Development of a Self-report Measure of Dual Diagnosis Capability for Addiction and Mental Health Programs

Kenneth E. Fletcher, Ph.D., Anna Kline, Ph.D., Tara Zandi, B.S., Gregory Seward, MSHCA, LADC-I, Sun Kim, Ph.D., A.P.R.N., Douglas M. Ziedonis, M.D., M.P.H.

**DDCAT Example**

<table>
<thead>
<tr>
<th>ABD</th>
<th>DEC</th>
<th>IMM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. CLINICAL PROCESS ASSESSMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry and substance use diagnoses made and documented.</td>
<td>Psychiatry diagnoses are not made or recorded.</td>
<td>Psychiatry diagnoses made but not recorded in chart.</td>
</tr>
<tr>
<td>II. Psychiatric diagnosis based on medical record.</td>
<td>Not present. Variable by individual clinician.</td>
<td>Specific record on psychiatric diagnosis made by other professional.</td>
</tr>
<tr>
<td>III. Psychiatric diagnosis made and documented.</td>
<td>Service reflected in medical record.</td>
<td>Subsequent psychiatric diagnoses made but not recorded.</td>
</tr>
<tr>
<td>IV. Clinical process.</td>
<td>RR.</td>
<td>2.18 to 2.40.</td>
</tr>
<tr>
<td>V. Service matching based on psychiatric diagnoses usually moderate high.</td>
<td>Service matching based on psychiatric diagnoses usually low.</td>
<td>Service matching based on psychiatric diagnoses usually very low.</td>
</tr>
</tbody>
</table>

**Examples of CODP-BST**

1. Does your program want to develop assessment skills? (Check one)
   - Yes
   - No

2. Does your program want to develop treatment planning skills? (Check one)
   - Yes
   - No

3. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

4. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

5. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

6. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

7. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

8. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

9. Does your program want to develop mental health training? (Check one)
   - Yes
   - No

10. Does your program want to develop mental health training? (Check one)
    - Yes
    - No

**Discussion**

The purpose of this study was to develop and test the psychometric properties of a self-report version of a measure of the capability of addiction and mental health programs to deliver dual-diagnosis services to patients with both substance use disorders and mental health disorders. The measure was developed and tested using a combination of methods, including the administration of a 25-item self-report measure to a sample of administrators and therapists from addiction and mental health programs.

**Methods**

A preliminary version of the self-report measure, titled the Cooccurring Disorders Program Brief Screening Tool (CODP-BST), was developed, consisting of 35-49 items, 25-39 Yes/No questions, and 10 questions with Likert-like responses. This version was used to create a version of the measure that was more time-efficient and could be administered to administrators and therapists to see how well it performs compared to the more time-intensive procedures of the original DDCAT.

**Results**

The results of the experts' ratings of the importance of each question on the CODP-BST was encouraging. Items could be rated 0 = unimportant/irrelevant; 1 = mostly unimportant/irrelevant; 2 = somewhat important/irrelevant; 3 = very important/irrelevant; 4 = crucial. The average rating for each question ranged from 2.18 to 4.00. The average rating for all the questions was 3.06 (sd = 0.45), indicating that on average the experts thought the questions were very relevant and important. Only 1 item had a mean score less than 2.50, and only 1 item had a mean score less than 2.50.

**Conclusion**

We are hopeful that over the next 3-5 years we will be able to complete the revision of the CODP-BST and collect ample evidence of the reliability and validity of our new self-report measure. Such a measure will provide a powerful tool for addiction and mental health programs to assess their own capacities, to provide integrated treatment for co-occurring disorders, and to make decisions regarding their strengths and where they might most effectively concentrate their efforts to improve their co-occurring disorder treatment services.