Improving Retention and Outcomes:
The Partners for Change Outcome Management System

facilitated by

**George S. Braucht**, LPC & CPCS
Brauchtworks Consulting
Email: george@brauchtworks.com

Certified Trainer in the Partners for Change Outcome Management System (PCOMS)
with the Heart and Soul of Change Project: [heartandsoulofchange.org](http://heartandsoulofchange.org)

[legacy.nreppadmin.net/ViewIntervention.aspx?id=250](http://legacy.nreppadmin.net/ViewIntervention.aspx?id=250)

Co-founder of the Certified Addiction Recovery Empowerment Specialist (CARES)
Academy: [gasubstanceabuse.org](http://gasubstanceabuse.org)

The endless vine: Ancient symbol
of Life, Infinity, or Wisdom from the Path of
the Flow of Time and Movement Within and Without
George S. Braucht, LPC & CPCS

Mr. Braucht is a Licensed Professional Counselor and Certified Professional Counselor Supervisor who has over 14,000 hours of supervised psychotherapy and community psychology experience in alcohol and other drug, crisis intervention and mental health services. His consulting business specializes in workforce development and continuous quality and outcome improvement. George also enjoys teaching psychology and facilitating behavioral health and social justice trainings with professional and peer service providers. He recently retired from a 27-year career with criminal justice agencies in Georgia. In 2010 George co-founded the Certified Addiction Recovery Empowerment Specialist or CARES Academy for peer recovery coaches that operates in several states. He serves on the Board of the Georgia Association of Recovery Residences and he is a Charter Board Member of the National Alliance for Recovery Residences. Since 2008, George has been a Certified Trainer with the Heart and Soul of Change Project.

Schedule

9:30am Begin session
*10:45am 15-minute break*
12:00pm Lunch
1:00pm Resume session
3:00pm 30-minute break
5:00pm Adjourn
Description: The Partners for Change Outcome Management Systems is a SAMSHA designated evidence-based practice that provides individual service provider to program level effectiveness data. Focusing on the research-based factors that are associated with influencing change and promoting recovery, learn how using the PCOMS tools and results significantly reduces dropouts and improves outcomes. Upon completion of this session participants will be able to:

A. Explain the four research-based factors associated with change agent effectiveness;

B. Use the valid, reliable, feasible Outcome Rating Scale (ORS), Session Rating Scale (SRS), and Self-completed Overview of Recovery Experience Board (SCORE Board) to monitoring client/peer progress and satisfaction;

C. Calculate client/peers’ three key indicators of progress; and

D. Participate in performance support/clinical supervision that promotes both your currently experienced and cumulative career growth.

II. Safety and Respect Guidelines

A. Turn _____ cell phones, computers, tablets, etc. while in session

B. No ________: Instead, share what works for you using “I” statements

C. ________: Change your role, even if for a short time

D. Notify someone before you leave the room or if you will return to the room after more than 15 minutes beyond the start time

E. What other guidelines will help make this a safe and respectful place to maximize your learning experience?

_______________________________________________________________________

_______________________________________________________________________
III. My <60 second introduction - elevator speech - as a recovery support service provider

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

IV. Four Research-based Conditions for Change


“For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated (genuine, underline added) in the relationship.
4. The therapist experiences unconditional positive regard (underline added) for the client.
5. The therapist experiences an empathic understanding (underline added) of the client’s internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved.

No other conditions are necessary. If these six conditions exist, and continue over a period of time, this is sufficient. The process of constructive personality change will follow.”
References:

**PINK: Practice intentionally not knowing (curiosity) followed by OARSI**

**Open-Ended Question**
No more than two questions in a row; Express concern, interest, puzzlement, etc.; Who, What, When, Where, and How (Why)

“How’s your week been?”
“Who helped you get to the office today?”
“What is important to you that we talk about now?”
“The next step in your life that would improve your health and well-being is what?”
“What do you think we should do now?”
“How will you get to the AA meeting tonight?”

- Key question: Use to move from building motivation for change to developing, implementing, and maintaining a change plan

**Affirmation/validation**
May or may not be phrased as questions; Builds feelings of empowerment and self-efficacy in the other person, a “can do” attitude; Instills hope and the belief that the other person can change or already has changed; Re-orient to the resources that the other person has available;

“You stayed sober last weekend” instead of, “You managed to avoid using”
“What did you do to pay all your bills this month?”
“Given your experiences, it makes sense that you are concerned about seeing me today. It must have taken a lot of determination to get here.”

- More than reflections, affirm appreciation for the other person and identify her or his strengths
- Best when the focus is on specific behaviors instead of attitudes, decisions and goals
- Begin with “You…” not “I”
- Describe behaviors, leave out the evaluations
- Attend to solutions instead of problems
- Attribute interesting qualities to the other person
- Nurture a competent instead of deficit view of people
- Focus on a strength or attribute, not the lack of something
Relationship Enhancement Skills: PINK OARSI
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**Reflection/Paraphrase**
Make statements, instead of asking questions

- Begin with:
  - “You think (or feel)…,”
  - “You’re wondering if…,”
  - “So you feel (or think)…,”
  - “You mean that…,”
  - “Sounds like you …”

- Varying the depth deepens or raises the intimacy level – match the situation: surface level at the beginning and end, and when struggling to control emotions

- Generally make two reflective listening statement to every one question; more questions tends to make the other person a passive participant

**Summary**
Succinct, clear statements that organize what’s been said; highlight change talk and contrast ambivalence stated in the moment or previously; serve to: 1) collect and organize a series of statements, 2) link the pros and cons of change or something said previous with a current statement, or 3) transitional to the next topic or to move from Phase I – building motivation- to Phase II developing, implementing and maintaining a change plan

- Use ‘and” not “but”

**Information giving**

- Use OARS first
- Ask for permission
- Share as potential options
- State how you feel and what you need in this mutually beneficial relationship
- Use 3rd person references; add your experience if clarification needed
### Interaction Analysis

**Interaction Analysis by:** ____________________________  **Date:** ________________________

**With:** _______________________  **Location:** ______________________  **Recording #: _____**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open-ended question</strong></td>
<td>Express curiosity, interest, concern, puzzlement, etc.; Who, What, When, Where, How (Why)</td>
<td></td>
</tr>
<tr>
<td><strong>Closed question</strong></td>
<td>Receive a simple, short answer, often “Yes”, “No” or specific information</td>
<td></td>
</tr>
<tr>
<td><strong>Affirmation/Validation</strong></td>
<td>Build feelings of empowerment and self-efficacy in the other person – may or may not be questions; observed strengths or character</td>
<td></td>
</tr>
<tr>
<td><strong>Reflection/Paraphrase</strong></td>
<td>Stay “within an inch” of what the other person says</td>
<td></td>
</tr>
<tr>
<td>Simple</td>
<td>Use the other person’s exact words or phrases; communicate attention, following and interest</td>
<td></td>
</tr>
<tr>
<td>Complex</td>
<td>Go beyond what the other person has said; cognitively reframe the content or reflect the emotion expressed, infer greater meaning; move the conversation forward</td>
<td></td>
</tr>
<tr>
<td><strong>Amplified</strong></td>
<td>Over-or under-state an absolute statement to ensure this is an accurate stance; prompt reconsidering a statement; avoid sarcasm - typically leads to anger or a counter-argument</td>
<td></td>
</tr>
<tr>
<td><strong>Double-sided</strong></td>
<td>Highlight both sides of an issue; Use “and” not ‘but’: “on the one hand… and on the other…”</td>
<td></td>
</tr>
<tr>
<td><strong>Metaphor</strong></td>
<td>Move beyond stated content; provide a new framework or model for understanding what was said; if familiar to the other person, the metaphor may introduce and organizational scheme for incorporating new information/observations</td>
<td></td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>Succinct; organize what’s been said; highlight change talk and contrast ambivalence stated in the moment or previously; transition to new topic or focus; <strong>always</strong> end with a summary</td>
<td></td>
</tr>
<tr>
<td><strong>Information-giving</strong></td>
<td>Use OARS first; ask for permission; use 3rd person references - add personal experience if clarification needed; share as potential options; state how you fell and what you need for this to be a mutually-beneficial relationship; determine level of confidence and obtain level of commitment</td>
<td></td>
</tr>
</tbody>
</table>
B. Dr. Michael Lambert, Professor of Psychology, Brigham Young University

   a. Empathy: Meta-analysis (MA) of 57 studies found a \( r \) (correlation) of \(.31\)
   b. Positive Regard: MA of 18 studies found a \( r \) of \(.27\)
   c. Genuineness: MA of 16 studies found a \( r \) of \(.24\)
   d. Each is more powerful than any technique: model differences = \( d \) (effect size) of \(.20\)

   [https://www.youtube.com/watch?v=-5laIowDL-o&t=20s](https://www.youtube.com/watch?v=-5laIowDL-o&t=20s)
   a. Overall, psychotherapy research shows that of clients,
      
      ✗ Don’t change = ________%
      ✗ Deteriorate = ________%
      ✗ Improve, and = ________%
      ✗ Achieve recovery = ________%

   b. What to do about treatment failures.
      
      ✗ ________________ alarms
      ✗ ________________ tools
      ✗ ________________ feedback

C. Feedback, the 4th Condition for Change

1. Dr. Barry L. Duncan: The Heart and Soul of Change Project
   a. Three sister web sites: 1) [heartandsoulofchange.com](http://heartandsoulofchange.com); 2) [pcoms.com](http://pcoms.com); 3) [betteroutcomesnow.com](http://betteroutcomesnow.com)

2. PCOMS and Systematic Feedback (#1 of 7): 3:42
   [https://www.youtube.com/watch?v=jP0mcq7VDlc&list=PL44TWg4q0EHcszV8R9i0NWep2woajnZ_q&index=7](https://www.youtube.com/watch?v=jP0mcq7VDlc&list=PL44TWg4q0EHcszV8R9i0NWep2woajnZ_q&index=7)

   My key takeaways: ________________________________
Three PCOMS-informed Services Skills


1. **Introducing the scales**
   - Two key points: 1) collaboratively monitor outcomes and do something different if progress does not occur and 2) evoke the peer/client’s voice and perspective to direct what we do
   - Put into your own words:
     a. I may do things a little differently than you have experienced before because your ideas, goals and resources are most important for your long-term recovery.
     b. I am committed to advocating for your self-directed care and the services that I provide focus on getting what you need for your recovery.
     c. To do that, it would be helpful to find out how you are doing and how well I am providing what you need.
     d. Many others I have worked with have found the two scales that I use to be very helpful in tracking how thing are going for you and whether we are on track.
     e. It will really help me learn about you and it takes only a few minutes.
     f. Are you willing to do that now?

2. **Integrating recent experiences into the peer/client’s feedback**
   - Provide feedback about the ORS total score in reference to the clinical cutoff then solicit the peer/client’s sense of the accuracy of this comparison.
   - Connect the described experiences with the marks on the ORS subscales and encourage revising the marks to match the described experiences.
   - Relate the peer/client’s reasons for seeking services to marks on the ORS and SRS.
   - At the end of the interaction, review the SRS scores and solicit feedback on how the next interaction could be better or more useful to her/him.

3. **Tailoring services based on peer/client voice and feedback**
   - Compare the current and last ORS score and look at the change over time.
   - When positive change occurs on the ORS, listen for and empower self-efficacy: PINK OARSI.
   - If no change or lower ORS than the last session, discuss what needs to happen next. If decreases persists over two sessions, check SRS scores and discuss alliance issues then engage in an urgent discussion that brainstorms options and suggest the possibility of referral or transfer to another service provider.
   - If ORS change still does not occur, even if the SRS score(s) is high, successfully transition via a warm handoff to another service provider or program.
# First Interaction Roles and Goals: Self-assessment and Feedback

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**Name:**  
**Recording date (YYMMDD):**  
**This skill recording #:**

Please submit another recording and self-assessment using this skill by (YYMMDD):

---

Document what was said in the right column. In the left column, ✓ one box to rate* each step (electronic version: delete □ and insert a ✓) and then explain your rating.

<table>
<thead>
<tr>
<th>Step One</th>
<th>Introduce yourself and describe the agency/program mission in 2 minutes or less.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
<td>□</td>
</tr>
<tr>
<td>Partial</td>
<td>□</td>
</tr>
<tr>
<td>Completed</td>
<td>□</td>
</tr>
<tr>
<td>Advanced</td>
<td>□</td>
</tr>
</tbody>
</table>

**My statement:**

**Justification:**

<table>
<thead>
<tr>
<th>Step Two</th>
<th>Identify what the peer/client hopes to accomplish during and after this interaction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
<td>□</td>
</tr>
<tr>
<td>Partial</td>
<td>□</td>
</tr>
<tr>
<td>Completed</td>
<td>□</td>
</tr>
<tr>
<td>Advanced</td>
<td>□</td>
</tr>
</tbody>
</table>

**My statement:**

**Peer/client-identified goals:**

**PINK OARS**Is used to encourage exploration and/or evoke change talk or **PINK OARSI Interaction Analysis is attached:**

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*Missed = no clear demonstration of the step/sub-step; terms/concepts missing; Partial = some aspects of step/sub-step missing; all/majority of questions are closed-ended; no reflections & lack of thorough follow-up; educated versus elicited; Completed = all aspects of step/sub-step present, Advanced = demonstrated all aspects of step/sub-step; created engagement; used open-ended questions, affirmations, reflections, summaries; responses thoroughly explored.*
# First Interaction Roles and Goals: Self-assessment and Feedback

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<table>
<thead>
<tr>
<th>Step Three</th>
<th>Describe your dual role as the peer/client’s ally and as a representative of the program, and what you hope to accomplish during interactions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
<td></td>
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<tr>
<td>Partial</td>
<td>My statement:</td>
</tr>
<tr>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Advanced</td>
<td></td>
</tr>
<tr>
<td>Justification:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step Four</th>
<th>Define the program’s expectations and guidelines (rules).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
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</tr>
<tr>
<td>Partial</td>
<td>My statements:</td>
</tr>
<tr>
<td>Completed</td>
<td>Conditions:</td>
</tr>
<tr>
<td>Advanced</td>
<td>Non-negotiables/Negotiables:</td>
</tr>
<tr>
<td></td>
<td>Others’ roles:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step Five</th>
<th>Identify allies, discuss their roles, and clarify confidentiality expectations.</th>
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<tbody>
<tr>
<td>Missed</td>
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<tr>
<td>Partial</td>
<td>My statement:</td>
</tr>
<tr>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Advanced</td>
<td>Peer/client statement:</td>
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<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step Six</th>
<th>Administer the Outcome Rating Scale and complete the recovery check-in.</th>
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<tbody>
<tr>
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<tr>
<td>Partial</td>
<td>My statement:</td>
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</tr>
<tr>
<td>Advanced</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step Seven</th>
<th>Summarize main learnings from this interaction, review next steps, schedule the next interaction, and administer the Session Rating Scale.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
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### Overall Observations

<table>
<thead>
<tr>
<th>Was the situation appropriate for this skill?</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
</table>

**1. Strengths:** What you did well during the interaction

**2. Improvement Areas:** What you will work on before your next first interaction?

**3. What you did during this interaction to foster the working alliance**

**4. How the peer/client responded to your use of First Interaction Roles and Goals**

**5. For this interaction using First Interaction Roles and Goals, I am at the level of:**

- **A. Fundamental:** Basic knowledge of the techniques and concepts; focus on practice ................................□
- **B. Novice:** Limited experience; could use help performing these skills; focus on on-the-job-training ......□
- **C. Intermediate/Standard:** Successfully performs skills; focus on receiving regular feedback/support...□
- **D. Advanced:** Performs skills/tasks without assistance and with diverse people, capable of coaching others and translating complex nuisances in easy to understand terms; focus on process or practice improvement ............................................................................................................................................□
- **E. Expert:** Demonstrates consistent excellence in applying this competency across diverse individuals and/or settings; focus on strategic development.................................................................□

**Comments:**

---

**Feedback by:**

**Feedback date (YYMMDD):**

**Proficiency level demonstrated:** Fundamental ☐ Novice ☐ Intermediate/Standard ☐ Advanced ☐ Expert ☐

**Comments:**
I. Three Key Research-based Indicators of Progress

A. Valid initial Outcome Rating Scale (ORS): Duncan, 2014
   1. 35+ = Invalid initial score; Why come to see you?
   2. ORS average with 500,000+ administrations = 18-20
   3. Goal: Less than 1/3rd over the Clinical Cutoff; Adult = 25, Adolescent = 28 & Child = 32

B. Reliable change index (RCI*): Recovery
   6+ point increase from the initial ORS

C. Clinically significant change index (CSCI*): Sustained Recovery
   6+ point increase and cross the Clinical Cutoff

II. Data Integrity and Performance Support

A. 30% or more of Intake ORSs over the Cutoff
   1. Client/peer or therapist does not understand the ORS
   2. Role play introducing the ORS during performance support

B. ORSs between 35-40
   1. Rarely a good score; even mandated clients/peers don’t score this high
   2. Role play introducing the ORS during performance support, discussing overall and sub-scale scores when they don’t match the client/peer’s description of her/his recent experience

C. ORS Saw-tooth Graphs
   1. Being used as an emotional thermometer to reflect current feelings instead of past week’s experiences
   2. Role play connecting the client/peer’s reason for service to the marks on one or more ORS subscales during performance support.
III. Appreciative PCOMS Performance Support Considerations

A. What does the client/peer say s/he wants (goals, method, theory of change/mind)?

B. What do the ORSs reflect about progress?

C. Is the client/peer engaged? RRSs/SRSs/GSRSs?

D. What have you done differently?

E. What can be done differently now?

F. What other resources can be rallied?

G. Is it time to fail successfully (planned transfer/referral)?

IV. Four Step Performance Development

A. Start by looking at all graphs or lists of client/peer ORS scores. Job one is ensuring valid use of the measures & data integrity.

B. Spend the most time on at-risk clients/peers: shape discussion and brainstorm options; look for over-utilization

C. Review individual and caseload stats & discuss ways to improve; Encourage action

D. Mentor via skill building, teaching, & ongoing reflection about performance

V. Appreciative PCOMS Performance Support Components

A. Self-assessment, reflection and journaling that informs your professional development plan: PCOMS Report, Appreciative Inquiry (AI) questions:
Appreciative PCOMS Performance Support
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1. What’s right with you today
2. What could be better (improvement opportunities) &
3. What keeps you hopeful (celebrate successes)

B. Peer support and e-Meetings: PCOMS Report & AI questions

C. Quality improvement visits: PCOMS Report, observations, proficiency feedback, AI questions

VI. Start today!

A. Use the PCOMS Performance Support Report: brauchtworks.com/toolkit

B. Engage in peer performance support

C. Monthly Appreciative PCOMS Performance Support E-Meeting:

Send an email to: george@brauchtworks.com

VII. References


VIII. The PCOMS Performance Support Spreadsheet: [brauchtworks.com/toolkit]

A. Individual Tab

| Date  | Overall | Total | Rel. | 4th | 3rd | 2nd | 1st | Goal | § | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| 01/01 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 02/02 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 03/03 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 04/04 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 05/05 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| 06/06 | 88.0    | 88.8  | 88.0 | 87.9| 86.5| 87.4| 86.7| 86.2 | 67| 64| 62| 84| 79| 77| 80| 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
### VIII. The PCOMS Performance Support Spreadsheet: brauchtworks.com/toolkit

#### B. Caseload Tab

<table>
<thead>
<tr>
<th>Participant</th>
<th>Start Date</th>
<th>End Date</th>
<th>Caseload</th>
<th>N/A</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>12/1/2014</td>
<td>11/30/2014</td>
<td>50</td>
<td>Y</td>
<td>Notes 1</td>
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<tr>
<td>Participant 2</td>
<td>12/1/2014</td>
<td>11/30/2014</td>
<td>40</td>
<td>Y</td>
<td>Notes 2</td>
</tr>
<tr>
<td>Participant 3</td>
<td>12/1/2014</td>
<td>11/30/2014</td>
<td>30</td>
<td>Y</td>
<td>Notes 3</td>
</tr>
</tbody>
</table>

- **Percentage of Met (PD)**: 42.5%
- **Percentage of Met (M)**: 25.0%
- **Percentage of Met (L)**: 12.5%
- **Percentage of Met (Q)**: 0.0%
- **Total Met (PD)**: 50.0%
- **Total Met (M)**: 40.0%
- **Total Met (L)**: 30.0%
- **Total Met (Q)**: 0.0%

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Brauchtworks Consulting  
braufctworks.com  
Applying Science to Practice  
Email: george@brauchtworks.com
VIII. The PCOMS Performance Support Spreadsheet: brauchtworks.com/toolkit

C. Programs Tab
IX. Better Outcomes Now (BON): betteroutcomesnow.com

A. A web-based application of the Partners for Change Outcome Management System (PCOMS) as listed in SAMHSA’s Registry Evidence-Based Program and Practice at http://legacy.nreppadmin.net/ViewIntervention.aspx?id=250.

B. PCOMS is a proven quality improvement strategy supported by five randomized controlled trials demonstrating improved outcomes and efficiency, including the reduction of dropouts.

C. PCOMS data are recognized by administrators and payers alike as reliable and valid metrics of provider and agency performance, and importantly, the participants’ quantitative view of service effectiveness.

D. BON enables unlimited data analyses and reporting in single page views for consumers, providers, administrators, and funders.

E. The cost of BON is all up front – no hidden costs or behind the scenes haggling to get the best price. Annual subscriptions are based on the number of providers or users with three subscription types.

1. Try BON free for 30 days to play with the system and see if it fits your needs.

2. Student and/or research subscriptions are designed specifically for graduate programs or for those conducting research projects. The cost is $99 per.

3. A regular subscription’s annual cost is:
   a. $179 per user for 50 or less providers;
   b. $159 per user for 51 to 100 providers;
   c. $129 per user for 101 to 150 providers;
   d. $109 per user for 151 to 250 providers; or
   e. $99 per user for 251 and above.

F. To order a free trial, call 772.204.2511.

G. PCOMS Operationalizes Client Privilege: 6:01

https://www.youtube.com/watch?v=MvAVrR8JeDo&list=PL44TWg4q0EHcszV8R9i0NWep2woajnZ_q&index=1&t=2s
Outcome Rating Scale (ORS)

Name _______________________________________  Age (Yrs):____ Sex:  M / F
Session # ____  Date: ________________________

Who is filling out this form? Please check one: Self_______ Other_______
If other, what is your relationship to this person? ____________________________

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.

ATTENTION: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

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

The Heart and Soul of Change Project

_______________________________________

www.heartandsoulofchange.com

© 2000, Scott D. Miller and Barry L. Duncan
Session Rating Scale (SRS V.3.0)

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

Examination copy only. Download the free scales at www.heartandsoulofchange.com/measures.

**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.

Heart and Soul of Change Project  
www.heartandsoulofchange.com

© 2002, Scott D. Miller, Barry L. Duncan, & Lynn Johnson
Relationship Rating Scale (RRS)

Name ________________________________

Relationship _____________________________

Please rate this relationship’s change potential by placing a mark on the line nearest to the description that best fits your experience.

Validation

I feel understood, respected, and validated

I didn’t feel understood, respected, and validated

Goals and Topics

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

We did not work on or talk about what I wanted to work on and talk about

Supportive/Encouraging Role

I felt supported and encouraged in my change efforts; the role was a good fit

I did not feel supported and encouraged in my change efforts; the role was not a good fit

Overall

Overall, this relationship is right for my change efforts

Overall, this relationship may not be the best one for my change efforts

The Heart and Soul of Change Project

www.heartandsoulofchange.com

© 2004, Barry L. Duncan and Scott D. Miller
**Self-Completed Overview of Recovery Experience (SCORE)**

**Board:** Name: _____________________

**©2008 George S. Braucht, LPC & CPCS: brauchtworks.com**

Briefly describe your goals & task(s) in the column on the right. In the bottom row, write an "O" in the column below to show each of your ORS scores.

<table>
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<th>Goal #</th>
<th>Task: What</th>
<th>How Much:</th>
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**Interaction Types:**

- Individual (face-to-face)
- Group
- Phone
- Electronic video
- Text
- Other

**Interaction # & Type**

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**Risk Rating Scale**

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**Outcome Rating Scale (ORS, 0-40)**

- Adult O RS/CES/RHS/CES
- Adult Clinical Cutoff = 25
- Adult SRS/GSRS/RS Clinical Cutoff = 36

**Re-arrest Risk**

- 0-10
- 25
- 30
- 35
- 40

**Briefly describe your goals & task(s) in the column on the right. In the column on the right, write an "O" in the column below to show each of your ORS scores.**