

## **Relationship between clinician-level attributes and implementation outcomes from the Pathways to Comorbidity Care training program.**

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**Introduction and aims:** The best strategy for increasing the uptake of evidence-based practice might be involve an understanding of relevant clinician-level factors. The Pathways to Comorbidity Care (PCC) training program [1] aimed to facilitate integrated management of comorbid drug and alcohol and mental disorders amongst drug and alcohol clinicians. We hypothesised that uptake of integrated management of comorbidity following the PCC program would be associated with clinician-level: (i) demographics (gender, education, experience), (ii) attitudes (evidence-based practice, therapist manuals, counselling self-efficacy), and (iii) organisational readiness to change.

**Method:** Twenty clinicians participated in the PCC program. Demographics, attitudes and organisational readiness to change were measured at baseline. At follow-up, change in *Comorbidity Practice (CoP)* scores related to integrated comorbidity management were obtained using a file audit checklist and categorised into *high* (at least 60% increase in CoP), *medium* or *low* (a decrease of -20% or less in CoP). Clinician-level characteristics were examined across the implementation categories.

**Results:** There were no significant differences found between implementation groups on demographics ( $p$ 's > 0.30) or attitudes ( $p$ 's > 0.52). The high implementation group demonstrated significantly higher scores on *leadership practices* aspect of organisational readiness to change relative to the low and medium implementation group ( $(F(2, 16) = 3.63, p = 0.05; Cohen's d = .31)$  but not on the other subscales ( $p$ 's > 0.07).

**Discussions and Conclusions:** Implementation of comorbidity training programs for drug and alcohol clinicians may be enhanced when there is confidence that leadership will play a positive role in the implementation process.

**Implications for Translational Research:** These preliminary results suggest that drug and alcohol clinicians' perceptions of their leaders has an influence on implementation outcomes and highlight the importance of engaging leadership in implementation efforts. More broadly, these findings also challenge the notion that clinicians are largely responsible for barriers to implementation.

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## Reference

1. Louie, E., et al., *Implementation of a Multi-Modal Training Program for the Management of Comorbid Mental Disorders in Drug and Alcohol Settings: Pathways to Comorbidity Care (PCC)*. Journal of Dual Diagnosis, 2021. **17**(4): p. 304-312.