

# Appreciative PCOMS Performance Support

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## I. Three Key Research-based Indicators of Progress

- A. Valid initial Outcome Rating Scale (ORS): Duncan, 2014
  - 1. 35+ = Invalid initial score; Why come to see you?
  - 2. ORS average with 500,000+ administrations = 18-20
  - 3. Goal: Less than 1/3<sup>rd</sup> over the Clinical Cutoff; Adult = 25, Adolescent = 28 & Child = 32
- B. Reliable change index (RCI\*)”: Recovery
  - 6+ point increase from the initial ORS
- C. Clinically significant change index (CSCI\*): Sustained Recovery
  - 6+ point increase and cross the Clinical Cutoff
  - \*Jacobson & Truax, (1991) & Jacobson et al, (1999)

## II. Data Integrity and Performance Support

- A. 30% or more of Intake ORSs over the Cutoff
  - 1. Client/peer or therapist does not understand the ORS
  - 2. Role play introducing the ORS during performance support
- B. ORSs between 35-40
  - 1. Rarely a good score; even mandated clients/peers don't score this high
  - 2. Role play introducing the ORS during performance support, discussing overall and sub-scale scores when they don't match the client/peer's description of her/his recent experience
- C. ORS Saw-tooth Graphs
  - 1. Being used as an emotional thermometer to reflect current feelings instead of past week's experiences
  - 2. Role play connecting the client/peer's reason for service to the marks on one or more ORS subscales during performance support.



## Appreciative PCOMS Performance Support

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### III. Appreciative PCOMS Performance Support Considerations

- A. What does the client/peer say s/he wants (goals, method, theory of change/mind)?
- B. What do the ORSs reflect about progress?
- C. Is the client/peer engaged? RRSs/SRSs/GSRSs?
- D. What have you done differently?
- E. What can be done differently now?
- F. What other resources can be rallied?
- G. Is it time to fail successfully (planned transfer/referral)?

### IV. Four Step Performance Development

- A. Start by looking at all graphs or lists of client/peer ORS scores. Job one is ensuring valid use of the measures & data integrity.
- B. Spend the most time on at-risk clients/peers: shape discussion and brainstorm options; look for over-utilization
- C. Review individual and caseload stats & discuss ways to improve; Encourage action
- D. Mentor via skill building, teaching, & ongoing reflection about performance

### V. Appreciative PCOMS Performance Support Components

- A. Self-assessment, reflection and journaling that informs your professional development plan: PCOMS Report, Appreciative Inquiry (AI) questions:



## Appreciative PCOMS Performance Support

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1. What's right with you today
2. What could be better (improvement opportunities) &
3. What keeps you hopeful (celebrate successes)

B. Peer support and e-Meetings: PCOMS Report & AI questions

C. Quality improvement visits: PCOMS Report, observations, proficiency feedback, AI questions

### VI. Start today!

A. Use the PCOMS Performance Support Report: [brauchtworks.com/toolkit](http://brauchtworks.com/toolkit)

B. Engage in peer performance support

C. Monthly Appreciative PCOMS Performance Support E-Meeting:

Send an email to: [george@brauchtworks.com](mailto:george@brauchtworks.com)

### VII. References

Duncan, B. L. (2014, 2<sup>nd</sup> ed.). *On becoming a better therapist: Evidence-based practice one client at a time*. Washington, DC: American Psychological Association.

Hubble, M. A., Duncan, B. L., & Miller, S.D. (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Jacobson, N. S., Roberts, L. J., Berns, S. B., McGlinchey, J. B. (1999). Methods for defining and determining the 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.



# Appreciative PCOMS Performance Support

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## VIII. The PCOMS Performance Support Spreadsheet: [brauchtworks.com/toolkit](http://brauchtworks.com/toolkit)

### A. Individual Tab

**Partners for Change Outcome Management System Individual Report**

Name: Johnny R. Good    Start: 3-Jun-14    Peer Recovery Service  
 Number: 691903    Transfer: A

Provider: Greta Listner, CARES    Reliable Change Index: 6.6    Clinically Significant Change: Y or N

Date	Outcome Rating Scale				Session/Relationship Rating Scale			
	*Ind	Int	Soc	Overall	Rel	GAT	AOS	Overall
Session 1	4.2	7.8	8.0	8.2	28.2	9.3	10.0	10.0
Session 2	3.1	8.1	6.2	7.4	24.8	9.6	9.8	8.1
Session 3	3.6	7.9	8.1	8.6	28.2	10.0	9.8	9.8
Session 4	4.3	8.2	8.1	8.4	29.0	10.0	9.9	9.6
Session 5	5.2	8.4	7.9	8.4	29.9			
Session 6	7.8	8.1	8.1	8.6	32.6			
Session 7	8.8	8.4	8.2	8.4	33.8			
Session 8	8.8	8.4	8.8	8.8	34.8			
Session 9								
Session 10								
Session 11								
Session 12								
<b>Total</b>								

**Outcome Rating Scale Total**

**Individual**

**Interpersonal**

Caseeload: All Programs

JOHNNY B. GOOD    AVERAGE: 11658.60952    COUNT: 105    SUM: 734492.4





# Appreciative PCOMS Performance Support

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### C. Programs Tab

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Total	YTD Avg
1	Organization Name													
2	Partners for Change Outcome Management System													
3	2014 Data by Program													
4														
5	Peer Recovery Support													
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## Appreciative PCOMS Performance Support

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### IX. Better Outcomes Now (BON): [betteroutcomesnow.com](http://betteroutcomesnow.com)

- A. A web-based application of the Partners for Change Outcome Management System (PCOMS) as listed in SAMHSA's Registry Evidence-Based Program and Practice at <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=250>.
- B. PCOMS is a proven quality improvement strategy supported by five randomized controlled trials demonstrating improved outcomes and efficiency, including the reduction of dropouts.
- C. PCOMS data are recognized by administrators and payers alike as reliable and valid metrics of provider and agency performance, and importantly, the participants' quantitative view of service effectiveness.
- D. BON enables unlimited data analyses and reporting in single page views for consumers, providers, administrators, and funders.
- E. The cost of BON is all up front - no hidden costs or behind the scenes haggling to get the best price. Annual subscriptions are based on the number of providers or users with three subscription types.
  - 1. Try BON free for 30 days to play with the system and see if it fits your needs.
  - 2. Student and/or research subscriptions are designed specifically for graduate programs or for those conducting research projects. The cost is \$99 per.
  - 3. A regular subscription's annual cost is:
    - a. \$179 per user for 50 or less providers;
    - b. \$159 per user for 51 to 100 providers;
    - c. \$129 per user for 101 to 150 providers;
    - d. \$109 per user for 151 to 250 providers; or
    - e. \$99 per user for 251 and above.
- F. To order a free trial, call 772.204.2511.
- G. PCOMS Operationalizes Client Privilege: 6:01  
[https://www.youtube.com/watch?v=MvAVrR8JeDo&list=PL44TWg4q0EHcszV8R9i0NWep2woajnZ\\_q&index=1&t=2s](https://www.youtube.com/watch?v=MvAVrR8JeDo&list=PL44TWg4q0EHcszV8R9i0NWep2woajnZ_q&index=1&t=2s)

