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

Kenneth E. Fletcher  
*University of Massachusetts Medical School*

Anna Kline  
*University of Medicine and Dentistry of New Jersey*

Tara Zandi  
*University of Massachusetts Medical School*

*See next page for additional authors*

Follow this and additional works at: [https://escholarship.umassmed.edu/psych_cmhsr](https://escholarship.umassmed.edu/psych_cmhsr)  
Part of the Health Services Research Commons, Psychiatric and Mental Health Commons, Psychiatry Commons, Psychiatry and Psychology Commons, and the Substance Abuse and Addiction Commons

Repository Citation  
Fletcher, Kenneth E.; Kline, Anna; Zandi, Tara; Seward, Gregory; Kim, Sun; and Ziedonis, Douglas M., "Development of a Self-report Measure of Dual Diagnosis Capability for Addiction and Mental Health Programs" (2007). Systems and Psychosocial Advances Research Center Publications and Presentations. 627.  
https://escholarship.umassmed.edu/psych_cmhsr/627

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Systems and Psychosocial Advances Research Center Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Development of a Self-report Measure of Dual Diagnosis Capability for Addiction and Mental Health Programs

Authors
Kenneth E. Fletcher, Anna Kline, Tara Zandi, Gregory Seward, Sun Kim, and Douglas M. Ziedonis

Comments

This poster is available at eScholarship@UMMS: https://escholarship.umassmed.edu/psych_cmhsr/627
## 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.

### Methods

A preliminary version of a self-report measure titled, the Cooccurring Disorders Program Brief Screening (CODP-BST), was developed, consisting of 30-40 items, 25-30 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, concerns, and suggestions for each one. Completed responses were received from 10 experts. We are in the process of rewriting some of the questions and adding about 35 more to the CODP-BST to allow the questions to be used in the on-site version as well. We are in the process of training raters to administer the CODP-BST to programs in addition and specific sections. One of the experts is a researcher who will be evaluating the reliability 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/irrelevant; 3 = very important/irrelevant; or 4 = Crucial. A question with a rating less than 3.4 would be deleted. The average rating for the entire set of questions was 3.06 (SD = 0.45), indicating that on average the experts thought the questions were very relevant and important. Only 4 questions were rated lower than 2.5; and of these only 1 of 25 questions was deleted.

### Contact Information

Kenneth E. Fletcher, Ph.D.
Email: kenneth.fletcher@umassmed.edu

Tara Zandi, B.S.
Email: tara.zandi@umassmed.edu

#### CODP-BST Example

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prior to admission, does your program screen for addiction problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prior to or at admission, does your program use a standardized instrument?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If yes, does your program use the Addiction Severity Index, GAIN, or other standardized instrument?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If yes, which one:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your program conduct a comprehensive assessment for addiction problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. After admission, does your program conduct a comprehensive assessment for addiction problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Can provide care to persons with moderate to high acuity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Can provide care to persons with low acuity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are patients on methadone allowed into your program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 capability and capacity to provide integrated treatment for co-occurring disorders, and mental health problems. It also allows them to continually assess their strengths and where they might most effectively concentrate their efforts to improve their co-occurring disorder treatment services.