Just the Facts Ma’am

Becoming Better With Your Next Client

Barry Duncan, Psy.D. www.heartandsoulofchange.com barrylduncan@comcast.net

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 rely on 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.

www.heartandsoulofchange.com
barrylduncan@comcast.net
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


ear the nearest millimeter.

Add the four scales together for the total score.

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

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!

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


ear the nearest millimeter.

Add the four scales together for the total score.

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

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?

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

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 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.

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 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 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.

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

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.

Initial Information…
- Client’s score is within the clinical range.
- Scoring more like people in therapy and wanting something to change… wavy

ORS: An Example
- What can we glean clinically from this client’s scores in addition to being above the clinical cut off?
- How could we use this information to begin or focus the session?

Total = 28.8
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

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

Measuring the Alliance

- 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

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

- 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”?

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.

---

**Sage Psychotherapy Scholar:**  
**Mae West?**

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