PCOMS

THE PARTNERS FOR CHANGE OUTCOME MANAGEMENT SYSTEM

AN INTEGRATED ELEARNING MANUAL FOR EVERYTHING PCOMS

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REVISED EDITION

BETTER OUTCOMES NOW POWERED BY PCOMS

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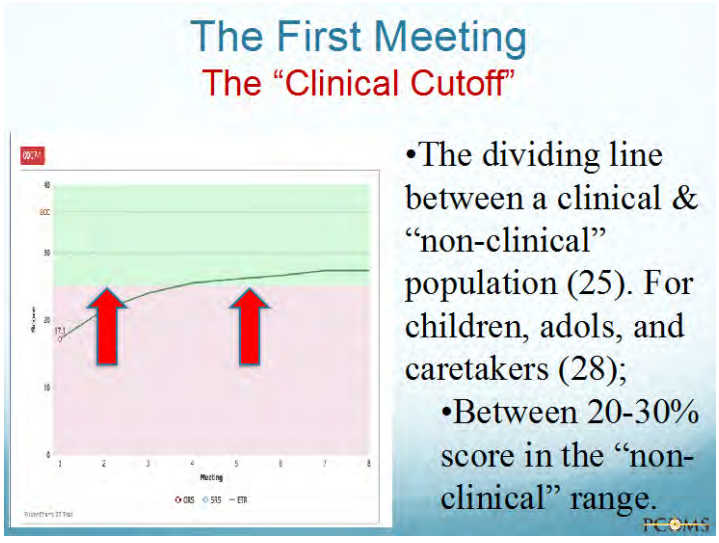
Chapter Two: Make Sense of the Client's Score

Skill 2: Discuss the clinical cutoff and contextualize the client's score. Check with the client to see if the score matches his or her experience. Explain the expected treatment response, what is hoped will happen if therapy/service/treatment is successful.

The client's score in relation to the clinical cutoff provides a real-time picture of the client's experience and the first opportunity for feedback. Use the cutoff to set the stage for the work, validate the client, and focus your efforts.

Given that everything about PCOMS is 100% transparent, the task now is to discuss the number and make sense of it with the final authority—the client. The "clinical cutoff" provides a way to do this. "Clinical cutoff" is a statistical term that represents nothing ominous, nor does it say anything negative about the client. It is only the dividing line between people who typically do not find themselves in therapy/service and those who do, differentiating between a so-called "clinical" population from a "non-clinical" one. The cutoff for the ORS is 25 (for adolescents, children, and caretakers, 28). The ORS is really a measure of distress (or wellbeing), so the number 25 out of 40 generally means that those under 25 are reporting the level of distress typically associated with being a client, and those over 25 are reporting a level of distress generally associated with *not* being a client.

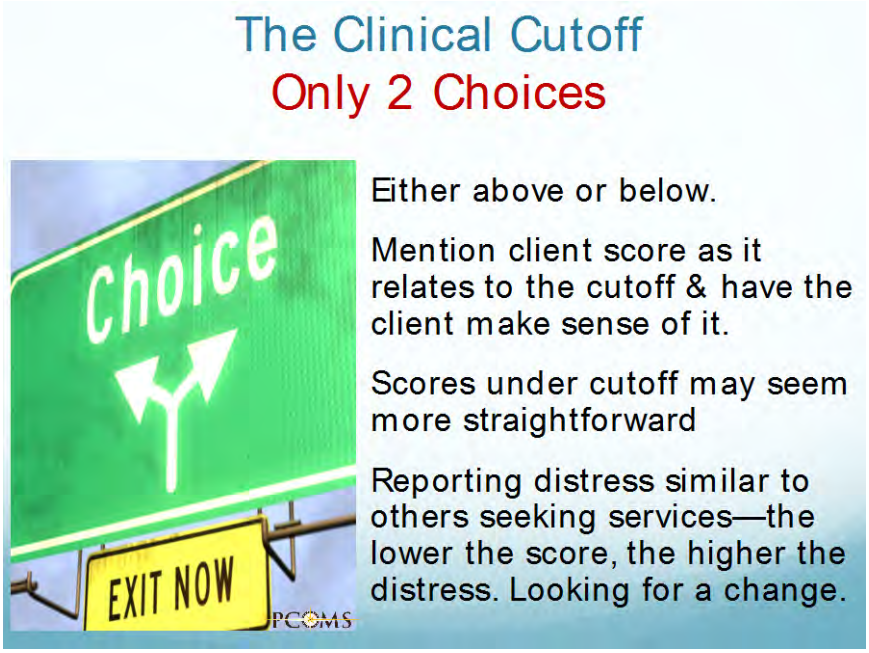


The average intake score of an outpatient setting is from 18 to 20, but anywhere between 20 to 30% of your clients will come in over the clinical cutoff. People who score under the cutoff are typically looking for change, something different in their life, while those who score higher or over the cutoff tend to be

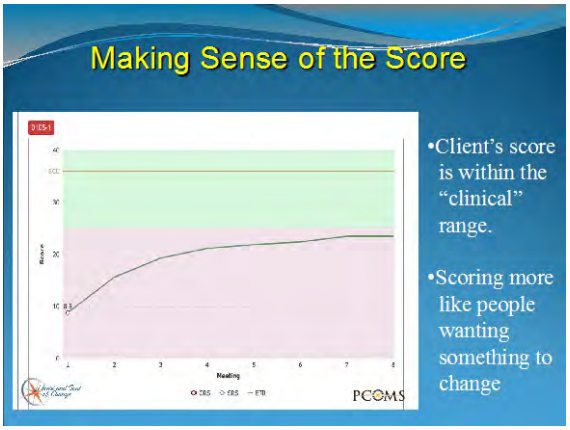
folks more satisfied with the status quo and therefore may require a bit more context to understand what they are looking for from therapy/service. Once we have the score, it's time to say what the number means—to contextualize the client's score using the cutoff as a jumping off point to promote understanding and best use.

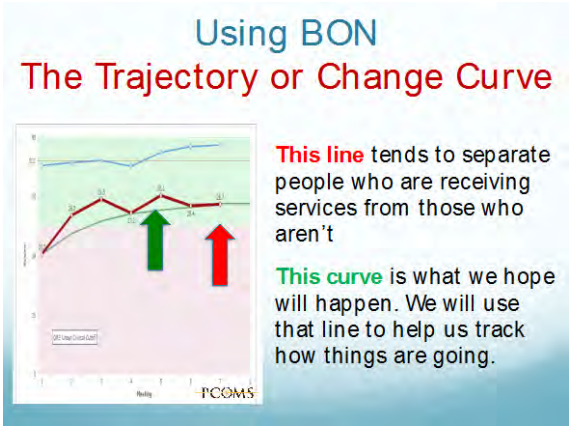
Discussing the cutoff:

- Helps check out whether the score makes sense to the client and fits what they were trying to convey in their marks or touches—to make sure you have a good rating.
- Allows you to validate the client and convey that he or she is in the right place.



There are only two choices: the client's initial score on the ORS is either above or below the clinical cutoff. Scores that are under the cutoff may seem a bit more straightforward. The client is reporting distress at a level like other persons seeking mental health or substance abuse or social services—the lower the score, the higher the distress. These folks are looking for a change on the horizon, and a very low score is saying that the sooner the change happens, the better.

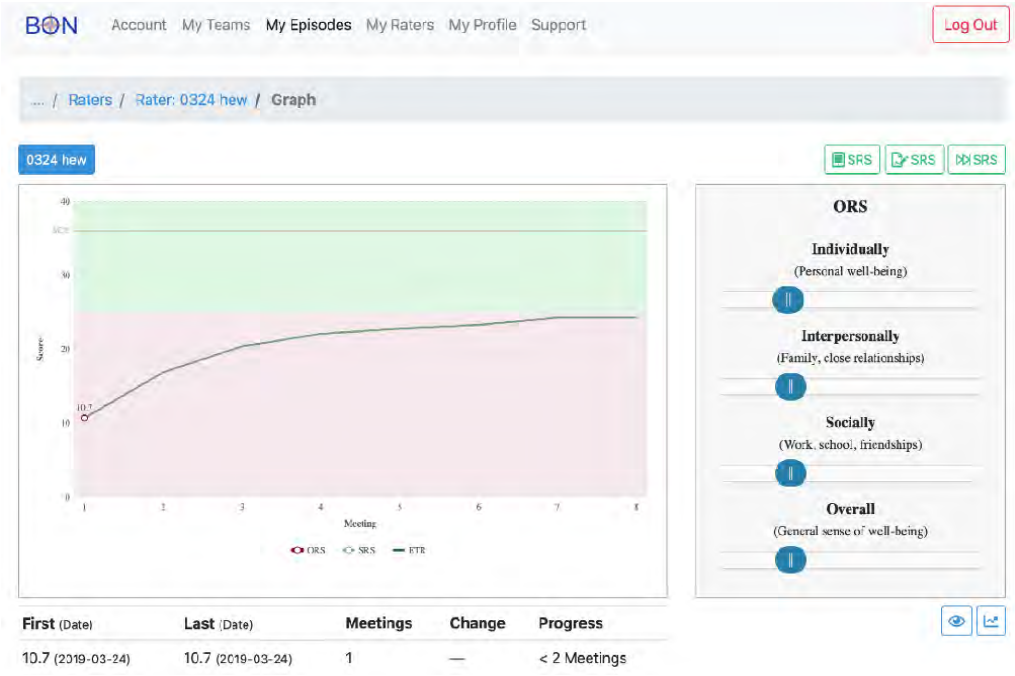




Paper ORS: A 31-year-old woman sought therapy because of difficulties shaking a very painful divorce and a desire to make sense of what has happened to her, especially why her marriage failed. She scored a 19.8 on the ORS:

> *Client:* (Client gives her ORS to therapist.) *What I do is I just measure this up. It's four 10 cm lines and it gives a score from 0 to 40, and I just pull out this ruler and add up the scores, and then I will tell you about what this says and you can tell me whether it is accurate or not, and then we will have an anchor point to measure each time and see if you are getting what you came here to get…Okay, you scored a 19.8. And what that means is that this scale, the Outcome Rating Scale has a cutoff of 25 and people who score under 25 tend to be those who wind up talking to people like me, they're looking for something different in their lives, there's something in their lives that's not going so well. You scored about the average intake score of persons who enter therapy, so you're in the right place. And it's not hard to look at this and see that it's the family/close relationship area that you are struggling with the most right now. Does that make sense?*
>
> *Client: Yes. Definitely.*
>
> *Therapist: Okay, start with the scale you marked the lowest or wherever you would like.*
>
> *Client: Well, I am in the middle of divorce and trying to figure this out…*

Better Outcomes Now: A 28-year-old, incredibly resilient woman was struggling mightily and her year-long recovery was in jeopardy. She had just been date-raped, fired from her job, and was experiencing intense periods of depression and anxiety. She scored an 10.7 on the ORS:



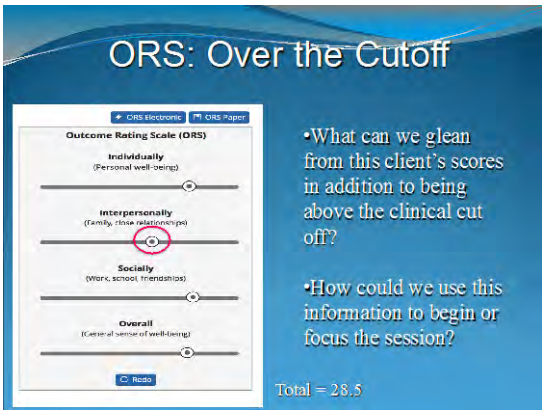
Provider: (Client hands worker the iPad). Okay, it populates this graph. People tend to score in the mauve part of this graph when they are looking for a change in their life, they are looking for something different. And you are scoring in that range and actually a person who scores as low as you did is having a really hard time of it, a lot of distress in their life. Does that fit you? (Client whispers "Yes."). People scoring in the green tend to be people who don't end up talking to people like me. They tend to think that life is going okay and are not looking for a change. (Client still looking at graph). This bold green line here is what we are hoping will happen for you if our work is successful. It's a way to help us stay on track. Looks like you scored all the scales about equally low. So what do you think would be most useful for us to talk about?

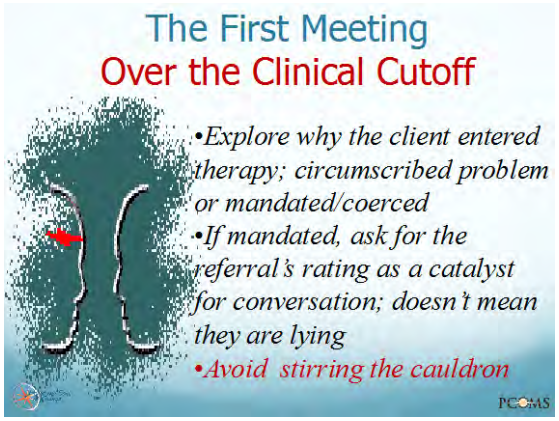
Client: My depression and anxiety are getting in the way of everything.

Give the score, say what it might mean using the cutoff as a reference point, and look for feedback to see if it fits. BON makes this easier because you reference the colors (mauve or green). If it doesn't fit for the client, then it's good that you found out so you take another pass and ensure a good rating, one that represents the client's experience of distress. Explain the ETR, what we hope will happen.

What you will find in 95 out of 100 administrations in the first meeting is that the scale clients mark the lowest is the one they are there to talk to you about. The first client, Connie, did just that. The initial ORS score is an instant snapshot of how the client views him or herself. It brings an understanding of the

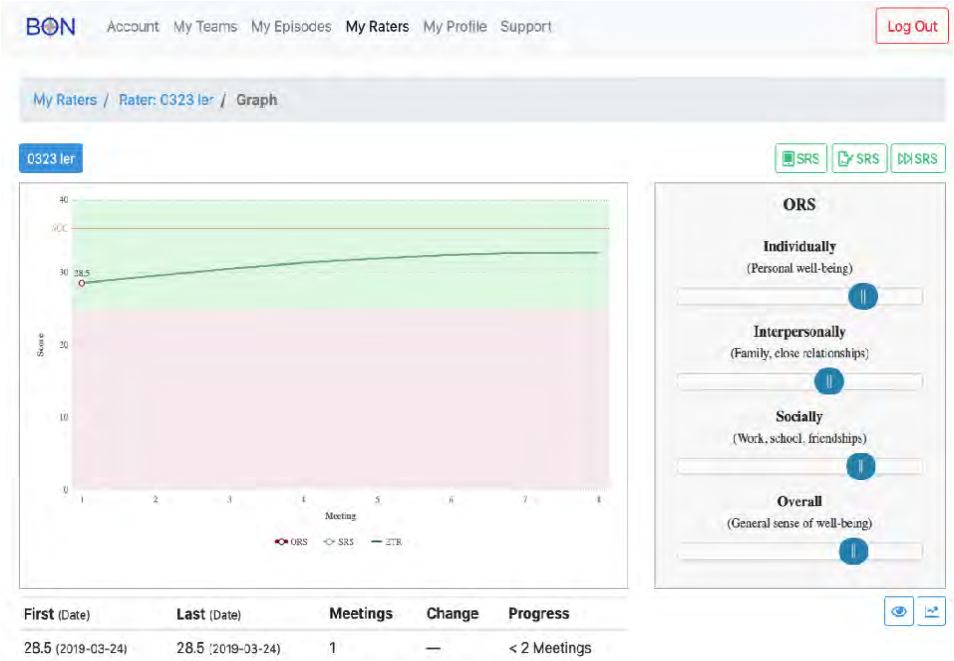
client's experience to the opening minutes of a session. With Maria, within 2 minutes, I knew that here was an individual in significant distress, well under the average intake, and I knew that she was experiencing hardship in all the domains of her life.





What about folks over the clinical cutoff? There are two reasons that scores are above the cutoff:

- While most things are going well, there is a specific concern or issue for which help is desired.
- Most clients scoring above the cutoff are folks who someone else has either suggested or required their participation in therapy.



Clients who are mandated (or coerced) to therapy from the courts, their employers, partners, or child protective services, etc. (and nearly all kids are mandated) represent the lion's share of clients scoring over the cutoff. In these instances, it is very helpful to have clients complete the ORS twice, once as themselves, and once as if he or she were the referral person. If possible, it is preferable to get the referral person's actual rating. BON allows the remote administration of the ORS if needed. This not only helps you track progress from the set of eyes that can make a difference for your client but also helps you identify what specifically the referral source is looking for as sign of improvement.

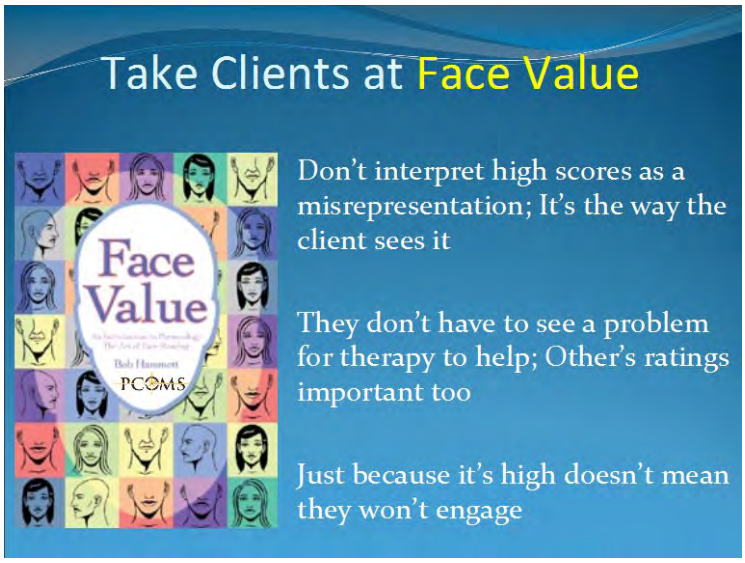
Once the client has taken the ORS the second time from the perspective of the referral source:

- Note which score is lower reflecting more distress or problems (the referral score is almost always lower).
- Ask the client to help you make sense of how the referral source's rating is so different than his or her view.
- Discuss what needs to happen to bring the referral source's view more in line with his or her own view.

BON provides a way to have the client reconsider his or her over the cutoff rating via the redo feature (see the Nuances of the ORS webinar for a demonstration). Ask the client to redo the ORS from the perspective of the person who sent them to therapy/service. But first, go to that client's ORS/SRS detail page and write down the scores of the four scales they just completed.

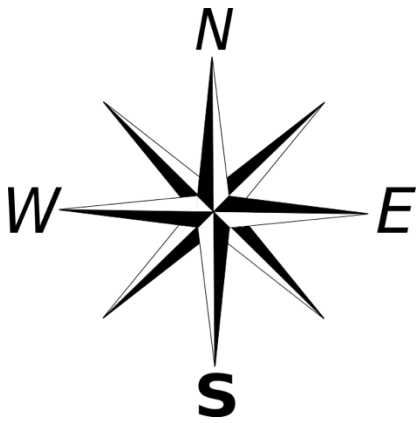
After the client fills out the ORS from the referal source's perspective and you discuss the meaning of the differences and implications for the service, then ask:

> "*Given his or her perspective, do you want to re-take the ORS or go back to your original scores?*"



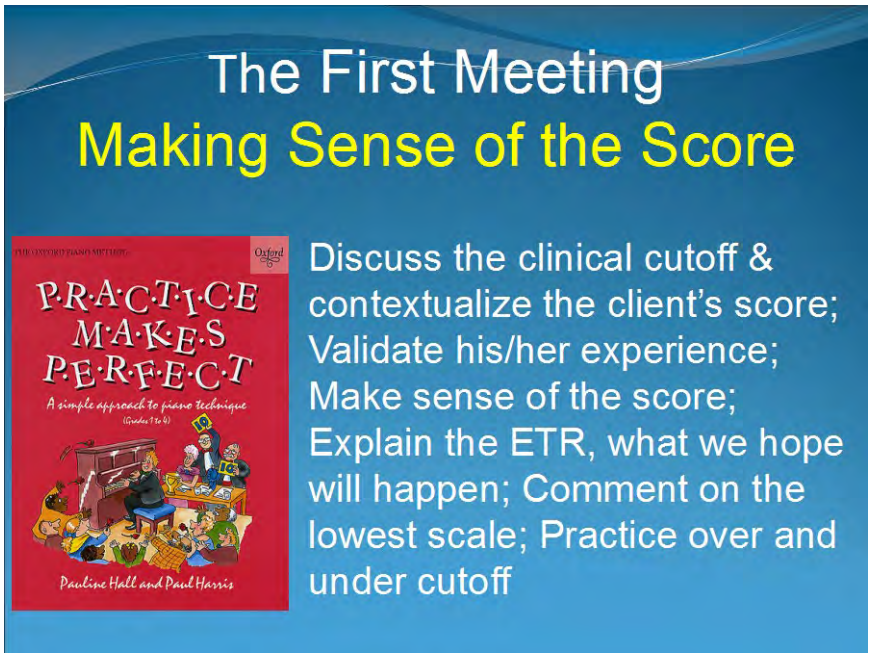
Whatever the client chooses is okay, but this offers an opportunity for the client to reconsider the ORS score. Mandated clients are no different from voluntary clients with regard to the alliance. Attaining the client's rating *as if* he or she were the referral source is a great way to bring in the other view without challenging the client's perspective. Almost always, clients will rate the referral source's rating lower (more distressed) than they rated themselves. In a sense, the ORS allows the referral source's view to be externalized, represented by the form itself, making it easier to talk about, and not risking the alliance. Few things are worth that risk.

One last thing to note about clients who enter therapy scoring over the cutoff: Even though the client may be reporting that things are going well, there will still be one scale that is lower than the rest, and that is often your invitation to collaborate.



Chapter Two: Role Play, PCOMS eLearning, and Suggested Reading

A great way to do role plays is with three participants: a client, a provider, and an observer. Everyone gets a chance at each role, and to give and receive feedback. Structure your feedback like so: Say what you liked about the way your colleague introduced the ORS and then say how it could be improved.



Webinar

The Nuances of the ORS

Video

The below client videos are only available to BON subscribers. Log in, click on "Support" and then on "Client Videos."

Client Video:

Client Video: Barry introduces the paper and pencil ORS (woman).

Client Video: Barry introduces the paper and pencil ORS (man).

Client Video: Barry introduces the ORS, the Clinical Cutoff, and the ETR in BON.

Client Video: Barry discusses the Clinical Cutoff

Suggested Reading

On Becoming a Better Therapist (Duncan, 2014). Many agencies have reported that a chapter by chapter discussion group helps PCOMS implementation. See Chapter One.

Chapter Two: Summary