Partners for Change Outcomes Management System PCOMS

The what, why, and how of PCOMS – Two agencies experience
Workshop Overview

Our two agencies using PCOMS for a number of years. Are happy to share what we are learning and why we believe this is a very effective resource / approach. We will cover:

• WHAT PCOMS is
• WHY PCOMS works – the evidence base and our observed experience
• HOW to implement PCOMS to maximise outcomes
The “What” of PCOMS - overview

PCOMS consists of the client completing 2 simple forms (ORS, SRS) at every session. These forms and the data they generate guide the process and support an effective partnership between client and worker.

This approach can be added to any treatment model or modality.

It operationalises a value system of client privilege, recovery, and social justice.
Becoming Better
Measuring Outcome

• Give at the beginning of the visit; Client places a mark on the line.
• Each line 10 cm (100 mm) in length.
• Reliable, valid, feasible

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

• Scored to the nearest millimeter.
• Add the four scales together for the total score.
The Session Rating Scale
Measuring the Alliance

- Give at the end of session;
- Each line 10 cm in length;
- Reliable, valid, feasible

- Score in cm to the nearest mm;
- Discuss with client anytime total score falls below 36
The “What” of PCOMS

- It is the only client rated outcome management system that has evidence based practice status (SAMSA)
- Is ‘a theoretical’ – study after study has shown that no one model (EBP) is better than any other
- Is based on the finding that the key predictor to effective engagement and successful outcome is the Alliance between client and worker
Evidence Based Practice – Research base of PCOMS

7 Random Clinical Trials (Europe and North America):


• Anker, M, Duncan B and Sparks J (2009). Using Client Feedback to Improve Couples Therapy. *Journal of Consulting and Clinical Psychology* 77, 693

• Bohanske B Implementing CDOI in Public Agencies. *Heart and Soul of Change Website*


Refer [www.heartandsoulofchange.com](http://www.heartandsoulofchange.com) for full set of research and articles
The ‘Why’ – evidence base accounting for successful outcomes – Michael Lambert

- Relationship: 30%
- Client / Extra-therapeutic: 40%
- Placebo/Hope/Expectancy: 15%
- Models/Techniques: 15%
The Therapeutic Alliance

Goals, Meaning or Purpose

Means or Methods

Clients view of the Therapeutic Relationship
The ‘why’ of PCOMS – evidence based research

The alliance is the single biggest predictor of effective engagement and positive outcome - Seven times the impact over model and method

On-going client feedback best way to strengthen the alliance. Hence need to measure both engagement and outcome from day one, regularly – ORS and SRS measure both.

Early change is best predictor of long term change and no change in early phase is predictor of poor outcomes. Hence the need for real time measurement to enable the data to inform the journey / partnership.
The ‘why’ of PCOMS – Practice based evidence

Trajectory of Change for Client ID:S1158

- Predicted score
- 25th percentile
- 75th percentile
- Clinical cuttoff
- ORS Scores
- SRS Scores

Trajectory of Change:

- Outcomes and scores over time:
  - Client ID:S1158
  - Dates: 13/05/2014 to 08/07/2014
  - Scores: 5.1, 8.4, 13, 15.5, 22.8, 25.7, 28.9, 33.9, 34.7, 36.9

- Percentile and predicted scores:
  - 25th percentile: 8.4
  - 75th percentile: 36.9
  - Clinical cuttoff: 33.9

- Visual representation of client's progress over time.

- Logos and branding:
  - Wesley Community Action
  - Heart and Soul of Change Project
  - PCOMS
  - Methodist Mission
The ‘why’ of PCOMS

Trajectory of Change for Client ID:C421

- Predicted score
- 25th percentile
- 75th percentile
- Clinical cutoff
- ORS Scores
- SRS Scores
The ‘why’ of PCOMS – the practice based evidence

An older male living by himself - suddenly with a notice that he was going to be evicted from his current accommodation. This person is an alcoholic, is happy with his life and being an alcoholic – just became very distressed with eviction notice and thought he would be left on the street. Working through with this person what their resources were, a plan was put together for them to enact with timeframes, and a successful outcome.
The ‘why’ of PCOMS – the practice based evidence – a clients story - Theresa.

From her starting Story
ORS 12
Gang Mother
Husband murdered
Tell me what to do
I don’t have the answers

To new possibilities
Her new story
Protector
Carer Advocate
Hope
Dreams of Happiness
Theresas Story.
The ‘why’ of PCOMS - the data we are discovering from using PCOMS

WATCH (young adult offenders)
- No shows reduced from 55% to 15%
- Length of time in service- reduced by one month

Counselling Service (diverse population)
- No shows reduced from average of 15 to 4 per month
The ‘why’ of PCOMS - the positive outcomes

People engage quicker
Achieve their goals faster
More likely to attend all appointments - increasing efficiency

Indicators show that staff increase in job satisfaction

*International evidence to support these findings*
The ‘how’ of PCOMS – implementing

Effective strategies when implementing PCOMS:

Consider your organisational culture before you implement. How do you currently deliver your services?

• Discuss PCOMS within your team, and identify concerns early.
• A lesson from Star Trek: Are you a Dr. Leonard McCoy or a Dr. Spock? (you can be both!).
• Be open to new ideas and practice – you already work in a research validated field.
• And ... Evidence is not a 4 letter word. Have your cake and eat it too: PCOMS sits alongside your existing practice, not as a replacement.
The ‘how’ of PCOMS – implementing

Effective strategies when implementing PCOMS:

**Plan for Success.**

- Prepare front line staff for delivery. Ensure they’re prepared.
- Know the theory and understand the expected benefits.
- If possible, gain prior experience in PCOMS delivery, e.g. workshops.
- Develop a framework to evaluate expected benefits against actual practice. Consider implementing KPI’s (more later).
- Beware the exceptions! Strategise early when identifying ‘It doesn’t fit our/my practice’.
The ‘how’ of PCOMS – implementing

Effective strategies when implementing PCOMS:

It’s all about the Client and the Outcome.

• PCOMS is *not* a data collection exercise.
• PCOMS is proven to be effective when it’s used as designed.
• PCOMS data is quantitative *and* qualitative – it tells a story and provides a measurement about how the story is progressing.
• Use the tools, use the tools, use the tools. Reflect on evidence with the client.
The ‘how’ of PCOMS – using the data to inform practice

How to use data to guide practice.

Several PCOMS software tools exist to help:

• MyOutcomes, ASIST, Exess ...
Conclusions

PCOMS works with all models
Core values are important - critical to believe that the client is their expert and that they bring resources to the solutions
Helps us focus on where we can have most impact - ‘the alliance’
Value ‘real-time’ data – and change according to what it tells us
Is a significant professional development resource
We are keen to grow a NZ learning community of PCOMS practice