Improving Retention, Outcomes and Supervision with the Partners for Change Outcome Management System (PCOMS): NAADAC Webinar, March 8, 2017

George S. Braucht, LPC & CPCS
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Certified Trainer in the Partners for Change Outcome Management System (PCOMS) with the Heart and Soul of Change Project
heartandsoulofchange.org

NREPP PCOMS is Included in SAMHSA's National Registry of Evidence-based Programs and Practices

The endless vine: Ancient symbol of Life, Infinity, or Discoverable Possibilities in Interweaving Flows of Being and Movement Within and Without
Improving Retention, Outcomes and Supervision with PCOMS

Presented by George S. Braucht, LPC & CPCS

March 8, 2017

Webinar Learning Objectives. Upon completion of this session participants will be able to:

1. Explain four research-based factors responsible for client change that cut across professional disciplines and preferred treatment models;

2. Assess the client’s vital perceptions of recovery progress and satisfaction so that services can be empirically tailored to the individual’s characteristics, circumstances, and resources; and

3. Use the simple yet feasible, valid, and reliable tools to gather practice-based evidence of service process and outcome effectiveness.

Promoting currently experienced and cumulative career growth

I just want to help people.

- Experimental-physiological psychology
- Community psychology
- Licensed Professional Counselor
- Certified Professional Counselor Supervisor
- Certified PCOMS Trainer with the Heart and Soul of Change Project: Dr. Barry Duncan

Key References

Poll Question #1: My primary role is:

- Treatment service provider (counselor, social worker, therapist, etc.)
- Prevention service provider
- Clinical supervisor
- Administrator
- Other
- Apparently I am in the wrong webinar

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Applying Science to Practice
Improving Retention, Outcomes and Supervision with PCOMS

George S. Braucht, LPC & CPCS
NAADAC Webinar; March 8, 2017

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

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

Incorporates the most robust predictors of therapeutic success into an outcome management system that partners with clients while honoring the daily pressures of front-line service providers.

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Applying Science to Practice

Poll Question #2: Empathy, genuineness and positive regard are the necessary and sufficient conditions for change.

- True
- False
- Not sure

Five Randomized Controlled Trials (so far!)

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

Compared to TAU…
- Larger treatment gains via ORS
- More clients reached reliable change and clinically significant change
- Attended more sessions

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 to Solicit and Provide Feedback (PINK OARSI)

1. Practice Intentionally Not Knowing
2. Open-ended questions
3. Affirmations/validations
4. Reflections/paraphrases
5. Summaries
6. Information-giving
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Over 1000 Studies of Relationship Quality or the Therapeutic Alliance

Client/Peer’s Theory of Change

Goals, Meaning or Purpose

Means or Methods

Client/Peer’s View of the Relationship

Poll Question #3: What percentage of your clients do not change or deteriorate?

• 10%
• 20%
• 30%
• 40+%*
• I don’t know

Dr. Michael Lambert
Brigham Young University

Look and listen for:

1. What percentage of clients:
   A. Don’t change
   B. Deteriorate
   C. Improve
   D. Achieve recovery

2. What to do about treatment failures?
   A.
   B.
   C.

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

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

ORS

- Begin interactions
- Jot notes/pics in margins
- If hand scoring, use the nearest whole number
- Discuss total & subscale scores to connect last week’s experiences to marks on each line & revise marks to match described experience

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Applying Science to Practice

Polling Question #4: I experience immediate growth and cumulative career development during or after most supervision interactions.

- True
- False
- I don’t know or rather not say

Cherokee Tribal Wisdom says upon discovering that you are riding a dead horse, the best strategy is to DISMOUNT and find a new horse. Today however, we often try other strategies.

- Buy a new whip because the government says it is an evidence-based practice and they will give us $$$.
- Declare that, “This is the way we have always ridden dead horses” or “This is how I learned to ride dead horses and I’ve gone far so just do as I say” perhaps to “protect your check.”
- Appoint a committee to study dead horses and write a white paper on “green” ways to make them faster.
- Arrange visits to far off lands to see how they ride dead horses.
- Attend training sessions on improving dead horse riding abilities.
- Harness several dead horses together for increased speed.
- Mindfully declare that, “No horse is too dead to beat.”
- Provide additional funding to buy GMO-enhanced hay.
- Write an organizational strategic plan on, “the horse is better, faster, and cheaper dead.”
- Promote the dead horse to a supervisory position.

Provider Variation: Feedback Improves Effectiveness!
Improving Retention, Outcomes and Supervision with PCOMS

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1. Administering ORS, But Don’t Get Its Purpose.
   - ORS scores…Use but no continuity; no data integrity
   - Clients/peers must understand PCOMS’ purpose (monitoring outcomes & privileging client perspective);
   - Helpers must understand & convey it; no data integrity
   - Clients/peers must understand PCOMS’ purpose
   - 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 at-risk clients/peers: shape discussion and brainstorms options; look for over-utilization
3. Review stats & Appreciative Inquiry:
   a. What’s working
   b. Opportunities to improve
   c. Ways to improve; Encourage reflection, journaling & action
4. Mentor for skill building, client/peer teaching, and ongoing reflection

Clinical Nuances of the ORS & SRS = Not Perfunctory
1. Administering ORS. But Don’t Get Its Purpose. Clients/peers must understand PCOMS’ purpose (monitoring outcomes & privileging client 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

A Closer Look: The PCOMS Performance Report
brauchtworks.com/toolkit

A Closer Look: The PCOMS Performance Report (cont.)
brauchtworks.com/toolkit

Data Integrity: Look for...
1. 30% or more of Intake ORSs over the Cutoff
   - Client/peer or therapist does not understand the ORS - Role play introducing the ORS during performance support, watch a peer who has better results
2. ORS between 35-40
   - Clients/peers do not understand the measures; Rarely a good score; even mandated clients/peers 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/peer’s description of her/his recent experience; watch a peer who has better results
3. ORS Graph Looks Like a Saw
   - Being used as an emotional thermometer; Client/peer or helper does not understand the ORS - Role play connecting the client/peer’s reasons for service to the marks on one or more ORS subscales during performance support; watch a peer who has better results

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Participating in Appreciative PCOMS Performance Support

#1 Self-assessment, reflection and journaling that informs your professional development plan: PCOMS Report, Appreciative Inquiry (AI) questions:
1) What’s right with you today?
2) What could be better (improvement opportunities) &
   what keeps you hopeful (celebrate successes)
#2 Peer support and e-Meetings: PCOMS Report & AI questions
#3 Quality improvement visits: PCOMS Report, observations, proficiency feedback, AI questions

Non-blaming Transfers:
Warm handoff to adjunct services or planned transfers

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

Typical Appreciative PCOMS Performance Support Conversation: The longer without change, the quicker to #7

1. What does the client/peer say about 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 to plan for transfer (successfully)?
Questions?

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Thanks for your attention and participation!

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

St. Francis of Assisi
**Outcome Rating Scale (ORS)**

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<tr>
<th>Individually</th>
<th>(Personal well-being)</th>
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<th>Interpersonally</th>
<th>(Family, close relationships)</th>
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<th>Socially</th>
<th>(Work, school, friendships)</th>
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<th>Overall</th>
<th>(General sense of well-being)</th>
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Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

**ATTENTION:** TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

The Heart and Soul of Change Project

www.heartandsoulofchange.com

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Session Rating Scale (SRS V.3.0)

Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.

**Relationship**

I did not feel heard, understood, and respected.  
I felt heard, understood, and respected.

**Goals and Topics**

We did not work on or talk about what I wanted to work on and talk about.  
We worked on and talked about what I wanted to work on and talk about.

**Approach or Method**

The therapist’s approach is not a good fit for me.  
The therapist’s approach is a good fit for me.

**Overall**

There was something missing in the session today.  
Overall, today’s session was right for me.

Heart and Soul of Change Project  
www.heartandsoulofchange.com

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<table>
<thead>
<tr>
<th>Goal</th>
<th>Interaction # &amp; Type*</th>
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Briefly describe your goals & task(s) in the column on the right. When a goal is accomplished, write an "O" in the column below to show each of your ORS scores.

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

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Welcome to our Recovery Action and Progress Group: Glad you’re here! 150815

First, complete an **Outcome Rating Scale (ORS)** and update your **SCORE Board**.

Second, review the (A.) **Safety and Respect Guidelines**.

Third, a participant (B.) **Checks-in** with another participant using the (C.) **Relationship Enhancement Skills (PINK OARSI) for Mutually Beneficial Relationships**. Afterwards, that participant Checks-in with someone else. Repeat until every participant checks-in with the group.

Last, about 10 minutes before group ends, complete the **Group Session Rating Scale (GSRS)** then discuss the scores and what will make the next group better. Add GSRS score to **SCORE Board**.

**A. Safety and Respect Guidelines**

1. Turn off cell phones, computers, etc., & tell someone before you leave the room.
2. Vegas Rules: Say “Vegas Rules” before you say something not to be repeated outside.
3. No fixing! Instead, share what recovery activities have worked for you by saying “I….”
4. What other guidelines will help make this a safe and respectful place for you? Add to flip chart/

**B. Check-in. Use the Relationship Enhancement Skills (PINK OARSI) and ask…**

1. What’s **right** with you today?
2. What is your Outcome Rating Scale (ORS) score?
   a) What **progress** did you make since your last group on your **recovery goals**? You may show your **SCORE Board**. b) In which area (subscale) did the most improvement occur?
3. What is your highest **craving/challenge level** since the last group, from 0-10, with 0 = No alcohol or illicit drug use or troubling feelings or thoughts about the challenges that brought you to this group occurred; 10 = Used AOD or had challenging feelings, thoughts or behaviors
4. How **safe and sober** is where you are staying tonight? 0 = Not at all; 10 = Completely
5. Would you like more time to discuss a topic after everyone has checked in?

**C. Relationship Enhancement Skills (PINK OARSI) for Mutually Beneficial Relationships**

1. **Open-Ended Questions:** First listen from the position of intentionally not knowing with curiosity, imagination, intuition, and wonder then ask; Who, What, When, Where, How or Why
2. **Affirmations/Validations:** Affirm, validate and show understanding of the other person’s perspective and focus on her or his strengths; “You stayed sober last weekend!”; “You avoided…”; “You’re concerned about…”; “You learned…”; “You would like for us to…”; etc.
   - Begin with “You…,” not “I”
   - Describe observed characteristics and behaviors
   - Avoid problem solving
   - Attribute interesting qualities to the person
   - Focus on strengths or positive attributes that you see, hear and/or feel
3. **Reflections/Paraphrases:** State feelings/thoughts that you heard and/or saw
   - Begin with: “You think (feel)…,” “You’re wondering if…,”
4. **Summaries:** Short, clear statements that organize the main points that have been said
5. **Information giving:** Use OARS first, ask for permission before sharing as potential options, share how you feel and what you need in this mutually beneficial relationship
Brief Opioid Overdose Knowledge (BOOK) Questionnaire


Name: ______________________________________   Date: ___________________________

Instructions: For each of the following items, please ✓ whether you believe the answer is TRUE or FALSE. If you are not certain, please ✓ “I DON’T KNOW”.

1. Long-acting opioids are used to treat chronic “around the clock” pain ............................................................... ☐ ☐ ☐
2. Methadone is a long-acting opioid................................. ☐ ☐ ☐
3. Restlessness, muscle and bone pain, and insomnia are symptoms of opioid withdrawal................................. ☐ ☐ ☐
4. Heroin, OxyContin, and fentanyl are all examples of Opioids................................................................. ☐ ☐ ☐
5. Trouble breathing is NOT related to opioid overdose. .. ☐ ☐ ☐
6. Clammy and cool skin is NOT a sign of an opioid overdose ............................................................................. ☐ ☐ ☐
7. All overdoses are fatal (deadly). ..................................... ☐ ☐ ☐
8. Using a short-acting opioid and a long-acting opioid at the same time does NOT increase your risk of an opioid overdose ..................................................................................... ☐ ☐ ☐
9. If you see a person overdosing on opioids, you can begin rescue breathing until a health worker arrives .......... ☐ ☐ ☐
10. A sternal rub helps you evaluate whether someone is unconscious................................................................. ☐ ☐ ☐
11. Once you confirm an individual is breathing, you can place him/her into the recovery position ..................... ☐ ☐ ☐
12. Narcan (naloxone) will reverse the effect of an opioid overdose ............................................................................. ☐ ☐ ☐

Distributed by George S. Braucht, LPC & CPCS
Website: www.brauchtworks.com; Phone: 404-310-3941; Email: george@brauchtworks.com
Brief Opioid Overdose Knowledge (BOOK) Questionnaire
Scoring Instructions

A. Opioid Knowledge Subscale

Items 1, 2, 3, 4: Number of TRUE = _______ divide by 4 = _______%*

B. Opioid Overdose Knowledge Subscale

Items 5, 6, 7, 8: Number of FALSE = _______ divide by 4 = _______%*

C. Opioid Overdose Response Subscale

Items 9, 10, 11, 12: Number of TRUE = _______ divide by 4 = _______%*

D. BOOK Total Score =

_______ divide by 12 = _______%**

*4/4 = 100%; 3/4 = 75%; 2/4 = 50%; 1/4 = 25%

**12/12 =100%; 11/12 =92%; 10/12 =83%; 9/12 =75%; 8/12 =67%; 7/12 =58%; 6/12 =50%