ORS/SRS ACROSS THE SYSTEM: IMPLEMENTATION, OUTCOMES, AND CONSIDERATIONS.
WHAT IS AN “EVIDENCE-BASED PRACTICE?”

“Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (American Psychology, May 2006)

What if we thought more about “Practice-based Evidence?”

ARE THERAPEUTIC SERVICES EFFECTIVE?

YES:

- 40-70% of clients who receive services show substantial benefit

- The average treated person is better off than 80% of the untreated sample in most studies (i.e., the “effect size” of therapy is about 80%, similar to effect size for coronary artery bypass surgery)

Psychotherapy Common Factors (Meta-Analysis)

WHAT DOESN’T MATTER:

Success is **not** linked to:

- Clinician’s degree or professional discipline
- Level of care
- Type of Treatment
- Client factors: diagnosis, gender, and age
SUCCESS IS LINKED TO:

- The Alliance:
  - But our rating of the alliance doesn’t count – the client’s rating of the alliance is the best predictor of successful therapeutic outcomes!

- The client’s rating of the alliance depends on the therapist’s adherence to the client’s Theory of Change!
BUT WE NEED TO WORK ON:

- Dropout rates average about 50% (U.S., Canada, U.K.)
- About 10% of clients do not improve, or get worse
- Clinicians don’t identify failing cases
- 1 out of 10 clients accounts for 60-70% of expenditures (staff time, resources)
WHAT IS CDOI/ORS/SRS

- CDOI – Client Directed Outcome Informed
- ORS/SRS – Outcome Rating Scale/Session Rating Scale (this is a type of CDOI or FIT)!
WHAT THE RESEARCH SHOWS:

- When clinicians **continually** measure the quality of the relationship and the **client’s** perspective of progress and **discuss** that with clients,
  - Outcomes can be improved by up to 65%
  - The number of clients who drop out is reduced by about half!
THE LEARNING PROCESS

- As a clinician, understanding the importance of a tool like the ORS/SRS
- The use of technology
- How to incorporate this into how I already do therapy?
- How to communicate what this is and what its purpose is to the clients?
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.

Individually  
(Personal well-being)

|-----------------------------|

Interpersonally  
(Family, close relationships)

|-----------------------------|

Socially  
(Work, school, friendships)

|-----------------------------|

Overall  
(General sense of well-being)

|-----------------------------|

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THE ORS WITH ADULTS

- Most effective to use from the first session to get a baseline score
- Effective tool to inform case conceptualization and treatment
- Track changes in overall functioning over time.
- May be effective in shortening treatment
- May be effective in identifying more appropriate interventions
Session Rating Scale (SRS V.3.0)

Name ____________________ Age __________
ID# ___________________ Sex: M / F ____________
Session # ______ Date ______________________

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

Relationship

I did not feel heard, understood, and respected ____________
We did not work on or talk about what I wanted to work on and talk about ____________

Goals and Topics

The therapist's approach is not a good fit for me ____________
We worked on and talked about what I wanted to work on and talk about ____________

Approach or Method

There was something missing in the session today ____________
The therapist's approach is a good fit for me ____________

Overall

Overall, today's session was right for me ____________
THE SRS WITH ADULTS

- As with ORS, most effective to use from initial session to get a baseline score
- Rating the session’s effectiveness and overall therapeutic bond- not the clinician
- Promote honest feedback to strengthen the therapeutic alliance
- Observe correlation between relationship and overall outcomes with treatment
Client reactions to ORS and SRS on a weekly basis

Client reactions to seeing their overall change trajectory

Use with specific populations (Paranoid Schizophrenia, Low IQ, Personality Disorders)

Experiences with using ORS/SRS in the group setting
Group Session Rating Scale (GSRS)

Name __________________________ Age (Yrs): __________
ID# __________________________ Sex: M/F __________
Session # __________ Date: __________

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

Relationship
I did not feel understood, respected, and/or accepted by the leader and/or the group. [ ]
We did not work on or talk about what I wanted to work on and talk about. [ ]

Goals and Topics
[ ]
We worked on and talked about what I wanted to work on and talk about.

Approach or Method
[ ]
The leader and the group’s approach are not a good fit for me.
There was something missing in group today—I did not feel like a part of the group.

Overall
[ ]
Overall, today’s group was right for me—I felt like a part of the group.

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MY REACTIONS

- Clinical successes
- Things to consider and traps to avoid
- Impact to how I provide therapy
CHILD OUTCOME RATING SCALE AND CHILD SESSION RATING SCALE
CHILD OUTCOME RATING SCALE

• Child Version of the ORS uses smiley faces 😞 😊

• Children asked to rate themselves in the following 4 areas:

  • ME: How am I doing?
  • FAMILY: How are things in my family?
  • SCHOOL: How am I doing in school?
  • EVERYTHING: How is everything going?
CHILD ORS

• Strengths:
  – Use of smiley faces: more friendly, less intrusive
  – Computer usage - Get to sit in clinician’s seat
    – Sense of empowerment
  – Ice Breaker for nervousness and anxiety
    – Child who is shy or on the 1st session ease tension
    – Child who is afraid to verbally say they acted out in school
    – Child who can communicate family problems are occurring without having to say them out loud
  – Personal Example
**Weaknesses**

- Clinician needs to know child’s cognitive level
  - Consider any reading/learning disorders
    - (Personal Example)
- Child continually rates self high to “end” therapy
  - Assuming if they keep saying they are ok therapy will terminate.
    (importance to keep good communication with parents)
- Becomes redundant for them
  - After a few sessions they don’t take the time to read each section carefully
Child SRS

- Child Version of the SRS uses smiley faces 😞 😊
- Children asked to rate their perception about the clinician and the session in 4 areas:
  - Listening: (Did or did not always listen to me)
  - Importance: (What we talked about was or was not important to me)
  - What we did: (I liked or did not like what we did)
  - Overall: (Do something different or hope to do the same kinds of things next time)
CHILD SRS

Benefits:

- Can set up the next session with client input
  - Continue to do what is working
  - Change what is not working in session
- Child feels like they have a say about the session
**Weakness:**

- Child is afraid to “hurt” clinician’s feelings about the session
- Having to explain the SRS more vs the ORS to the children
  - Importance – section is confusing to the kids
- Consider cognitive level and any reading/learning disorders
  - Personal example
Personal Experience:

- Hesitation at first to administer it
- Embraced it and able to use in non defensive manner to build rapport with the kids
- Learned it was a tool to improve therapeutic relationship with the kids and not a score about my services
- Learned to welcome low scores, humbling.
CHILD ORS/SRS

- Benefits of the Child Version
  - use of smiley faces
  - the survey is on the computer
  - good ice breaker for kids who are nervous/shy
  - children have a say in the services, empowerment
  - learn to embrace low scores and not fear the SRS

- Difficulties of the Child Version:
  - must consider the child’s cognitive level
  - self rating high to terminate therapy early
  - afraid of “hurting” clinician’s feelings on the SRS
IMPLEMENTING ORS/SRS WITH STAFF

- The need to develop buy-in from staff and your agency
DEVELOPING BUY IN:

How will this help?

- Clinicians are able to get direct feedback from Clients about their perceived progress
- Clients are able to give feedback in a non-verbal manner
- Clinicians and Clients are able to see progress in when they might not be able to otherwise.
How will this help?

+ Can serve as a way to organize sessions and overall treatment
+ Improves Client outcomes
+ Helps to improve rapport and/or address issues in the therapeutic relationship
+ Reduce no shows, improve productivity
ASSURING THIS WON’T “HURT” CLINICIANS

- Things the agency/supervisor needs to tell staff!
  + HR won’t use your scores against you
  + Client feedback needs to be addressed but won’t be taken as absolute truth
  + Can be used in supervision
DEVELOPING BOUNDARIES

- Don’t use with clients who refuse
- Only use with new/incoming clients
- Don’t use the ORS more than once a week (groups, multiple therapy sessions per week)
TRAINING CONSIDERATIONS

- Technical: how introduce clients to ORS/SRS, how to score questionnaires, how to upload data into MyOutcomes
- Technique: How to incorporate scores into the therapy sessions and address concerns immediately
- Explaining the role of rapport in client outcomes
HELPFUL SIDE EFFECTS:

- Most clients like to give us this feedback and enjoy using ORS/SRS.
- Clients can visually see their progress in the form of a graph.
- Helps the clinicians to understand more about their clients (cognitive example).
CHECKING IN ABOUT PROGRESS:

- At weekly group supervision meetings
- Share ideas with others about how to use as a clinical tool
- Easy to monitor through a system like MyOutcomes
USING AS PART OF SUPERVISION

- May help identify areas that are of great strength or need improvement
- Can assist in case consultation
### Aggregate Stats

Click here to include collateral rater data in the aggregate statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Statistic</th>
<th>Active</th>
<th>Inactive</th>
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</thead>
<tbody>
<tr>
<td><strong>Overall Change</strong></td>
<td>Average Intake ORS</td>
<td>22.6</td>
<td>21.3</td>
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<td></td>
<td>Average Most Recent ORS</td>
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<td>Average Raw Change</td>
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<td></td>
<td>Uncorrected Effect Size</td>
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<tr>
<td><strong>Change vs. Session Targets</strong></td>
<td>Average Change Index</td>
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<tr>
<td></td>
<td>Corrected Effect Size</td>
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<td><strong>Change vs. Service Targets</strong></td>
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<td>% of Clients Reaching Service Targets</td>
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<tr>
<td><strong>Clients</strong></td>
<td>Total Clients</td>
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**Change vs. Service Targets:**
This section looks at how the provider, supervisor, administrator, program, or agency's clients are progressing compared to the final Service Target for.
ADULTS

Mayday

Aggregate Stats

Click here to include collateral rater data in the aggregate statistics

<table>
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<tr>
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<th>Statistic</th>
<th>Active</th>
<th>Inactive</th>
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<td>Sessions</td>
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<td>Clients</td>
<td>Total Clients</td>
<td>134</td>
<td>3</td>
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Click on the item to see its description.
CHILDREN
ROAD BLOCKS:

+ Computer problems
+ Forgetting to complete the forms
+ Apprehension about use, feeling like administration is asking too much
FREE FOR INDIVIDUAL USE

- Outcome Measures and Alliance Measures for adults, children, groups available from

- http://heartandsoulofchange.com/measures/
QUESTIONS?
REFERENCES


• Duncan, B.L. & Miller, S.D (2000) *The Heroic Client* Jossey Bass: San Francisco


