

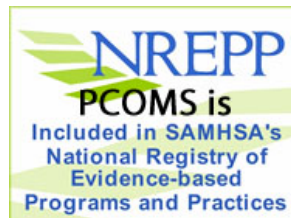


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**Improving Retention, Outcomes and Supervision with
the Partners for Change Outcome Management System
(PCOMS): NAADAC Webinar, March 8, 2017**

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Certified Trainer in the Partners for Change Outcome Management System
(PCOMS) with the Heart and Soul of Change Project
heartandsoulofchange.org



The endless vine: Ancient symbol of
Life, Infinity, or Discoverable Possibilities in
Interweaving Flows of Being and Movement Within and Without




Improving Retention, Outcomes and Supervision with PCOMS

George S. Braucht, LPC & CPCS
 NAADAC Webinar; March 8, 2017

Improving Retention, Outcomes and Supervision with PCOMS

Presented by George S. Braucht, LPC & CPCS



March 8, 2017

Presenter




George S. Braucht, LPC & CPCS
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Brauchtworks Consulting
Applying Science to Practice



Webinar Learning Objectives. Upon completion of this session participants will be able to:

- 1 Explain four research-based factors responsible for client change that cut across professional disciplines and preferred treatment models;
- 2 Assess the client's vital perceptions of recovery progress and satisfaction so that services can be empirically tailored to the individual's characteristics, circumstances, and resources; and
- 3 Use the simple yet feasible, valid, and reliable tools to gather practice-based evidence of service process and outcome effectiveness.




Promoting currently experienced and cumulative career growth

I just want to help people.



- ✓ Experimental-physiological psychology
- ✓ Community psychology
- ✓ Licensed Professional Counselor
- ✓ Certified Professional Counselor Supervisor
- ✓ Certified PCOMS Trainer with the Heart and Soul of Change Project: Dr. Barry Duncan




Key References






Poll Question #1: My primary role is:



- Treatment service provider (counselor, social worker, therapist, etc.)
- Prevention service provider
- Clinical supervisor
- Administrator
- Other
- Apparently I am in the wrong webinar






“
It's never too late to be who you might have been.
”



George Eliot, *Middlemarch*
(Mary Ann Evans, 1819-1880)


PCOMS


Incorporates the most robust predictors of therapeutic success into an outcome management system that partners with clients while honoring the daily pressures of front-line service providers

Five Randomized Controlled Trials (so far!)

Compared to TAU...	Compared to TAU...
<ul style="list-style-type: none"> ✓ More pre-post treatment gains ✓ More clients NOT were retained ✓ Achieved higher satisfaction ratings from therapists & commanders 	<ul style="list-style-type: none"> ✓ Larger treatment gains via ORS ✓ More clients reached reliable change and clinically significant change ✓ Attended more sessions




Poll Question #2: Empathy, genuineness and positive regard are the necessary and sufficient conditions for change.



- True
- False
- Not sure

Empathy, Genuineness & Positive Regard
Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *The Journal of Consulting Psychology*, 25, 95-103.




Lambert (2013) meta-analysis

- Empathy: 57 studies found *r* of .31
- Positive Regard: 18 studies found *r* of .27
- Genuineness: 16 studies found *r* of .24



☞ Each is **more powerful** than any technique that you can ever wield as model differences = *d* of .20

Lambert, M. (2013). Outcomes in psychotherapy: The past and important advances. *Psychotherapy*, 50 (1), 42-51.



Relationship Enhancement Skills to Solicit and Provide Feedback (PINK OARSI)

1. Practice Intentionally Not Knowing
2. Open-ended questions
3. Affirmations/validations
4. Reflections/paraphrases
5. Summaries
6. Information-giving


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See Relationship Enhancement Skills Overview: PINK OARS! at brauchtworks.com/Toolkit

Over 1000 Studies of Relationship Quality or the Therapeutic Alliance

Goals, Meaning or Purpose

Client/Peer's View of the Relationship

Means or Methods

Poll Question #3: What percentage of your clients do not change or deteriorate?

- 10%
- 20%
- 30%
- 40%+
- I don't know

Dr. Michael Lambert Brigham Young University

[youtube.com/watch?v=51alowDL-c](https://www.youtube.com/watch?v=51alowDL-c)

Look and listen for:

1. What percentage of clients:
 - A. Don't change
 - B. Deteriorate
 - C. Improve
 - D. Achieve recovery
2. What to do about treatment failures?
 - A.
 - B.
 - C.

Four Research-based Factors Responsible for Change Across Disciplines and Models

1. Empathy
2. Positive regard
3. Genuineness
4. Feedback ★

ORS

Begin interactions

Jot notes/pics in margins

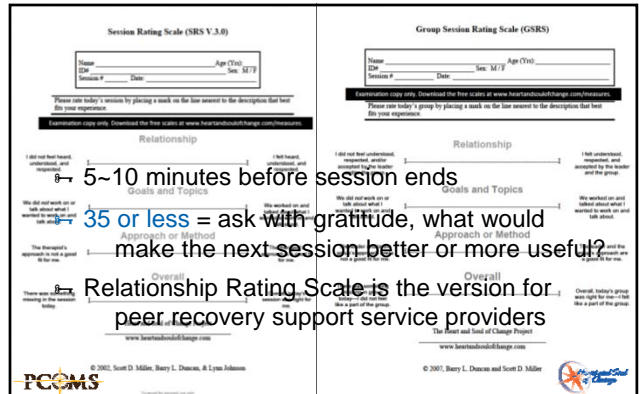
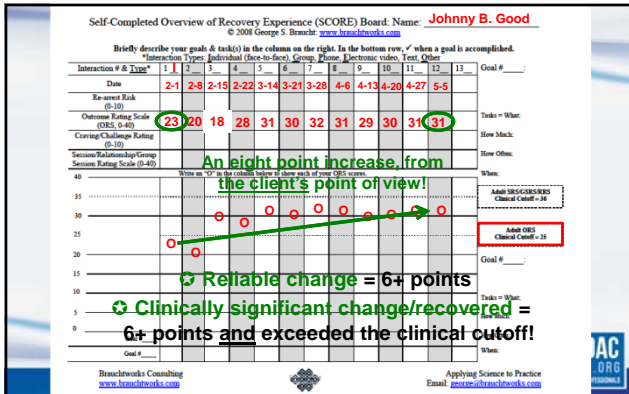
If hand scoring, use the nearest whole number

Discuss total & subscale scores to connect last week's experiences to marks on each line & revise marks to match described experience



Improving Retention, Outcomes and Supervision with PCOMS

George S. Braucht, LPC & CPCS NAADAC Webinar; March 8, 2017



Recovery Action & Progress (RAP) Group Handout

Facilitator's main job: Model PINK OARSI

- 60 minutes: 10 or less participants
- Have blank ORSs (& GSRSS) available before group start time
- Client folders for ORSs, GSRSS, SCORE Board, name tag/tenet, Recovery Capital Scale & Plan, etc.

NAADAC THE ASSOCIATION FOR ADDICTION PROFESSIONALS

Cherokee Tribal Wisdom says upon discovering that you are riding a dead horse, the best strategy is to DISMOUNT and find a new horse. Today however, we often try other strategies.

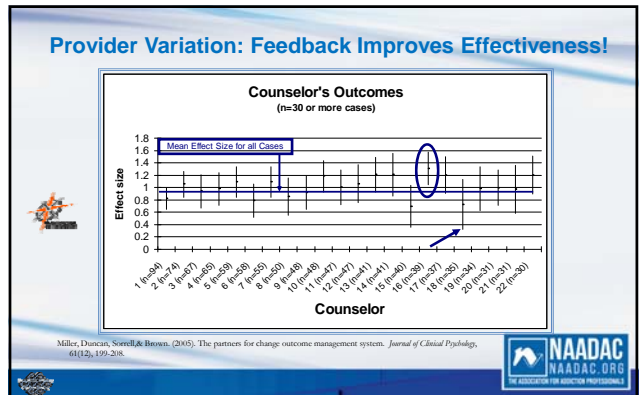
- Buy a new whip because the government says it is an evidence-based practice and they will give us \$\$\$\$.
- Declare that, "This is the way we have always ridden dead horses" or "This is how I learned to ride dead horses and I've gone far so just do as I say" perhaps to "protect your check."
- Appoint a committee to study dead horses and write a white paper on "green" ways to make them faster.
- Arrange visits to far off lands to see how they ride dead horses.
- Attend training sessions on improving dead horse riding abilities.
- Harness several dead horses together for increased speed.
- Mindfully declare that, "No horse is too dead to beat."
- Provide additional funding to buy GMO-enhanced hay.
- Write an organizational strategic plan on, "the horse is better, faster, and cheaper dead."
- Promote the dead horse to a supervisory position.

NAADAC THE ASSOCIATION FOR ADDICTION PROFESSIONALS

Polling Question #4: I experience immediate growth and cumulative career development during or after most supervision interactions.

- True
- False
- I don't know or rather not say

NAADAC THE ASSOCIATION FOR ADDICTION PROFESSIONALS



Immediately Experienced and Cumulative Career Growth: Three Research-based Progress Indicators

- 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)
- Reliable change index (RCI*)
 - 6+ point increase from the initial ORS
- Clinically significant change index (CSCI*)
 - 6+ and cross the Clinical Cutoff


*Jacobson & Truax, (1991) & Jacobson et al. (1999)



Clinical Nuances of the ORS & SRS = Not Perfunctory


- Administering ORS, But Don't Get Its Purpose.
 - Clients/peers must understand PCOMS' purpose (monitoring outcomes & privileging client perspective); Helpers must understand & convey it; no data integrity
- Administering ORS, Using Parts. But not the clinical cutoff or numbers...Use but no continuity; no data integrity
- Administering ORS, Using Some. But not connecting to the client's experience or reasons for service; no data integrity
- Administering the SRS. But seeing it as reflecting competence rather than an alliance building tool; no value added

per-func-to-ry



Appreciative Performance Support/Clinical Supervision: Four steps for currently experienced and cumulative career growth

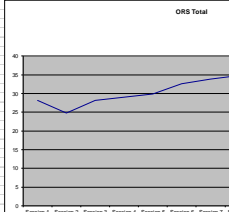

- Start by looking at all client/peer graphs or lists of ORS scores.
 - Job One: ensure valid use of the measures & data integrity
- Spend the most time on at-risk clients/peers: shape discussion and brainstorm options; look for over-utilization
- Review stats & Appreciative Inquiry:
 - What's working
 - Opportunities to improve
 - Ways to improve; Encourage reflection, journaling & action
- Mentor for skill building, client/peer teaching, & ongoing reflection



A Closer Look: The PCOMS Performance Report

brauchtworks.com/toolkit

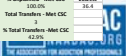
Partners for Change Outcome Management System											
Name:	Johnny B. Good	Start:	3-Jun-14	Peer Recovery Service	Transfer:	Server:	GreatLifeline	Reliable Change Index:	6.6	Clinically Significant Change:	Y
Date:	For Service	Start	End	ORS	ORS	ORS	ORS	ORS	ORS	ORS	ORS
Session 1	4.2	7.8	8.0	8.2	28.2	9.5	10.0	10.0	10.0	38.3	
Session 2	3.1	8.1	8.2	7.8	28.8	9.6	9.8	8.1	7.9	35.4	
Session 3	3.6	7.9	8.1	8.6	28.2	10.0	9.8	9.9	9.8	38.5	
Session 4	4.3	8.2	8.1	8.4	29.0	10.0	9.9	9.6	9.9	38.4	
Session 5	5.2	8.4	7.9	8.4	29.9					0.0	
Session 6	7.8	8.1	8.1	8.8	32.6					0.0	
Session 7	8.8	8.4	8.2	8.4	33.8					0.0	
Session 8	8.8	8.4	8.8	8.8	34.8					0.0	
Session 9											
Session 10											
Session 11											
Session 12											

A Closer Look: The PCOMS Performance Report (cont.)


brauchtworks.com/toolkit

Index	Name	Entry Program	ID #	Milestone	Planned Transfer	Unplanned Transfer	Start Date	End Date	ORS	ORS	# of Sessions	Reliable Change Index (RCI)	Clinically Significant Change (CSCI)	ORS
1	Johnny B. Good	PRS	85282	A			7-Jun-14	11-Mar-14	10.1	29.0	5	7.9	Y	38.3
2	Ben Helms	CRS	12844	P			2-Jun-14	11-Mar-14	10.6	29.0	5	8.4	N	35.4
3	Wesley Hays	WNC	152187	P			20-Mar-14	19-Mar-14	12.5	38.3	9	3.8	N	40.2
4	Scotty Oren	PRS	12844	P			14-Jun-14	19-Mar-14	10.2	29.0	5	7.7	N	28.7
5	Wesley Taylor	WNC	152187	P			14-Jun-14	29-Mar-14	10.6	30.2	2	13.2	N	36.4
6	Wesley Taylor	CRS	12844	P			12-Jun-14	22-Jun-14	10.1	29.0	6	13.6	Y	40.2
7	Wesley Taylor	PRS	152187	U			8-Jun-14	19-Mar-14	11.7	34.2	2	23.5	Y	38.3
8	Wesley Taylor	CRS	152187	A			17-Jun-14	29-Mar-14	10.5	29.6	2	13.1	N	35.4
9	Trudy Yarns	PRS	152187	P			24-Feb-14	28-Mar-14	23.6	31.3	6	7.7	Y	33.8



Data Integrity: Look for...

- 30% or more of Intake ORSs over the Cutoff
 - Client/peer or therapist does not understand the ORS - Role play introducing the ORS during performance support, watch a peer who has better results
- ORSs between 35-40
 - Client/peer or therapist does not understand the measures; Rarely a good score; even mandated clients/peers don't score this high - Role play introducing the ORS during PS, discussing overall and sub-scale scores when they don't match the client/peer's description of her/his recent experience; watch a peer who has better results
- ORS Graph Looks Like a Saw
 - Being used as an emotional thermometer; Client/peer or helper does not understand the ORS - Role play connecting the client/peer's reason for service to the marks on one or more ORS subscales during performance support; watch a peer who has better results





Improving Retention, Outcomes and Supervision with PCOMS

George S. Braucht, LPC & CPCS NAADAC Webinar; March 8, 2017


Participating in Appreciative PCOMS Performance Support

- Self-assessment, reflection and journaling that informs your professional development plan : PCOMS Report, Appreciative Inquiry (AI) questions:
 - 1) What's right with you today.
 - 2) What could be better (improvement opportunities) &
 - 3) What keeps you hopeful (celebrate successes)
- Peer support and e-Meetings: PCOMS Report & AI questions
- Quality improvement visits: PCOMS Report, observations, proficiency feedback, AI questions





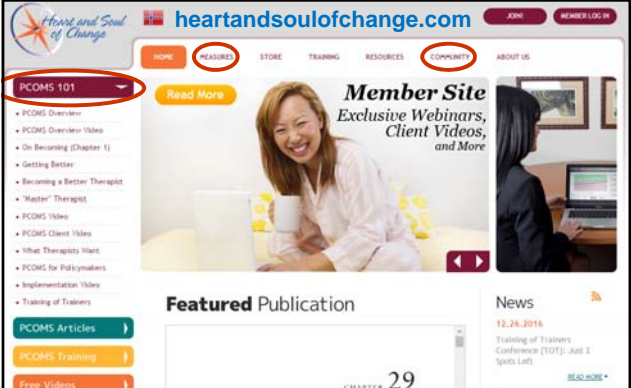
Typical Appreciative PCOMS Performance Support Conversation: The longer without change, the quicker to #7

1. What does the client/peer say about goals/reason(s) for seeking service?
2. What do the ORSs reflect about progress?
3. Is the client/peer engaged? SRSs?
4. What have you done differently?
5. What can be done differently now?
6. What other resources can be rallied?
7. Time to plan for transfer (successfully)?



Non-blaming Transfers: Warm handoff to adjunct services or planned transfers

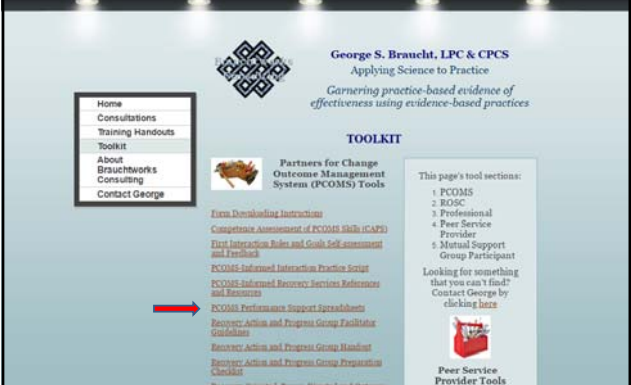
- Not **dumping** clients/peers
- Says nothing about the **helper's** competence
- Says nothing about **client/peer's** ability to change
- Says everything about **doing** something positive and proactive with clients/peers who are not benefiting

Heart and Soul of Change website interface showing navigation tabs (HOME, RESOURCES, STORE, TRAINING, RESOURCES, COMMUNITY, ABOUT US), a dropdown menu for PCOMS 101, and a featured publication section.

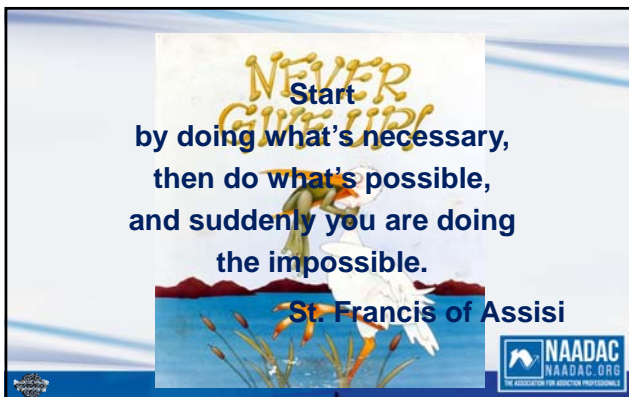
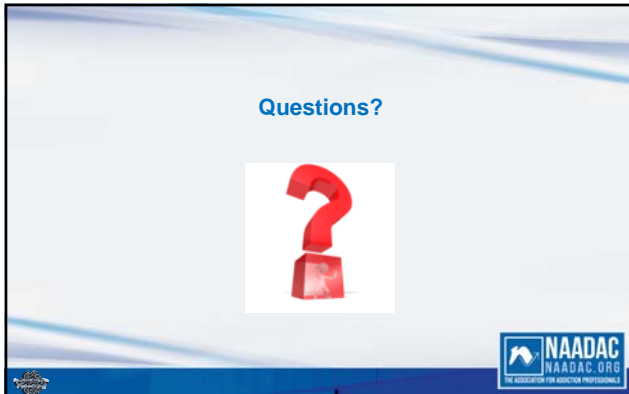


George S. Braucht, LPC & CPCS website showing a navigation menu with 'Toolkit' highlighted, a 'What's New?' section with a red box around a link to a 2016 article, and a list of recent events.



George S. Braucht, LPC & CPCS website showing a 'TOOLKIT' section with a list of resources and a red arrow pointing to a specific link.





Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Sex: M / F

Session # _____ Date: _____

Who is _____
Examination copy only. See www.heartandsoulofchange.com
to download a reusable version.

If other, what is your relationship to this person: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Overall

(General sense of well-being)

I-----I

The Heart and Soul of Change Project

www.heartandsoulofchange.com

© 2000, Scott D. Miller and Barry L. Duncan

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F
Session # _____	Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Examination copy only. Download the free scales at www.heartandsoulofchange.com/measures.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.

I-----I

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

Heart and Soul of Change Project

www.heartandsoulofchange.com

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Self-Completed Overview of Recovery Experience (SCORE) Board: Name: _____

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Briefly describe your goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.

*Interaction Types: **I**ndividual (face-to-face), **G**roup, **P**hone, **E**lectronic video, **T**ext, **O**ther

Interaction # & Type*	1__	2__	3__	4__	5__	6__	7__	8__	9__	10__	11__	12__	13__
Date													
Re-arrest Risk (0-10)													
Outcome Rating Scale (ORS, 0-40)													
Craving/Challenge Rating (0-10)													
Session/Relationship/Group Session Rating Scale (0-40)													

Write an "O" in the column below to show each of your ORS scores.

40													
35													
30													
25													
20													
15													
10													
5													
0													

Goal # _____:

Tasks = What:

How Much:

How Often:

When:

Adult SRS/GSRS/RRS
Clinical Cutoff = 36

Adult ORS
Clinical Cutoff = 25

Goal # _____:

Tasks = What:

How Much:

How Often:

When:



Welcome to our Recovery Action and Progress Group: Glad you're here! 150815

First, complete an **Outcome Rating Scale (ORS)** and update your **SCORE Board**.

Second, review the (A.) **Safety and Respect Guidelines**.

Third, a participant (B.) **Checks-in** with another participant using the (C.) **Relationship Enhancement Skills (PINK OARSI) for Mutually Beneficial Relationships**. Afterwards, that participant Checks-in with someone else. Repeat until every participant checks-in with the group.

Last, about 10 minutes before group ends, complete the **Group Session Rating Scale (GSRS)** then discuss the scores and what will make the next group better. Add GSRS score to **SCORE Board**.

A. Safety and Respect Guidelines

1. Turn off cell phones, computers, etc., & tell someone before you leave the room.
2. Vegas Rules: Say "Vegas Rules" before you say something not to be repeated outside.
3. No fixing! Instead, share what recovery activities have worked for you by saying "I...."
4. What other guidelines will help make this a safe and respectful place for you? Add to flip chart/

B. Check-in. Use the Relationship Enhancement Skills (PINK OARSI) and ask...

1. What's **right** with you today?
2. What is your Outcome Rating Scale (ORS) score?
 - a) What **progress** did you make since your last group on your **recovery goals**? You may show your **SCORE Board**.
 - b) In which area (subscale) did the most improvement occur?
3. What is your highest **craving/challenge level** since the last group, from 0-10, with **0** = No alcohol or illicit drug use or troubling feelings or thoughts about the challenges that brought you to this group occurred; **10** = Used AOD or had challenging feelings, thoughts or behaviors
4. How **safe and sober** is where you are staying tonight? 0 = Not at all; 10 = Completely
5. Would you like **more time** to discuss a topic after everyone has checked in?

C. Relationship Enhancement Skills (PINK OARSI) for Mutually Beneficial Relationships

1. **Open-Ended Questions**: First listen from the position of intentionally not knowing with curiosity, imagination, intuition, and wonder then ask; Who, What, When, Where, How or Why
2. **Affirmations/Validations**: Affirm, validate and show understanding of the other person's perspective and focus on her or his strengths; "You stayed sober last weekend!"; "You avoided..."; "You're concerned about..."; "You learned..."; "You would like for us to..."; etc.
 - Begin with "You...", not "I"
 - Describe observed characteristics and behaviors
 - Avoid problem solving
 - Attribute interesting qualities to the person
 - Focus on strengths or positive attributes that you see, hear and/or feel
3. **Reflections/Paraphrases**: State feelings/thoughts that you heard and/or saw
 - Begin with: "You think (feel)...," "You're wondering if...,"
4. **Summaries**: Short, clear statements that organize the main points that have been said
5. **Information giving**: Use OARS first, ask for permission before sharing as potential options, share how you feel and what you need in this mutually beneficial relationship



Brief Opioid Overdose Knowledge (BOOK) Questionnaire

From: Dunn et al (2016). Brief Opioid Overdose Knowledge (BOOK): A questionnaire to assess overdose knowledge in individuals who use illicit or prescribed opioids. *Journal of Addiction Medicine*, 10 (1), 314-323.

Name: _____ Date: _____

Instructions: For each of the following items, please ✓ whether you believe the answer is TRUE or FALSE. If you are not certain, please ✓ “I DON’T KNOW”.

	TRUE	FALSE	I DON'T KNOW
1. Long-acting opioids are used to treat chronic “round the clock” pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Methadone is a long-acting opioid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Restlessness, muscle and bone pain, and insomnia are symptoms of opioid withdrawal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Heroin, OxyContin, and fentanyl are all examples of Opioids.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble breathing is NOT related to opioid overdose. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Clammy and cool skin is NOT a sign of an opioid overdose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All overdoses are fatal (deadly).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Using a short-acting opioid and a long-acting opioid at the same time does NOT increase your risk of an opioid overdose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you see a person overdosing on opioids, you can begin rescue breathing until a health worker arrives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A sternal rub helps you evaluate whether someone is unconscious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Once you confirm an individual is breathing, you can place him/her into the recovery position.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Narcan (naloxone) will reverse the effect of an opioid overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TRUE	FALSE	DON'T KNOW

Distributed by George S. Braucht, LPC & CPCS
 Website: www.brauchtworks.com; Phone: 404-310-3941; Email: george@brauchtworks.com

Brief Opioid Overdose Knowledge (BOOK) Questionnaire Scoring Instructions

A. Opioid Knowledge Subscale

Items 1, 2, 3, 4: Number of TRUE = _____ divide by 4 = _____%*

B. Opioid Overdose Knowledge Subscale

Items 5, 6, 7, 8: Number of FALSE = _____ divide by 4 = _____%*

C. Opioid Overdose Response Subscale

Items 9, 10, 11, 12: Number of TRUE = _____ divide by 4 = _____%*

D. BOOK Total Score = _____ divide by 12 = _____%**

*4/4 = **100%**; 3/4 = **75%**; 2/4 = **50%**; 1/4 = **25%**

12/12 = **100%; 11/12 = **92%**; 10/12 = **83%**; 9/12 = **75%**; 8/12 = **67%**; 7/12 = **58%**; 6/12 = **50%**