have dual disorders. Several factors have been identified as being key to making enormous strides for its clients:

- The agency was willing to continuously examine its practices to determine necessary
changes.

• Agency leadership turned to the current research to determine which practices were most promising.

• Thresholds made a commitment to quality supervision of the program as a whole and to staff. Supervisor proficiency was targeted at the executive, middle management, and team leader levels.

• Finally, the agency used the IDDT model to evaluate and structure its programming, accessing consultation to enhance the efforts that had been made over the years.

Many thanks to the Thresholds program and the authors who examined the agency’s efforts for sharing the challenges and lessons encountered while demonstrating a commitment to quality, evidence-based services.

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