

Appreciative PCOMS Peer Performance Support

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- I. List your program's key performance measures/deliverables
 - A.
 - B.
 - C.
 - D.

- II. Describe
 - A. Your least effective interaction so far: Who is the peer, what was the peer's key concern(s) and how do you know this was a 'least effective interaction?'
 - i.

 - ii.

 - iii.

 - B. Your most effective interaction so far: Who is the peer, what was the peer's key concern(s) and how do you know this was a 'most effective interaction?'
 - i.

 - ii.

 - iii.

- III. Write a Progress Note about your most effective interaction from the peer's perspective about the week before your last interaction
 - A. Physical and mental health:

 - B. Most important relationships:

 - C. Most important social roles and opportunities for fun:

 - D. Overall well-being:



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- IV. Four Steps to Appreciative PCOMS Performance Support for currently experienced and cumulative career growth
- A. **Start** by looking at all graphs or lists of peer ORS scores. **Job One:** ensure valid use of the measures & data integrity (V.A. below)
 - B. **Spend** the most time on **at-risk peers:** shape discussion and brainstorm options; look for over-utilization
 - C. **Review** stats on the three key performance indicators (II. below); discuss ways to improve; Engage in **reflection then action**
 - D. **Mentor** for **skill building**, peer teachings & ongoing reflections
- V. Three Key Performance Indicators
- A. Valid initial Outcome Rating Scale (ORS); Duncan, 2014
 - 35+: Invalid initial score – why come to see you?
 - ORS average, 500,000+ administrations: 18-20
 - Goal: Less than 1/3rd over the Clinical Cutoff (25, 28, 32)
 - B. Reliable change index (RCI*)
 - 6+ point increase from the initial ORS
 - C. Clinically significant change index (CSCI*)
 - 6+ point increase and cross the Clinical Cutoff

*Jacobson, N. S., Roberts, L. J., Berns, S. B., & McGlinchey, B. (1999). Methods for defining and determining clinical significance of treatment effects: Description, application, and alternatives. *Journal of Consulting and Clinical Psychology*, 67, 300-307.

*Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. & Jacobson et al, (1999)



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VI. An Appreciative PCOMS Performance Support Conversation Regarding At-risk Peers

- A. What does the peer say about her/his progress?
- B. Is the peer engaged? What do the ORSs/SRSs/GSRSs suggest?
- C. What have you done differently?
- D. What can be done differently now?
- E. What other resources can be rallied?
- F. Is it time for a planned transfer/collateral referral discussion?

VII. Available Appreciative PCOMS Performance Supports

- A. Reflection and self-assessment: PCOMS Report; identify challenges and successes
- B. Peer support: who is doing what that produces better results per the key performance indicators?; discuss challenges & celebrate successes (DCACS)
- C. Quality improvement visits: proficiency feedback, DCACS, and professional development plan
- D. Performance support webinars: PCOMS Reports; DCACS

VIII. Start today!

- A. Use the Individual Recovery Check-in Peer Form, the SCOREBoard and the PCOMS Performance Support Spreadsheet/Better Outcomes Now
- B. Engage in peer performance support
- C. Seek consultation: george@brauchtworks.com

