



Partnering for Outcomes  
Foundation Aotearoa

Leading PCOMS for Effective Change

# PCOMS

Partnering for  
Outcomes

# PCOMS

- Approach
- Philosophy
- Measurement tool
- Consumer Feedback Mechanism
- Quality Improvement System



# Difficulties with measurement

- Comparing efficacy requires a common measurement across sectors
- Measurements must target whether people are better off *as a result of the service*
- Services can target very different things
- Must be culturally appropriate
- Measures must be easy, quick, relevant and engaging



# Why - Summary

1. Provides quantitative proof of service efficacy
2. Accredited “Evidence-Based Practice”
3. Provides Practice-Based Evidence
4. Improves outcomes
5. A-theoretical – accommodates any model
6. Proven Quality Improvement Strategy

# Why 1 - Provides quantitative proof of efficacy

- Measures clinically significant reliable change
- Identifies improvement based on the service provided
- Organises data into a tangible usable format
- Enables easy reporting to funders



# Why 2 – Evidence-based practice

- Designated as “evidence-based practice” through SAMHSA
- Research supports and validates across cultures and languages
- Reduces client drop-out by addressing fit/progress early on
- Forces practitioner to focus on the things that lead to +change
- Directs practitioners to take the right clients to supervision



# Project MATCH

- CBT, 12-step, and Motivational Interviewing studied
- The largest study ever conducted on drinking treatment
- NO difference in outcome between approaches



**Partnering for Outcomes  
Foundation Aotearoa**

Leading PCOMS for Effective Change

Project MATCH Group (1997). Matching alcoholism treatment to client heterogeneity. *Journal of Studies on Alcohol*, 58, 7-29.  
Babor, T.F., & Del Boca, F.K. (eds.) (2003). *Treatment matching in Alcoholism*. Cambridge University Press: Cambridge, UK.  
Connors, G.J., & Carroll, K.M. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. *Journal of Consulting and Clinical Psychology*, 65(4), 588-98.

# The Alliance

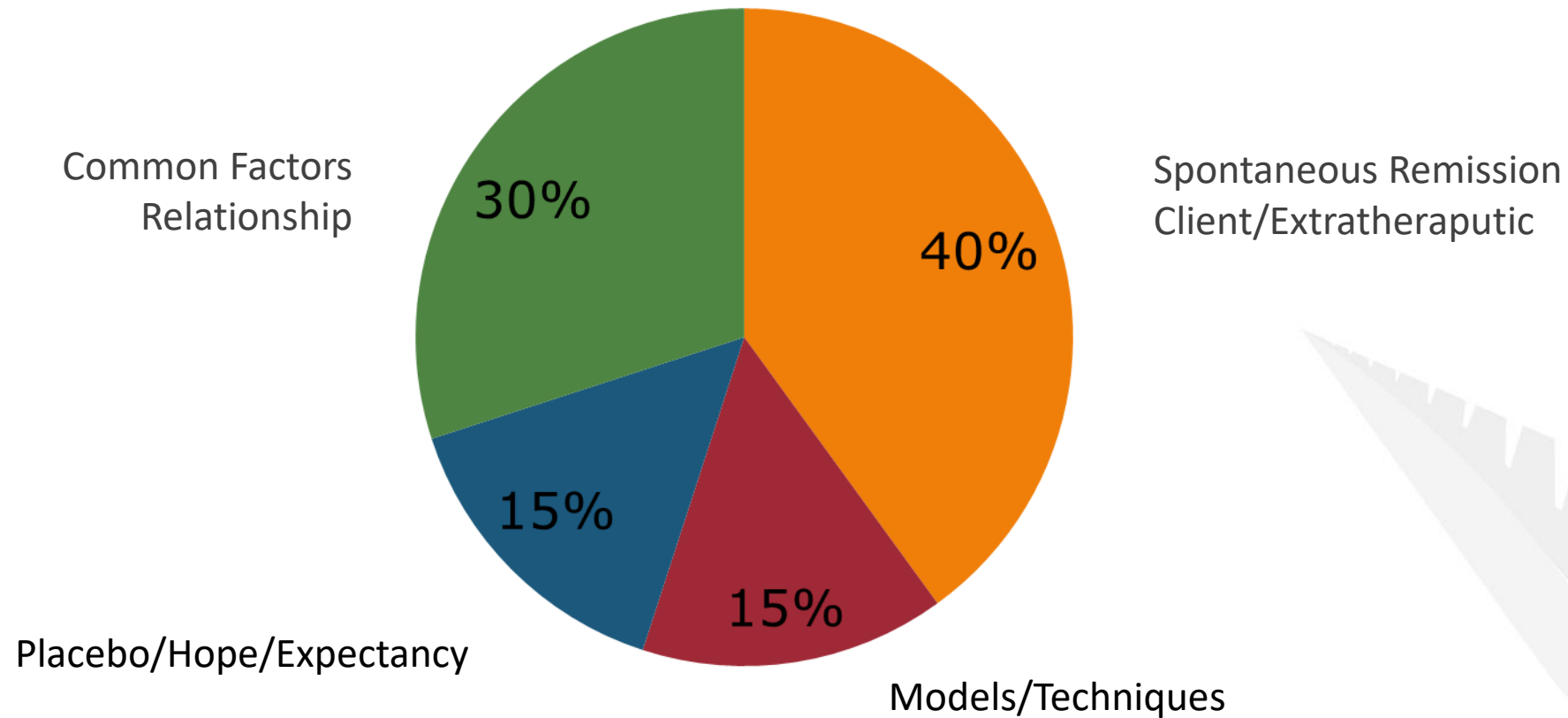
The client's rating of the therapeutic alliance was the best predictor of:

- Treatment participation
- Drinking behavior during treatment
- Drinking at 12-month follow-up





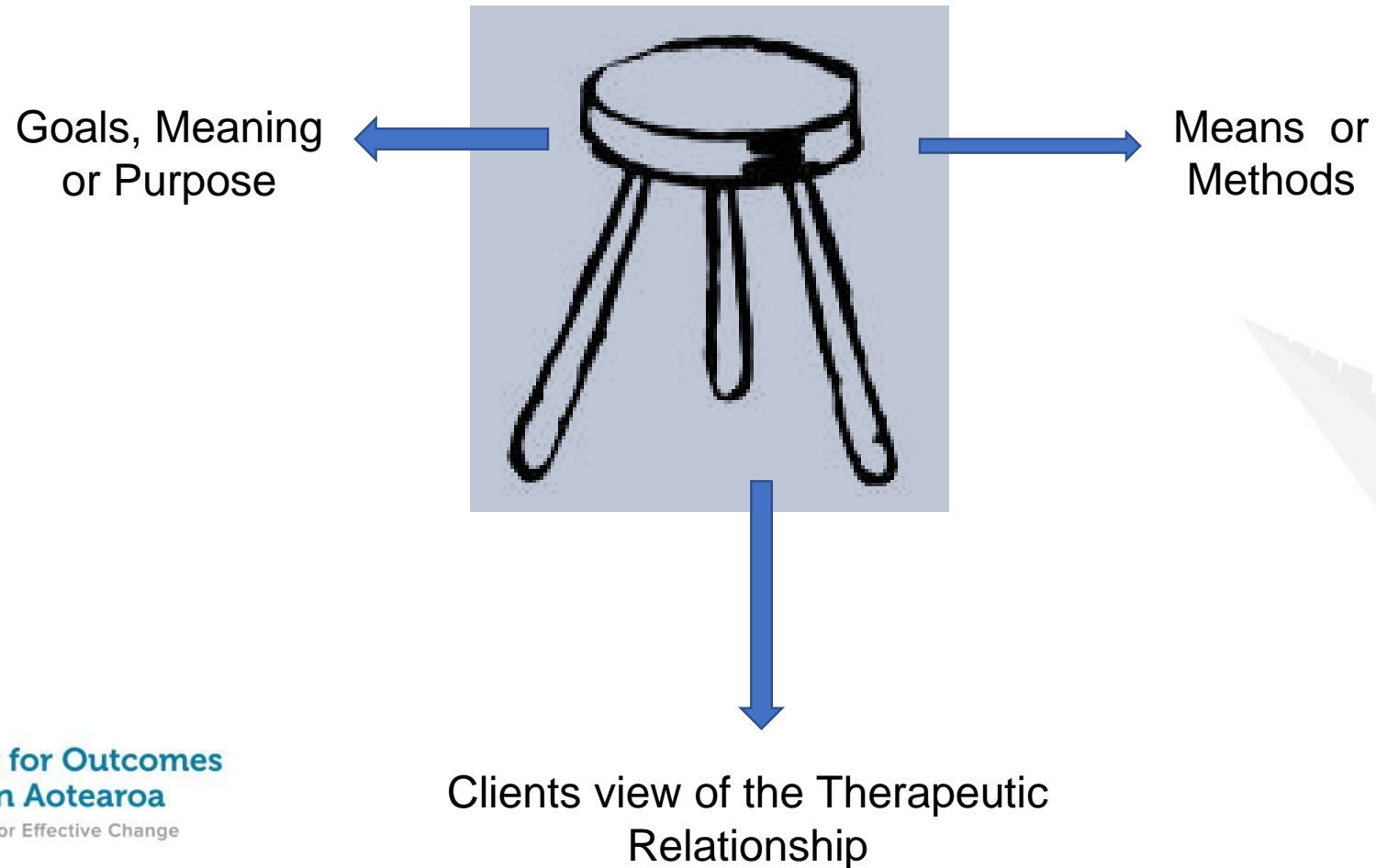
# Factors accounting for successful outcome: Michael Lambert



**Partnering for Outcomes  
Foundation Aotearoa**  
Leading PCOMS for Effective Change

Lambert, M. (1986). Implications of Psychotherapy Outcome Research for Eclectic Psychotherapy. In J. Norcross (Ed.) *Handbook of Eclectic Psychotherapy*. New York:

# The Therapeutic Alliance



# The Alliance

- Client's rating of the alliance is the best predictor of engagement and outcome
- The alliance has seven times the impact of model/technique
- Accounts for most of the variance

# Meta-analysis by Lambert & Shimokawa (2011)

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



# 7 Randomised Clinical Trials

1. Anker, M., Duncan, B., & Sparks, J. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 77, 693-705.
2. Reese, R., Norsworthy, L., & Rowlands, S. (2009). Does a continuous feedback model improve psychotherapy outcomes? *Psychotherapy*, 46, 418-431.
3. Reese, R., Toland, M., Slone, N., & Norsworthy, L. (2010). Effect of client feedback on couple psychotherapy outcomes. *Psychotherapy*, 47, 616-630.
4. Schuman, D., Slone, N., Reese, R.J., & Duncan, B. (2014). Using client feedback to improve outcomes in group psychotherapy with soldiers referred for substance abuse treatment. *Psychotherapy Research*, <http://dx.doi.org/10.1080/10503307>, 1-12.



# 7 Randomised Clinical Trials

5. Slone, N. C., Reese, R. J., Mathews-Duvall, S., & Kodet, J. (2015). Evaluating the efficacy of client feedback in group psychotherapy. *Group Dynamics: Theory, Research, and Practice*, 19, 122–136.
6. She, Z., Duncan, B., Reese, R., Sun, O., Shi, Y., Jiang, G., Wu, C., & Clements, A. (2018). Systematic client feedback in China: A randomized clinical trial in a college counseling center. *Journal of Counseling Psychology*. Advanced online publication. (coming soon)
7. Brattland, H., Koksvik, J. M., Burkeland, O., Gråwe, R. W., Klöckner, C., Linaker, O. M., Ryum, T., Wampold, B., Lara-Cabrera, M. L., & Iversen, V. C. (2018, August 16). The Effects of Routine Outcome Monitoring (ROM) on Therapy Outcomes in the Course of an Implementation Process. A Randomized Clinical Trial. *Journal of Counseling Psychology*. Advance online publication.



# Summary of Evidence

- Study after study have shown there is no difference in outcomes between models and theories
- The alliance and the consumer's own perceptions and efforts are more predictive of success than the practitioner's expertise.
- Much focus has gone into 'what' we do- PCOMS enables us to give as much focus to 'how' we do it to get the best from each client
- 7 Randomised clinical trials have demonstrated that PCOMS improves outcomes and reduces drop-outs



# Why 3 – Practice-based evidence

- Each service can collate their own data on what works
- Services can use the evidence to demonstrate efficacy
- Services can be shaped based on firm evidence
- Staff can use the evidence to improve their own approach
- Managers can use it to determine professional development needs
- Supervisors can base support on the evidence of client need





# Why 4 - Improves outcomes

- By focusing on the predictors, engagement increases
- Ongoing feedback allows worker to adapt and improve
- Soliciting feedback puts clients at the centre of their care
- Incorporating client's paradigm ensures cultural appropriateness
- Drop-out reduces when clients are engaged
- Recaptures those at risk of not responding



# Why 5 - Atheoretical

PCOMS checks that what you are doing is helping:

- Can be used alongside any modality
- Has been used within a wide variety of programmes
- Does not in any way dictate content
- Requires only a willingness to let the client lead



# Why 6 – Quality Improvement System

- Provides consumer feedback for all clients in real-time
- Accurately evaluates efficacy of the service
- Acts as early warning system to prevent drop-outs
- Streamlines caseload management
- Highlights areas for professional development
- Manages practitioner variance



# Who

- Any consumer who is seeking or requiring a change
- ‘Mandated’ clients and voluntary ones
- Age 12+ - There are three versions
- Anyone who speaks 1 of 20+ languages
- Literacy not essential



# Where - Sectors and services that:

- Provide “helping” or change interventions
- Are in inpatient or outpatient settings
- Wish to provide proof of efficacy/results
- Want systematic feedback from service users



# Where 2 – Sectors and services that:

- See service users as the experts in their own lives
- Are prepared to implement the philosophy throughout the service
- Are committed to using feedback only to improve services
- Will invest in supportive software and supervision



# How

- Outcome Rating Scale – 4 scales
- Session Rating Scale – 4 scales
- Graphs of the scores used interactively with service users
- Software to determine whether the graph is on track
- PCOMS supervision that uses the graphs to prioritise action



# Outcome Rating Scale

## Measuring Outcome

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

---

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

---

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

---

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

---



# The Session Rating Scale Measuring the Alliance

**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

Member — Owner

[My Organization](#) [My Episodes](#) [My Raters](#) [My Teams](#) [My Stats](#)

[My Raters](#) / [Rater](#) / Progress

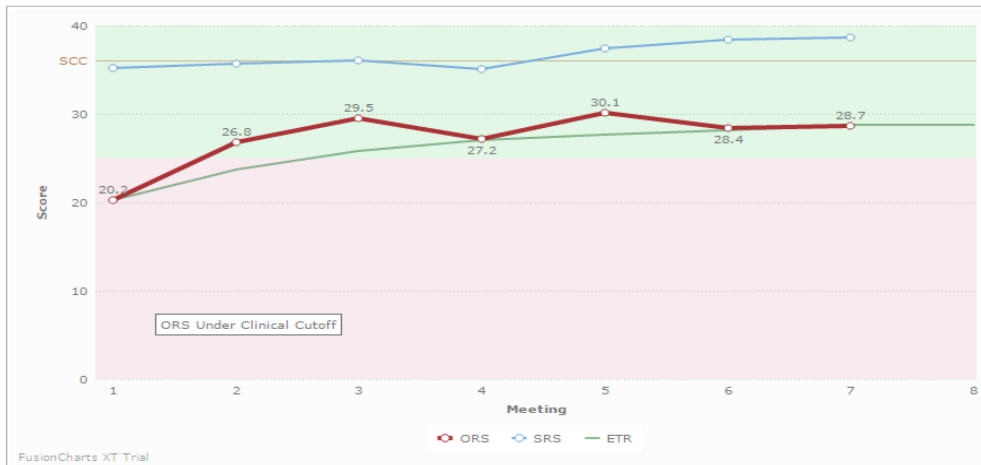
**ORGANIZATION**  
AAA Mental Health Services — Child Division

**PROVIDER**  
Smith, Brandon

**RATER**  
TLT1009A

**TLT1009A** **TLT1009B**

[ORS Electronic](#) [ORS Paper](#)

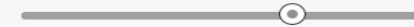


FusionCharts XT Trial

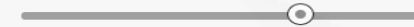
Intake	Last	Change	Progress	Meetings
20.2	28.7	8.5	<div style="width: 100%; height: 10px; background: linear-gradient(to right, red, yellow, green);"></div> ★	7—43 days

**Outcome Rating Scale (ORS)**

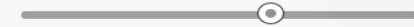
**Individually**  
(Personal well-being)



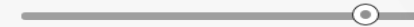
**Interpersonally**  
(Family, close relationships)



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

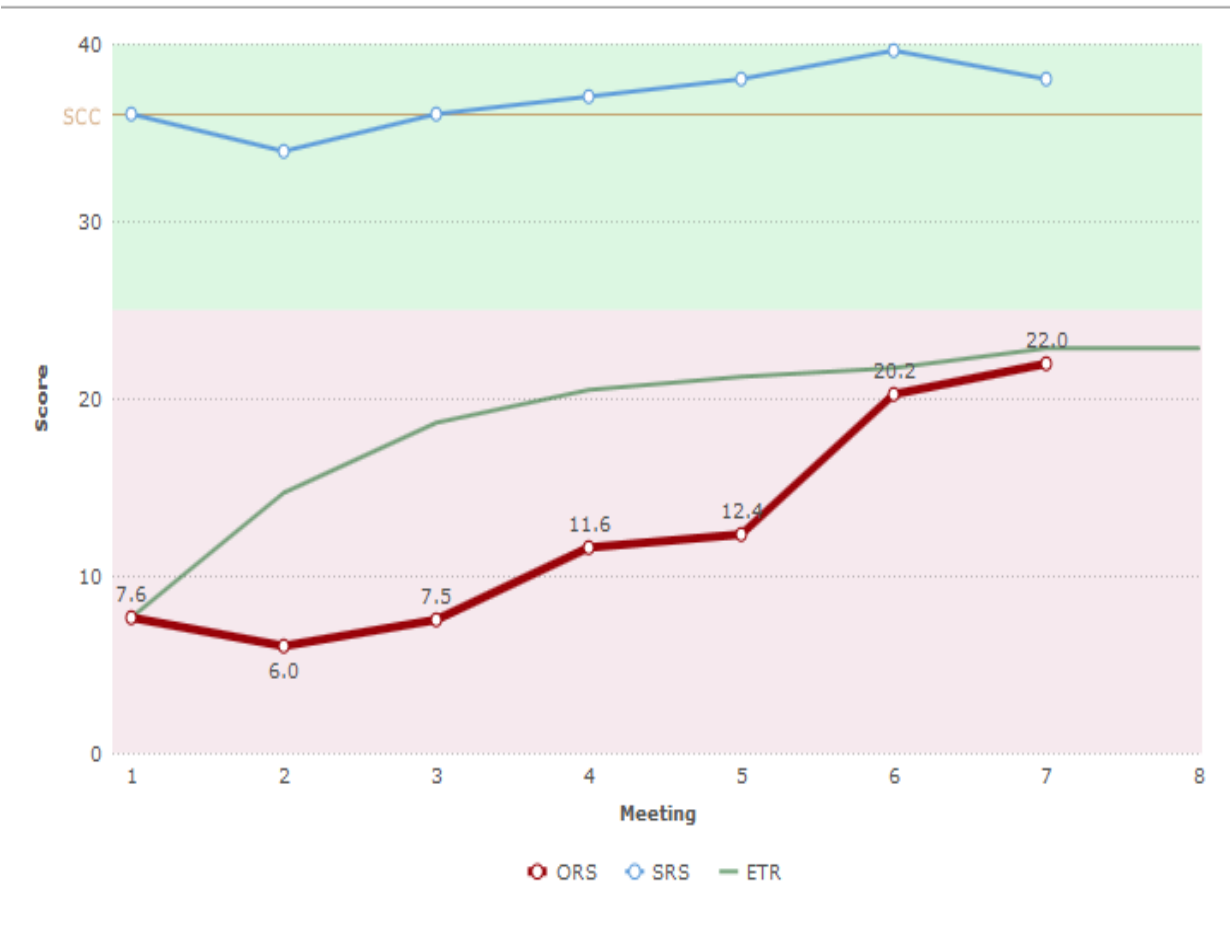


**Overall**  
(General sense of well-being)

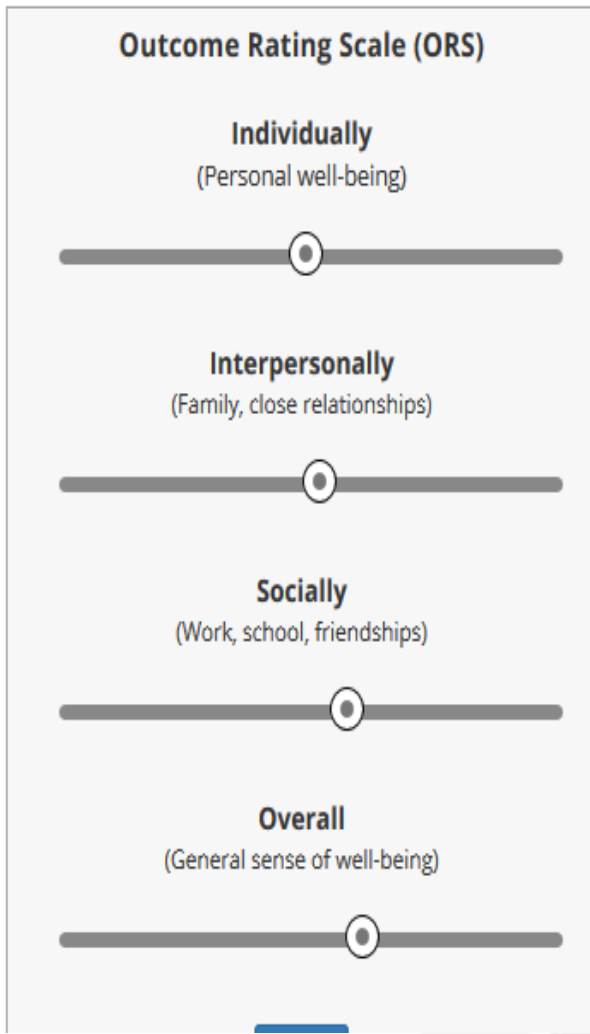


[Redo](#)

© Copyright 2013-2015 Better Outcomes Now. All rights reserved.



First      Last      Change      Progress To Date      Meetings



# When

- ORS and SRS used at every engagement or weekly
- Graph discussed prior to each session
- ORS administered and scored at the beginning of the meeting
- Scores discussed and anchored to goal prior to intervention
- SRS administered at the conclusion of each meeting
- Graphs collated prior to supervision



# Simple but not easy - 1

- Has to relate to the reason for service
- Has to be administered regularly
- The conversations around the marks are the gems- not the forms
- Must be used to support clients to identify their theory of change



# Simple but not easy - 2

- Can be used with families and/or to bring another perspective into the conversation
- Has to be measured and added up in the session
- The data must be graphed and used to inform each session
- Supervision needs to incorporate the graphs



# PCOMS Implementation

- Stage 1: Exploration and decision-making
- Stage 2: Preparation
- Stage 3: Using PCOMS
- Stage 4: Keeping on keeping on



# Required Cultural shifts

- Frontline health professionals
  - Client is the expert
  - Strength-based, client led, solution-focussed
  - Commitment to practice framework
  - Culture of feedback
- Management – Feedback not used punitively
- Board – Commitment to resourcing
- Supervision – Change of how reviews work





# Data

- What does client success look like?
- What does agency effectiveness look like?
- Key Performance Indicators
- Monthly reports

# Wesley's data - Engagement

- In 2014 **61%** of Taurira engaged in the service for more than one session.
- **Since August 2014 (PCOMS)** the number of Taurira engaging increased to **95%**.

# Wesley's data – achievement of goals

- In 2014, 19 Tauria had their cases closed with 25% of Tauria reaching clinically significant change
- After PCOMS was introduced, the number of closed cases that had reached clinically significant change increased to 60%.
- Since PCOMS was fully implemented at WATCH:
  - Dropout reduced from 39% to 9%
  - The number of people that achieved all of their goals has doubled



# Wesley's Learning

- Don't "Train and Hope" – implementation is much, much more
- Cultural Shifts are much bigger than we thought – identify and address concerns as they arise
- Client management process – different for each service and PCOMs needs to align with how each service works with clients
- PCOMS Champions
- Data Data Data



# It's all about the client AND the outcome

- PCOMS is NOT a data collection exercise
- PCOMS is not a performance measurement tool
- PCOMS works when used well
- PCOMS is Evidence-Based Practice AND Practice Based Evidence

# Key Shifts

- Stopped giving suggestions and asked more questions
- The client becomes the hero of every story
- Why are we in the clients lives
- “Until Lions have their own historians, tales of Hunting will always glorify the hunter” - African proverb



# PCOMS Report

- The Methodist Alliance commissioned a report in 2016
- 2 independent interviewers went to 6 organisations in New Zealand who were implementing PCOMS to gain some insights into the strengths and barriers to implementation.



# PCOMS can be transformational for clients

When implemented well, by confident practitioners, clients were able to make significant changes in their lives. Clients and workers became increasingly engaged with the process over time.

*“I remember seeing the graph going along, along, along, then it spiked and I knew my life was settling” Client*





# PCOMS can be transformational for clients

When workers didn't use the system well, clients disliked PCOMS and didn't engage with it.

*“My worker said, ‘can you just fill this out before we start the session?’ Then it was left to one side. Every session he was throwing it at me, putting it aside and saying ‘that's it’” -client*



# And for staff



Partnering for Outcomes  
Foundation Aotearoa  
Leading PCOMS for Effective Change

Practitioners who felt well supported and confident in their practice were able to use PCOMS effectively and to see results.



Partnering for Outcomes  
Foundation Aotearoa  
Leading PCOMS for Effective Change

# And for staff

*“My favourite aspect is it gives you (and your client) the ability to pinpoint and discuss a problem. They have done it by using the scales. They have given you the heads up in a non verbal way”- practitioner*

*“Some things work for some people but they don’t tell us what works for who. If it’s not working we tend to either pathologise the person or double the dose. Unless you use PCOMS it’s just trial and error” - manager*



**Partnering for Outcomes  
Foundation Aotearoa**

Leading PCOMS for Effective Change

# And for staff

Staff talked about being more reflective about their work and becoming more client centred

*“Clients are telling us ‘I’m stronger, I never knew I had the answers. I just knew I had problems’ They talk about helping themselves” -manager*



# And for organisations

PCOMS worked best when organisations decided how, where and when it was implemented, what roles individual staff would play and how the data would be gathered, monitored and used.

*“We need to support each other across agencies, dealing with what comes up and keeping hold of the vision” manager*



# And for organisations

PCOMS needs to be closely aligned with the organisational values and deeply embedded in both culture and practice.

*“The culture of PCOMS has to come from the CE. Its not something we do its who we are”- manager*

*“PCOMS data is our client base talking to us – en masse”- manager*



# Implementation

- Tailored ongoing support is key
- For many staff, PCOMS involved a significant change to their thinking and practice
- Developing expertise in the use of PCOMS required training, coaching and supervision



# Implementation

Many staff said they learnt best by seeing and hearing from others.

*“the initial training plants the seed- the coaching enables it to grow”-manager*

*“The biggest thing that grabbed me was a couple of girls (from another team). They had moved and I wanted to know why- they were giving out positives and I got inspired” -manager*



Partnering for Outcomes  
Foundation Aotearoa

Leading PCOMS for Effective Change



# Data was seen as both an opportunity and a threat.

Confident practitioners used feedback to adapt the way they worked with individual clients as well as reflecting on their practice.



**Partnering for Outcomes  
Foundation Aotearoa**

Leading PCOMS for Effective Change

# Data was seen as both an opportunity and a threat.

*“The biggest change to my work is the reporting- now I’m seeing the narratives and I can talk to the figures”  
practitioner*

*“With PCOMS I can see how clients progress in relation to the reason for service without having to see too much detail” -manager*



# Data was seen as both an opportunity and a threat

Organisationally, data generated helped identify patterns and manage staff development and productivity.

In some teams it led to moving from sporadic unfocussed work with a large number of clients to intensive goal-setting work with fewer clients.



# Data was seen as both an opportunity and a threat

*“In one of our programmes, the no-shows reduced from 59% to 19% as the result of PCOMS” -manager*

*“One of the biggest hang-ups with PCOMS is the HR implications of the SRS” -manager*



# Supervisors are key

PCOMS needs to be integrated into supervision structures. If the supervisors weren't on board PCOMS was more likely to be poorly implemented and superficially used.

*“Supervision used to be all one way- the worker bringing their story. But with the graphs you are bringing the client into the room” -manager*



# Supervisors are key

*“I need a supervisor who's sold on the idea of PCOMS- that would help tremendously” practitioner*

*“you have got to coach coach coach staff to express a deep and meaningful interest in what the client scores....making meaning of it, valuing it and believing in what they put down matters” manager*



# Feedback can be scary

It takes time and skill to create a culture where clients felt OK about giving honest feedback.

*“The SRS is great but its hard to hear it. You get over yourself, I adjusted my work- I found I talked too much”  
-practitioner*



# Feedback can be scary

*“I remember the first time I used the SRS with a young person. At the end of the session he said ‘you weren’t organised’ I have never forgotten that” -practitioner*

*“Your worker may have not meant to make you feel a certain way but the fact is she did, and she needs to know that” -client*

*“A lot of people don’t want to say how they feel. If you have a piece of paper, it means you can say things” -client*





# Video Clip



**Partnering for Outcomes  
Foundation Aotearoa**

Leading PCOMS for Effective Change



# The result of the report's insights

## Establishment of Partnering for Outcomes Foundation Aotearoa (POFA) [www.pcomsnz](http://www.pcomsnz)

- Increasing the number of trainers in New Zealand (train the trainers in 2017)
- Supporting organisational readiness and implementation
- Training
- Providing PCOMS supervision
- Beginning to build a data set for New Zealand

