IMPORTANT!

By downloading this file you have indicated your complete agreement and willingness to abide by the terms of the **ORS, SRS, CORS, CSRS, YCORS/SRS, and GSRS/CGSRS Binding License Agreement**

**1. Licensee:** You are hereby licensed by Dr. Barry L Duncan, PA, a licensed entity of PCOMS International, Inc. (hereafter PCOMS), to use the ORS, SRS, CORS, CSRS, YCORS/SRS, and GSRS/CGSRS (hereafter the measures) for your individual use only. Any use of these measures by an agency, group practice, clinic, managed behavioral care organization, or government requires separate application for a group license and payment of appropriate fees. [Click here to apply for or obtain information regarding a group license.](https://betteroutcomesnow.com/products/ors-srs-family-measures-lifetime-license/)

**2. ORS, SRS, CORS, CSRS, YCORS/SRS, and GSRS/CGSRS:** The measures mean any and all paper and pencil or electronic versions of the outcome and process measures, progress and process tracking systems, outcome and process screening, and outcome and process prognosis measurement.

**3. License:** Subject to the terms and conditions of this agreement, PCOMS grants to the licensee a license to use the measures in connection with the licensee’s bona fide behavioral health care or social services practice. The administration and scoring manual, and any and all electronic versions or scoring products associated with the measures may NOT be copied, transmitted, or distributed by the licensee. Paper and pencil versions of the measures may be copied for use in connection with the licensee’s practice.

4**. Modifications**: The licensee may NOT modify, translate into other languages, change the context, wording, or organization of the measures or create any derivative work based on them. The licensee may put the measures into other written, non-electronic, non-computerized, non-automated formats provided that the content, wording, or organization are not modified or changed. The licensee may modify the item line length so that each prints out 10 cm.

**5. Copies, Notices, and Credits**: Any and all copies of the measures made by the licensee must include the copyright notice, trademarks, and other notices and credits on measures. Such notices may not be deleted, omitted, obscured or changed by the licensee. Since you are obtaining the license for individual use only, you may NOT distribute copies of the measures.

**6. Use, Distribution, and Changes**: The measures may only be used and distributed by the licensee in connection with licensee’s bona fide behavioral health care or social service practice and may not be used or distributed for any other purpose.

**7. Responsibility**: Before using or relying on the measures, it is the responsibility of the licensee to read and understand their purpose and clinical application, known as PCOMS, as found in publications such as [*On Becoming a Better Therapist, 2nd edition or PCOMS: An Integrated eLearning Manual.*](https://betteroutcomesnow.com/resources/books/) It is also the responsibility of the licensee to ascertain their suitability for any and all uses made by the licensee. The measures are not diagnostic tools sand should not be used as such. The measures are not substitutes for an independent professional evaluation. Any and all reliance on the measures by the licensee is at the licensee’s sole risk and is the licensee’s sole responsibility. Licensee indemnifies PCOMS and its officers, directors, employees, representatives, and authors of the measures against, and hold them harmless from, any and all claims and law suits arising from or relating to any use of or reliance on the measures and related products provided by PCOMS. This obligation to indemnify and hold harmless includes a promise to pay any and all judgments, damages, attorney’s fees, costs and expenses arising from any such claim or lawsuit.

**8. Disclaimer**: Licensee accepts the measures and associated products “as is” without any warranty of any kind. PCOMS disclaims any and all implied warranties, including implied warranties of merchantability, fitness for a particular purpose, and non-infringement. PCOMS does not warrant that the measures are without error or defect. PCOMS shall not be liable for any consequential, indirect, special, incidental or punitive damages. The aggregate liability of PCOMS for any and all causes of action (including those based on contract, warranty, tort, negligence, strict liability, fraud, malpractice, or otherwise) shall not exceed the fee paid by the licensee to PCOMS. This license agreement, and sections 7 and 8 in particular, define a mutually agreed upon allocation of risk. The fee reflects such allocation of risk.

**9. Construction**: The language used in this agreement is the language chosen by the parties to express their mutual intent, and no rule of strict construction shall be applied against any party.

**10. Entire agreement**: This agreement is the entire agreement of the parties relating to the measures.

**11. Governing Law**: This agreement is made and entered into in the State of Florida and shall be governed by the laws of the State of Florida. In the event of any litigation or arbitration between the parties, such litigation or arbitration shall be conducted in Florida and the parties hereby agree and submit to such jurisdiction and venue.

**12. Modification**: This agreement may not be modified or amended.

**13. Transferability**: This agreement may not be transferred, bartered, loaned, assigned, leased, or sold by the licensee.

**14. Violations**: Violations of any provision or stipulation of this agreement will result in immediate revocation of this license. Punitive damages may be assessed.

**Outcome Rating Scale (ORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Køn:\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Når du ser tilbage på den tid, der er gået siden sidste samtale (inklusiv i dag), skal du vurdere, hvordan du har haft det på følgende områder af dit liv. En markering til venstre for midten markerer, at du har haft det dårligt, mens en markering til højre for midten markerer, at du har haft det godt. |

**OBS TERAPEUTER:** FOR AT SIKRE, AT SCORINGEN AF SKEMAET BLIVER PRÆCIS, SKAL DU CHEKKE, AT LINERNE ER 10 CM LANGE, NÅR DU UDSKRIVER SKEMAET. DU MÅ JUSTERE LINIERNE, INDTIL DE HAR DEN KORREKTE LÆNGDE PÅ UDSKRIFTEN. SLET DEREFTER DENNE MEDDELELSE.

**Individuelt:**

(Personligt velbefindende)

I----------------------------------------------------------------------I

**Nære relationer:**

(Familie, nære venner, osv.)

I----------------------------------------------------------------------I

**Socialt:**

(Arbejde, skole, bekendte)

I----------------------------------------------------------------------I

**Generelt:**

(Generel følelse af velbefindende)

I----------------------------------------------------------------------I

Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2000, Scott D. Miller and Barry L. Duncan

Dansk oversættelse: Susanne Bargmann

|  |
| --- |
|  40 |
| 35 |  |  |  |  |  |  |  |  |  | **SRS Cutoff** |
| 30 |  |  |  |  |  |  |  |  |  | Drøftelse |
| 25 |  |  |  |  |  |  |  |  |  | ORS Cutoff |
| 20 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
|  5 |  |  |  |  |  |  |  |  |  |  |
|  0 |  |  |  |  |  |  |  |  |  |  |
| Session Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Session Rating Scale (SRS V.3.0)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Køn:\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Du bedes vurdere dagens samtale, ved at sætte et mærke på hver af de fire linier. Du skal placere din vurdering tættest på den beskrivelse, som passer bedst på din oplevelse. |

# Relation:

Jeg følte mig *ikke* hørt, forstået og respekteret.

Jeg følte mig hørt, forstået og respekteret.

I----------------------------------------------------------------------I

**Mål og emner:**

Vi arbejdede med og

talte om det jeg gerne ville arbejde med

og tale om

Vi arbejdede *ikke* med eller talte *ikke* om det jeg gerne ville arbejde med og tale om

I----------------------------------------------------------------------I

**Tilgang eller metode:**

Terapeutens måde

at arbejde på passer *ikke* til mig.

Terapeutens måde

at arbejde på passer

til mig.

I----------------------------------------------------------------------I

**Generelt:**

Alt i alt var dagens session passende for mig.

Der manglede noget i dagens session

I----------------------------------------------------------------------I

Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2002, Scott D. Miller, Barry L. Duncan, & Lynn Johnson

Dansk oversættelse: Susanne Bargmann

**Child Outcome Rating Scale (CORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_Køn: \_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hvordan har du det? Hvordan går det i dit liv? Sæt et mærke på linien for at vise, hvordan det går. Jo tættere mærket er på det smilende ansigt, jo bedre går det. Jo tættere mærket er på det sure ansigt, jo flere ting er ikke så gode.  |

**Mig**

 (Hvordan har jeg det?)

I----------------------------------------------------------------------I



 **Familie**

 (Hvordan går det i min familie?)

I----------------------------------------------------------------------I

**Skole**

(Hvordan går det i skolen?)

I----------------------------------------------------------------------I

**Livet som helhed**

(Hvordan går det med livet i det hele taget?)

I----------------------------------------------------------------------I



Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2003, Barry L. Duncan, Scott D. Miller, & Jacqueline A. Sparks

Dansk oversættelse: Susanne Bargmann

**Child Session Rating Scale (CSRS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_Køn: \_\_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hvad synes du om vores tid sammen i dag? Sæt et mærke på linierne for at vise hvad du mener. |

# Lyttede

 \_\_\_\_\_\_\_\_\_\_\_

 lyttede på mig.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lyttede ikke altid på mig.

****I----------------------------------------------------------------------I

Det, vi lavede og talte om, var ikke særlig vigtigt for mig**.**

**Hvor vigtigt**

Det, vi lavede og talte om, var vigtigt for mig.

I----------------------------------------------------------------------I

****

**Det vi lavede**

Jeg kunne godt lide det, vi lavede i dag.

Jeg kunne ikke lide det, vi lavede i dag.

I----------------------------------------------------------------------I

****



**Generelt**

Jeg håber, vi gør noget af det samme næste gang, som vi gjorde i dag.

Jeg ville ønske, vi kunne gøre noget anderledes.

I----------------------------------------------------------------------I

****

Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2003, Barry L. Duncan, Scott D. Miller, Jacqueline A. Sparks, & Lynn D. Johnson

Dansk oversættelse: Susanne Bargmann

**Young Child Outcome Rating Scale (YCORS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_Køn: \_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Vælg det af ansigterne, som viser, hvordan du har det. Eller du kan selv tegne et ansigt nedenunder, så det passer helt præcist til dig. |

Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2003, Barry L. Duncan, Scott D. Miller, Andy Huggins, and Jacqueline A. Sparks

Dansk oversættelse: Susanne Bargmann

**Young Child Session Rating Scale (YCSRS)**

|  |
| --- |
| Navn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alder (År):\_\_\_\_Køn: \_\_\_\_\_\_\_\_\_\_\_\_Session # \_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Vælg det af ansigterne, som viser, hvordan det var for dig at være her idag. Eller du kan selv tegne et nedenunder, så det passer helt præcist til dig. |

Better Outcomes Now

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

https://www.betteroutcomesnow.com

© 2003, Barry L. Duncan, Scott D. Miller, Andy Huggins, & Jacqueline Sparks

Dansk oversættelse: Susanne Bargmann