

Oregon Child Welfare Parent Mentor Recovery-Oriented, Parent-Directed, & Outcome-Informed Services Training: January 17-18, 2012

Oregon Child Welfare Parent Mentor Training



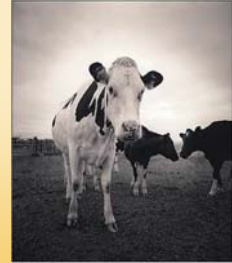
Welcome,
We Are Glad That
You Are Here!



Parent Mentor Training

Objective:

Facilitate each
participant's progress
toward mastery-level
competence and
confidence as a
parent mentor



Learning Resources

- Each person present: peers and supervisors
- PSU and Child Welfare Project Staff
- Name Tent/Tag
- Sign-In Sheet
- **Improvement Questions/Challenges (IQs)**
- **Personal Examples of Recovery Kindness and Strengths (PERKS)**

Pop Quiz!

Choose one answer for each question



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1. Peer recovery support services are based on which of the following?

- a. recovery-oriented systems of care principles
- b. person-directed and outcome informed services principles
- c. fundamental relationship enhancement skills
- d. all of the above
- e. a & c only

2. A(n) _____ may or may not be phrased as questions; builds feelings of empowerment and self-efficacy in the other person, a "can do" attitude; instills hope and the belief that the other person can change or already has changed; and re-orient to the resources that the other person has available.

- a. affirmation/validation
- b. reflective listening statement
- c. summary
- d. open-ended question

3. The first and most important step when working with a peer is:

- a. Point out that Parent Mentors do things a little differently than she/he may be used to because her/his thoughts about how she/he is doing is most important and you'd like to periodically get in touch because she/he will make progress in recovery
- b. Define what s/he means by being in recovery
- c. Determine what needs to change
- d. Tell your recovery story
- e. None of the above is the first step

4. True or False Each of the following is included in an effective recovery elevator speech.

- a. "I'm an addict [alcoholic]" or "I'm a recovering addict [alcoholic]"
- b. An endorsement of a particular pathway to recovery
- c. The most common symptoms of addiction and a definition of recovery
- d. "Addiction is a disease"
- e. "Relapse is a natural part of addiction and recovery"



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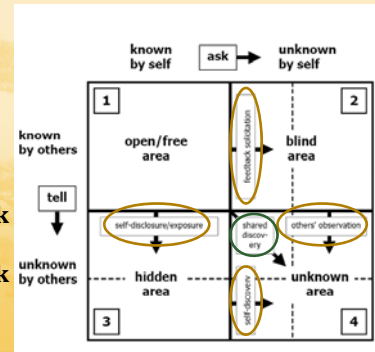
Training Safety & Respect Guidelines

- ☺ Share only what feels comfortable
- ☺ Vegas rules: what's said here stays here
- ☺ Notify someone before leaving the room
- ☺ Turn off cell phones, pagers and other PDAs
- ☺ **No fixing:** share what has worked for you as an option for consideration
- ☺ Other guidelines to make this a safe & respectful place for learning?

The Johari Window of Interpersonal Awareness (1955)

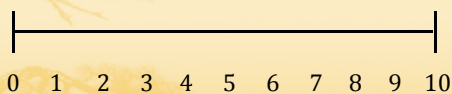
How do top performers and experts develop a mastery level of competence and confidence?

1. Ask for feedback
2. Practice
3. Ask for feedback
4. Practice
- 5...



How much do you like real (role)-playing?

Visual analog scale: Emotions



Rating scale or ruler: Cognitions

Peer Mentors

By virtue of their own lived experience and specialized training, we **support** others going through similar experiences with

- a) competence,
- b) confidence &
- c) compassion =

Professional Recovery Allies



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Peer Mentor Elevator Speech

Talking about Recovery: Messaging from Faces and Voices of Recovery

Faces & Voices of Recovery is very excited to share with you language that you can use to talk with the public and policymakers about recovery from addiction to alcohol and other drugs. This messaging is a result of in-depth public opinion research with the recovery community and the general public. We encourage you to use this "messaging" or language in all of your recovery advocacy if you are speaking out as a person in recovery or a family member or friend.

"This recovery messaging is excellent. Thanks to Faces & Voices of Recovery for its leadership in developing messages to all Americans that clearly and passionately convey the living reality of long-term recovery from addiction." - Bill White, Senior Research Consultant at Chesnut Health Systems/Lighthouse Institute and past board chair of Recovery Communities United.

2001 Survey of the Recovery Community by Peter D. Hart & Associates
88% believe it is very important for the American public to see that thousands get well every year.

2004 Survey of the General Public
A majority of Americans (63%) have been affected by addiction.
A majority (67%) believe that there is a stigma toward people in recovery.
A majority (74%) say that attitudes & policies must change.

2005: 8 focus groups in four cities of the recovery community & the general public

Why We Want To Speak About Recovery With One Voice

Faces & Voices of Recovery has been working to find a way to describe and talk about recovery so that people who are not part of the recovery community can understand what we mean when we use the word "recovery." One of the important findings, from our groundbreaking 2004 survey of the general public, was that people believe that the word "recovery" means that someone is trying to stop using alcohol or other drugs. We realized that we needed to find a way to talk about recovery that would allow us to be clear and believable when describing it in a way that will move our advocacy agenda forward.

There are some important things that we've learned from our research about how to talk with people about recovery:

1. Make it personal, so that we have credibility
2. Keep it simple and in the present tense, so that it's real and understandable
3. Help people understand that recovery means that you or the person that you care about is no longer using alcohol or other drugs. We do this by moving away from saying "in recovery" to saying "in long-term recovery." Also, it is important to talk about stability and mention the length of time that the person is in recovery.

What's Not in the Message

- ✘ I'm an addict (or alcoholic)
- ✘ I'm a recovering addict (or alcoholic)
- ✘ Addiction is a disease, moral problem, genetic condition, etc.
- ✘ Information about a particular recovery pathway (12-step, substance abuse treatment, faith-based services, etc.)
- ✘ A "definition" of recovery

Our Stories Have Power

FACE'S & VOICES OF RECOVERY

Peer Mentor Elevator Speech (cont.)

1. Write it in words that ring true for you
2. Make a video; stand in front of a mirror or and say your speech, then revise (competence, confidence & compassion)
3. Give the speech to someone close to you and ask if it sounds like you
4. Practice it with colleagues at work



Peer Mentor Elevator Speech (cont.)

"I'm [Your name] and I am a person in long-term recovery. That means I have not used [Insert alcohol or other drugs or the name of the drugs that you used] for more than [Insert the number of years] years and I [select one: was reunited with my children; resolved the last child welfare case against me] [Insert number of years] years ago. I am committed to recovery because it has given me and my family new purpose and hope for the future. Recovery has also helped me gain stability in my life. I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to have opportunities to do the same.

I am also an Oregon Child Welfare Peer Mentor who has experience plus specialized training in mentoring. The mission of the Oregon Child Welfare Mentoring program is to promote long-term recovery from alcohol and other drug use and reunite children with their family members who are in recovery by providing experienced peer support and advocating for your own self-directed care.


How may I help you?"



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ROSC principles



Recovery-Oriented, Person-Directed & Outcome-Informed Services 111009

Research shows that client resources account for 87% of the change that occurs in treatment (Wampold, 2001), and that most change occurs sooner – typically within the first eight interactions – rather than later (Stoward et al, 1996). Recovery-oriented, person-directed and outcome-informed (ROPDOI) services privilege the client's voice, expect recovery to occur, and build a strong alliance that is guided by the client's choice of change goals, recovery activity, and intervention technique and model. Additionally, ROPDOI interactions are informed by reliable and valid measures of the client's experience of care or his: 1) recovery outcomes via the Outcome Rating Scale (ORS), and 2) the working alliance via the Session Rating Scale (SRS; the peer – Relationship Rating Scale (RRS)).

Recovery-Oriented Services Principles

Adapted from Whit, W. L., Berke, M. G., Loveland, D. L. & Conroy, P. W. "What is behavioral health recovery management? A primer." Available online at www.williamslapaper.com

- Conduct strength-based assessments:** identify and build on the strengths – called recovery capital – of individuals, families and communities while emphasizing the first person voices of persons seeking or in recovery and their family members.
- Develop culture-specific recovery resources:** guide individuals and family members into relationships with the indigenous recovery community, create physical, psychological and social spaces within the community in which recovery can occur, link personal, professional and indigenous community resources into recovery management teams.
- Monitor and support interaction continuity:** sustain contact and support across all three recovery phases: a) engagement and recovery priming (pre-recovery before treatment or no treatment), b) recovery initiation and stabilization (recovery activities during treatment), and c) recovery maintenance (pre or post treatment). Conduct Recovery Check-ins before scheduled appointments/groups and with no-shows.
- Advocate for recovery:** implement institutional and social policies that counter stigma and replace discrimination with resources for building recovery capital and strengthening the client's voice.
- Model hope:** display the research-grounded hope for recovery based on many people having already achieved full and partial recoveries from severe behavioral health problems.

Faces and Voices of Recovery

RECOVERY BILL RIGHTS

We will represent the best of ourselves, that freedom and generosity of our best abilities to defend and defend them in a public health crisis. In recovery, the bill, we must stand together to stand with children and families that have to be in our path to recovery, including the many who are in the process of recovery and the many who are in the process of recovery. We must stand together to stand with children and families that have to be in our path to recovery, including the many who are in the process of recovery and the many who are in the process of recovery.

1. We have the right to be treated as capable of changing, growing and recovering from mental health problems.
2. We have the right to be treated as individuals, not as statistics.
3. We have the right to be treated as people with strengths and abilities, not as people with deficits.
4. We have the right to be treated as people with choices, not as people with no choices.
5. We have the right to be treated as people with voices, not as people with no voices.
6. We have the right to be treated as people with rights, not as people with no rights.
7. We have the right to be treated as people with dignity, not as people with no dignity.
8. We have the right to be treated as people with respect, not as people with no respect.
9. We have the right to be treated as people with compassion, not as people with no compassion.
10. We have the right to be treated as people with empathy, not as people with no empathy.
11. We have the right to be treated as people with kindness, not as people with no kindness.
12. We have the right to be treated as people with understanding, not as people with no understanding.
13. We have the right to be treated as people with support, not as people with no support.
14. We have the right to be treated as people with hope, not as people with no hope.
15. We have the right to be treated as people with recovery, not as people with no recovery.

FACES VOICES OF RECOVERY



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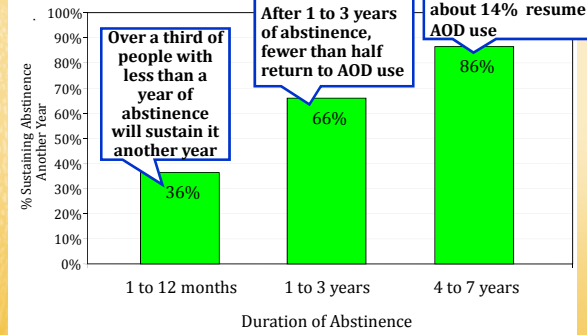
Our Recovery Stories



Until lions have historians, tales of hunting will always glorify the hunter.

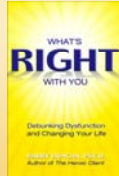
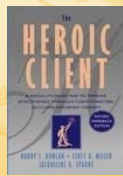
African Proverb

The Likelihood of Sustaining Abstinence Another Year Grows Over Time



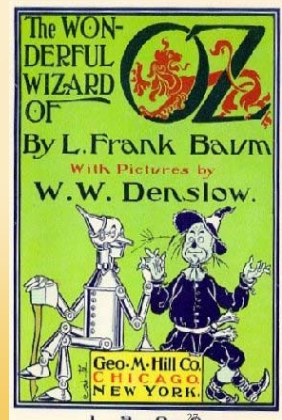
Dennis, Foss & Scott (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.

Core Principles: II. Person-Directed & III. Outcome-Informed




www.whatsrightwithyou.com
www.heartandsoulofchange.com

- ☺ A compelling metaphor for helpers
- ☺ The best of us are humbugs, witches or wizards!




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The Wonderful Wizard of Oz



- ☺ Story about life and the resolution of human problems
- ☺ Tale of four characters who perceive something missing in their lives
- ☺ Each believes that a wizard is necessary to help them find completeness


The Wizard



- ☺ The Wizard, the expert faced with overwhelming problems, did what many helpers are trained to do...
- ☺ His best (only?) technique or process involves prescribing a protracted journey to acquire something he thinks they should do

Upon Returning: The Humbug

Ooh Oz never did give nothing to the Tin Man



- ☺ After his embarrassing exposure, the Humbug cleverly addresses the requests of the Scarecrow, Tin Man, and Lion, granting each something tangible.
- ☺ They are pleased to receive validation of the desire to *that he didn't, didn't already have.* completeness, but...

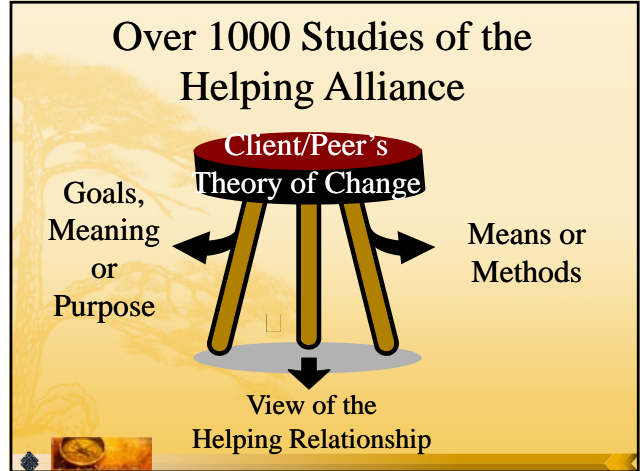
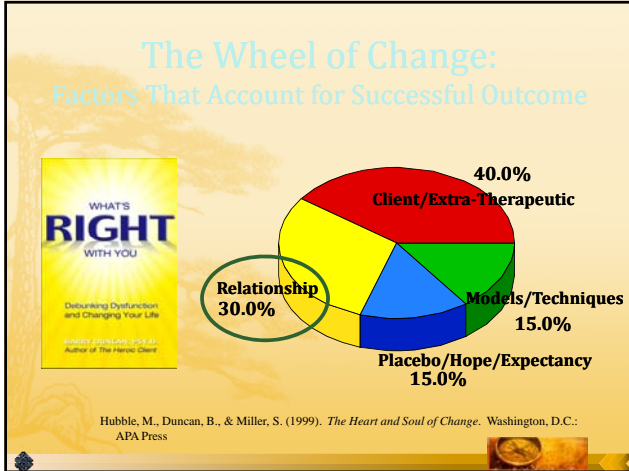
Effective Helpers are Good Witches/Humbugs/Wizards!



- ☺ Glinda, and all of the other characters, helped Dorothy find *her own meaning* about her perilous quest to Oz, her journey of change, and *relied on her own resources* to return home, to reach *her goal* =
Person-Directed
&
Outcome-Informed
- ☺ Although PDOI services don't provide a magic wand (or enable travel in a bubble), it helps to know that people always carry into tough circumstances what's needed to prevail.



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Recovery Oriented, Person-Directed & Outcome-Informed Services 111009

Person-Directed & Outcome Informed Services Principles
Adapted from Duncan, B. (2010). *On skills of client-directed, outcome informed services*. Available at www.heroinformationchange.org

- Listen for Heroic Stories of Change:** Assist in telling her or his story of survival and courage while establishing the person's self-efficacy. This requires the use of a variety of interaction skills: open-ended questions, affirmations, reflections, paraphrases, summarizations, and generalizations. Spotlight the individual's resources that may be available for further movement. Help to acknowledge the link between past behavior changes and her/his role in making the change(s) happen (self-efficacy). Elicit self-change talk.
- Validate the Person's Experience:** Validation occurs when our thoughts, feelings, and behaviors are understood, accepted, and believed. Accept statements at face value and search for indications of his or her experience - replace other authority figure's attributions that may be necessary. Legitimize the person's concerns and highlight the importance of her/his struggle.
- Match the Individual's Theory of Change and Work on Her/His Goal(s):** The theory of change is simply her or his ideas and preferences about how she or he can be best helped. It unfolds from a conversation structured by a curiosity about their ideas, attitudes, and methods of change. Hence their theory by following, encouraging, and implementing the change talk and assist in selecting a recovery pathway(s), technique(s) or procedure(s) that fits the her/his' beliefs about the problem(s) and the change process. Ask directly about goals, and continuously monitor and discuss progress.
- Build a Culture of Feedback:** View feedback as a precious gift. Introduce the Outcome Rating Scale (or PRO) and Session Rating Scale (or RES) as tools that can only improve outcomes. Fit the introduction into your own language and style, and score and chart the measures during interactions.

(Continued on next page)

PDOI principles

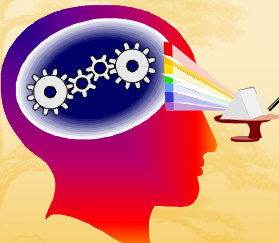
Person-Directed Recovery Support Services

1. Listen for the Heroic Stories of Change
2. Validate the Person's Experience
3. Match the Person's Theory of Change and Work on Her/His Goal(s)



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The Theory of Change (TOC)



Pre-existing beliefs about the problem and change

Source: Duncan, B., Solovey, A., & Rusk, G. (1992). *Changing the Rules*. New York: Guilford.

Learning the Other's TOC

I. Explore the ways the person has already attempted to solve the problem:

- ✓ *What have you tried so far to resolve this problem?*
- ✓ *Who (has been most helpful/seems to have a special knack) with this problem?*
- ✓ *In what ways have your attempts proven successful (even if only in part or temporarily)?*
- ✓ *What are your ideas about why your attempts have (worked/not worked)?*

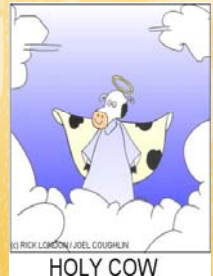
Duncan, B.L. Miller, S.D., & Sparks, J.A. (2004). *The Heroic Client*. San Francisco: Jossey-Bass.

Learning the Other's TOC

II. Explore the usual method of, or experience with, change:

- *What changes have occurred in your life?*
- *How does change usually happen?*
- *What (do you do/is your role) in initiating or facilitating change?*
- *What (do others do/is the role of others) in initiating, facilitating or maintaining change?*
- *What events usually (precede/ occur during/follow after) a successful change?*

Learning the Other's TOC



What do you think is causing this problem?

What do you think might be preventing this problem from being resolved?

Many times people not only have a hunch about what is causing the problem but also what might help to resolve it. What ideas do you have?



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When the alliance is in trouble, it's like...



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Goals: What They Want

- Y Asking what they want gives credibility to their beliefs and values regarding the problem and its solution.
- Y Say that their opinion is important and you are there to serve them. As simple an act as it is, it invites the person to see themselves as a collaborator in making their lives better.
- Y Regardless of how they sound, accept the person's goals at face value because those are the desires that will excite and motivate the person to initiate action in their own behalf.
- Y If we are serving the alliance master, we know that agreement with the person about goals is essential to positive outcome.
- Y It begins the process of change, wherever the person may ultimately travel.

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Maintaining Change = Self-Efficacy


- ⌘ Strong correlation between the maintenance of change and the degree to which people attribute change to their own efforts.
- ⌘ Participants who attribute changes to a medication or therapist are *less* likely to maintain gains than those who view improvement as resulting from their own efforts.
- ⌘ Those who attribute changes to their own efforts rather than chance are *more* likely to maintain gains regardless of the cause.

Frank, J.D. (1976). Psychotherapy and the sense of mastery. In R.L. Spitzer et al. (eds). *Evaluation of Psychotherapies*. Baltimore, MD: Johns Hopkins.

Liberman, B. (1978). The maintenance and persistence of change. In J.D. Frank et al. (eds). *Effective ingredients of effective psychotherapy*. New York: Brunner/Mazel.

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Being Change Focused



Listen for a change! Ask about and be curious about change: How did you do that? Where did that idea come from?

Validate the peer's contribution to change. How are your services helping access strengths and resources that have always been there but were just beyond your grasp?


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Encourage Before and After Distinctions

- How did you decide that now was the time for action?
- What insights have you gained from your life that you were finally able to put into action?
- What insights have you gained from this change that will help you in the future?
- What does this say about you, the kind of person you are, that you took the bull by the horns at this time?
- Who in your past would not be surprised to see you making these changes?
- How did you do it? How will you maintain the gains you have made?
- How are you different now that you have realized this change? Ponder the difference in your self-image before you implemented this change and now.



Renovation Raw Material
The Carthays Home "Before" and "After"

Learning the Change Theory




What do you think is causing this problem?

What do you think might be preventing this problem from being resolved?

Many times people not only have a hunch about what is causing the problem but also what might help to resolve it. What ideas do you have?

Outcome-Informed Recovery Support Services

4. Build a Culture of Feedback
5. Integrate Feedback into Practice Outcome Rating Scale & Relationship Rating Scale
6. Inform and Tailor Your Services Based on the Feedback



Our Best Friend!



0 1 2 3 4 5 6 7 8 9 10

Importance
Confidence
Readiness



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But how does one do ROPDOI
Parent Mentor Services?

With relationship OARS!



The ROPDOI approach

<u>Informative model</u>	<u>ROPDOI</u>
<ul style="list-style-type: none"> • Give expert advice • Try to persuade • Repeat the advice • Represent authority • Move quickly 	<ul style="list-style-type: none"> • Stimulate motivation • Listen to understand • Summarize the peer's point(s) of view • Promote collaboration • Proceed step by step

Recovery-Oriented, Person-Directed, & Outcome-Informed Services

Relationship Enhancement OARS: Fundamental Microskills

From Miller, W. R., & Rollnick, S. *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
 Rozengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: Guilford Press.

Open-Ended Questions
 Express concern, interest, puzzlement, etc.: Who, What, How

"How's your week been?"
 "Who helped you get to the office today?"
 "What is important to you that we talk about now?"
 "The next step in your life that would improve your health and well-being is what?"
 "What do you think we should do now?"
 "How will you get to the AA meeting tonight?"

> Key question: Use to move from building motivation for change to developing, implementing, and maintaining a change plan.

Affirmations
 May or may not be phrased as questions. Builds feelings of empowerment and self-efficacy in the other person. A "you do" attitude. Instills hope and the belief that the other person can change or already has changed. Re-orient to the resources that the other person has available.

"How did you manage to stay sober last weekend?" instead of, "You managed to avoid using."
 "What did you do to pay all your bills this month?"
 "Given your experience, it makes sense that you are concerned about seeing me today. It must have taken a lot of determination to get here."

> More than reflections, affirms appreciation for the other person and identify his or her strengths
 > Best when the focus is on specific behaviors instead of attitudes, decisions and goals
 > Begin with "You..." not "I"
 > Describe behaviors, leave out the evaluations
 > Aimed to solutions instead of problems
 > Attribute interesting qualities to the other person
 > Nurture a competent instead of deficit view of people
 > Focus on a strength or attribute, not the lack of something

Closed Questions

- Result in a short answers: Yes/No
 - * Did you drink this week?
- Use to ask for specific information
 - * Do you know when you used AOD last?
- Might be multiple choice
 - * What do you plan to do: Quit, cut down, or keep on smoking?
- Limits the answer options



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Open-ended Questions

- “How can I help you?”
- “Would you tell me about ___?”
- “How would you like things to be different?”
- “What are the positive things and what are the less good things about ___?”
- “What will you lose if you give up ___?”
- “What have you tried before?”
- “What do you want to do next?”

Closed Versus Open-Ended Questions

Do you feel you have a problem with alcohol?

Is it important to you to complete this program successfully?

Anything else?

What problems has your alcohol use caused you?

How important is it for you to complete this program successfully?

What else?

Question Guidelines

- Ask fewer questions!
- Do not ask three questions in a row
- Ask more open than closed questions
- Offer two reflections for each question asked

Affirmations

- Emphasize a strength
- Notice and appreciate a positive action
- Should be genuine
- Express positive regard and caring
- Strengthens the helping relationship/alliance



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Affirmations Include:

- Commenting positively on an attribute
 - * You're a strong person, a real survivor.
- A statement of appreciation
 - * I appreciate your openness and honesty today.
- Catch the person doing something right
 - * Thanks for coming in today!
- A compliment
 - * I like the way you said that.
- An expression of hope, caring, or support
 - * I hope this weekend goes well for you!

Summarizing

- **Empathy = communicates what you heard**
- **Use for transitions in conversation**
- **Be concise: Spend less time talking than the peer**
- **Reflect ambivalence**
- **Accentuate "change talk"**

Recovery-Oriented, Person-Directed, & Outcome-Informed Services

Relationship OARS: Fundamental Interaction Microskills (cont.)

An Interaction Analysis

Type	Description	Number
Open-ended question	Express interest, concern, puzzlement, etc. Who, What, How	
Closed question	Produce a simple, short answer, often "Yes" or "No"	
Affirmation	Share feelings of empowerment and self-efficacy in the other person - may or may not be questions	
Reflective Listening		
Simple	Stays "within an inch" of what the other person has said, may use the exact words or phrases, communicates attention and interest, facilitates	
Complex	Goes beyond what the other person has said, may not use the same words, cognitively reframes the content or reflects the emotion just expressed, adding greater meaning, moves the conversation forward	
Amplified	Overstate an absolute statement to ensure this is an accurate stance, may back the other person away from the previous statement, accurate is not appropriate because it typically leads to anger or a creative argument. Understatement	
Double-sided	Highlights both sides of an ambivalent statement about the immediate past, or stated earlier, or in prior conversation. Avoid using "but"	
Metaphor	Moves well beyond stated content to provide a new framework or model for understanding what was said, if familiar to the other person, the metaphor may introduce and organizational scheme for incorporating new information/observations	
Summarization	Repeats, clarifies statement that captures what's been said, highlight change talk and contrast ambivalence stated in the moment or previously	

Recovery-Oriented, Person-Directed, & Outcome-Informed Services

Relationship OARS: Fundamental Interaction Microskills (cont.)

Strengths and Affirmations Practice

Stephen tests positive for cocaine, the second time in two months. At first he denies using, saying that yesterday he was he was around some friends who were smoking it. He then admits that he smoked "one little line" just to fit in and it seems to help him sleep without getting the events. Says he'll come in for some tests 1-4 times a week to help him not use again because he's tired of getting locked up for it.

Strengths:

Affirmation: You are someone who...

1. A 24 year old stands before the board member for the second time in 3 years after being arrested for possession of marijuana. He was hanging out with a group of his homeless friends when some college students started laughing about the price of the pot. He jumped in and a hand reached out. As the police broke up the fight, a bag of weed fell out of his pocket. He is rude and disrespectful toward you and the board member.

Strengths:

Affirmation: You are someone who...

2. Jody reports on time as usual by driving his sports truck to the office. He says everything is going fine but he's tired from working 12 days straight. You then learn that he paid his supervisors fee again with a money order for an incorrect amount.

Strengths:


Affirmation: You are someone who...



Oregon Child Welfare Parent Mentor Recovery-Oriented, Parent-Directed, & Outcome-Informed Services Training: January 17-18, 2012

Your ROPDOI Tools

- Outcome Rating Scale, Relationship Rating Scale
- Self-Completed Overview of Recovery Experience Board (SCOREboard)
- Recovery Capital Scale
- My Change Plan



Introducing the Scales

Outcome Rating Scale (ORS)

Name: _____ Date: _____ Age (Yrs): _____ Sex: M / F
 Section #: _____ What is filling out this form? Please check one: Self _____ Other _____
 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 done 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.

Individually
(Personal well-being)

Interpersonally
(Family, close relationships)

Socially
(Work, school, friendships)

Overall
(General sense of well-being)

Institute for the Study of Therapeutic Change
 www.talkspace.com
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Relationship Rating Scale

Name: _____ Date: _____
 Relationship: _____ Score: _____

Please rate this relationship's change potential by placing a mark on the line scored to the description that best fits your experience.

I didn't feel understood, respected and validated.

Validation

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

Goals and Topics

I did not feel supported and encouraged in my change efforts, the role was not a good fit.

Supportive/ Encouraging Role

I felt understood, respected and validated.

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

Overall this relationship is right for my change efforts.

Overall

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www.heartandsoulofchange.com

How to Improve Outcome: Integrating Formal Feedback into Care

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

The O.R.S

Valid

Reliable

Feasible

Relationship:

Goals and Topics:

Approach or Method:

Overall:

The R.R.S

How to Improve Outcome: The ORS

Give when schedule first visit and at the beginning of each visit.

Person places a hash mark on the line.

Each line 10 cm (100 mm).

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

Score to the nearest whole number (cm).

Add the four scales together for the total score.

Clinical cut off = 25



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Outcome Rating Scale

Looking back over the last week, including today, help us understand how 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.

Individually (Personal well-being)

Not so good Doing OK Doing well

Outcome Rating Scale

Name: _____ Date: _____ Score: _____

Looking back over the last week, including today, mark how well you have been doing in the following areas of your life. Marks to the left of center represent unsatisfactory levels and marks to the right of center indicate satisfactory levels.

Individual (Personal well-being) 0-10
 0 1 2 3 4 5 6 7 8 9 10

Interpersonal (Family, close relationships) 0-10

Social (Work, school, friendships) 0-10

Overall (General sense of well-being) 0-10

Total: _____

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

Contact Types: Individual, Recovery Group, Recovery Check-In, Other

Contact	1	2	3	4	5	6	7	8	9	10	11	12	13	#1 Goal:
Contact Type														
Date														
ORS Score (0-10)														Task(s): 1.
RRRS Score														2.
ORS Score														3.
RRRS Score														4.
Write an "O" in the column below to show your ORS Score. At the end of the contact, write an "R" (or "G") to show your RRS Score.														
40														5.
35	R													Adult ORS Clinical Cutoff = 36
30														
25														Adult ORS Clinical Cutoff = 25
20														
15														#2 Goal:
10														Task(s): 1.
5														2.
0														3.
#1 Goal														4.
Task #														5.
#2 Goal														
Task #														

On the right, write a brief description of your needs/goals and task(s). Then, enter task # as they are completed and ✓ when the goal is accomplished.

Relationship Rating Scale

Name: _____ Date: _____ Score: _____

Relationship: _____

Please rate this relationship's change potential by placing a mark on the line nearest to the description that best fits your experience.

I didn't feel understood, respected and validated. Validation I felt understood, respected, and validated.

0 1 2 3 4 5 6 7 8 9 10

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

I did not feel supported and encouraged in my change efforts; the role was not a good fit. Supportive/ Encouraging Role I felt supported and encouraged in my change efforts; the role was a good fit.

Overall, this relationship may not be the best one for my change efforts. Overall Overall, this relationship may be right for my change efforts.

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Self-Completed Overview of Recovery Experience (SCORE) Board Name: Will U. Elpme

Contact Types: Individual, Recovery Group, Recovery Check-In, Other

Contact	1	2	3	4	5	6	7	8	9	10	11	12	13
Contact Date	I 11-4	I 11-6	C 11-8	G 11-10	C 11-12	G 11-14							
Craving Rating (0-10)	4	3	3	6	3	4							
ORS Score	28	11	20	24	23	24							
GRRS Score	34	32	38	33	39	36							

Write an "O" in the column below to show your ORS Score. At the end of the contact, write an "R" (or "G") to show your RRS Score.

#1 Goal: Stop using so I can get kids back
 Tasks: 1. Take AOD test 2 X week
 2. Attend RG 2 X week

#2 Goal: Get a better job
 Tasks: 1. Talk to Uncle Steve
 2. Call back where already applied

On the right, write a brief description of your needs/goals and tasks. Then, enter task # as they are completed and ✓ when the goal is accomplished.

Clinical Cutoffs

PRS = People who score below 25 typically are in a treatment program

Score 25 or above typically means that you are not feeling as much concern as people in a treatment program

RRS = Anything below a 36 is a significant gift to you! Discuss what would make the next contact better than this one

ORS: An Example

Overall: (General sense of well-being) 7

Individually: (Personal well-being) 8

Interpersonally: (Family, close relationships) 5

Socially: (Work, School, Friendships) 8

Total = 28

Clinically, what can we glean from this client's scores?

How could we use this information to begin or focus the session?

- Explore why the person came to see you.
- Use the referral source's rating if the score is very high.
- Avoid exploratory or "depth-oriented" techniques.
- Focus on strengths or circumscribed problems in a problem-recognition manner

How to Improve Outcome: Creating a "Culture of Feedback"

Outcome Rating Scale (ORS)

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

Looking back over the last week, including today, help us understand how you have been feeling by circling 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.

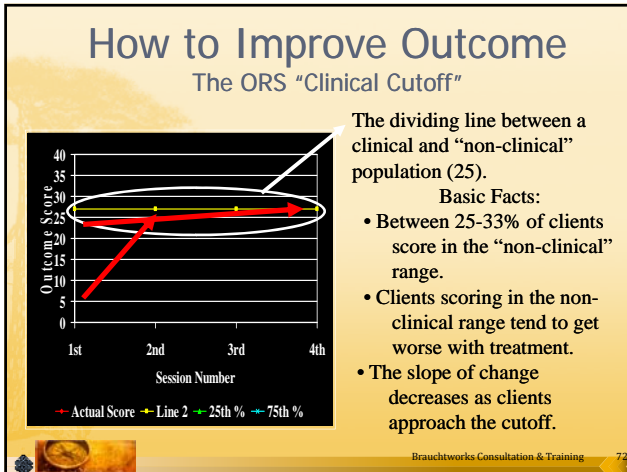
When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.

- Work a little differently;
- When I am helpful we should see signs of that sooner rather than later; If our work helps, can continue as long as you like;
- If our work is not helpful, I'll seek consultation (session 3 or 4), and consider a referral (no later than 8 to 10 visits).

Restate the rationale at the beginning of the first session.



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Connecting to the Client's Described Experience

At some point, connect the client's described experience of their lives to the marks on the scales

At that moment, both mentor and client know what the marks mean and how success will be measured

73

You Can Do It!

- Find a partner: Mentor/Peer
- Very beginning 1st session
- Explain the ORS then discuss scores
- Answer with validation & collaboration

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ORS Instructions

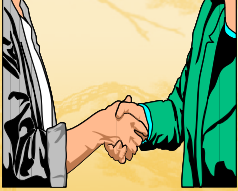
- 1) I work a little differently than other agencies or how you may be used to.
- 2) My first priority is making sure you get the results you want
- 3) For this reason it is important that you monitor our progress.
- 4) I like to do this using the Outcome Rating Scale - it will only take about a minute to complete.
- 5) If our work together is successful, we should see signs of improvement soon and in that case, we'll continue as long as you like;
- 6) If our work is not helpful, we can change or modify what we are doing.
- 7) If things still do not improve I'll work with you to find someone or someplace else for you to get the help you want. Is it OK for me to show you the ORS now?

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Assessing The Alliance



Adds a little time, but identifies weaknesses in the delivery of services before any negative effect on outcome.

Remember, clients do not typically report negative alliances; when they do, they enjoy more progress.

RRS Introduction

Let's take a minute for you to fill out the Session Rating Scale. It's kind of like taking the temperature of our relationship today. Are we too cold or hot? Do I need to adjust the thermostat? This information helps me stay on track. The ultimate purpose of using this and the Outcome Rating Scale is to make every possible effort to ensure our work together is beneficial to you. If something is amiss, you will be doing me a big favor if you let me know.

Can you help me out?

How to Improve Outcome Developing a "Culture of Feedback"

Session Rating Scale (SRS V.3.0)

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

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

Relationship:	Did not feel heard, understood, and respected	Did feel understood, but not heard	Did feel heard, understood, and respected
Goals and Topics:	Did not work or did not work well on what we talked about	Did work on what we talked about	Did work well on what we talked about
Approach or Method:	The therapist seemed to not get it for me	The therapist seemed to get it for me	The therapist seemed to get it for me
Overall:	There was something wrong in the session today	Overall, today's session was right for me	Overall, today's session was right for me

Give at the end of session.

Each line 10 cm.

Score to the nearest whole number (cm).

Discuss with client anytime total falls below 36

How to Improve Outcome: Interpreting Alliance Feedback

Relationship:	10.0
Goals and Topics:	10.0
Approach or Method:	10.0
Overall:	10.0
Total =	40

NOTHING!

What does this client's core message say?



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How to Improve Outcome: A Case Example

Relationship: I did not feel heard, understood, and respected.	I felt heard, understood, and respected.	10.0
Goals and Topics: We did not work on or talk about what we needed to work on and talk about.	We worked on and talked about what we wanted to work on and talk about.	10.0
Approach or Method: The therapist's approach is not a good fit for me.	The therapist's approach is a good fit for me.	10.0
Overall: There was something missing in the session today.	Overall, today's session was right for me.	10.0

Total = 40


Because *most* people score high on such measures:

- You can't interpret high ratings (trying to please, etc.).

Always:

- Thank the person for completing the measure;
- Maintain an openness to feedback.

RRS scores under 35, even though says satisfied



Build culture of feedback...clients really have to know that you want it.

Go over each item of RRS and discuss.

Only a problem if ORS shows no change.

Failing Successfully

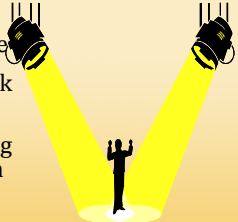
Reaching a stalemate is not a reflection on the client or you - it's about the fit of the relationship

Referring may make the difference

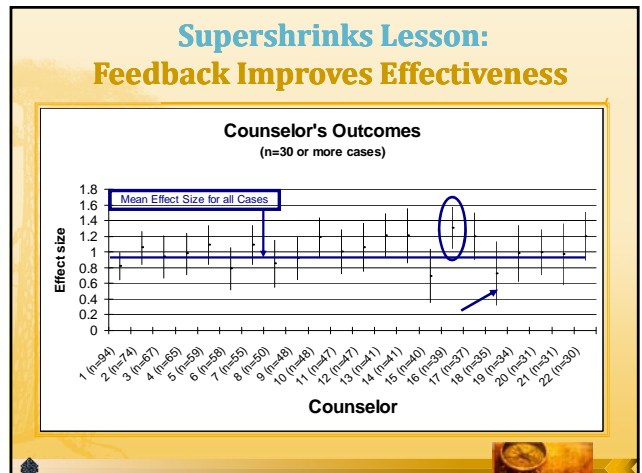
Graceful acceptance of all feedback is likely to benefit everyone

Failing successfully or encouraging clients to try other options is an honorable conclusion

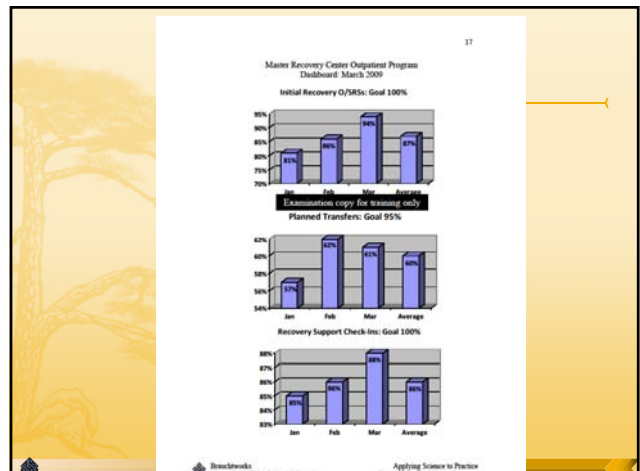
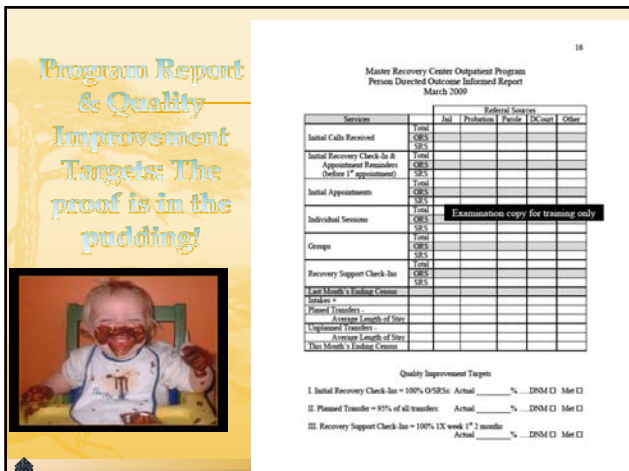
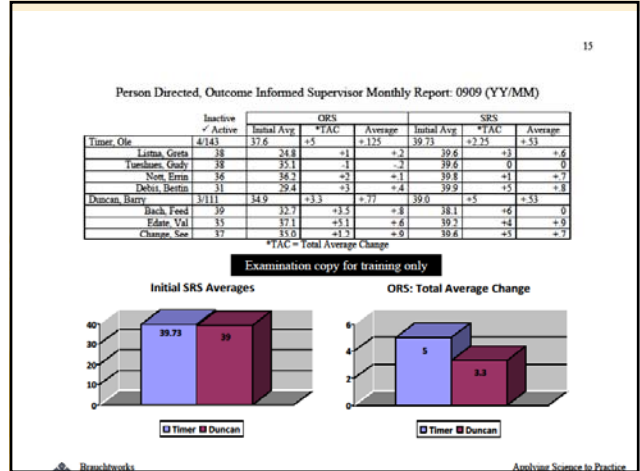
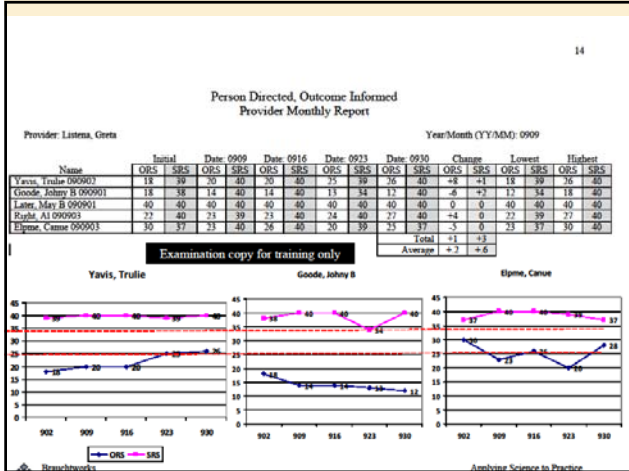
Clients finally have the voice 40 years of data say the deserve



The Heroic Client



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Introducing the Scales

Thank you for coming today - I am glad to see you.

I do things a little differently than perhaps you're used to because what is most important to me are your goals and your view of how you are progressing in your recovery. I'd like to get your feedback using a simple form called the Outcome Rating Scale so that I can provide you with the best possible support. Would that be OK with you?

CARES Training Handout 1.7

Relationship OARS: Fundamental Relationship Enhancement Microskills

As Interaction Analysis Name: _____ Date: _____

Type	Description	Number
Open-ended question	Expresses interest, concern, judgment, etc. "Who, What, How"	
Closed question	Includes a simple, short answer, often "Yes" or "No"	
Affirmation/Validation	Valid feelings of empowerment and self-efficacy in the other person - may or may not be questions	
Effective Listening		
Simple	Stays "within an inch" of what the other person has said; may use the exact words or phrases; communicates attention and energy; establishes	
Complex	Goes beyond what the other person has said; may not use the same words; cognitively refines the content or reflects the emotion just expressed, inferring greater meaning; moves the conversation forward	
Amplified	Overstates an absolute statement to ensure that it is accurate enough; may back the other person away from the previous statement; accurate is not appropriate because it typically leads to anger or a counter statement; Understatement	
Double-sided	Highlights both sides of an ambivalent statement about the immediate past, or stand earlier, or in prior conversation; Avoid using "but"	
Metaphor	Moves well beyond stated content to provide a new framework or model for understanding what was said; if familiar to the other person, the metaphor may introduce and organizational schema for incorporating new information/observations	
Summarization	Success; clear statements that organize what's been said; highlight change talk and contrast ambivalence stated in the moment or previously	

Maslow's Hierarchy of Needs

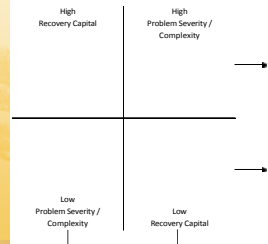


Recovery Capital Scale & Form

Modified and distributed with the permission of William L. White to George Braucht, Brauchtworks Consultation & Training: www.brauchtworks.com. The original is available at www.williamwhitepapers.com/recovery_toolkit.

Robert Granfield and William Cloud introduced and elaborated on the concept of "recovery capital" in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. They define recovery capital as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from alcohol and other drug problems. Recovery capital, or recovery capacity, differs from individual to individual and differs within the same individual at multiple points in time. Recovery capital also interacts with problem severity to shape the intensity and duration of supports needed to achieve recovery. This interaction dictates the intensity or level of care one needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services. The figure below indicates how these combinations of problem severity and recovery capital could differ.

The Recovery Capital Scale



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My Change Plan

Name: _____ Date: _____

Setting Goals for Myself

I am the engine of change in my own life. My mentor is a change partner for me in my own efforts to address problems and improve the quality of my life in the long-term. I understand that my mentor is committed to listening to me and supporting me in reaching my own goals.

Below are my change goals for the next month. To move closer to each goal, I will do the following activities in the next week. My mentor will support me in working toward my goals by doing the agreed-upon activities outlined below.

My Recovery Capital Scale score for today was _____

Three assets I can bring to my change process are: _____

Three areas in which I want to build capital are: _____

Goal #1: What is the first change I feel I need to make?	What will I do to move closer to Goal #1?	What will my mentor do to support me in working toward Goal #1?	How will I track my progress?	How will I know when I've done it?	Target Completion Date	Completion date
	Activity #1	Activity #1	Signs of progress:	Signs of success:		
	Activity #2	Activity #2				
	Activity #3	Activity #3				

The number of hours in the last 12 months that I have participated in formal, agency-led discussions about ethical issues?

- 0
- 1-2
- 3-5
- 6-8
- 9-10
- 10 or more

1	2	3	4	5	6
0%	0%	0%	0%	0%	0%

My agency has a set of written standards for staff, volunteer and client/resident/peer ethical behavior.

1. Yes
2. No
3. Don't know

0% 0% 0%

I am 100% certain that my agency will back me in the ethical decisions that I make today.

1. Yes
2. No
3. Don't know

0% 0% 0%



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Four Aspects of Ethics



I. Iatrogenic: unintended harm or injury

II. Fiduciary: one person has a special duty and obligation for the care of another

↳ Unequal power/vulnerability - unlike a friendship

Four Aspects of Ethics (cont.)

III. Boundary Management

Decisions and behaviors that increase or decrease intimacy and social distance in a relationship

- ❖ Reciprocal relationship (friendships) vs hierarchical boundaries
- Potential differences between service providers, and from agency to agency
 - ➔ self-disclosure, social activities, gifts, etc.
- ✓ Maintain consistent boundaries with each and every client and affirm at every opportunity



Four Aspects of Ethics (cont.)

IV. Multiple Responsibilities/Vulnerabilities

Safety, Health and Wellbeing of:

- A. Client/Peer & C/P's family
- B. Staff/Volunteers/Service providers
- C. Agency or organization
- D. Profession/Service field
- E. Communities of people in recovery
- F. Community at large/Public safety



Pop Quiz!

Choose one answer for each question



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1. Peer recovery support services are based on which of the following?

- a. recovery-oriented systems of care principles
- b. person-directed and outcome informed services principles
- c. fundamental relationship enhancement skills
- d. all of the above
- e. a & c only

2. A(n) _____ may or may not be phrased as questions; builds feelings of empowerment and self-efficacy in the other person, a "can do" attitude; instills hope and the belief that the other person can change or already has changed; and re-orient to the resources that the other person has available.

- a. affirmation/validation
- b. reflective listening statement
- c. summary
- d. open-ended question

3. The first and most important step when working with a peer is:

- a. Point out that Parent Mentors do things a little differently than she/he may be used to because her/his thoughts about how she/he is doing is most important and you'd like to periodically get in touch because she/he will make progress in recovery
- b. Define what s/he means by being in recovery
- c. Determine what needs to change
- d. Tell your recovery story
- e. None of the above is the first step

**Please complete
a
training feedback form!**

