


Love Your PCOMS Data in 30 Minutes!
 April 9: 5:00pm -6:30pm
 April 11: 9:00am-10:30am

George S. Braucht, LPC
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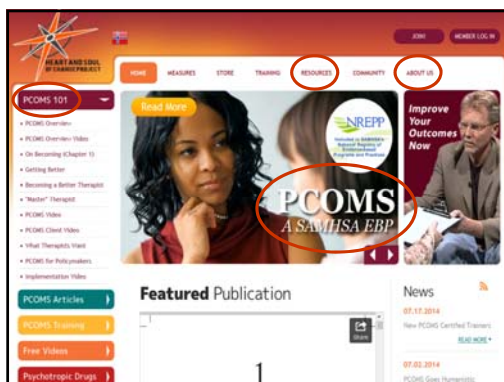
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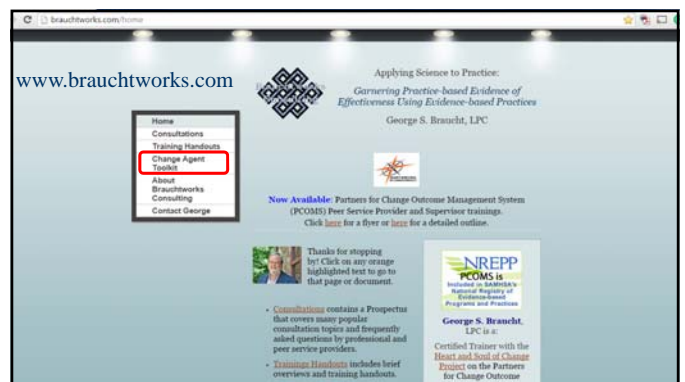
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Love Your PCOMS Data in 30 Minutes Objectives: Upon completion, participants will be able to...

1. Identify the top 10 reasons therapists use the Partners for Change Outcome Management System (PCOMS)
2. Assess your clients' progress with three key indicators
3. Participate in performance support processes to enhance your currently experienced and cumulative career growth

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

- ▶ True
- ▶ False



PCOMS Performance Support:
 Promoting currently experienced and cumulative career growth




I just want to help people.

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



George Eliot
 (Mary Ann Evans, 1819-1880)

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

- ▶ Agree
- ▶ Disagree
- ▶ Not sure




Empathy, Genuineness & Positive Regard
 Carl Rogers (1957) *The Necessary and Sufficient Conditions of Therapeutic Personality Change*

Lambert (2013)

- ▶ **Empathy:** Meta-analysis (MA) of 57 studies found r of .31
- ▶ **Positive Regard:** MA of 18 studies found r of .27
- ▶ **Genuineness:** MA of 16 studies found r of .24

☞ Each is more powerful than any technique you can ever wield. Model differences a d of .20



Top 10 Reasons for Not Using PCOMS

- #10 This doesn't fit my therapy model; it's for brief therapy only.
- #9 The results will be used against me.
- #8 Clients won't do it; it is insensitive when they are in crisis.
- #7 You can't reduce people to a number.
- #6 People will lie on these measures or try to please.
- #5 A 4-item measure is too simple to be valid.
- #4 This won't work with my client population.
- #3 It's naive to think that we can always follow client direction or privilege the client's view.
- #2 It's just more paperwork that will interfere with the relationship.
- #1 I already know: a) whether clients are benefiting and b) if I have a good alliance.

Dr. Michael Lambert
 Brigham Young University



[youtube.com/watch?v=-5lalowDL-o](https://www.youtube.com/watch?v=-5lalowDL-o)

Top 10 Motivations for Using PCOMS

- #10 I want to improve my effectiveness.
- #9 I like how client feedback can help me expand my skills.
- #8 I like the idea of consumer participation.
- #7 I like the structure and focus it provides.
- #6 I want to do evidence-based practices.
- #5 I like this evidence-based approach better than specific treatments for specific diagnoses or learning more models.
- #4 I like the research support (the four RCTs) for PCOMS & the importance of the client & the alliance to outcome.
- #3 I want to develop as a therapist & this helps me know if I am.
- #2 I want to be accountable for my services.
- #1 I like the idea of privileging/empowering clients for social justice.

PCOMS Performance Support:
 Four steps currently experienced and cumulative growth



1. **Start** by looking at all graphs or lists of client ORS scores. **Job One:** ensure valid use of the measures & data integrity
2. **Spend** the most time on at-risk clients: shape discussion and brainstorm options; look for over-utilization
3. **Review** stats & discuss ways to improve; Encourage reflection and action
4. **Mentor** via skill building, client teachings, & ongoing reflection




PCOMS Performance Support:
 Three key progress indicators

1. Valid initial Outcome Rating Scale (ORS); Duncan, 2014
 - ⊙ 35+: Invalid initial score - why come to see you?
 - ORS average, 500,000+ administrations: 18-20
 - ➔ Goal: Less than 1/3rd over the Clinical Cutoff (25, 28, 32)
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)

Clinical Nuances:
 ORS & SRS are not perfunctory

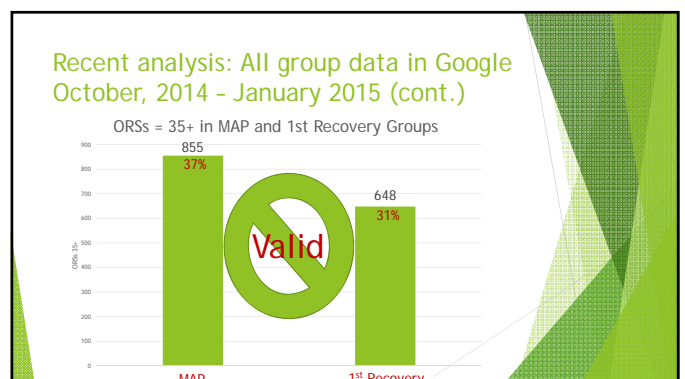
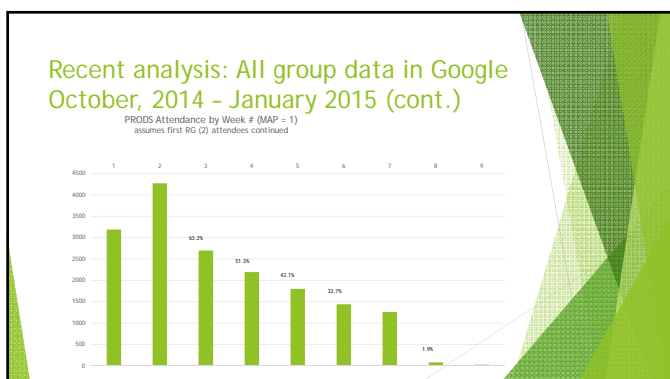
1. Administering ORS, But Don't Get It. Clients must understand purpose (monitoring outcome, privileging their perspective); Helpers must understand & convey it; no data integrity
2. Administering ORS, Using Some. But not the clinical cutoff or numbers...no continuity; no data integrity
3. Administering 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

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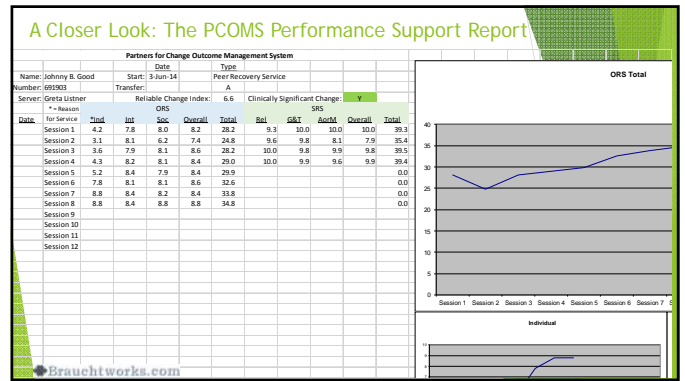
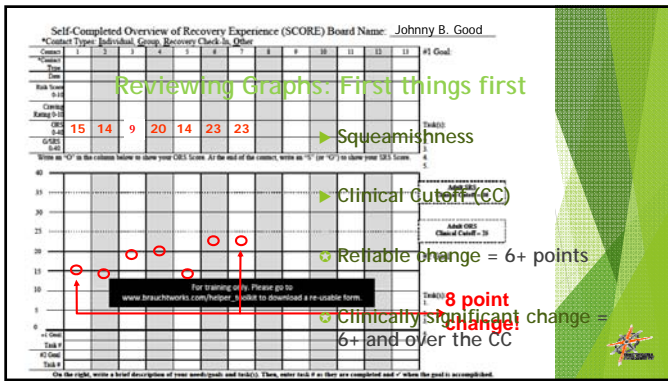
Recent analysis: All group data in Google
 October, 2014 - January 2015

- ✓ Participants = 4,590 (includes duplicates)
- ✓ Counselors = 58
- ✓ Weeks = 0 - 18
- ✓ MAP Group ORSs = 3,314
- ✓ Recovery Group ORSs = 15,558



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A Closer Look: The PCOMS Performance Support Report

Name	Entry	Program	ORs	Raw Change	Reliable Change Index (RCI)	Clinically Significant Change (CSC & PSC)	SRS	
1. Anthony B. Good	PRS	010205	A	7.00-14	15.5	23.0	5	7.9
2. New Network	CRU	328945	P	2 Sep-14 13 Sep-14	18.6	23.0	5	4.4
3. Keith Miller	WMC	562847	P	10 Mar-14 10 May-14	30.5	38.4	9	9.8
4. Kimberly Doss	PRS	127056	P	11 Jul-14 13 Sep-14	14.2	19.9	12	5.7
5. Keith Miller	WMC	564821	P	16 Jun-14 28 Jun-14	36.8	38.2	7	20.7
6. Mr. T	CRU	248567	P	11 Aug-14 22 Sep-14	20.3	13.9	6	13.6
7. Josh	PRS	518170	U	8 Jun-14 13 Jun-14	19.7	14.2	7	20.5
8. Curtis Flame	CRU	451827	A	17 Jan-14	20.5	19.4	2	-1.1
9. Tracy Travis	PRS	564758	P	14 Feb-14 28 Mar-14	25.6	33.3	6	7.7


Data Integrity: Look for...

- 30% or more of Intake ORSs over the Cut-off
Client or therapist does not understand the ORS - Role play introducing the ORS during performance support
- ORSs between 35-40
Client or therapist does not understand the measures; Rarely a good score; even mandated clients don't score this high - Role play introducing the ORS during PS, discussing overall and sub-scale scores when they don't match the client's description of her/his recent experience
- ORS Graph Look Like a Saw
Being used as an emotional thermometer; Client or therapist does not understand the ORS - Role play connecting the client's reason for service to the marks on one or more ORS subscales during performance support.

-
- Available PCOMS Performance Support
- #1 Reflection and self-assessment: PCOMS Report; challenges and successes
 - #2 Peer support: discuss challenges and celebrate successes (DCACS)
 - #3 Quality improvement visits: proficiency feedback, DCACS, and professional development plan
 - #4 Performance support webinars: PCOMS Reports DCACS

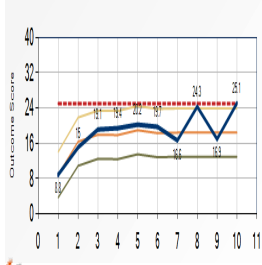
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- PCOMS Performance Support Conversation: The longer without change, the quicker to #6
1. What does the client say?
 2. Is the client engaged? SRSS?
 3. What have you done differently?
 4. What can be done differently now?
 5. What other resources can be rallied?
 6. Is it time to fail successfully (referral)?

Non-Blaming Planned Transfers: Adjuvant services or planned transfers



- ⊙ Not **dumping** clients
- ⊙ Says nothing about the helper's competence
- ⊙ Says nothing about client's ability to change
- ✓ Says everything about doing something positive and proactive about clients who are not benefiting

Reviewing Graphs: Over-utilization



- ▶ ORS represents the client's perceptions or feelings about life in general instead of being connected to the purpose for coming to the service
- ▶ When max benefit reached, talk about stepping down; not discharge, but planning for continued recovery out of treatment
- ▶ If service is not stepped down, graphs look like a saw, rising and falling with everyday life; clients are dis-empowered


PCOMS Performance Support: Four steps

1. Start by looking at all graphs or lists of client ORS scores. Job one is ensuring valid use of the measures & data integrity.
2. Spend the most time on at-risk clients: shape discussion and brainstorms options; look for over-utilization
3. Review stats & discuss ways to improve; Encourage action
4. Mentor via skill building, teaching, & ongoing reflection about performance



Love Your Data in 30 Minutes (or less): Key performance indicators

1. Initial ORS 35+?
2. Reliable change: 6+?
3. Clinically significant change: 6+ and crossing the clinical cutoff?



Collaborative Professional Development: Form a plan



- ☑ Discuss stats openly and ask for supervisor's ideas
- ☑ Co-develop a professional development plan and implement; evaluate quarterly; modify if outcomes are not improving
- ☑ Engage in continued reflection

Reflecting on Currently Experienced Growth

Review current clients and consider ongoing lessons

- ☞ Did you experience anything different?
- ☞ Did you do something you have never done when clients were changing?
- ☞ When they weren't?
- ☞ Has this changed your work?
- ☞ What does this mean in terms of how you think about your work and your identity as a therapist?





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Learning from Clients with PCOMS: One colleague's impressions

- I became more transparent, more courageous. I felt more secure and conveyed it.
- Clients and I got more concrete about change, how it started, and what else would be helpful.
- Feedback sharpened my focus. It pinpointed that we have a common purpose.





One Colleague's Impression of PCOMS Performance Support: Feedback... (cont.)

- Helped me take risks and invite negative comments.
- Made me more secure, I am far more daring. I am now more collaborative and allow things to emerge rather than following a set way to work.

Criminal Social Justice Outcomes & Roles




Every interaction is an opportunity to model prosocial behavior:
 Risk-Need-Responsivity Blended Interactions

Start Today!


- Self-assessment: PCOMS Performance Support Report
- Peer Performance Support
- Spectrum PCOMS Performance Support Webinar
 July date to be determined
- Monthly PCOMS Performance Support Webinar
 Email Sherri your preferred:
 - hour(s) of the day,
 - day(s) of the week, and
 - week(s) of the month

sherri.bloodworth@pap.ga.gov



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- Identify the top 10 reasons therapists use the Partners for Change Outcome Management System (PCOMS)
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THANKS
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ATTENTION
AND
PARTICIPATION!

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