



**SCRA & SHARE! Peer Workforce Conference**  
**January 31, 2024**

*You do what, how well?*  
*Integrating the peer's voice in services and appreciative performance support/supervision*

George S. Braucht; LPC, CPCS & CARES




Co-founder of the  
Certified Addiction Recovery Empowerment Specialist (CARES) Academy: [gasubstanceabuse.org](http://gasubstanceabuse.org)  
and the  
Forensic Peer Mentor Ready4Reentry Training: [gmhcn.org](http://gmhcn.org)



Make as many words as you can from the letters below and enter into Chat.

**RESILIENCY**



Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard.

## Objectives



Upon completion of this session participants will be able to:

1. Identify the top seven reasons to use the Partners for Change Outcome Management System (PCOMS),
2. Assist with reliable and valid peer self-assessment and quantifiable peer-based service outcomes based on three key progress indicators, and
3. Participate in appreciative performance support that enhances service providers' currently experienced and cumulative career growth.





Participate in audience polls by logging your smart phone, tablet or computer web browser into **responseware.com**

Enter as a "Guest"  
Session ID: **pcoms**

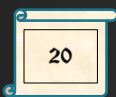


Go to [responseware.com](http://responseware.com);  
Enter as "Guest";  
Session ID = **pcoms**





### I am a...: select all that apply

- 0% A. Academic/teacher
- 0% B. Licensed Medical Professional
- 0% C. Licensed Behavioral Health Professional
- 0% D. Certified/Licensed Addiction Professional
- 0% E. Certified Peer Specialist (CPS)
- 0% F. CPS Supervisor
- 0% G. Self-identify as a person in recovery
- 0% H. Ally of a person(s) in recovery
- 0% I. Apparently in the wrong room!




Go to [responseware.com](http://responseware.com);  
Enter as "Guest";  
Session ID = **pcoms**



### On a 100-point scale with 100 = I can teach others how to use PCOMS and 0 = I've never used PCOMS, my current competence using the PCOMS scales is:


- 0% A. 0-10: Newbie, can't spell PCOMS or have no experience with the tools
- 0% B. 11-20
- 0% C. 21-30: Novice, some experience using the scales & SCORE Board/BON
- 0% D. 31-40
- 0% E. 41-50
- 0% F. 51-60: Intermediate, routinely use the scales & SCORE Board/BON
- 0% G. 61-70
- 0% H. 71-80: Advanced, recognized as a "go-to" person with PCOMS
- 0% I. 81-90
- 0% J. 91-100: Expert, certified PCOMS user or trainer



Go to [responseware.com](http://responseware.com);  
Enter as "Guest";  
Session ID = **pcoms**

**Many decades of research show that whose rating of the quality of the helping alliance is the most valid and reliable indicator of outcome? Select one.**

- 0% A. Client/Peer/Resident (CPR)
- 0% B. Service provider
- 0% C. Service provider's supervisor
- 0% D. The truth is nobody knows!



  
Dr. Barry L. Duncan

**The Partners for Change Outcome Management Service (PCOMS)**  
[betteroutcomesnow.com](http://betteroutcomesnow.com)


## Why Do PCOMS: Seven Rationales

1. Solves the bad and ugly problem - identifies non-responding clients/peers/residents (CPRs)
2. 10 randomized clinical trials (so far!), a cohort study and three benchmarking investigations unequivocally show that PCOMS improves outcomes and increases efficiencies
3. A-theoretical, can be integrated into any treatment model, and applicable with people in all diagnostic categories
4. Enhances the research-based factors related to success



## How to Improve Outcome: Pop Quiz



Substance Abuse & Mental Health Services Administration

United States Department of Health and Human Services

### EVIDENCE-BASED PRACTICES

Shaping Mental Health Services Toward Recovery

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy
- Client-centered Therapy
- Systemic Therapy
- Biopsychosocial Therapy
- Solution-focused Therapy
- Multimodal Therapy
- Psychodynamic Therapy
- Narrative Therapy
- Integrative Problem-Solving Therapy
- Eclectic Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

## How to Improve Outcome: Pop Quiz





- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Step Program
- Dialectical Behavior Therapy
- Multimodal Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy
- Narrative Therapy
- Integrative Problem-Solving Therapy
- Eclectic Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

# Still Raging!



Go to [responseware.com](http://responseware.com);  
Enter as "Guest";  
Session ID = **pcoms**

**Of all the factors affecting outcome, treatment model (technique or program) is the *most potent*.**

A. True  
B. False

0%  
  
True

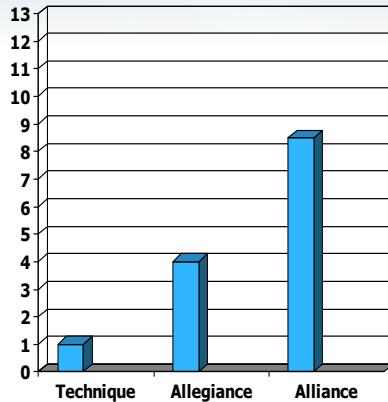
0%  
  
False

:20

## How to Improve Outcome: Factors Accounting for Success

### Treatment Outcome:

- 60% due to "Alliance" ([aka "common factors"] 8%/13%)
- 30% due to "Allegiance" (4%/13%)
- 8% due to "Technique" or model (1%/13%)



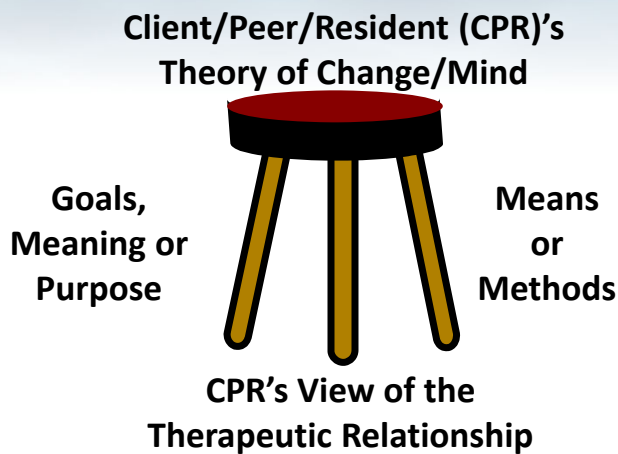
Wampold, B. (2001). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.



## How to Improve Outcome: Research on the Alliance

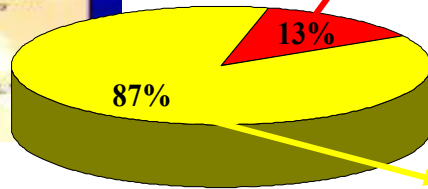
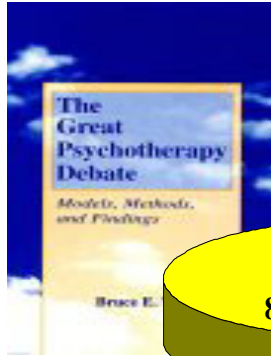


Over 1000 published studies' findings:



Bachelor, A., & Horvath, A. (1999). The therapeutic relationship. In M. Hubble, B. Duncan, & S. Miller (eds.). *The heart and soul of change*. Washington, D.C.: American Psychological Association.

## Meta-Analytic Research on Therapeutic Outcomes



### Treatment factors:

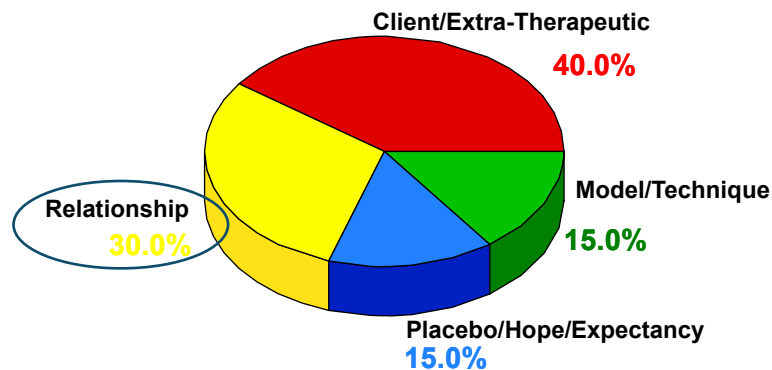
- 7% due to Alliance factors (or 54% of effects due to tx)
- 1% due to Model and technique (or 8% of effects due to tx)

### Client factors

Wampold, B. (2001). *The great psychotherapy debate*. New York: Lawrence Erlbaum.




## Successful Outcomes Factors



Hubble, M., Duncan, B., & Miller, S. (1999). *The heart and soul of change: What works in therapy*. Washington, D.C.: American Psychological Association










## Empathy, Genuineness & Positive Regard

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *The Journal of Consulting Psychology, 25*, 95-103.



Lambert (2013) meta-analysis


- **Empathy:** 57 studies found  $r$  of **.31**
- **Positive Regard:** 18 studies found  $r$  of **.27**
- **Genuineness:** 16 studies found  $r$  of **.24**
- 🔗 Each is more powerful than any technique that you can ever wield as model differences have a  $d$  of **.20**

BETTER OUTCOMES NOW  Lambert, M. (2013). Outcomes in psychotherapy: The past and important advances. *Psychotherapy, 50* (1), 42-51. 



## Why Do PCOMS: Seven Rationales

5. Incorporates the known predictors of success: early change and the quality of the alliance
6. Privileges CPRs' voice in all facets of service delivery - client-driven, recovery-oriented and individually tailored - to promote social justice: <https://youtu.be/oQR8nHyHB2Q?feature=shared>
7. Return on Investment: Studies have shown that PCOMS reduced length of stay by 40% to 50%, and cancellation and no show rates by 40% and 25%, respectively.

BETTER OUTCOMES NOW 

## To the Rescue

### Systematic Feedback: PCOMS

**Individually:**  
(Personal well-being)

-----

**Interpersonally:**  
(Family, close relationships)

-----

**Socially:**  
(Work, School, Friendships)

-----

**Overall:**  
(General sense of well-being)

-----

The Outcome Rating Scale (ORS)

**Valid**

**Reliable**

**Feasible**

**Validation**

-----

**Goals and Topics**

-----

**Supportive/Encouraging Role**




-----

**Overall**

-----

Relationship Rating Scale (RRS)

Download free copies at: [betteroutcomesnow.com](http://betteroutcomesnow.com)



## Four Research-based Factors Responsible for Change Across Disciplines and Models

1. Empathy
2. Genuineness
3. Positive regard
4. Feedback ★









Go to **responseware.com**;  
Enter as "Guest";  
Session ID = **pcoms**

**What percentage of your CPRs do not improve or deteriorate?  
Select one answer.**

- A. I don't know
- B. 25%
- C. 35%
- D. 45%
- E. 55%
- F. 65%
- G. Now I know I'm definitely in the wrong room!




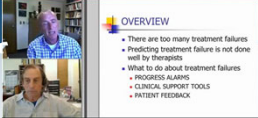
**Dr. Michael Lambert**  
Brigham Young University



<https://youtu.be/-5lalowDL-o?feature=shared>

Look for:

1. What percentage of clients (sic):
  - A. Don't change 40-61%
  - B. Deteriorate 3-14%
  - C. Improve 20-30%
  - D. Achieve recovery 9-20%
2. What to do about treatment (sic) failures? First slide!
  - A. Progress alarms
  - B. Clinical (sic) support tools
  - C. Patient (sic) feedback





**Individual Recovery Check-Ins 150720**  
© George S. Braucht, LPC: [www.brauchtworks.com](http://www.brauchtworks.com)

**Goal:** Provide assertive continuing care interactions before, during and after treatment. Research shows that these contacts improve the likelihood of sustained, meaningful engagement in treatment and long-term recovery. Contacts may be made while peers are on waiting lists, between appointments or groups, and as follow-ups to no-shows. The check-in also serves as a reminder of the next scheduled treatment or other social service appointments thereby reducing no-shows while also promoting timely resource utilization and recovery community integration.

**Suggested Frequency:** The below is a suggested minimum interaction frequencies. However, the frequency is best determined by each peer and her/his needs.

First 8 weeks: 1X a week; Second 8 weeks: 1X every 2 weeks; Months 5+: 1X a month

**Seven Step Recovery Check-in**

- Topics brought up by the peer/client take precedence over any pre-determined outline.

The typically flow of a recovery check-in is as follows.

1. Acknowledge peer; what's right with you
2. Complete the Outcome Rating Scale (ORS)
3. Complete and discuss Craving or Challenges (other reasons for seeking services) Ratings
4. Discuss Recovery Capital Scale Plan and/or Whole Health Action and Management Plan
5. Complete the Relationship Rating Scale (RRS) and discuss what will make the next contact more useful.
6. Schedule the next Recovery Check-in
7. Assist peer to summarize major topics and activities/goals discussed during this interaction and upcoming treatment/other appointments and/or meetings

If not completed during the Check-in, transfer ORS, Craving/Challenges, and RRS ratings to the SCORE Board.

**Additional Recovery Check-in materials available at [www.brauchtworks.com/change\\_agent\\_toolkit](http://www.brauchtworks.com/change_agent_toolkit):**

1. SCORE Board
2. Recovery Check-In Practice Grader: Initial and Ongoing Contacts

**References**

1. Duncan, B. (2005). *What's right with you*. Deerfield Beach, FL: Health Communications. Peer and professional versions of the ORS and RRS are available free at [www.hearandmindsofchange.com](http://www.hearandmindsofchange.com).
2. Mid-America Addiction Technology Transfer Center. (2008). *The Arkansas continuing care program telephone monitoring and adaptive counseling – clinician manual*. Kansas City, MO: Author.
3. Scott, C. K., & Dennis, M. L. (2003). *Recovery Management Checkups: An Early Re-Intervention Model*. Chicago, IL: Chestnut Health Systems

## Individual Recovery Check-ins

Brauchtworks Consulting  
[www.brauchtworks.com](http://www.brauchtworks.com)

Applying Science to Practice  
Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)

## Individual Recovery Check-in Form

**Individual Recovery Check-In 160714**  
© George S. Braucht, LPC: [www.brauchtworks.com](http://www.brauchtworks.com)

Name: \_\_\_\_\_ # \_\_\_\_\_

Next Treatment or Other Appointments/Meetings: None known

Program Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Program Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Check-In By: \_\_\_\_\_ Where You Are: \_\_\_\_\_

Attempts: Date [YYMMDD]; Time [HHMM]; Type [Call, In-person, Text, E-meeting, Other: [Specify]]

#1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_ #4: \_\_\_\_\_

Contact Date: \_\_\_\_\_ Start and End Times: \_\_\_\_\_ Type: \_\_\_\_\_

*Also enter this interaction's ORS, Craving/Challenges, and SRRS ratings in the SCORE Board*

I. Acknowledge peer/client and, if needed, clarify your role. Ask: What's right with you today?

II. Outcome Rating Scale: Individual: \_\_\_\_\_ Interpersonal: \_\_\_\_\_ Social: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
ORS Clinical Cutoff = Adult: 25, Adolescent = 28, Child = 32

III. Craving/Challenges Rating: 0 = No thoughts about AOD/challenges; 10 = Used AOD/challenges surfaced


IV. Review Recovery Capital, WHAM and/or Treatment Plan progress since last check-in


V. Session Relationship Rating Scale: Rel: \_\_\_\_\_ Goals/Top: \_\_\_\_\_ Sup/Enc: \_\_\_\_\_ Overall: \_\_\_\_\_ Total: \_\_\_\_\_  
What will make the next interaction more useful? SRRS Adult Clinical Cutoff = 36

VI. Next Check-In Day: \_\_\_\_\_ YYMMDD: \_\_\_\_\_ Time: \_\_\_\_\_ C  I  T  E  O

Discuss next treatment or other appointments/meetings

VII. Assist peer/client to summarize main topics discussed during this interaction and upcoming tasks/activities

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[www.brauchtworks.com](http://www.brauchtworks.com)

Applying Science to Practice  
Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)





## Recovery Action and Progress (RAP) Group Handout

*Welcome to our Recovery Action and Progress Group: Glad you're here! 150819*

First, complete an Outcome Rating Scale (ORS) and update your SCORE Board.

Second, review the (A) Safety and Respect Guidelines.

Third, a participant (B) Checks-in with another participant using the (C) Relationship Enhancement Skills (PINK OARS) for Mutually-Beneficial Relationships. Afterwards, that participant checks-in with someone else. Repeat until every participant checks-in with the group.

Last, about 10 minutes before group ends, complete the Group Session Rating Scale (GSRS) then discuss the scores and what will make the next group better. Add GSRS score to SCORE Board.

**A. Safety and Respect Guidelines**


- Turn off cell phones, computers, etc., & tell someone before you leave the room.
- Vegas Rules: Say "Vegas Rules" before you say something not to be repeated outside.
- No fixing! Instead, share what resiliency activities have worked for you by saying "I..."
- What other guidelines will help make this a safe and respectful place for you? Add to flip chart.


**B. Check-in. Use the Relationship Enhancement Skills (PINK OARS) and ask...**

- What's right with you today?
- What is your Outcome Rating Scale (ORS) score? You may show your SCORE Board.
  - In which area (subscale) is the main reason you came for service? B) What progress did you make since your last group on your recovery goals?
- What is your highest craving or recurring experience (CORE) level since the last group, from 0-10, with 0 = No feelings or thoughts (cravings) about alcohol or illicit drug use or other recurring experiences occurred; 10 = Used AOD or acted on recurring feelings/thoughts/behaviors
- How safe and sober is where you are staying tonight? 0 = Not at all; 10 = Completely
- Would you like more time to discuss a topic after everyone has checked in?

**C. Relationship Enhancement Skills (PINK OARS) for Mutually Beneficial Relationships:**

- Open-Ended Questions: First listen from the position of intentionally not knowing with curiosity, imagination, intuition, and wonder then ask: Who, What, When, Where, How or Why
  - Practice intentionally not knowing or curiosity with...*
- Affirmations/Validations: Affirm, validate and show understanding of the other person's perspective and focus on her or his strengths; "You stayed sober last weekend!"; "You avoided..."; "You're concerned about..."; "You learned..."; "You would like for us to..."; etc.
  - > Begin with "You..." not "I"
  - > Describe observed characteristics and behaviors
  - > Avoid problem solving
  - > Attribute interesting qualities to the person
  - > Focus on passions and strengths or positive attributes that you see, hear and/or feel
- Reflections/Paraphrases: State feelings/thoughts that you heard and/or saw
  - > Begin with: "You think (feel)..." "You're wondering if..."
- Summaries: Short, clear statements that organize the main points that you heard
- Information giving: Use OARS first, ask for permission before sharing potential options that have worked for you others that you know. Share how you feel and what you need in this mutually beneficial relationship

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Applying Science to Practice  
Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)



## Appreciative PCOMS-informed Performance Support

Promoting currently experienced and cumulative career growth



Go to [responseware.com](https://responseware.com); Select "Guest"; Enter Session ID = **pcoms**

I know how effective my services are with each person who I serve and can show how I have improved over time

1. True
2. False
3. Who, me?



15



Self-Completed Overview of Recovery Experience (SCORE) Board: Name: **Johnny B. Goode**  
 © 2008 George S. Braucht: [www.brauchtworks.com](http://www.brauchtworks.com)

Briefly describe your goals & task(s) in the column on the right. In the bottom row, ✓ when a goal is accomplished.  
 \*Interaction Types: Individual (face-to-face), Group, Phone, Electronic video, Text, Other

Interaction # & Type*	1	2	3	4	5	6	7	8	9	10	11	12	13	Goal #
Date	2-1	2-8	2-15	2-22	3-14	3-21	3-28	4-6	4-13	4-20	4-27	5-5		
Re-arrest Risk (0-10)														
Outcome Rating Scale (ORS, 0-40)	23	20	18	28	31	30	32	31	29	30	31	31		
Craving/Challenge Rating (0-10)														
Session/Relationship/Group Session Rating Scale (0-40)														

Write an "O" in the column below to show each of your ORS scores.

**An eight point increase from the CPR's point of view!**

**Reliable change = 6+ points**

**Clinically significant change/recovered = 6+ and cross over the ORS clinical cutoff!**

Adult SRS/GSRS/RRS Clinical Cutoff = 34  
 Adult ORS Clinical Cutoff = 25

Brauchtworks Consulting [www.brauchtworks.com](http://www.brauchtworks.com)  
 Applying Science to Practice  
 Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)



# Better Outcomes Now

BON has full PCOMS remote functionality for telehealth services-- everything that can be done in person can be done remotely

[f](#)
[in](#)
[t](#)
[v](#)
 Software - US

[BETTER OUTCOMES NOW](#)
[HOME](#)
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Choose the only system providing a standardized assessment that is both evidence based and feasible for everyday use!

**GET STARTED**

BON IS THE SOLUTION FOR

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Individuality  
 Safety  
 Overall

**PCOMS-informed Performance Support:**

## Key performance indicators




1. Valid initial Outcome Rating Scale (ORS); Duncan, 2014
  - ⊖ **35+: Invalid initial score – why come see you?**
  - **ORS average w/700,000+ administrations: 18-20**
  - ➡ **Goal: Less than 1/3<sup>rd</sup> over the Clinical Cutoff (25, 28, 32)**
2. Reliable change index (RCI\*)
  - 6+ point increase from the initial ORS**
3. Clinically significant change index (CSCI\*)
  - 6+ and cross the Clinical Cutoff**

\*Jacobson & Truax, (1991) & Jacobson et al, (1999)



## Appreciative PCOMS-informed Performance Support

- #1 Reflection and self-assessment: PCOMS Report; challenges and successes
- #2 Peer support or co-reflection: discuss challenges and celebrate successes (DCACS)
- #3 Quality improvement visits: proficiency feedback, DCACS, and professional development plan
- #4 Performance support communities of practice sessions & e-meetings: PCOMS Reports; DCACS





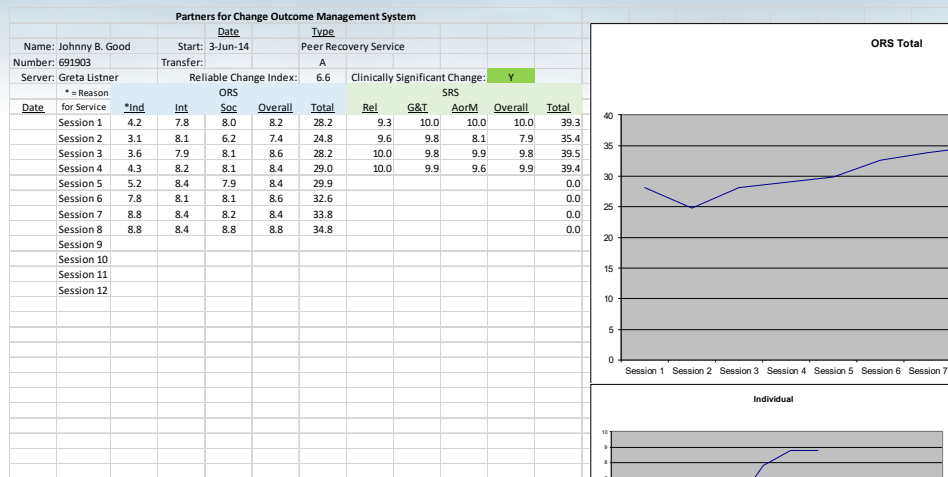
## Performance Support/Supervision Conversation

### The Longer without Change, the Quicker to #6

1. What does the client/peer/resident (CPR) say?
2. Is the CPR engaged? RRS/GSRS?
3. What has the service provider done differently?
4. What can be done differently now?
5. What other resources can be rallied?
6. Is it time to fail successfully?




## A Closer Look: The PCOMS Performance Support Report



Available at [www.brauchtworks.com](http://www.brauchtworks.com)



## A Closer Look: The PCOMS Performance Support Report (cont.)



Num	Name	Entry Program	ID #	(A)ctive (P)lanned Transfer (U)nplanned Transfer	Start Date	End Date	ORS Initial	ORS Last	# of Session	Raw Change	Reliable Change Index (6+ points)	Clinically Significant Change (RCI & 25+)	SRS Last
1	Johnny B. Good	PRS	691903	A	7-Jul-14		15.1	23.0	3	7.9	Y	N	39.0
2	Noe Nohow	CRU	328945	P	2-Sep-14	11-Mar-14	18.6	23.0	5	4.4	N	N	40.0
3	Willit Help	WAC	563247	P	10-Mar-14	19-May-14	32.5	36.3	9	3.8	N	N	40.0
4	Scooby Doo	PRS	123456	P	11-Jul-14	13-Sep-14	14.2	19.9	12	5.7	N	N	38.7
5	Swift Taylor	WAC	654321	P	14-Jan-14	28-Jan-14	36.4	32.7	2	-3.7	N	N	36.4
6	Mr. T	CRU	234567	P	11-Aug-14	22-Sep-14	20.3	31.9	6	11.6	Y	Y	40.0
7	Elvis	PRS	918273	U	8-Jan-14	13-Jan-14	11.7	34.2	2	22.5	Y	Y	38.8
8	Canu Elpme	CRU	453627	A	17-Jan-14		20.5	19.4	2	-1.1	N	N	39.4
9	Truly Yavis	PRS	564738	P	14-Feb-14	28-Mar-14	23.6	31.3	6	7.7	Y	Y	39.8
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
<b>My Effect Size</b>													
0.99				Participants	Weeks in Service	Average	Average	Average	Average	Planned - Met RCI	Planned - Met CSC	Average	
				Active	2	21.4	28.0	5.2	6.5	2	2	39.1	
				Planned	6	StandDev	StandDev	StandDev	StandDev	% Planned - Met RCI	% Planned - Met CSC	StandDev	
				Unplanned	1	8.28	6.57	3.49	7.58	33.3%	33.3%	1.15	
				Total	9	Highest	Highest	Highest	Highest	Unplanned - Met RCI	Unplanned - Met CSC	Highest	
				Peer Recovery Support	4	36.4	36.3	12.0	22.5	1	1	40.0	
				Change R Us	3	Lowest	Lowest	Lowest	Lowest	% Unplanned - Met RCI	% Unplanned - Met CSC	Lowest	
				We All Change	2	11.7	19.4	2.0	-3.7	100.0%	100.0%	36.4	
											Total Transfers - Met RCI	Total Transfers - Met CSC	
											3	3	
											% Total Transfers - Met RCI	% Total Transfers - Met CSC	
											42.9%	42.9%	

Available at [www.brauchtworks.com](http://www.brauchtworks.com)



### Kurzemal Recovery Community Organization Peer Recovery Support Services Provider Monthly Dashboard

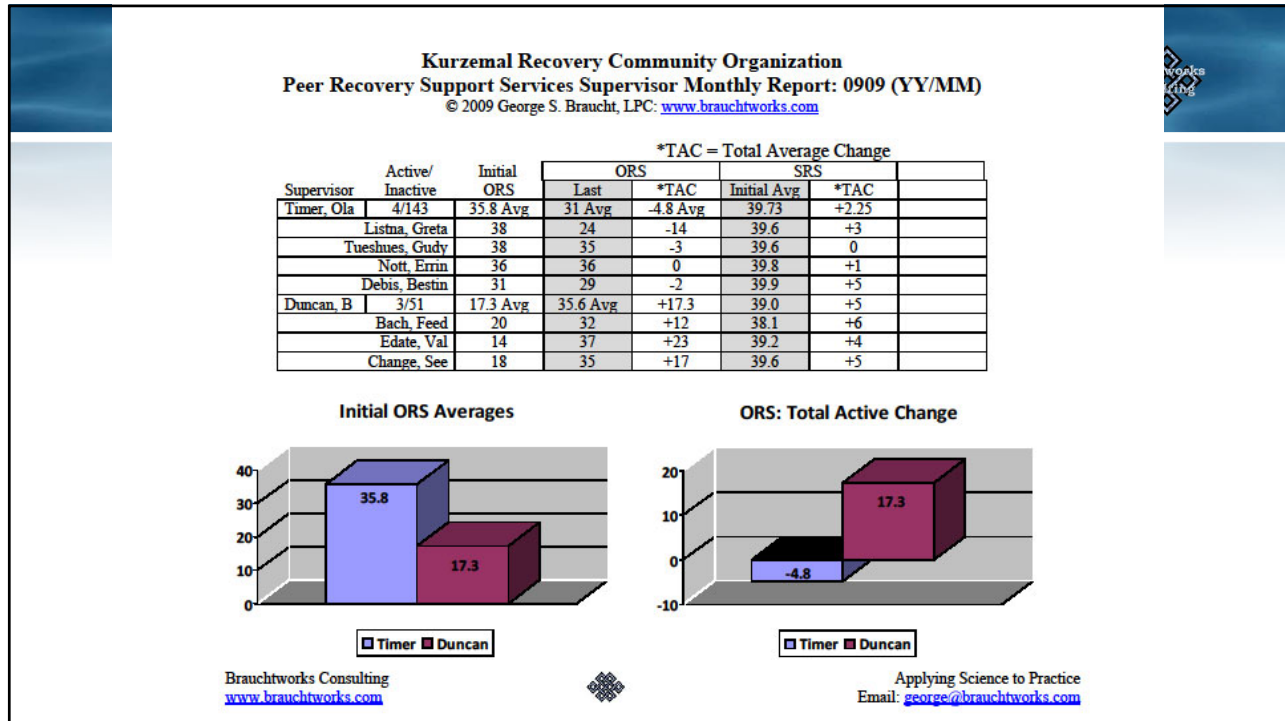
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Service Provider: Listena, Greta; CARES, CPS-AD, CPS-MH, CPS-YF Year/Month (YYMM): 1101

Service Type: C = Couple; F = Family; G = Group; I = Individual; O = Other

Interaction #	Change															
	1		2		3		4		5		6		7		8	
Peer & ID#	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS
1. Yavis, Truly 123456	18	39	20	40	20	40	25	39	26	40	+8	+1	18	39	26	40
YYMMDD & Type	F		G		G		G		I							
2. Goode, Johnny B 234567	18	38	14	40	14	40	13	34	12	40	-6	+2	12	34	18	40
YYMMDD & Type	I		C		G		G		G							
3. Later, May B 456789	40	40	40	40	40	40	40	40	40	40	0	0	40	40	40	40
YYMMDD & Type	G		G		I		I		C							
4. Right, Al 567891	22	40	23	39	23	40	24	40	27	40	+4	0	22	39	27	40
YYMMDD & Type	C		C		C		C		G							
5. Elpme, Camue 090903	30	37	23	40	26	40	20	39	25	37	-5	0	23	37	30	40
YYMMDD & Type	G		G		I		I		C							
	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS	ORS	SRS
	Σx = +1 +3										Total Change					
	Σx/n = +.17 +.6										Average Change					
	35+ initial ORS = 1		20%		Invalid ORS											
	Less than expected progress based on initial ORS = 3		60%		Dropout Risk											
	Left service without transfer plans = 0		-		Unplanned Transfers											
	Met recovery plan goals and/or transferred to another service = 1		20%		Planned Transfers											
	6+ increase from first to last ORS = 0		-		Reliable Change											
	Recovered = ORS 6+ increase and first score below then last above the clinical cutoff = 1		-		Clinically Sig. Change											
	d = .23		-		Effect Size											

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**Kurzemal Recovery Community Organization**  
Outpatient Program Report: March 2009  
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Services		Referral Sources				
		Jail	Probation	Parole	DCourt	Other
Initial Calls Received	Total					
	ORS					
Initial Recovery Check-In & Appointment Reminders (before 1 <sup>st</sup> appointment)	Total					
	ORS					
Initial Appointments	Total					
	ORS					
Individual Sessions	Total					
	ORS					
Groups	Total					
	ORS					
Recovery Support Check-Ins	Total					
	ORS					
Last Month's Ending Census						
Intakes +						
Planned Transfers -						
Average Length of Stay						
Unplanned Transfers -						
Average Length of Stay						
This Month's Ending Census						

Quality Improvement Targets

I. Initial Recovery Check-Ins = 100% O/SRS: Actual \_\_\_\_\_ % .....DNM  Met

II. Planned Transfer = 95% of all transfers: Actual \_\_\_\_\_ % .....DNM  Met

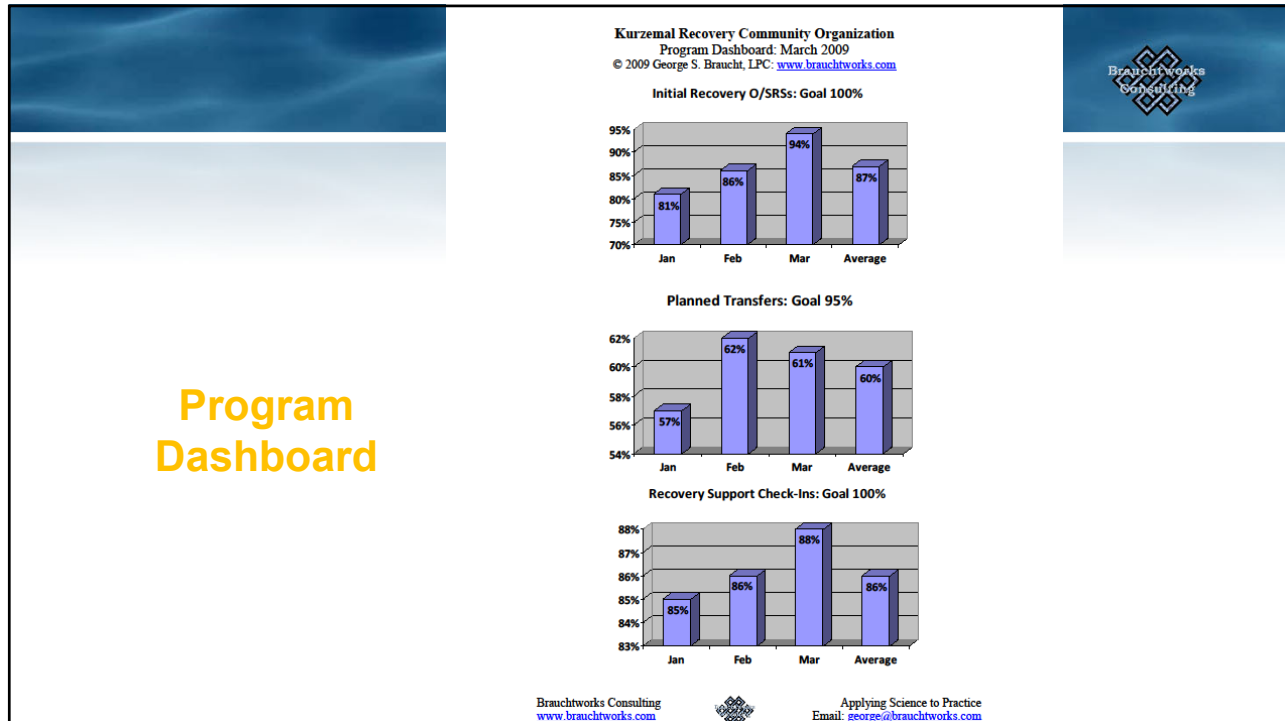
III. Recovery Support Check-Ins = 100% 1X week 1<sup>st</sup> 2 months  
Actual \_\_\_\_\_ % .....DNM  Met

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Program Report

# You do what, how well? Integrating the peer's voice in supervision

George S. Braucht, LPC, CPCS & CARES Academy & FPM Training Co-founder



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