Abstract

Individuals with co-occurring illnesses are at risk for poor outcomes related to criminal justice, hospitalization, housing, and employment. High fidelity evidence-based practice models, including Integrated Dual Disorder Treatment (IDDT), are associated with significant improvements in outcomes. Implementation of IDDT is measured using a 26 item fidelity scale. In Michigan, IDDT has been altered by adding peer specialists, people with lived experience with mental illness and substance use disorders, to treatment teams in some of 68 IDDT teams and 122 fidelity reviews. IDDT fidelity improved significantly over time (F(6, 115)=6.60, p<.001), even with the systematic addition of peers to the IDDT workforce. Almost 85% of teams had a peer, and 33% of reviews included a full-time peer. Having a full-time peer on the IDDT team was significantly associated with higher total fidelity scores (F(2, 30) =6.40, p<.01). The addition of peers as part of interdisciplinary care has promise to impact high quality services for people with co-occurring illnesses. Implications for team composition and future research are discussed.

Methods

Study Sample:
- Fidelity review data of all IDDT teams in Michigan from 2006-2012 (122 yearly reviews, 68 teams)
- Peer team member data self-report from IDDT team leaders (33 reviews, 20 teams)

Variables:

- Type: Peer, Off-Peer
- Variable Name: Measurement / Triage
- Outcome: Peer FTE, On-Peer
- Outcome: Total Fidelity, Continues
- Outcome: High Fidelity, Continues

Statistical Analysis:
- SPSS v. 20, alpha = .05
- Evaluation of univariate frequencies, and bivariate
- T-tests for relationship between peer FTE and fidelity
- Analysis of the variance to examine mean fidelity by peer status and time

Results

IDDT fidelity over time one way ANOVA (N=122) (MiFASi, 2013) [F (6, 115)=6.60; p<.001]

Conclusion

Teams reporting on peers had a peer 84.8% of reviews, and a full-time peer 33% of reviews. IDDT improves over time, even with the alteration of peers. Having a full-time peer is associated with higher fidelity, with a mean in the clinically important high fidelity range.

Study limitations:
- Response rate 27% for peer team data
- Total time staffing could be higher for teams with peers
- Confounding variables or reverse causation possible - high fidelity teams hire peers

Future Research:
- Effect of peers on clinical outcomes directly
- Factorial analysis of peers on individual fidelity items, and individual fidelity items on clinical outcomes
- Qualitative analysis of the experience of being a peer specialist

References


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