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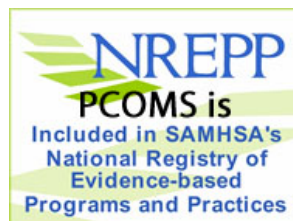
2017 GADBHDD Behavioral Health Symposium

October 5: 10:15pm – 11:45pm

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

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Certified Trainer in the Partners for Change Outcome Management System
(**PCOMS**) with Dr. Barry Duncan's Heart and Soul of Change Project:
www.heartandsoulofchange.org



The endless vine: Ancient symbol of
Life, Infinity, and the Interweaving Flows
of Being and Movement Within and Without



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Description. The Partners for Change Outcome Management Systems (PCOMS)©, as listed [here](#) in SAMSHA's National Registry of Evidence-based Programs and Practices, provides individual service provider to program level quantitative effectiveness data that honors the client/peer's point of view for client/peer-driven, recovery-oriented and outcome-informed services. Focusing on the research-based factors that are associated with influencing change, learn how the PCOMS tools and resulting data significantly reduce dropouts and improve outcomes by adding 5-minute conversations at the beginning and end of individual, couple or family, and group sessions without changing current service delivery models or components. PCOMS has demonstrated feasibility, reliability and validity in public behavioral health services across diagnostic categories of services for children, adolescents and adults.

Objectives. Upon completion of this training participants will be able to:

1. Explain the four research-based factors associated with change agent effectiveness;
2. Use the valid, reliable, feasible Outcome Rating Scale (ORS), Session Rating Scale (SRS), and Self-completed Overview of Recovery Experience Board (SCORE Board) to monitoring client/peer progress and satisfaction;
3. Calculate the three research-based indicators of client/peer progress and program outcome metrics; and
4. Participate in clinical supervision/performance support that promotes both your currently experienced and cumulative career growth.

Schedule

	Part 2: <i>Facilitating Recovery Action & Progress Groups</i>
10:15am - 11:45am	1:00pm – 2:30pm

Resources

1. Session sign-in: <https://goo.gl/forms/bruL12s6K31dqqc13>
2. Session journal/handout: Symposium website or http://brauchtworks.com/training_handouts



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3. Session polls: Log your smart phone, tablet or computer web browser into responseware.com then Enter as a “Guest” with Session ID: **pcoms1**

Someone is grounded

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

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

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

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

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

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

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

1. ___ractice ___ntentionally ___ot ___nowing or _____
2. ___pen-ended questions
3. ___ffirmations/validations
4. ___eflections/paraphrases
5. ___ummaries
6. ___nformation-giving



See *Relationship Enhancement Skills Overview: PINK OARSI* at brauchtworks.com/Toolkit under “Professional Tools”



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Over 1000 Studies of Relationship Quality or the Therapeutic Alliance

Four Key Factors:

1. Understanding the Client/Peer's Theory of Change/Mind
2. Agreement on Goals, Meaning or Purpose
3. Agreement on Means or Methods
4. _____ View of the Relationship

Dr. Michael Lambert, Brigham Young University: [youtube.com/watch?v=-5la1owDL-o](https://www.youtube.com/watch?v=-5la1owDL-o)

1. What percentage of clients:

- A. Don't change..... 40-61%
- B. Deteriorate..... 3-14%
- C. Improve..... ____%
- D. Achieve recovery/ clinically significant change..... ____%

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. Genuineness
3. Positive regard
4. _____

Provider Variation: Feedback Improves Effectiveness!

Miller, Duncan, Sorrell & Brown. (2005). The partners for change outcome management system. *Journal of Clinical Psychology*, 61(12), 199-208.

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?
 - Initial ORS average, 500,000+ administrations: 18-20
 - Goal: Less than 1/3rd of first ORS' over the Clinical Cutoff
_____: CORS, _____: Adolescents, _____: Adults
2. Reliable change index (RCI*)
6+ point increase from the initial ORS
3. Clinically significant change index (CSCI*)
6+ **and** cross the Clinical Cutoff

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



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Clinical Nuances of the ORS & SRS = Not Perfunctory

per·func·to·ry

/perˈfɛŋktərē/ ⓘ

Adjective

(of an action or gesture) Carried out with a minimum of effort or reflection.

Synonyms

superficial - cursory - half ass

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

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 _____ 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 &** _____
4. **Mentor** for skill building, client/peer teaching, & ongoing reflection



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Participating in Self-appreciative PCOMS Performance Support

- #1 Self-assessment, reflection and journaling that informs your professional development plan: PCOMS Report, Better Outcomes Now 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, BON & 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 peer/client 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)?



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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

Thank You for Providing Participant Feedback to make this a better training: <https://goo.gl/forms/O874eDBRmtZA41aP2>

Resources and References

1. www.heartandsoulofchange.com, www.pcoms.com,
www.betteroutcomesnow.com
2. www.bauchtworks.com
3. Duncan, B. L. (2014, 2nd ed.). *On becoming a better therapist: evidence-based practice one client at a time*. Washington, DC: American Psychological Association.
4. Duncan, B. (2005). *What's right with you: Debunking dysfunction and changing your life*. Deerfield Beach, FL: Health Communications.

