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

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Comments
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**Methods**

A preliminary version of a self-report measure titled, the Cooccurring Disorder Program Brief Screening Tool (CODP-BST), was developed, consisting of 35-49 items, 25-39 Yes/No Questions, and 10 questions with Likert-type responses. The version was sent to experts in the field who had agreed to provide feedback on the questions regarding the importance and relevance of each one, as well as provide written comments, criticisms, and suggestions for each one. Completed responses were received from 10 experts. We are in the process of reviewing some of the questions and asking about 15 more to start to let the CODP-BST handle the questions on the CODP-BST as possible. We are in the process of training raters to administer the CODP-BST to programs in addition and mental health around the state, where we will also ask administrators and clinicians in the programs to complete the CODP-BST. That way we will be able to examine the reliability, factor structure, and validity of the CODP-BST.

**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/relevant, 3 = very important/relevant, or 4 = Crucial. The questions rated from 1-4, with the overall rating of the questions ranging from 1.18 to 4.00. The average rating for all the questions was 3.06 (sd = 0.45). This average rating is greater than 2.50, indicating that on average the experts thought the questions were very relevant and important. Only 1 item had an average rating less than 2.50, and of those only 13% had a score less than 2.50.

We are hopeful that over the next 6-12 months 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 candidates’ capacity to provide integrated treatment for co-occurring disorders, and mental health problems. It will also allow users to determine where their strengths lie and where they might mostly effectively concentrate their efforts to improve their co-occurring disorder treatment services.