

# **How Families Make Therapy Work?**

## **Client Directed, Outcome-Informed Therapy**

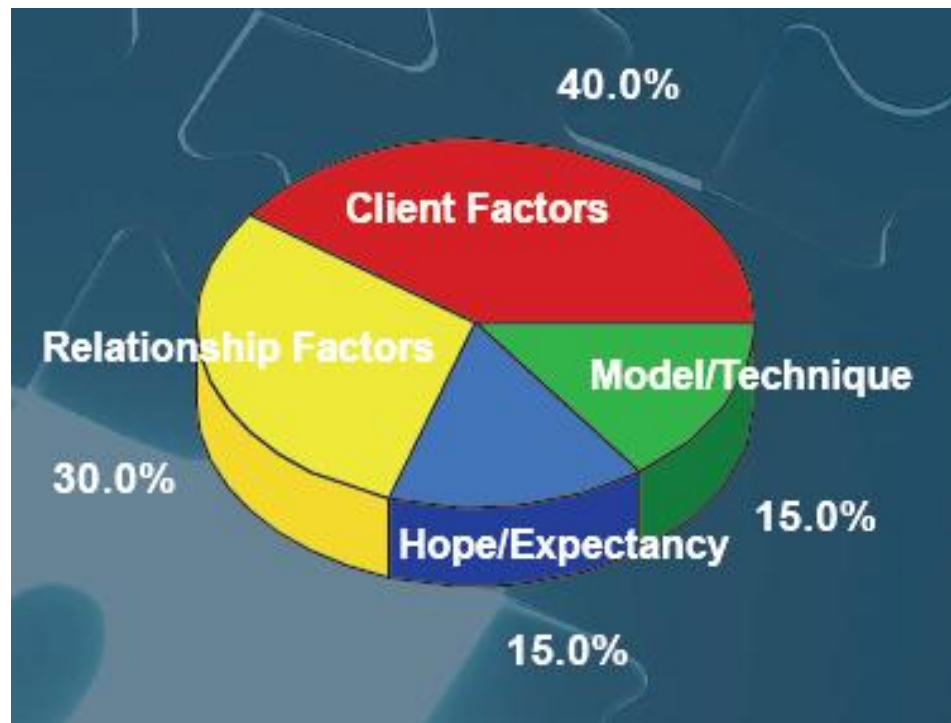
Paul Denborough & Rachel Barbara-May  
Alfred Child & Adolescent Mental Health Service

**Table 1: Differences between traditional and recovery-oriented services**

<b>Traditional approach</b>	<b>Recovery approach</b>
<b>Values and power arrangements</b>	
(Apparently) value-free	Value-centred
Professional accountability	Personal responsibility
Control oriented	Oriented to choice
Power over people	Awakens people's power
<b>Basic concepts</b>	
Scientific	Humanistic
Pathography	Biography
Psychopathology	Distressing experience
Diagnosis	Personal meaning
Treatment	Growth and discovery
Staff and patients	Experts by training and experts by experience
<b>Knowledge base</b>	
Randomised controlled trials	Guiding narratives
Systematic reviews	Modelled on role models
Decontextualised	Within a social context
<b>Working practices</b>	
Description	Understanding
Focus on the disorder	Focus on the person
Illness-based	Strengths-based
Based on reducing adverse events	Based on hopes and dreams
Individual adapts to the programme	Provider adapts to the individual
Rewards passivity and compliance	Fosters empowerment
Expert care co-ordinators	Self-management
<b>Goals of the service</b>	
Anti-disease	Pro-health
Bringing under control	Self-control
Compliance	Choice
Return to normal	Transformation

Since personal recovery is something the individual experiences, the job of staff is to support the person in their journey towards recovery. The remainder of this report describes what this means in practice.

# What Works in Therapy: The Common Factors



# What Works in Therapy

The most potent contribution to successful outcome is the resources clients bring to the agency and what influences their lives outside it.

Relationship factors – now usually called alliance or partnership predicated on strong agreement on goals and tasks of therapy.

Model – no one technique has really developed any superiority over any other.

# Successful Vs. Unsuccessful Therapists

- unsuccessful therapists focused on problems, neglected strengths
- successful therapists focused on strengths before moving to problems
- created an environment in which the patient felt he was perceived as a well functioning person

# The Alliance: Research Findings

- Quality of alliance more potent predictor of outcome than orientation, experience or professional discipline
- Client perception of the alliance a better predictor of outcome than therapists

## **Becoming Client Directed/Outcome Informed with Children and Families Takes:**

1. A belief in the value of client resources and wisdom
2. A commitment to engage these in the interests of change
3. Trust in the value of the alliance

# Fundamental Elements that Promote Recovery:



1. Hope
2. Empowerment
3. Mutual respect
4. Non-judgemental
5. Choice promoting
6. Collaborate
7. Solution focused
8. Strength based

*Jon Kroshel, Consumer Consultant, Alfred Psychiatry*

# Client Directed Outcome Informed (CDOI) Clinical Work



- No fixed technique or causal theory
- Consumer's voice is *privileged*, recovery is *expected*
- Purposeful, strong partnership with clients:
  1. enhance the factors that account for successful outcome
  2. use the client's ideas and preferences to guide clinical decision making
  3. inform the work with reliable and valid measures of the consumer's experience of the alliance and outcome

# Why CDOI Service Delivery is a Good Idea

- Worldwide movement to involve consumers in their care
- The use of evidence based practices (EBP) does not guarantee success
- "*Ongoing monitoring of patient progress and adjustment of treatment as needed are essential*" (APA)
- The combination of EBP with *practice based evidence* to ensure success at the individual client level

# Why CDOI Service Delivery is a Good Idea

- Clinicians often fail at identifying clients at risk of null or negative outcome
- *Alliance* and *Outcome* are strongly predictive of retention, progress and success of therapy
- CDOI monitors these two predictive variables with reliable, valid and feasible measures
- Ongoing consumer feedback regarding alliance and outcome dramatically increases success rates for at risk clients (65% on average)

# Consumer-Driven Outcomes Management

- Bringing together consumer empowerment and service accountability movements
- Dramatic improvements in outcomes when clients are engaged in shared decision making
- A new paradigm – a greater capacity for quality and efficiency improvement
- Consumer-friendly
- Highly feasible
- Easily implemented

## Adoption of Consumer and Family-Directed Care

*“Clinicians do not change outcomes alone but can do so in partnership with patients. Throughout most of the history of health care, we have focused on the clinician side of the equation. We have invested far less effort working with patients to understand how to leverage their participation in their own care. This represents an enormous untapped opportunity.”*

(Liang, 2007)

## Adoption of Consumer and Family-Directed Care

*"Given that meta-analytic research about mental health outcomes indicates that consumer factors account for 87 percent of change achieved in behavioural health services, harnessing consumers' capacity to contribute to change represents not only a socially just endeavour, but also the paramount quality improvement imperative"*

(Wampold, 2001)

## **Client Directed, Outcome Informed Practice**

Have to be on board with two things:

1. Have to think privileging the client is a good idea;
2. and have to want to be accountable.

## The ORS and SRS

- The client is asked to complete two very brief, but formal scales at each therapy session.
- The first is the Outcome Rating Scale (ORS) given at the beginning of each session to measure the client's experience of change or progress between visits.
- The second, called the Session Rating Scale (SRS) is completed at the end of each session and measures the client's assessment of the alliance.
- Each scale is comprised of four questions and the entire process takes only 2-3 minutes per visit.
- The fact that each of these scales is used at every session allows the therapist to change approach or style during therapy if a negative experience or poor progress is reported by the client.

# Measuring Outcome

## Outcome Rating Scale (ORS)

Name:  
UR#:  
Session # :      Date

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.

**Individually:**  
(Personal well-being)

I-----I

**Interpersonally:**  
(Family, close relationships)

I-----I

**Socially:**  
(Work, School, Friendships)

I-----I

**Overall:**  
(General sense of well-being)

I-----I

Institute for the Study of Therapeutic Change

[www.talkingcure.com](http://www.talkingcure.com)

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# 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.

### Relationship

I did not feel heard,  
understood, and  
respected

I-----I

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

I-----I

We worked on and  
talked about what I  
wanted to work on and  
talk about

### Approach or Method

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

I-----I

The therapist's  
approach is a good fit  
for me.

### Overall

There was something  
missing in the session  
today

I-----I

Overall, today's  
session was right for  
me

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## Measuring the Predictors

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

From: Hubble, Duncan and Miller, 1999, *The Heart and Soul of Change: What works in therapy*

## Using Feedback to Tailor Services

- The measures are designed to help tailor the treatment to fit the client's particular therapeutic goals.
- Technique is de-emphasized in favour of developing a strong therapeutic alliance and using the client's experience of the treatment as a guide for where treatment should go.
- This requires checking in with the client frequently to see whether therapy is working and using this formal feedback to guide treatment and evaluation.



- Active
- Inactive
- Closed

- RB-M
- ACAMHS
- headspace
- Rachel Barbara-May

## MyOutcomes

A user-friendly, Web-based tool for monitoring and improving outcomes for behavioral health treatment

### What Is MyOutcomes?

- An interactive Web-based application that administers the Partners for Change Outcome Management System (PCOMS)
- Monitors and improves treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance
- Provides the precision and reliability of an automated outcomes management system without extensive work, expense, or user burden

### Features Of MyOutcomes

- Identifies in real time clients who are at risk for negative or null outcomes
- Provides empirically based suggestions to increase the likelihood of success
- Aggregates data into reports on provider, program, and agency effectiveness for supervisory, administrative, and payment purposes

### Benefits Of MyOutcomes

- Proven valid and reliable in peer-reviewed studies
- 2-minute length boosts compliance and allows easy integration into treatment
- Has been shown to double treatment effect size

# Benefits of MyOutcomes



- For Clients
  - > Gives clients a voice in services.
  - > Boosts client satisfaction and service outcomes.
- For Clinicians
  - > Identifies in real time clients who are at-risk for negative or null outcomes
  - > Provides empirically-based suggestions that enable adjustments when services are at risk-for a negative or null outcomes.
- For Agencies
  - > Enables clinical supervision that improves provider performance
  - > Provides quantitative measures of success

# How MyOutcomes Works



- Tree view allows for fast and easy navigation among records
- User roles provide providers, supervisors, and administrators with access to appropriate records

# How MyOutcomes Works



- For each new client, data is collected on the client's demographics and planned services
- Data collection can be customized to develop norms for specific populations or service programs

Basic Information

### New Client Demographics

*\*Required*

User Name:  \*

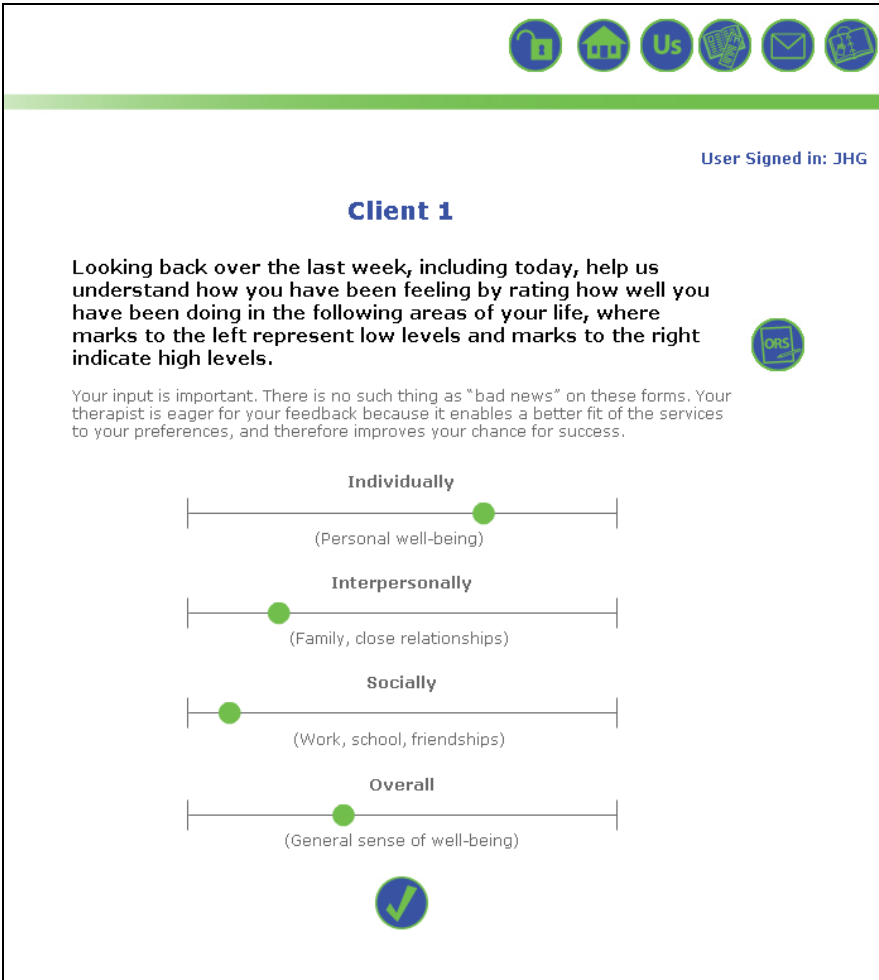
Name:

Date of birth: \*

Gender:

Finish Cancel

# Administers the ORS



The screenshot shows a user interface for the Outcome Rating Scale (ORS). At the top, there are navigation icons for home, user profile, ORS, messages, and a calendar. The user is signed in as 'JHG'. The interface is titled 'Client 1'. The main text asks the user to rate their well-being in four areas: Individually, Interpersonally, Socially, and Overall. Each area has a horizontal scale from 0 to 100, with a green dot indicating the user's rating. A 'URS' icon is visible on the right side of the text. At the bottom, there is a green checkmark icon.

User Signed in: JHG

### Client 1

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.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.

**Individually**  
(Personal well-being)

**Interpersonally**  
(Family, close relationships)

**Socially**  
(Work, school, friendships)

**Overall**  
(General sense of well-being)

- At each session, clients complete the Outcome Rating Scale
- A four-item self-report instrument
- Takes less than one minute to complete
- Assesses client's subjective assessment of change



# How MyOutcomes Works



- Clients and therapists receive real-time, empirically-based feedback
- Feedback messages flag at-risk cases and promote constructive dialogue



## Interpretation:

You are reporting that things are worse since your last visit.

## Activity:

Consider whether the downturn is simply a result of the ups and downs of life or related to the reasons you sought service and indicative of a need to change the type or amount of treatment.

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Individually: 2.6 out of 10

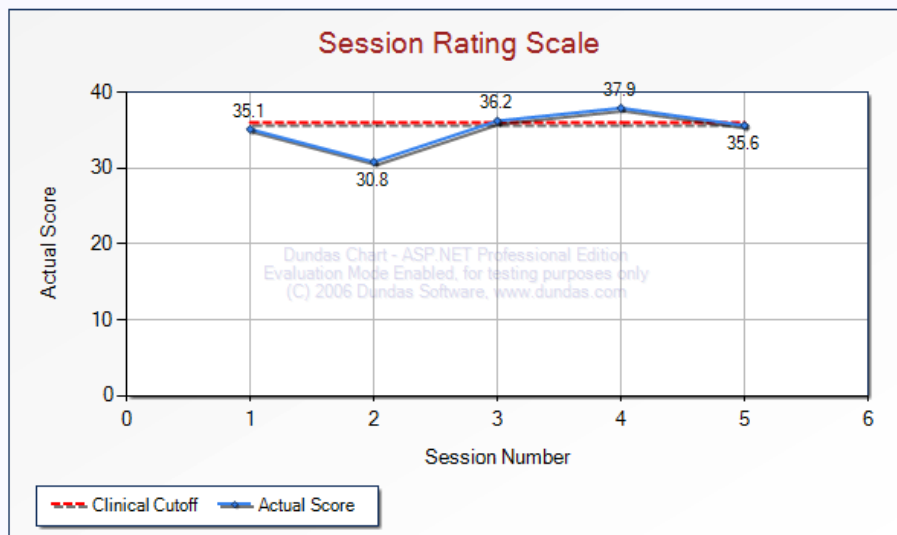
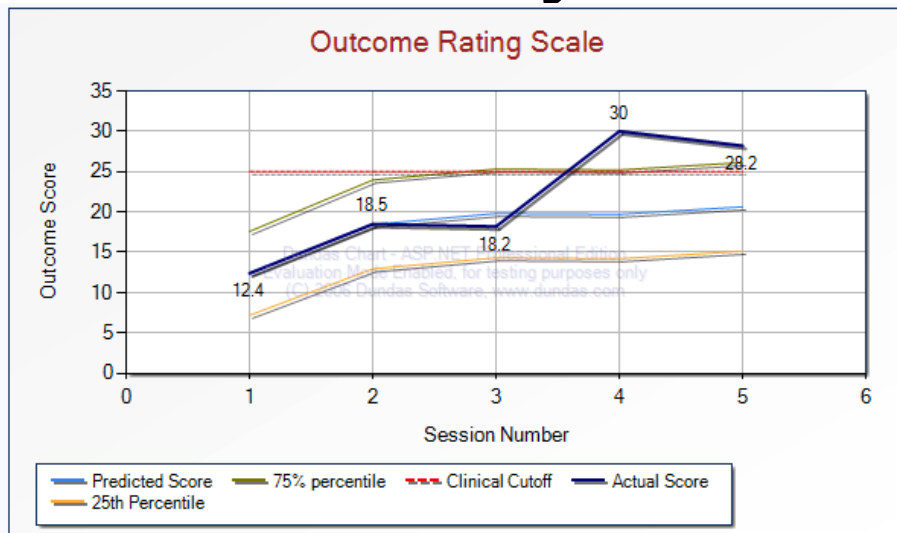
Interpersonally: 1.1 out of 10

Socially: 5.5 out of 10

Overall: 2.3 out of 10

Total Score: 11.5

# How MyOutcomes Works



- ORS scores are plotted in relation to an expected trajectory of change based on the client's intake score
- SRS scores are plotted in relation to the lower limit of established norms

# How MyOutcomes Works

- ORS scores are aggregated for providers, programs, sites, and agencies
- Supervisors, administrators, and payors can assess relative effectiveness

Aggregate Stats			
Category	Statistic	Active	Inactive
Overall Change	Average Intake ORS	13.2	15.6
	Average Most Recent ORS	21.6	16.5
	Average Raw Change	7.3	0.9
	Uncorrected Effect Size	1.0	0.1
Change vs. Session Targets	Average Change Index	-1.0	NA
	Corrected Effect Size	-0.1	NA
Change vs. Service Targets	Average Change Index	-0.3	-5.6
	Corrected Effect Size	0.0	-0.7
	% of Clients Reaching Service Targets	44.4	37.5
Sessions	Average Sessions	4.0	4.0
Clients	Total Clients	18	9

## Monitoring Our Outcomes

- Aggregate data on total clients involved in the pilot
- Aggregate data for each clinician involved in the pilot
- Session by session data, as well as aggregate data on each individual client
- Utilising the data in a number of ways:
  - to evaluate specific programs and client groups
  - to enhance practice across the clinic
  - to improve outcomes for individual clients
  - to inform supervision and clinical review processes

## Alfred CAMHS (Individual Patient)

Aggregate Stats		
Category	Statistic	Active
<b>Overall Change</b>	Average Intake ORS	<b>22.8</b>
	Average Most Recent ORS	<b>27.6</b>
	Average Raw Change	<b>5.1</b>
	Uncorrected Effect Size	<b>0.7</b>
<b>Change vs. Session Targets</b>	Average Change Index	<b>3.1</b>
	Corrected Effect Size	<b>0.4</b>
<b>Change vs. Service Targets</b>	Average Change Index	<b>3.0</b>
	Corrected Effect Size	<b>0.4</b>
	% of Clients Reaching Service Targets	<b>61.4</b>
<b>Sessions</b>	Average Sessions	<b>5.0</b>
<b>Clients</b>	Total Clients	<b>115</b>

## Alfred CAMHS (Collateral Rater)

### Aggregate Stats

<b>Overall Change</b>	Average Intake ORS	<b>21.7</b>
	Average Most Recent ORS	<b>27.3</b>
	Average Raw Change	<b>5.2</b>
	Uncorrected Effect Size	<b>0.7</b>
<b>Change vs. Session Targets</b>	Average Change Index	<b>3.0</b>
	Corrected Effect Size	<b>0.4</b>
<b>Change vs. Service Targets</b>	Average Change Index	<b>3.0</b>
	Corrected Effect Size	<b>0.4</b>
	% of Clients Reaching Service Targets	<b>63.5</b>
<b>Sessions</b>	Average Sessions	<b>3.9</b>
<b>Clients</b>	Total Clients	<b>232</b>

## adolescent group (8 sessions)

### Aggregate Stats

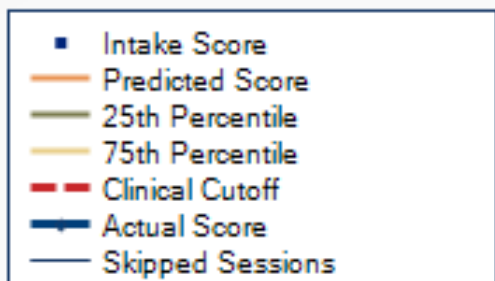
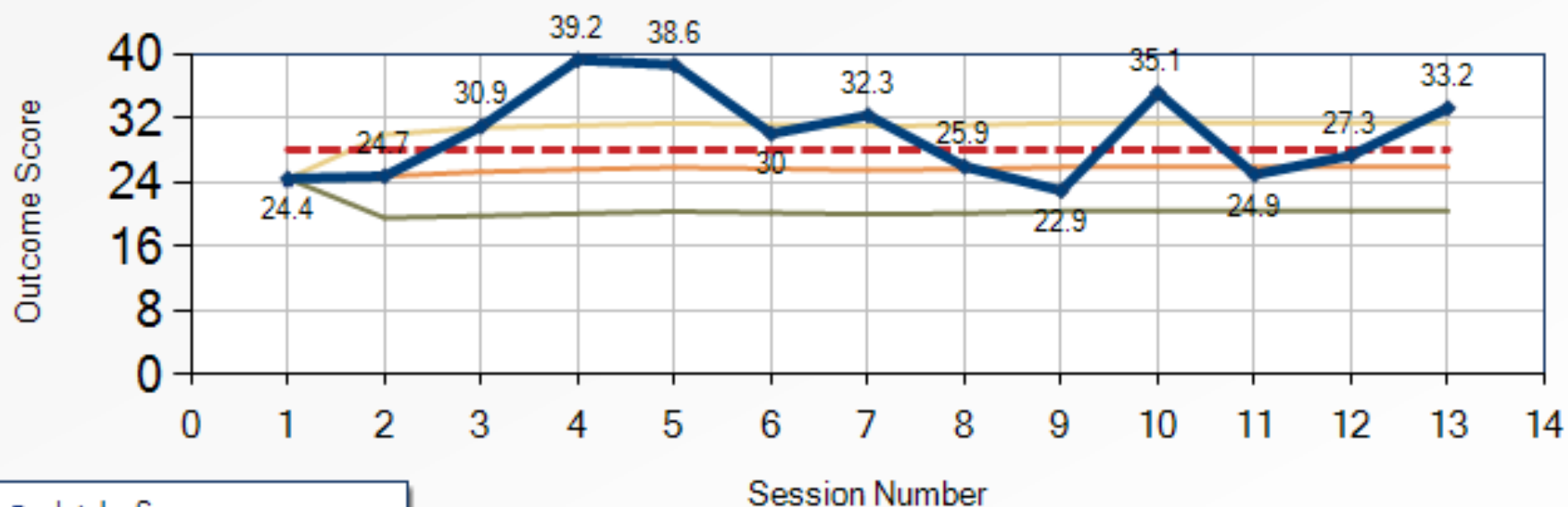
<b>Overall Change</b>	Average Intake ORS	<b>19.9</b>
	Average Most Recent ORS	<b>24.0</b>
	Average Raw Change	<b>4.0</b>
	Uncorrected Effect Size	<b>0.5</b>
<b>Change vs. Session Targets</b>	Average Change Index	<b>0.4</b>
	Corrected Effect Size	<b>0.1</b>
<b>Change vs. Service Targets</b>	Average Change Index	<b>-0.4</b>
	Corrected Effect Size	<b>-0.1</b>
	% of Clients Reaching Service Targets	<b>44.4</b>
<b>Sessions</b>	Average Sessions	<b>5.6</b>
<b>Clients</b>	Total Clients	<b>9</b>

## Clinician

### Aggregate Stats

<b>Overall Change</b>	Average Intake ORS	<b>22.4</b>
	Average Most Recent ORS	<b>27.5</b>
	Average Raw Change	<b>7.6</b>
	Uncorrected Effect Size	<b>1.0</b>
<b>Change vs. Session Targets</b>	Average Change Index	<b>4.4</b>
	Corrected Effect Size	<b>0.6</b>
<b>Change vs. Service Targets</b>	Average Change Index	<b>3.8</b>
	Corrected Effect Size	<b>0.5</b>
	% of Clients Reaching Service Targets	<b>66.7</b>
<b>Sessions</b>	Average Sessions	<b>3.0</b>
<b>Clients</b>	Total Clients	<b>11</b>

## Outcome Rating Scale



## Section 1: Most Recent Feedback Messages



### Results:

You are reporting progress since your last visit.

### Activity:

Given your progress, explore: (1) if you want more of the same services; or (2) if you want to change the amount, the type, or the provider of services.

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Individually: **10.0 out of 10**

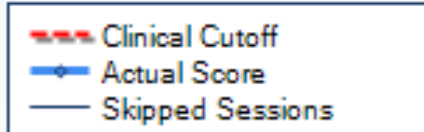
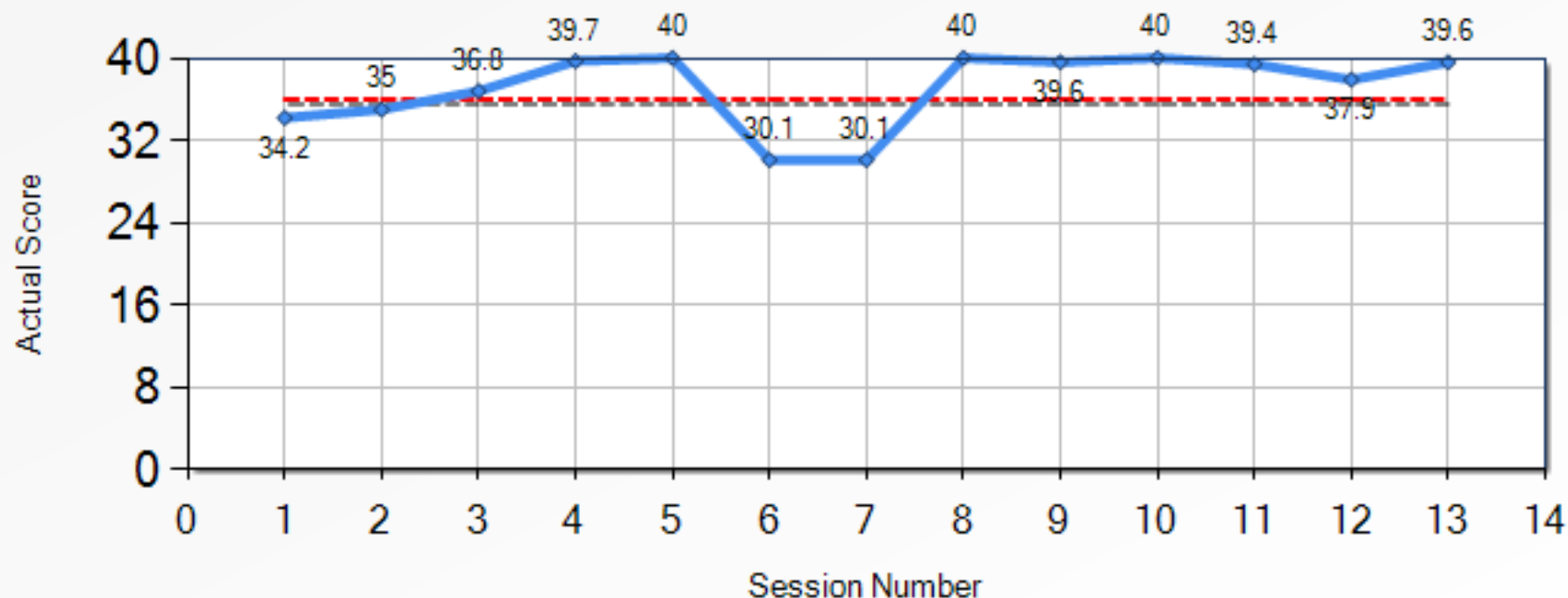
Interpersonally: **10.0 out of 10**

Socially: **5.1 out of 10**

Overall: **8.1 out of 10**

Total Score: **33.2**

### Session Rating Scale





TheAlfred



Thanks for your feedback. Your input is very important. Please be sure to tell your provider should any concerns arise so that changes can be made to improve services.

Relationship: **10.0 out of 10**

Goals and Topics: **10.0 out of 10**

Approach or Methods: **9.8 out of 10**

Overall: **9.8 out of 10**

Total Score: **39.6**

## Implementation at Alfred CAMHS

- Pilot team
- Reference group
- Research in partnership with APRC
- Evaluating clinical utility
- Outcome measure for service
- Evaluating client and family experiences using the measure
- Integration into clinical supervision
- Comparison with other outcome measures
- Implementation across clinic and programs