





Improving retention, outcomes and supervision with the Partners for Change Outcome Management System



*Improving retention,
outcomes and supervision.*
**The Partners for Change
Outcome Management System
(PCOMS)**


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**"If we had a keen vision of all that is ordinary
in human life, it would be like hearing the
grass grow or the squirrel's heart beat,
and we should die of that roar which
is the other side of silence."**


George Eliot (Mary Ann Evans). (1872). *Middlemarch*.



David Crosby. (1988). *Compass*.




Gone Green




Training journals/handouts:
brauchtworks.com/training_handouts

Participate in this session's audience polls by logging your smart phone, tablet or computer web browser into responseware.com
Enter as a "Guest"
with Session ID: **pcoms1**




What's Up: 2:30pm – 4:00pm



Upon completion of this session, participants will:

- Explain the four research-based factors associated with change agent effectiveness;
- Use the valid, reliable, feasible Outcome Rating Scale (ORS), Session Rating Scale (SRS), and Self-completed Overview of Recovery Experience Board (SCORE Board) to monitor client/peer progress and program effectiveness



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Promoting personal growth and career development

"I just want to help people."

- ✓ M.S. in Experimental/Physiological Psychology then Community Psychology; Taught first psychology class in 1979
- ✓ Licensed Professional Counselor and Certified Professional Counselor Supervisor: Crisis response, AOD & MH recovery, Social justice, Recovery residences & Peer services
- ✓ Co-founder and Faculty, *Certified Addiction Recovery Empowerment Specialist (CARES) Academy*
- ✓ Curriculum and Faculty Lead, *Texas Recovery Residence Manager Training* and the Recovery Outcomes Institute's *REC CAP Training*
- ✓ GARR Board & NARR Charter Board Member
- ✓ Certified PCOMS Trainer with Dr. Barry Duncan's Heart and Soul of Change Project



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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: 1) partners
with clients, 2) honors the
daily pressures of front-line
service providers and 3)
meets value-based
purchasing demands



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Five Randomized Controlled Trials & Three Benchmarking Studies (so far!)

PCOMS

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 or curiosity
2. Open-ended questions
3. Affirmations/validations
4. Reflections/paraphrases
5. Summaries
6. Information-giving

Relationship Enhancement Skills: PINK OARSI

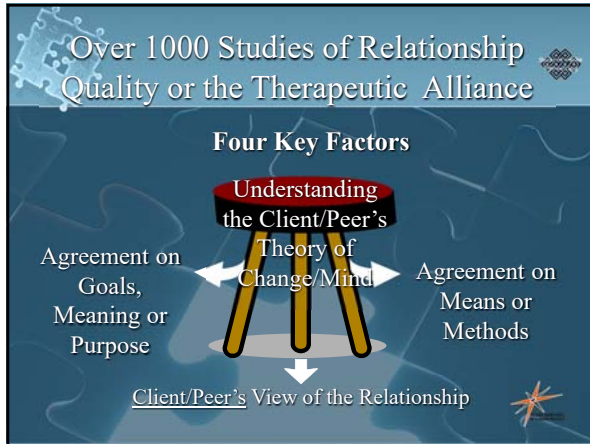
Visit: www.braughtworks.com

Skills	Location	Revisiting
Intentionally Not Knowing		
Open-ended questions		
Affirmations/validations		
Reflections/paraphrases		
Summaries		
Information-giving		

See *Relationship Enhancement Skills Overview: PINK OARSI* at braughtworks.com/Toolkit under "Professional Tools"



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Dr. Michael Lambert
Brigham Young University

[youtube.com/watch?v=-5laIowDL-o](https://www.youtube.com/watch?v=-5laIowDL-o)

Look for:

1. What percentage of clients:

A. Don't change	40-61%
B. Deteriorate	3-14%
C. Improve/Reliable change	20-30%
D. Achieve recovery/Clinically significant change	9-20%
2. What to do about treatment failures?
 - A. Progress alarms
 - B. Clinical support tools
 - C. Patient (sic) feedback

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

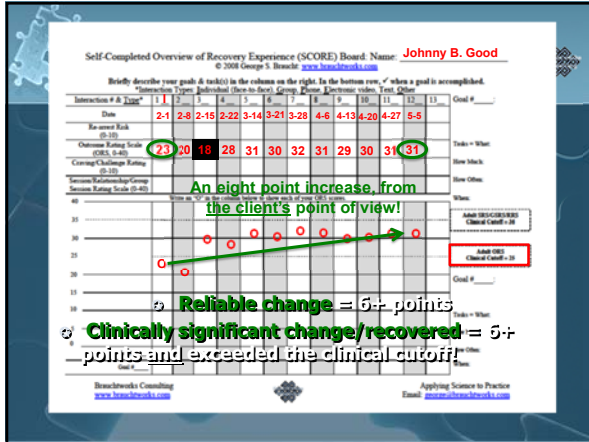
1. Empathy
2. Positive regard
3. Genuineness
4. Feedback ★

ORS

- Begin interactions
- Peer/client may jot words/pics of significant events beside each subscale
- If hand scoring, use the nearest whole number
- Discuss total & subscale scores to connect last week's experiences and reason(s) for seeking service to marks on each line & use PINK OARS! to revise marks to match described experience



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Session Rating Scale (SRS V.3.0)

→ **5-10 minutes before interaction ends**

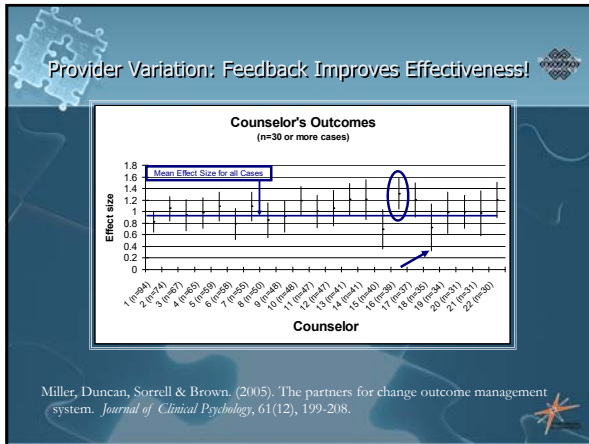
→ **35 or less = ask with gratitude, what would make the next session better or more useful?**

Group Session Rating Scale (GSRS)

→ **Relationship Rating Scale is the version for peer recovery support service providers**

© 2002 Scott D. Miller, Barry L. Duncan, & Lynn Johnson

© 2003 Barry L. Duncan and Scott D. Miller

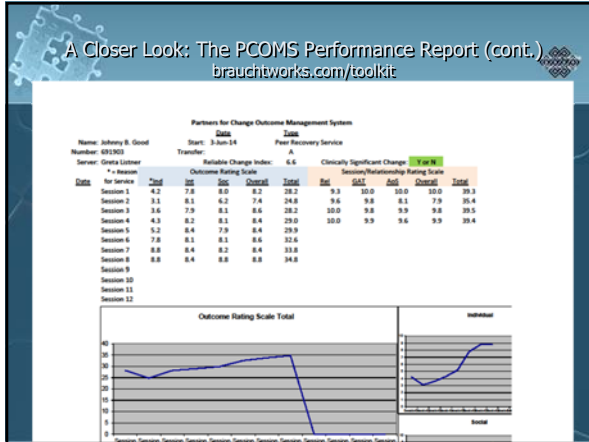


- ### Appreciative Performance Support/Clinical Supervision: Four steps for currently experienced and cumulative career growth
1. **Start** by looking at all client/peer graphs or lists of ORS scores.
Job One: ensure valid use of the measures & data integrity
 2. **Spend** the most time on **at-risk** clients/peers: shape discussions and brainstorm options; look for over-utilization
 3. **Review** stats & use Appreciative Inquiry Performance Support:
 - a. What's working?
 - b. Opportunities to improve?
 - c. What keeps you hopeful moving forward? Encourage **reflection, journaling & story telling with my data**
 4. **Mentor** for skill building, client/peer teaching, & ongoing reflection

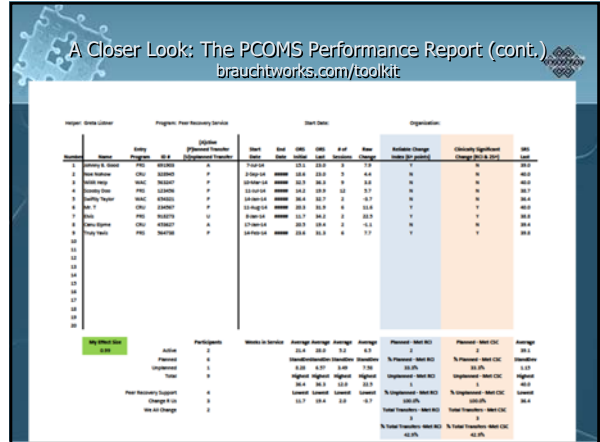


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A Closer Look: The PCOMS Performance Report (cont.)
brauchtworks.com/toolkit



A Closer Look: The PCOMS Performance Report (cont.)
brauchtworks.com/toolkit



Better Outcomes Now



Participating in Self-appreciative PCOMS Performance Support


- #1 Self-assessment, reflection and journaling that informs your professional development plan: PCOMS Report, BON Appreciative Inquiry (AI) questions:
 - 1) What's right with/working well for you
 - 2) What could be better (improvement opportunities) &
 - 3) What keeps you hopeful for moving forward = celebrate successes
- #2 Peer support and e-meetings: PCOMS Report & AI questions
- #3 Quality improvement visits: PCOMS Report, observations, proficiency feedback, Self-assessed competencies and professional development plan



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

1. What does the peer/client say about her/his 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 for one or more successful transfers (referrals)?



How Advantage BHS is Doing PCOMS

1. SAMHSA Technology Assisted Care Coordination Expansion grant: See next slide*
2. Steering team and implementation plan
3. Community Services Board resolution*
4. Initial training: Pilot sites
5. Ongoing performance support/data reviews
6. Early adopters'/champions' training of trainers for expansion to new sites/programs

How Advantage BHS is Doing PCOMS

Technology Assisted Care Coordination Expansion Grant - TI-16-001

Deadline: January 4, 2016

Submission: Online through Grants.gov by ASR (Submitted Opportunity Registration)

Award Ceiling: \$480,000 Funding: Up to \$20,000 per year

Expected # of awards: 10

Grant Term: 1 Year

Purpose: The purpose of the program is to address and/or support the capacity of substance use disorder treatment providers to serve youth and adults with substance use disorders in a meaningful manner that will ensure that they have been implemented and/or have been sustained (e.g., identify, obtain and sustain services, expand service provided activities, etc.)

For the purpose of this FOIA, unredacted or defined as individuals that lack access to treatment due to the local culture, transportation challenges in the community, an unresponsive provider of behavioral health services including availability of program, financial cost of substance use disorder treatment and the ability of their clients to access needed behavioral health treatment services.

The use of technology, including web-based services, smartphone, and behavioral health electronic applications will support efforts enhance the ability of providers to effectively coordinate and provide as evidenced and to be used as needed. The technology may also be used by patients or residents to receive care and necessary services and provide feedback.

Eligible Applicants: Domestic public and private nonprofit entities.

Cost Sharing/Matching: None

Expected Outcomes:

- Training of effective treatment models and models among providers
- Increased engagement of persons in treatment in their health care
- Increased monitoring and tracking the health needs of individuals
- Improvement in retention and outcomes rates

It is expected that the local staff will contribute to the programmatic development in operation of the project as a collaborative, accountable way. The local staff for the program will be the Program Director and Executive.

Advantage Behavioral Health Systems

Coalition with the Board

Foundation on Implementing the Partners for Change Outcome Management System

MISSION: The Partners for Change Outcome Management System (PCOMS) is based on the Substance Abuse and Mental Health Services Administration's National Evidence-Based Practices Program and focuses on the use of evidence-based practices to improve the quality of care for individuals with substance use disorders. The program is designed to be implemented in a variety of settings, including community-based behavioral health centers, etc.

VISION: Several Advantage Behavioral Health Systems' professional and peer service providers who were trained in PCOMS during the Certified Addiction Recovery and Recovery Support for Adult Family substance use disorder treatment, the approach to recovery (i.e., recovery, recovery, recovery) implementation, etc.

MISSION: Advancements and close of leadership centered the existing strategies on PCOMS, national mental health and development of a program that will be implemented that potentially leads to systems-wide implementation, etc.

MISSION: Dr. Bruce L. Porter, PhD, recipient of the 2015 and 2016 National Award for Leadership in the Field of Child Welfare Practice and Co-Founder of the PCOMS, will be the national expert on the implementation of PCOMS in a rapid cycle phase and evidence implementation project.

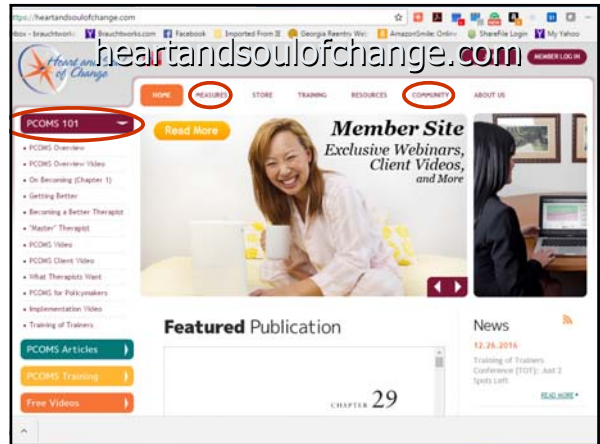
HOW THEREFORE BE IT RESOLVED THAT: The Community Services Board endorses implementation of PCOMS, etc.

BE IT FURTHER RESOLVED THAT: The Community Services Board leads forward to national practice efforts that support the quality and evidence impact of PCOMS, etc.

BE IT FINALLY RESOLVED THAT: This resolution on the implementation of PCOMS includes the following findings and activities, and the Advantage Behavioral Health Systems Community Services Board more forward with ongoing on-site and telephone visits with a copy of the resolution to be provided to the national sessions of the Joint 1st and 2nd meetings of the Board.

David Clark
Board Chair

Advantage Behavioral Health Systems
Community Services Board




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