Practitioner Clinical Competence and Confidence in Enhanced Illness Management and Recovery (E-IMR) Delivery: Predictors of Client Outcomes?

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**CONTEXT**

Recent years have seen an increased focus on the development and application of evidence-based practices (EBPs) and workforce development in addiction treatment services; however, little research has investigated the successful implementation and dissemination of these practices¹.

Enhanced Illness Management and Recovery (E-IMR) was developed as an adaptation to the Illness Management and Recovery (IMR) model, integrating IMR and Integrated Dual Disorder Treatment (IDDT) to better address the needs of individuals with comorbid serious mental illness and substance use disorders (SUD). Evidence supports both IMR and IDDT as effective and feasible interventions for those with co-occurring disorders (CODs)²; however, little research exists on implementation and outcomes of E-IMR.

It is necessary to examine the relationship between practitioner competence and confidence, and client outcomes following implementation of E-IMR to inform intervention development and validate E-IMR as an effective intervention.

**METHODS**

- E-IMR was implemented at 6 outpatient treatment agencies from Minnesota over the course of 18 months, with a total of 53 practitioners and 149 clients enrolled.
- Practitioner competence was evaluated objectively by expert consultants achieving KALPHA α = 0.97.
- Practitioner self-report of confidence levels.
- Practitioner and client report of client outcomes.

**MEASURES**

**Practitioner**
- The Minnesota Clinical Competency Scale for Co-Occurring Disorders-adapted from the Minnesota Illness Management and Recovery Clinical Competency Scale²
- The Co-Occurring Disorders Practitioner Confidence Scale-adapted from the Self Efficacy5 and Social Work Self-Efficacy Scale6

**Client**
- Illness Management and Recovery (IMR) scale client and practitioner versions²

**DATA ANALYSIS**

- Total and change scores were determined for all scales, data was checked for normality and outliers (n = 56); two extreme values were removed (n = 54).
- For practitioners with 2 ≥ clients, client outcomes were randomly selected (n = 26); normal distribution was reconfirmed.
- Paired samples t-tests were applied to compare pre vs. post total scores.
- Pearson product-moment correlation coefficients were derived between practitioner competence/confidence change scores and client outcome change scores (client and practitioner versions).

**RESULTS**

- Client outcomes on the IMR scale significantly improved pre to post (client: t(25)=3.33, p<0.01, practitioner: t(25)=2.41, p<0.05).
- Practitioner competence and confidence also significantly improved (competence: t(25)=18.24, p<0.001, confidence: t(25) = 4.33, p<0.001).
- Practitioner competence and confidence total change scores were not significantly correlated with client outcomes on the IMR scale (client or practitioner version) change scores.

**CONCLUSIONS**

- Clients improved over time with E-IMR, with both the client and practitioner noting this change.
- Practitioner competence and confidence in providing E-IMR also improved over time.
- Practitioner competence and confidence were not associated with client outcomes, the inverse relationship seen is a consequence of scale rating conventions (see scale figures).
- These results indicate the feasibility of implementing E-IMR as evidenced by improvements by both clients and practitioners, while suggesting a need to refine our measurement of practitioner competence and confidence.
- Post-hoc power analysis performed in G*Power confirmed sample size insufficient for regression analysis.
- The relationship between practitioner competence/confidence and client outcomes could be more complex. For example, preliminary analysis shows that those clients who begin more symptomatic improve significantly less than those that are less symptomatic.
- Current study serves as pilot data. Analyses are noted as preliminary. Future studies would be well served to include a larger sample size and control group, as well as independent assessment of client outcomes rather than relying on self-report.