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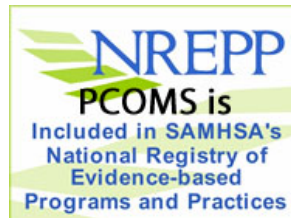
2017 Wisconsin Recovery Conference

October 24: 1:00pm – 2:30pm

Improving retention, outcomes and supervision with integrated peer and clinical services (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.com



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



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Description. This workshop presents the Partners for Change Outcome Management System (PCOMS)©, as listed [here](#) in SAMSHA's National Registry of Evidence-based Programs and Practices, that provides individual service provider to program level effectiveness data. Focusing on the research-based factors that are associated with influencing change and promoting recovery and using the PCOMS tools provides practice-based evidence of peer and clinical services using an evidence-based practice that significantly reduces dropouts and improves outcomes across behavioral health diagnostic groups.

Objectives. Upon completion participants will be able to:

1. Monitor peer/client progress using the valid, reliable, and feasible Outcome Rating Scale (ORS), Session Rating Scale (SRS), and
2. Self-completed Overview of Recovery Experience Board (SCORE Board).
3. Participate in performance support/clinical supervision that promotes both your currently experienced and cumulative career growth.

Schedule 1:00pm – 2:30pm

A moment of silent stillness

“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. (1872). *Middlemarch*.

David Crosby. (1988). *Compass*.

Gone green

1. Session journal/handout: Symposium website or http://brauchtworks.com/training_handouts
2. 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](#)



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“It’s never too late to be who you might have been.”

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

Promoting personal growth and career development by *applying science to practice*

George S. Braucht: LPC, CPCS & CARES; [Brauchtworks Consulting](#)

- ✓ 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*
- ✓ Georgia Association of Recovery Residences Board & National Alliance for Recovery Residences Charter Board Member
- ✓ Certified PCOMS Trainer with Dr. Barry Duncan’s Heart and Soul of Change Project

The problem: **Addiction is a chronic health condition**

Recovery-oriented systems of care (ROSC)

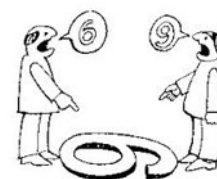
Paradigm shift to mutually _____ acute care with chronic support and **Social Model Programs**

Acute Care

- ❖ Focus on the Disease Process
- ❖ Disease Experts & Treatment
- ❖ Expect Relapse

Chronic Support

- Focus on the Recovery Process
- Recovery Experts & Support
- Expect Recovery and Resilience



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Social Model Programs

1. Emphasize social & interpersonal connection as the foundation of recovery or wellbeing.
2. Value experiential knowledge.
3. Promote peer-to-peer connections, mutual aid and other supportive environments in which recovery or wellbeing is the common bond.
4. Require active work in an individualized recovery/wellness program.
5. Emphasize peer-to-peer AND practitioner-client relationships that mutually blend to enhance treatment and recovery or wellness plans.

Borkman, Kaskutas, Rooms, Bryan, & Barrows. (1998). An historical and developmental analysis of Social Model Programs. *Journal of Substance Abuse Treatment*, 15 (1), 7-17.

The solutions: Listen to recovery stories of the benefits of sustained connections

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

If you want to travel fast, go alone. To go far, travel with many. African Proverb



Recovery Screening Test

1. Place both feet on the floor
2. Lift your right foot off the floor and make clockwise circles.
3. With your right hand, draw a "6" in the air.

If your foot stopped or changed direction, recovery is indeed possible for you!



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The Partners for Change Outcome Management System (PCOMS)

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 front-line service providers and 3) meets value-based purchasing demands

Five Randomized Controlled Trials &
Three Benchmarking Studies (so far!)
See www.heartandsoulofchange.com



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”



**Improving retention, outcomes and supervision with
integrated peer and clinical services (PCOMS)**

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 Quality

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

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

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



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The Outcome Rating Scale (ORS): Free for individual use from www.heartandsoulofchange.com

- Begin interactions
- Peer/client may jot notes/pictures in margins of each subscale to denote significant events in the last week
- If hand scoring, use the nearest whole number
- Discuss total and subscale scores to connect last week's experiences to marks on each line & revise marks to match described experience and reason(s) for seeking services

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

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Briefly describe your goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.

*Interaction Types: Individual (face-to-face), Group, Phone, Electronic video, Text, Other

Interaction # & Type*	1	2	3	4	5	6	7	8	9	10	11	12	13	Goal # _____:
Date														
Re-arrest Risk (0-10)														
Outcome Rating Scale (ORS, 0-40)														Tasks = What:
Craving/Challenge Rating (0-10)														How Much:
Session/Relationship/Group Session Rating Scale (0-40)														How Often:
Write an "O" in the column below to show each of your ORS scores.														When:
40														Adult SRS/GSRS/RRS Clinical Cutoff = 36
35														
30														Adult ORS Clinical Cutoff = 25
25														
20														Goal # _____:
15														Tasks = What:
10														How Much:
5														How Often:
0														When:
Goal # _____														
Goal # _____														



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Session Rating Scale (SRS). Free for individual use at www.heartandsoulofchange.com

Clinician version: SRS

Group version: GSRS

Peer version for individual interactions: Relationship Rating Scale

⇒ 5~10 minutes before session ends

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

Provider Variation: Feedback Improves Effectiveness for Superstars and Wannabes!

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

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

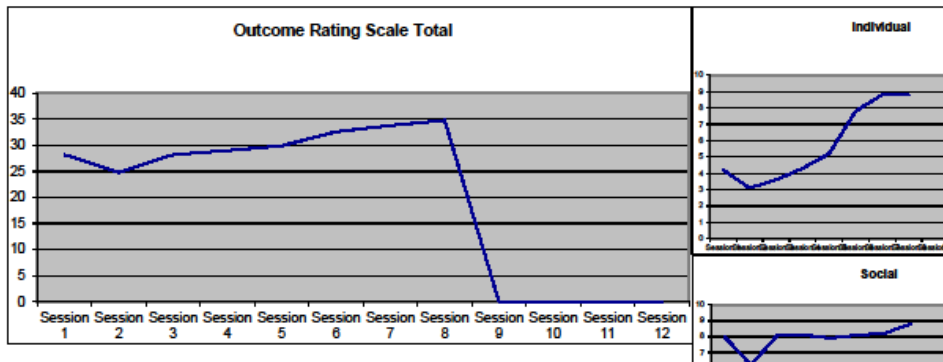


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The PCOMS Performance Report. See www.brauchtworks.com/toolkit

Partners for Change Outcome Management System

		Date	Type								
Name:	Johnny B. Good	Start:	3-Jun-14	Peer Recovery Service							
Number:	691903	Transfer:	A								
Server:	Greta Listner	Reliable Change Index:	6.6	Clinically Significant Change: Y or N							
		* = Reason									
		Outcome Rating Scale									
Date	for Service	*Ind	Int	Soc	Overall	Total	Rel	GAT	AoS	Overall	Total
Session 1		4.2	7.8	8.0	8.2	28.2	9.3	10.0	10.0	10.0	39.3
Session 2		3.1	8.1	6.2	7.4	24.8	9.6	9.8	8.1	7.9	35.4
Session 3		3.6	7.9	8.1	8.6	28.2	10.0	9.8	9.9	9.8	39.5
Session 4		4.3	8.2	8.1	8.4	29.0	10.0	9.9	9.6	9.9	39.4
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											



Number	Name	Entry Program	ID #	(A)ctive (P)lanned Transfer (U)nplanned Transfer	Start Date	End Date	ORS Initial	ORS Last	# of Sessions	Raw Change	Reliable Change Index (6+ points)		Clinically Significant Change (RCI & 25+)		SRS Last
											Index (6+ points)	Clinically Significant Change (RCI & 25+)			
1	Johnny B. Good	PRS	691903	A	7-Jul-14		15.1	23.0	3	7.9	Y	N	39.0		
2	Noe Nohow	CRU	328945	P	2-Sep-14	####	18.6	23.0	5	4.4	N	N	40.0		
3	Wilit Help	WAC	763247	P	10-Mar-14	####	32.5	36.3	9	3.8	N	N	40.0		
4	Scooby Doo	PRS	123436	P	11-Jul-14	####	14.2	19.9	12	5.7	N	N	38.7		
5	Swirtly Taylor	WAC	654321	P	14-Jan-14	####	36.4	32.7	2	-3.7	N	N	36.4		
6	Mr. T	CRU	234567	P	11-Aug-14	####	20.3	31.9	6	11.6	Y	Y	40.0		
7	Elvis	PRS	918273	U	8-Jan-14	####	11.7	34.2	2	22.5	Y	Y	38.8		
8	Canu Elpme	CRU	453627	A	17-Jan-14		20.5	19.4	2	-1.1	N	N	39.4		
9	Truly Yavis	PRS	964738	P	14-Feb-14	####	23.6	31.3	6	7.7	Y	Y	39.8		
10															
11															
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16															
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20															

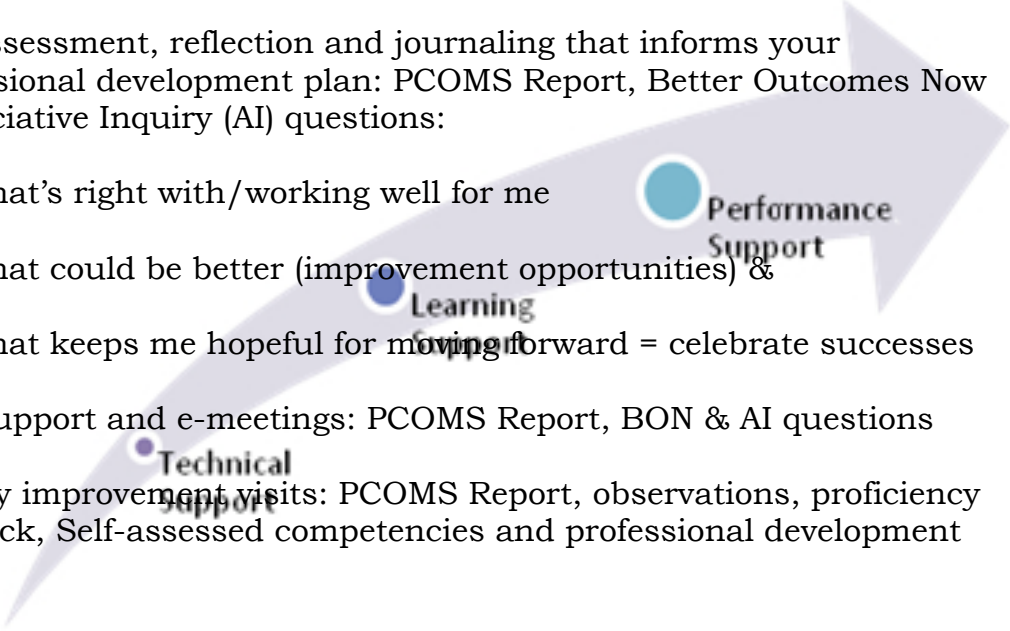
My Effect Size	Participants	Weeks in Service	Average Stand	Average Dev	Average Stand	Average Dev	Planned - Met RCI	Planned - Met CSC	Average StandDev
0.99	Active	2	21.4	28.0	5.2	6.5	2	2	39.1
	Planned	6					% Planned - Met RCI	% Planned - Met CSC	StandDev
	Unplanned	1	8.28	6.57	3.49	7.58	33.3%	33.3%	1.15
	Total	9	Highest	Highest	Highest	Highest	Unplanned - Met RCI	Unplanned - Met CSC	Highest
	Peer Recovery Support	4	36.4	36.3	12.0	22.5	1	1	40.0
	Change R Us	3	Lowest	Lowest	Lowest	Lowest	% Unplanned - Met RCI	% Unplanned - Met CSC	Lowest
	We All Change	2	11.7	19.4	2.0	-3.7	100.0%	100.0%	36.4
			Total Transfers - Met RCI				Total Transfers - Met RCI	Total Transfers - Met CSC	
			3				3		
			% Total Transfers - Met RCI				% Total Transfers - Met RCI	% Total Transfers - Met CSC	
			42.9%				42.9%		

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Better Outcomes Now. See www.betteroutcomesnow.com

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 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, 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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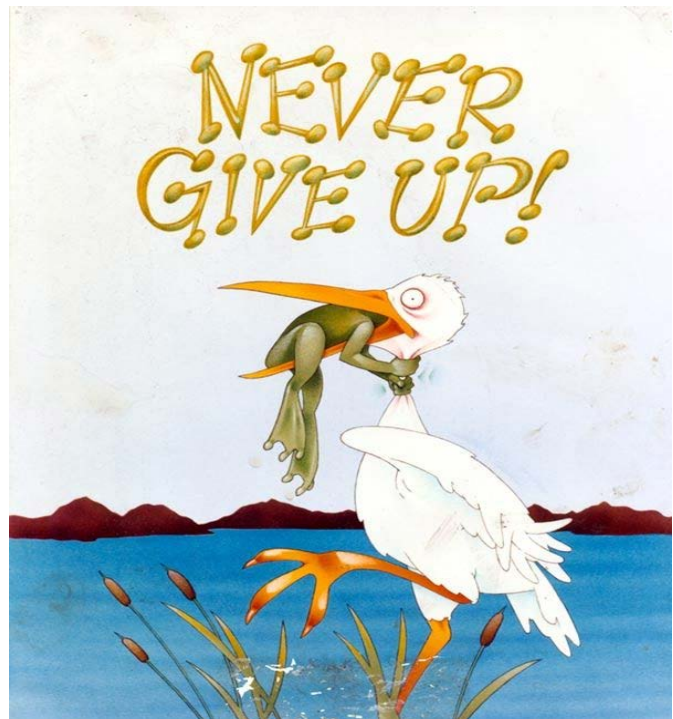
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A Typical Agency/Program PCOMS Implementation Process

1. Identify funding/grant
2. Establish a steering team and implementation plan
3. Board/agency resolution
4. Initial training: Pilot sites
5. Ongoing performance support
6. Early adopters'/champions' training of trainers

**Start
by doing what's necessary,
then do what's possible,
and suddenly you are doing
the impossible.**

St. Francis of Assisi



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Resources and References

1. www.heartandsoulofchange.com, www.pcoms.com,
www.betteroutcomesnow.com
2. www.brauchtworks.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.

