

Examining the Relationship between Practitioner Competence and Client-Directed Recovery Goals in Enhanced-Illness Management and Recovery

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INTRODUCTION

- Co-occurring disorders (COD) are difficult to treat and individuals with COD often have poor outcomes due to the complex nature of their illnesses. This is further complicated by practitioners unprepared to navigate these complexities^{1,2}.
- Enhanced Illness Management and Recovery (E-IMR) was developed as an integrated approach for treating co-occurring substance use disorder and serious mental illness. E-IMR combines two evidence-based practices, Integrated Dual Disorder Treatment (IDDT) and Illness Management and Recovery (IMR).
- Practitioner competence is essential when delivering and evaluating evidence-based interventions³ and was a primary focus of E-IMR.
- E-IMR relies on client-directed personal recovery goals to drive client motivation for learning information and skills. This process allows the client and practitioner to collaboratively track progress during treatment, requiring a certain level of competence among practitioners.
- The importance of goal setting in clinical care has been established¹; yet, little information regarding client-directed goal setting exists in the literature. Thus, there is a clear need to better understand the association between goal setting and practitioner competence in the treatment of COD.

METHODS

Practitioner Competence

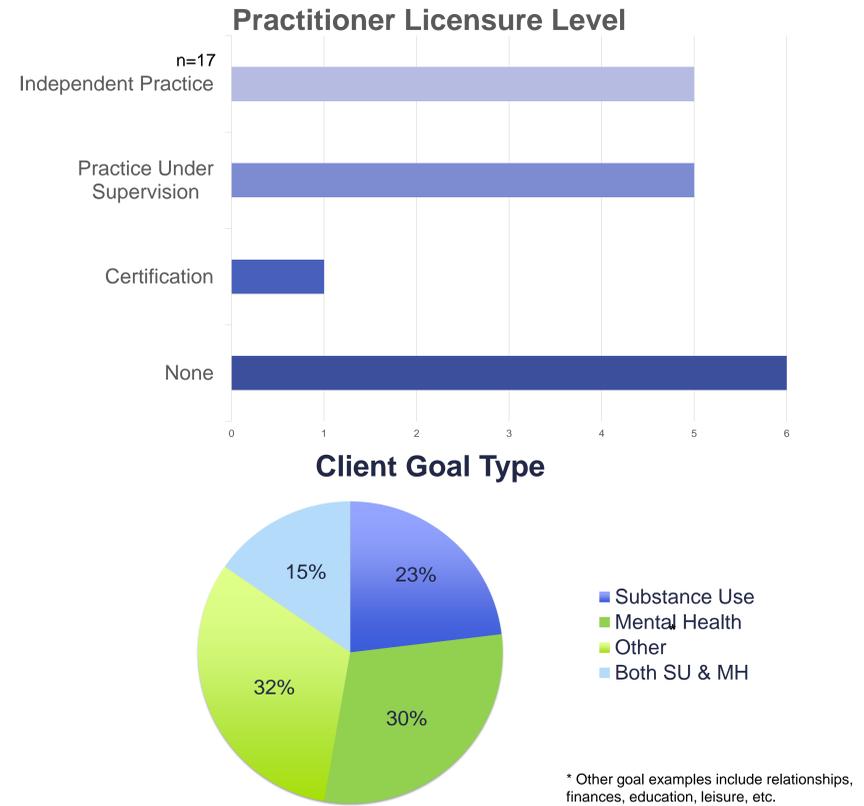
- In a MN pilot study, E-IMR was implemented over 18 months at 6 treatment centers across the state.
- Practitioner competence was assessed using the **Minnesota Clinical Competency Scale for Co-occurring Disorders**, a scale revised from the Minnesota Illness Management and Recovery Clinical Competency Scale⁴.
- Three trained raters achieved an acceptable level of inter-rater reliability ($\alpha > .70$).

Client Goals

- Clients (n=38) completed goal tracking logs which were submitted by practitioners (n=17) as documentation.
- Consumer goals were categorized as mental health, substance use, and other; clients had up to 3 goals listed on their goal tracking log.
- Quality of client goals were evaluated on an ordinal scale from 0-6 using the following elements: specific, measurable, attainable, relevant, time-based and approach vs. avoidance⁵. Average goal quality score was 3.0 (SD=1.02).
- Number of steps set represented how well the practitioner was able to help the client break down their goals. An average of 9.4 (SD=3.56) steps were set per client.
- Goal achievement was determined according to whether or not goals were indicated as fully achieved (21.7%), partially achieved (71.7%), or not at all achieved (6.6%).

References

- Drake, R.E., Mueser, K. T., & Brunette, M. F. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: program implications. *World Psychiatry*, 6(3), 131–136.
- Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. New York: Guilford Press.
- Meyer, P., Gingerich, S., Fox Smith, L., & Mueser, K. T. (2016). *Minnesota Clinical Competency Scale for Enhanced Illness Management and Recovery for Co-Occurring Disorders*. Saint Paul, MN: Minnesota Center for Chemical and Mental Health (MNCAMH), University of Minnesota.
- Fairburn, C. G., & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49(6-7), 373–378.
- Mueser, K. T., & Jeste, D. V. (2008). *Clinical handbook of schizophrenia*. New York: Guilford Press.



ANALYSIS

- Score distributions for variables were all near normal and appropriate for correlational analysis.
- Pearson product-moment correlations were computed between practitioner competence scores and client goal quality and achievement (Table 1).
- A Spearman's rank-order correlation was run to determine the relationship between practitioner licensure level and client goal quality and achievement (Table 2). **There was a strong, positive correlation between practitioner licensure level and client goal quality** ($r_s(38) = .321, p = .049$). Additionally, **there was a strong, negative correlation between practitioner licensure level and the number of fully achieved goals** ($r_s(19) = -.629, p = .004$). A Kendall's tau-b correlation was run and there was a strong, negative correlation between the two variables ($\tau_b = -.579, p = .007$).
- Additional Pearson product-moment correlations were calculated between practitioner years in position and goal quality and achievement (Table 3). **There was a significant, positive correlation between practitioner length of time in role and client goal quality** $r(34), = .383, p = .025$.

RESULTS

Table 1. Pearson Correlation: *Practitioner Competence Scores & Goal Quality / Achievement*

Practitioner Total Competence Score	Pearson Correlation Coefficient	Client Goal Quality (n=38)	Client Goals Not Achieved (n=19)	Client Goals Partially Achieved (n=22)	Client Goals Fully Achieved (n=19)
		0.038	-0.415	0.153	0.339
	Sig. (2-tailed)	0.823	0.077	0.497	0.155

Table 2. Spearman Correlation: *Practitioner Licensure Level & Goal Quality / Achievement*

Practitioner Licensure Level	Spearman's rho Correlation Coefficient	Client Goal Quality (n=38)	Client Goals Not Achieved (n=19)	Client Goals Partially Achieved (n=22)	Client Goals Fully Achieved (n=19)
		0.321*	0.224	0.334	-0.629**
	Sig. (2-tailed)	0.049	0.356	0.129	0.004

**Correlation is significant at the 0.01 level (2-tailed)
 *Correlation is significant at the 0.05 level (2-tailed)

Table 3. Pearson Correlation: *Practitioner Years in Position & Goal Quality / Achievement*

Practitioner Years in Position	Pearson Correlation Coefficient	Client Goal Quality (n=34)	Client Goals Not Achieved (n=18)	Client Goals Partially Achieved (n=19)	Client Goals Fully Achieved (n=18)
		0.383*	0.319	0.062	-0.295
	Sig. (2-tailed)	0.025	0.198	0.802	0.235

*Correlation is significant at the 0.05 level (2-tailed)

DISCUSSION

- The majority of individuals involved in the E-IMR pilot made progress toward their goals.
- The higher the goal quality, the more progress the clients made toward their goals, indicating the importance of goal quality in the treatment of COD.
- Although no relationship existed between practitioner competence scores and client goal quality and achievement, practitioner licensure level and years in position was associated with an increase in goal quality.
- Notably, results suggest a strong negative relationship between practitioner licensure level and fully-achieved client goals. One explanation may be that practitioners with higher levels of licensure delivered treatment without supervision and did not comprehensively track goal progress to fruition.
- Due to the small sample size of this exploratory analysis, further research is needed.

