

Background

Comorbid mental health and substance use problems are highly prevalent in substance use treatment settings¹.

Clinicians trained in provision of substance use interventions may not be trained in the identification or management of mental disorders nor see this as part of their role¹.

Relatively little research has examined the adoption and implementation of evidence-based practices in the drug and alcohol sector¹.

If the implementation process is not properly evaluated, it is not possible to tell whether poor treatment outcomes are due to the intervention or the way it was implemented².

The Consolidated Framework for Implementation Research (CFIR)³ has been recommended for use in the drug and alcohol field⁴.

The Pathways Comorbidity Care (PCC) Project

The PCC Project is the evaluation of a multi-modal training program that was implemented to encourage an integrated management approach to improve clinicians' capacity to identify and manage comorbid substance use and mental health outcomes. This program was delivered within the context of the Health System, in Drug Health Services (DHS) across New South Wales.

Aims

The current study evaluated the implementation of the 'Pathways to Comorbidity Care (PCC)' project using the CFIR³.

Method

Data was collected at the following time points:

- 3-month
- 6-month
- 9- month
- 12- month (Interview regarding barriers and facilitators of PCC)

Methods

PCC Package:

Component	Mode of delivery	Format
Online portal	Web based	Ongoing access to the online PCC portal, which provided resources, online manuals, links to reputable websites, and webinars.
Seminars	Face-to-face	Thirty mins recorded seminar per content area, placed in a 1–2 day face-to-face block symposium provided by a senior clinical psychologist.
Group workshop coordinated by the Clinical champion	Face-to-face	Individual clinician nominated by local team to advocate for project and provide point of contact; 2-hour training session preceding group workshops plus ongoing consultation when required. Workshops: 45–60 mins per fortnight over 12 weeks
Individual clinical supervision	Telephone	Individual clinical supervision: 1 case per client presented for supervision over 12 weeks

Participants

A total of **n=20** clinicians received the **intervention** and completed all follow-up points.

Clinicians from Gosford DHS (Inner Regional)

Clinicians from RPA Hospital DHS (Major City)

Clinicians from Port Macquarie Hospital DHS (Outer Regional)

Consolidated Framework for Implementation Research (CFIR):

The CFIR consolidates the terms and concepts generated by implementation research into five domains of influence:

- intervention characteristics
- outer setting
- inner setting
- individuals involved, and
- the implementation process

CFIR Qualitative Analysis:

- Qualitative data were gathered from questionnaires at 3-month, 6-month and 9-month time points, along with the information from the semi-structured interviews conducted at 12-months.
- Interview data was transcribed and coded using NVivo software
- Coding was informed by Thematic Analysis
- Coded data was categorized and rated using the CFIR framework

Preliminary results

Intervention Characteristics

Intervention Source	+1
Evidence Strength and Quality	+1
Relative Advantage	0
Adaptability	-1
Trialability	M
Complexity	+1
Design Quality and Packaging	+1
Cost	M

Outer Setting

Patient Needs and Resources	+1
Cosmopolitanism	0
Peer Pressure	0
External Policy and Incentives	M

Inner Setting

Structural Characteristics	M
Networks and Communications	-1
Culture	M
Implementation Climate	0
Tension for Change	M
Compatability	M
Relative Priority	M
Organisational Incentives and Rewards	-1
Goals and Feedback	0
Learning Climate	+1
Readiness for Implementation	M
Leadership Engagement	+1
Available Resources	0
Access to Knowledge and Information	+1

Characteristics of Individuals

Knowledge and Beliefs about the Intervention	0
Self-efficacy	+2
Individual Stage of Change	-1
Individual Identification with Organisation	M
Other Personal Attributes	-2

Process

Planning	0
Engaging	-2
Opinion Leaders	0
Formally Appointed Internal Implementation Leaders	M
Champions	+1
External Change Agents	M
Executing	0
Reflecting and Evaluating	0

Constructs were rated on a scale from -2 (a negative influence on the organisation) to +2 (a positive influence on the organisation) or M (missing)⁵.

Preliminary conclusion

CFIR provided a useful framework for appraising components that may influence implementation of a multi-modal training package to improve management of comorbid mental health and substance use and to elucidate what adaptations may be needed for translation into drug and alcohol settings.



References

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