Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

• Call 877-820-7831 before 11:00 a.m.

• Enter passcode 107633#, when prompted.

• There are 200-600 participants. Please allow others a chance to ask questions.

• Questions may be asked, if time allows.

• To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
A Closer Look at One Evidence Based Practice of Outcome Informed Care
The Partners for Change Outcome Management System

Barry Duncan, Psy.D.
heartandsoulofchange.com
pcoms.com
betteroutcomesnow.com

The Home of over 250 Free Resources and the PCOMS Measures in 28 Languages
What Is Systematic Client Feedback or Outcome Informed Care?

- SCF involves the routine collection of consumer feedback to track improvement, identify at-risk clients, and facilitate adjustment of therapy to prevent treatment failure.
- Why Do It? Six Reasons

Mental Health/Substance Abuse The Good...

Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.
MH/SA Services

The Bad…

- Drop out rates average 47%, 60% w/SA
- Providers vary… a lot

Providers Differences

Incredible Variation

TDCRP: top third psychiatrists giving placebo bested bottom third giving meds; clients of best providers improve 50% more & dropped out 50% less; meds useful for clients of more effective, not for less—What accounts for the variability? Stay tuned…

And the Ugly Providers Don’t Know

- Graded their effectiveness, A+ to F—67% said A or better; none rated below average; Another study: 85% of their clients improve & 90% saw themselves as above the 75th percentile.
- Providers don’t know how effective they are.


No More Head in the Sand

- Despite overall efficacy, dropouts a problem, not everyone benefits, providers vary significantly & don’t have a clue about effectiveness.

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Improving or Not 
Not Rocket Science

- PCOMS simply identifies clients who are not responding so that the lack of progress can be addressed in a proactive way that keeps clients engaged while therapists collaboratively seek new directions. But does it improve outcomes?


Meta-analysis by Lambert & Shimokawa (2011) of PCOMS

Those in feedback group had **3.5 higher odds** of experiencing reliable change

Those in feedback group had less than **half the odds** of experiencing deterioration

Feedback attained **.48 ES**
PCOMS is a theoretical & therefore additive to any therapeutic orientation, including other EBPs; PCOMS applies to clients of all diagnostic categories.

Re Provider Variability
Feedback Improves Outcomes

- Norway: 9 of 10 got better outcomes
- Feedback raised effectiveness of the lower ones to their more successful colleagues.
- Provider in low effectiveness group became BEST w/feedback!
Addresses the Problems
Recapture Your At Risk Clients

- Feedback tailors services based on response, provides an early warning system to prevents drop-outs & negative outcomes, & solves provider variability—feedback improves performance as demonstrated in 6 RCTs

But What About the Real World?
Benchmarking Studies

- Compares results of RCTs to outcomes in real world. Real world much harder to secure good outcomes
- Comparable results would suggest a viable method of quality improvement
PCOMS In Public Behavioral Health


Achieved outcomes comparable to RCTs of depression and feedback. How? PCOMS!

6 RCTs, the largest benchmarking study ever conducted in public behavioral health, & a cohort study have shown that PCOMS delivers with youth & adults, in individual, couple, & group therapy, with both mental health & substance abuse problems, & with the impoverished and disenfranchised.
Client/Extratherapeutic Relationship Models/Techniques Placebo/Hope/Expectancy

40% 30.0% 15.0%


Clients Are the Lions of Change Account for Majority of Outcome

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

*African Proverb*
PCOMS makes consumers the historians of their own change

Partnering w/clients to monitor outcome engages the most potent factor of change

What Accounts for Provider Differences?
No Need to Hire Detectives

Providers with the best results:

- Are better at the alliance across clients; alliance ability accounts for most of provider differences

The Alliance

The Soul of Change

PCOMS tailors services to client expectations, preferences, and cultural worldview.

Does not leave the alliance to chance—applying the over 1000 studies of the power of the alliance.

PCOMS Incorporates the Predictors

Early 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.
The Research about Early Change Is a Gift

Clients who report little or no progress early on will likely show no improvement over the entire course of therapy, or will end up on the drop-out list—early change predicts engagement in therapy and a good outcome at termination. Provides a tangible way for us to identify folks who are not responding so that we can chart a new course.

The Outcome Rating Scale Measuring Early Change
Why You Should Do PCOMS: The 6 Rationales

1. Solves the bad and ugly via identification of non-responding clients
2. Supported by 6 RCTs conducted by the Heart & Soul of Change Project
3. A proven quality improvement strategy
4. Enhances the factors related to success.
   - Incorporates the known predictors of success (early change and the alliance)
5. And…

Operationalizes Client Privilege and Social Justice

- Puts the consumer’s voice center stage…is collaborative by design
- Allows services to be consumer driven; brings them into the inner circle of decision-making
- Partners in recovery-driven services
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

Scores to the millimeter.
• Add the four scales together for the total score.

Outcome Rating Scale (ORS)
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.

Individually: (Personal well-being)

Interpersonally: (Family, close relationships)

Socially: (Work, school, friendships)

Overall: (General sense of well-being)
The ORS Is Different Than Other Outcome Measures

- Not a list of symptoms;
- Individualized with client to represent idiosyncratic experience of life & reasons for service. Clients report distress/well-being on 4 domains & the conversation evolves this into a specific account of the reason(s) for service.

Introducing the ORS
Not Flicking Forms--Collaborative

- Convey the notion of monitoring outcome and ensuring client voice is heard.
PCOMS and BON
Everything Is Transparent

- This line tends to separate people who are receiving services from those who aren’t.
- This curve is what we hope will happen. We will use that line to help us track how things are going.

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 becomes a meaningful measure of their progress and potent clinical tool. What will it take to move your mark 1 cm to the right?
The Session Rating Scale
Building the Alliance

- Give at the end of session;
- Each line 10 cm in length;
- Reliable, valid, feasible

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

Session Rating Scale (SRS V.3.1)

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

Relationship:

[Marks indicating different levels of relationship satisfaction]

Goals and Topics:

[Marks indicating different levels of goal and topic satisfaction]

Approach or Method:

[Marks indicating different levels of approach or method satisfaction]

Overall:

[Overall satisfaction mark]

[Save or Cancel button]
Quickest Way to Prevent Drop Out

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

  Gotta measure the alliance
The Alliance Takes Work for Candor

- Told us with their feet; Will let us know on SRS before telling/bolting.
- Disparity in power & socioeconomic, ethnic, or racial differences can make it tough.
- 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.

Becoming Better Two Choices

- Either the client is improving or not.
- Engage client in discussion about progress, and what should be done differently if there isn’t any.
- Keeps clients engaged so that a new direction can be planned.
Hosting Therapeutic Conversations
Help Clients Take Responsibility

- When ORS scores increase, when you’re good, a crucial step to be very good is to help clients see gains as a consequence of their own efforts and make sense of its meaning so repeat in the future.

Hosting Therapeutic Conversations
When the Client Isn’t Benefitting

- Involve the client in the decision about what to do next, to elicit his or her ideas & formulate a plan.
- The discussion repeated in all meetings, but later ones gain significance and warrant additional action: Checkpoint and Last Chance Discussions.
Guard against explaining client response thru theoretical filters & folklore—puts us right back where we have traditionally been—attributing lack of change to the client. Client non-response means something else should be done, including changing the therapist.
Not an uninhabited terrain of technical procedures, nor the predictable path of diagnosis, prescription, & cure. Cannot be described w/o the client & therapist, co-adventurers in a journey across uncharted territory. Common factors provide landmarks for this interpersonal & idiosyncratic trip, & specific models provide well-traveled directions to consider, but feedback provides the compass, showing the way to the desired destination.