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

George S. Braucht; LPC, CPCS & CARES
Brauchtworks Consulting: brauchtworks.com
PCOMS Trainer II, Better Outcomes Now
Phone: (404) 310-3941; Email: george@brauchtworks.com

Someone is grounded!
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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: 1:00pm – 2:00pm

Upon completion, participants will be able to:
- Explain the four research-based factors most associated with change agent effectiveness
- Monitor client/peer progress and program effectiveness using the valid, reliable, and feasible PCOMS tools (Outcome Rating Scale [ORS], Session Rating Scale [SRS]), and the Self-completed Overview of Recovery Experience Board (SCORE Board) and/or Better Outcomes Now (BON)
Upon completion, participants will be able to:

- Participate in clinical supervision and/or peer performance support that promotes both your currently experienced and cumulative career growth.

**My What:**

**Promoting professional growth and personal development**

- “I just want to help people.”

- M.S. in Experimental/Physiological Psychology then focus on Community Psychology; taught 1st psychology class at Georgia College in 1979

- 14,000+ hours of supervised psychotherapy experience as a Licensed Professional Counselor and Certified Professional Counselor Supervisor: Crisis, AOD & MH recovery; Social Justice; Recovery residences & Peer services

- Co-founder and Faculty, Certified Addiction Recovery Empowerment Specialist (CARES) Academy

- Lead Faculty, RecoveryPeople’s Recovery Residence Manager Training and the Recovery Outcomes Institute’s Recovery Navigation Support using the REC CAP Recovery Capital Scale

- Georgia Association of Recovery Residences Board & Charter Board Member, National Alliance for Recovery Residences

- Partners for Change Outcome Management System Level II Trainer with Dr. Barry Duncan’s Better Outcomes Now
Six Rationales for PCOMS

1. **Solves Major Problems of the Field (Not All Peers/Clients Benefit, Drop Outs, Service Provider Variability and Overestimation of Effectiveness)**
2. Five RCTs (so far) Demonstrate Its Efficacy
3. Proven Quality Improvement Strategy
4. Enhances Factors Related to Success (Common Factors)
5. Incorporates the Predictors of Ultimate Outcome
6. Operationalizes Client Privilege and Social Justice
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Incorporates the most robust predictors of therapeutic success into an outcome management system that:
1) partners with peers/clients,
2) honors the daily pressures of frontline service providers and
3) meets value-based purchasing demands

Five RCTs (so far!): SAMHSA NRPP

Compared to TAU...
- More pre-post treatment gains
- More clients NOT were retained
- Achieved higher satisfaction ratings from therapists and commanders

Compared to TAU...
- Larger treatment gains via ORS
- More clients experienced reliable change and clinically significant change
- Attended more sessions
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Five Randomized Controlled Trials & Three Benchmarking Studies (so far!)

Compared to TAU...

- More pre-post treatment gains via ORS
- More clients were retained
- Achieved statistically significant change
- Therapists and commanders provided more satisfaction ratings

Empathy, genuineness and positive regard are the necessary and sufficient conditions for change.

A. True
B. False
C. Not sure
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Empathy, Genuineness & Positive Regard

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


Relationship Enhancement Skills (PINK OARS!): Solicit and Provide Feedback

1. Practice Intentionally Not Knowing or curiosity
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 OARSI at brauchtworks.com/Toolkit under “Professional Tools”

Over 1000 Studies of Relationship Quality or the Therapeutic Alliance

Four Key Factors

Agreement on Goals, Meaning or Purpose

Understanding the Client/Peer’s Theory of Change/Mind

Agreement on Means or Methods

Client/Peer’s View of the Relationship Quality
What percentage of your peers/clients do not change or deteriorate?

A. 10%
B. 20%
C. 30%
D. 40-75%
E. I don’t know

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

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

Becoming Better Measuring Outcome

• Give at the beginning of the visit; Client places a mark on the line.
• Each line 10 cm (100 mm) in length.
• Reliable, valid, feasible

• Scored to the nearest millimeter.
• Add the four scales together for the total score.

- Individually: (Personal well-being)
- Interpersonally: (Family, close relationships)
- Socially: (Work, School, Friendships)
- Overall: (General sense of well-being)
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An eight point increase from the client/peer's point of view!

Reliable change = 6+ points
Clinically significant change/recovered = 6+ and cross over the ORS clinical cutoff!

Becoming Better
Linking Outcome to Process

See clients more frequently when the slope of change is steep.
Begin to space visits as rate of change lessens.
See clients as long as there is meaningful change & they desire to continue.
Over 1000 Studies of Relationship Quality or the Therapeutic Alliance

Four Key Factors

Agreement on Goals, Meaning or Purpose

Theory of Change/Mind

Agreement on Means or Methods

Understanding the Client/Peer’s

Client/Peer’s View of the Relationship Quality

The Session Rating Scale

Measuring the Alliance

• Give at the end of session;
• Each line 10 cm in length;
• Reliable, valid, feasible

• Score in cm to the nearest mm;
• Discuss with client anytime total score falls below 36
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Child Session Rating Scale (CSRS)

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

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What We Did

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Better Outcomes Now
https://www.betteroutcomesnow.com

© 2003, Barry L. Duncan, Scott D. Miller, Jacqueline A. Sparks
Group Session Rating Scale
Alliance and Cohesion

• Give at the end of the week or alternate with ORS
• Each line 10 cm in length:
  • Reliable, valid, feasible
• Discuss anything under 32

I experience immediate growth and cumulative career development during or after most client and supervision interactions.

A. True
B. False
C. I don’t know
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Provider Variation: Feedback Improves Effectiveness of Superstars and Wannabes!

Counselor's Outcomes
(n=30 or more cases)

Mean Effect Size for all Cases

Counselor


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

1. Valid initial Outcome Rating Scale (ORS); Duncan, 2014
   - Invalid initial score – why come to see you?
   - ORS average, 500,000+ administrations: 18-20
   - Goal: Less than 1/3rd over the Clinical Cutoff

2. Reliable change index (RCI*)
   - 6+ point increase from the initial ORS

3. Clinically significant change index (CSCI*)
   - 6+ and cross the Clinical Cutoff

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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

A Closer Look: The PCOMS Performance Report (cont.)
brauchtworks.com/toolkit
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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 me
2) What could be better (improvement opportunities) &
3) What keeps me 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

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)?
Non-blaming Transfers:
Warm handoffs to adjunct services or planned transfers

- Not dumping peers/clients
- Says nothing about your competence
- Says nothing about peer/client’s ability to change
- Says everything about doing something positive and proactive with people who are not benefiting

heartandsoulofchange.com
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Versions for:
Adults: 19+
Adolescents: 13-18
Children: 12-6 & Young Children: 5 & under
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Questions?
Start by doing what’s necessary, then do what’s possible, and suddenly you are doing the impossible.

St. Francis of Assisi

THANKS FOR YOUR ATTENTION

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PARTICIPATION!

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