

Just the Facts Ma'am

Becoming Better With Your Next Client



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Getting Started
Just the Facts Ma'am

- The nuts & bolts, not for starting next month, or even next week—but with your next client
- Feedback is the way to transcend average.



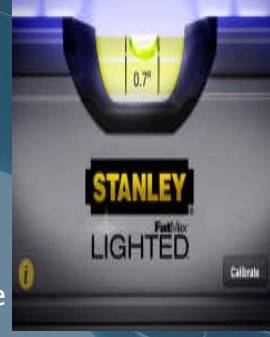
Client Privilege and Social Justice
Clients Have Been Missing Persons



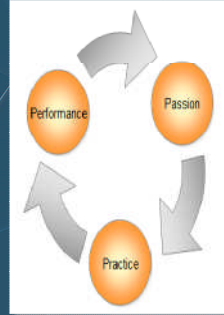
Despite well-intentioned efforts, **the infrastructure of therapy (paperwork, policies, procedures, and professional language)** can reify non-contextualized descriptions of client problems and silence client views, goals, and preferences.

The Measures and Social Justice
"Leveling" the Counseling Process

- Invites clients into inner circle of decision making
- Available in multiple languages
- Voice to diversity and the disenfranchised
- Local culture and context over privileged knowledge



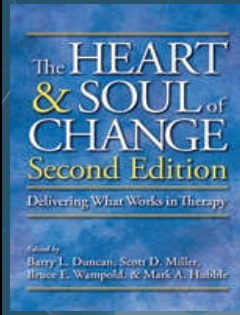
Skill Building: **Partners for Change Outcome Management System**



3 Skills of PCOMS (The Three I's)

- **Introducing** the Measures
- **Integrating** Client Feedback into Practice
- **Informing** and Tailoring Services Based on Client Feedback

Starting With the Predictors
Change and the Alliance



- **Client's** rating of the *alliance* the best predictor of engagement and outcome.
- **Client's** subjective experience of change early in the process the best predictor of success for any particular pairing.

Sooner Rather Than Later

Who drops out?

- The bulk of change occurs sooner rather than later

Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved

Howard, K. et al. (1986). The dose-effect response in psychotherapy. *American Psychologist*, 41, 159-164.

It's A Fact

Early Change is The Rule

Early change in treatment is a robust predictor of outcome and retention in treatment.

Gotta measure outcome!

Cannabis Youth Treatment Project

Project MATCH

http://www.chestnut.org/LL/Posters/CYT_%20MF_APA.pdf
 Babar, I.F., & DelBoca, F.K. (eds.) (2003). *Treatment Matching in Alcoholism*. United Kingdom: Cambridge, 113.

Some clients do take longer, but the mythology never dies

N=4676; 77% attended 8 or less, and 91% 12 or less

Note that even for the clients who take longer, change starts early...just is flatter

Baldwin, S., Berkejon, A., Atkins, D., Olsen, J., & Nielsen, S. (2009). Rates of change in naturalistic psychotherapy: Contrasting dose-effect and good-enough level models of change. *Journal of Consulting and Clinical Psychology*, 77(2), 203-211.

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.

Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs) _____
 Sex: M / F _____ Date _____
 Who is filling out this form? Please check one: Child _____ Caretaker _____
 If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things aren't so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

Me (How am I doing?)
 I ----- I (Smiley face)

Family (How are things in my family?)
 I ----- I (Smiley face)

School (How am I doing at school?)
 I ----- I (Smiley face)

Everything (How is everything going?)
 I ----- I (Smiley face)

The Heart and Soul of Change Project
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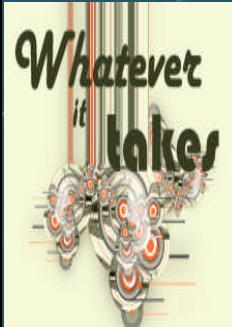
Creating A Culture of Feedback

- When scheduling, provide rationale for seeking feedback; convey commitment to their goals and highest quality of service...in your own words
- Work a little differently;
- If we are going to be helpful should see signs sooner rather than later; If not helpful, we'll seek consultation & consider a referral.
- No one has ever said: **Bad idea!**

The Outcome Rating Scale An Introduction

- *The ORS is an outcome measure that allows us to track where you're at, how you're doing, how things are changing or if they are not. It allows us to determine whether the therapy is being helpful so we can do something different if it's not helping. It also is way to make sure that your perspective stays central here, that we are addressing what you think is most important. It only takes a minute to fill out and most clients find it to be very helpful. Would you like to give it a try?*

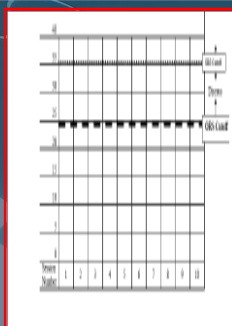
The First Session Whatever It Takes



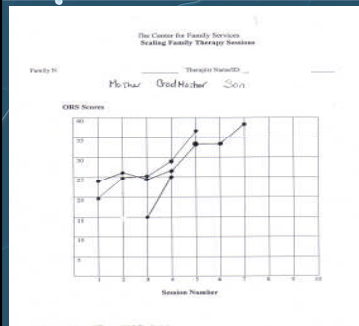
- You can't over-explain...
- Clients get this. Face validity.
- Whatever explanation the client gives is ok. Some will say: "You mean like poor to well?" or "Like 1 to 10?"
- It's their subjective experience that matters so their understanding of the measure is paramount.

Becoming Better Graphing: A Helpful Visual

- Adds a visual component—another way to focus tx
- At a glance tells the story of the client's progress.
- Allows you to dispense of the previous measures.
- Indispensable with couples & families, helps discuss multiple viewpoints

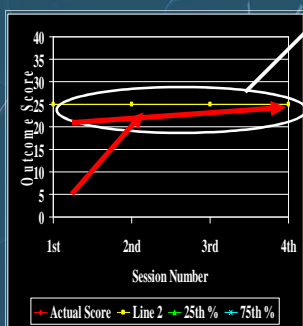


Using Graphs With Families



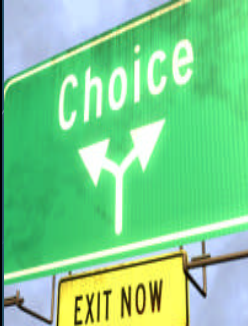
- Can easily see indiv. & family progress from session to session
- Can comment on other's scores in relation to own
- Invites family discussion about the next steps
- A visual indication of the need for changing approach, continuing, or ending.

The First Meeting The "Clinical Cutoff"

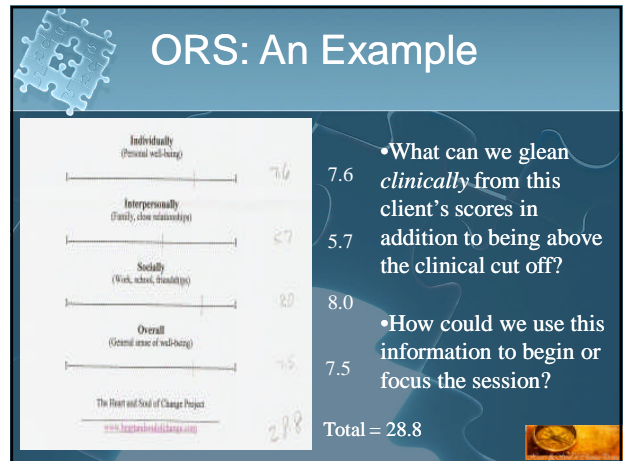
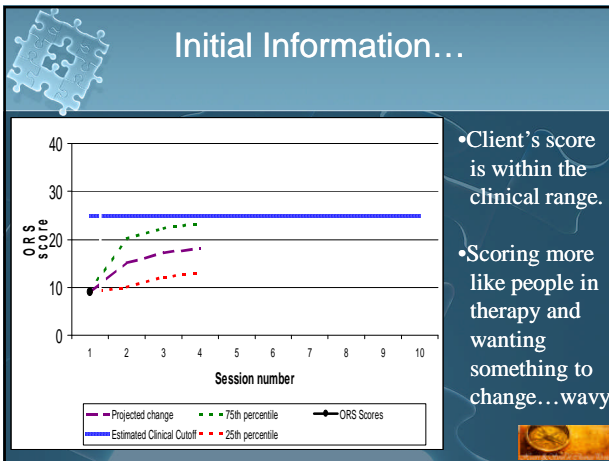


- The dividing line between a clinical & "non-clinical" population (25). For children (32) & adolescents (28); caretakers (28)
- Between 25-33% score in the "non-clinical" range.
- The slope of change decreases as clients approach the cutoff.

The Clinical Cutoff Only 2 Choices



- Either above or below.
- Mention client score as it relates to the cutoff & have the client make sense of it.
- Scores under cutoff may seem more straightforward
- Reporting distress similar to others seeking services—the lower the score, the higher the distress. Looking for a change.



The First Meeting Over the Clinical Cutoff

- Explore why the client entered therapy... two reasons: *circumscribed problem or mandated/coerced*
- If mandated, ask for the referral's rating as a catalyst for conversation... doesn't mean they are lying
- Focus on circumscribed problems or issues at hand
- Avoid exploratory or "depth-oriented" techniques or stirring the cauldron

First Session: Connect ORS to the Client's Described Experience

- At some point, **connect** the client's described experience of their lives to the marks on the scales

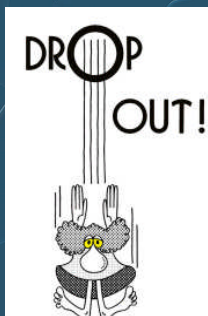
The ORS The Bare Bones

- No specific content other than domains—a skeleton to which clients add the flesh & blood of their experiences.
- At the moment clients **connect** the marks with what they find distressing, the ORS is a meaningful measure of progress & potent clinical tool. **Get a good rating**

40 Years of Data say...

- Client's rating of the *alliance* the best predictor of engagement and outcome
- Client's subjective experience of change early in the process the best predictor of success for any particular pairing.

Quickest Way Prevent Drop Out



- Clients drop out for 2 reasons: therapy is not helping (monitor outcome) & alliance problems—not engaged or turned on. Direct way to improve effectiveness is to keep people engaged in therapy.
- **Gotta measure the alliance**

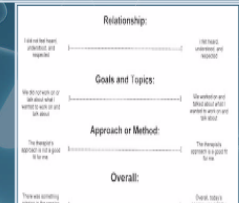
The Session Rating Scale Measuring the Alliance

Session Rating Scale (SRS V.3.0)

Name: _____ Age (Yrs): _____
 ID#: _____ Sex: M / F _____
 Session #: _____ Date: _____

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

- Give at the end of session;
- Each line 10 cm in length;



- Score in cm to the nearest mm;
- Discuss with client anytime total score falls below 36

Child Session Rating Scale (CSRS)

Name: _____ Age (Yrs): _____
 Sex: M / F _____
 Session #: _____ Date: _____

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

Listening

did not always listen to me. ----- listened to me.

How Important

What we did and talked about was not really that important to me. ----- What we did and talked about were important to me.

What We Did

I did not like what we did today. ----- I liked what we did today.

Overall

I wish we could do something different. ----- I hope we do the same kind of things next time.

Becoming Better A Culture of Feedback with the SRS


- When scheduling a first appointment, provide a rationale for seeking feedback regarding the alliance.
 - Work a little differently;
 - Want to make sure that you are getting what you need;
 - Take the "temperature" at the end of each visit;
 - Feedback is critical to success.
- Restate the rationale prior to administering the scale.
- **How not to do the SRS**



The Session Rating Scale An Introduction


- *Let's take a minute and have you fill out the other form that asks your opinion about our work together. It's kind of like taking the temperature of our relationship today. Are we too hot or too cold? Do I need to adjust the thermostat? This information helps me stay on track. The ultimate purpose of using these forms is to make every possible effort to make our work together beneficial. If something is amiss, you would be doing me the best favor if you let me know. Can you help me out?*

The Session Rating Scale Traditionally




- Told us with their feet
- Will let us know on SRS before telling/bolting.
- Takes work for candor.
- Disparity in power & socio-economic, ethnic, or racial diff., can make it tough. When was the last time you told your physician, "You're making a big mistake"?

But Don't Stress It's Okay



- Keep encouraging client to let you know...
- Have to KNOW: No bad news. Not a measure of competence or anything negative about you or the client. Gift from the client that helps you to be better.
- Unless you really want it, you are unlikely to get it.
- You won't get it from everyone.


The Session Rating Scale A Quick Visual Check



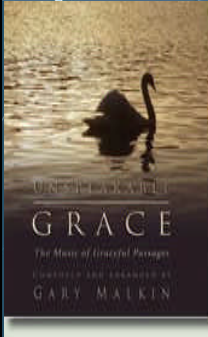
- Scores < 36 or 9cms should be discussed.
- SRS is good or its not. Either **thank** the client for the feedback, & **invite** them to share future concerns; or **thank** client & **explore** why their ratings are lower so that you can fix the concern.
- **Building the Alliance**

Thanks and Exploring What About Below 36 or 9cm?

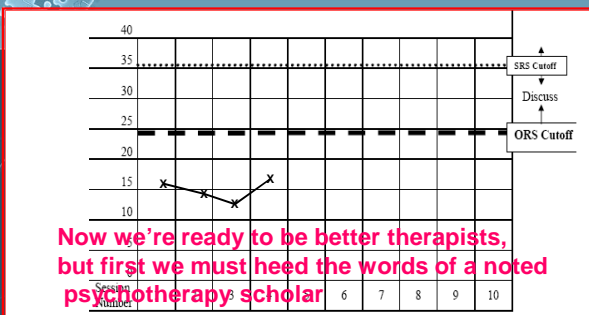
- Don't expect specifics or revelations—any feedback is a godsend
- Is there anything else I could have done, something I should have done more of or less of, some question or topic I should have asked?



The SRS Graceful Acceptance




- And a willingness to be flexible usually turn things around.
- Clients reporting alliance problems more likely for success. Lower scores on the SRS should be celebrated.
- If clients are comfortable enough to express something isn't right, then you are doing something great.



Now we're ready to be better therapists, but first we must heed the words of a noted psychotherapy scholar

Sage Psychotherapy Scholar: Mae West?



When I'm good, I'm very good, but when I'm bad, I'm better.

Granted, at first blush, these hardly seem like words for therapists to live by—but, as it turns out, they are.