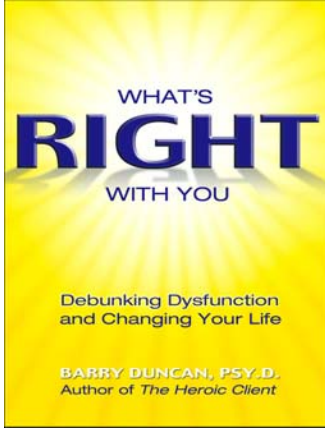
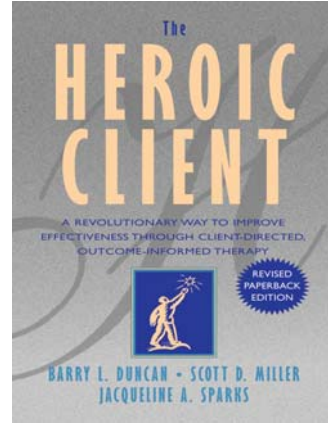


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**For  
Clients**



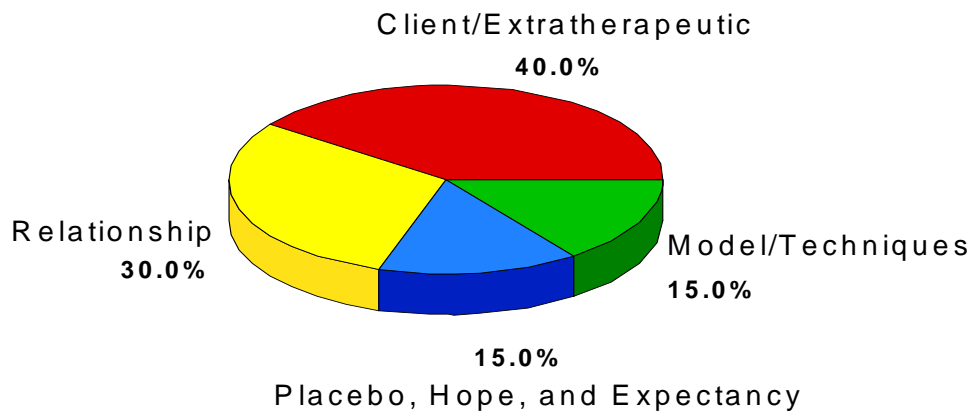
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### **Client Factors: Accounting for 40% of Change**

Research makes clear that the client is actually the most potent contributor to successful outcome—the resources clients bring into your agency and what influences their lives outside it. These factors might include persistence, openness, faith, optimism, a supportive grandmother, or membership in a religious community: all factors already in a client's life before he or she arrives at your doorstep. They also include serendipitous interactions between such inner strengths and happenstance, such as a new job or a crisis successfully negotiated. Wampold's meta-analysis assigns 87% to client factors, unexplained and error variance..

### **Relationship Factors: Accounting for 30% of Change**

Next to what clients bring, their perceptions of the relationship with you are responsible for most of the gains resulting from therapy. Now usually called the "alliance," it is most easily understood as a partnership between the client and helper predicated on a strong agreement on the goals and tasks of therapy. Client's favorable ratings of the alliance are the best predictors of success—more predictive than diagnosis, approach, therapist, or anything else. Wampold assigns 54% of the variance to alliance factors.

### **Expectancy/Placebo: Accounting for 15% of Change**

Expectancy refers to the portion of improvement deriving from clients' knowledge of being helped, the instillation of hope, and how credible the client perceives your rationale and techniques. These effects do not come specifically from a given treatment procedure; they come from the hopeful expectations that accompany the method.

## **Model/Technique Factors: Accounting for 15% of Change**

Model/technique factors are the beliefs and procedures unique to specific treatments like the miracle question in solution-focused therapy or challenging generalizations in cognitive-behavioral therapy. Despite all the hoopla around the power of models, it is worthy to note that not one has demonstrated any superiority over any other—this is the so-called “dodo bird verdict” (“All have won and all must have prizes” from *Alice in Wonderland*). The verdict colorfully summarizes that therapies work about the same and points to elements common across therapies that better explain successful outcomes—namely the innate resources of the client, the quality of the relationship, and the hope for a better future. Wampold assigns only 1% of the variance to model and technique. How exactly should models be viewed when so much of good therapy is controlled by other factors—85% to be exact (40% client factors, 30% relationship factors, and 15% expectancy factors)?

## Why Partner with Clients? The Good, the Bad, and the Ugly of Outcome Management—and the REAL GOOD

### The Good:

**Change early on in therapy is a good predictor of eventual outcome.** Yes it's true, if you can't get anything going by session 3, and for sure by session 6, then it is very likely at session 20, that nothing will still be happening—if the client is still around. Partnering with clients to make therapy accountable monitors the client's view of progress to capitalize on this fact.

**The client's view of the relationship is a good predictor of outcome.** In fact, the client's rating of alliance in the second session is the **best** predictor of success going. So if the client doesn't like you or what's happening early on, then don't look for much change, except of course if you call dropping out an indication of change! Partnering with clients to make therapy accountable monitors the client's view of the process of therapy to capitalize on this fact.

### The Bad:

**About 10% of clients account for 60-70% of mental health care expenditures.** We are spending all our money on situations that are not changing. Go figure! Partnering with clients to make therapy accountable turns this situation around, opening options for both clients and therapists by providing immediate feedback when things are stuck.

### And the Ugly:

**Therapists who are not getting positive results often believe that their therapy is effective.** Yes, it's sad but true, research shows that the helper is the last to know. Partnering with clients to make therapy accountable let's us know when, and often why, we are not effective. This information need not be painful, but rather is liberating in terms of helping us do better work. Enlisting the client makes being a helper much easier.

### And the REAL GOOD:

**Real time feedback about the outcome of services can up to double effectiveness.** Research of real world outpatient settings has shown that on average, only a paltry 35% of clients improve or recover. Therapists range from about 20 to 70% in effectiveness. However, when therapists are given reliable feedback about whether or not clients are reporting benefit, effectiveness rates

increase dramatically. No one is effective with everyone—even the best among us are not successful with almost a third of our clients. Finding this out early rather than late prevents ongoing ineffective work and encourages better options for the client. Our research showed that real time feedback doubled therapist effectiveness! Other studies show up to a 65% increase in effectiveness.

## **Becoming Outcome Informed**

### **Step 1: Introducing the ORS (available for free download at [www.talkingcure.com](http://www.talkingcure.com))**

*Ex. During the course of our work together, we will be giving you very short forms asking you how you think things are going and whether you think things are on track. We believe that to make the most of our time together and get the best outcome, it is important to make sure we are on the same page with one another about how you are doing, how we are doing, and where we are going. We will be using your answers to keep us on track. Will that be okay with you?*

*Ex. Before we start I will greatly appreciate it if you would fill out the following form for me. The lines on this form measure the extent to which different life challenges may be impacting you at this time. Your answers would help me get a picture of the struggles that you may be facing at this time. While filling out this form keep in mind the events that have occurred in your life within the last week to the present time and the experiences you have had during that time.*

*Ex. I'd like to introduce you to something I like to do when working with clients. This is called the ORS. Did our intake person mention it to you? Good! Let me just take a moment to provide you with a little more information about it. The ORS is an outcome measure that allows me to track where you're at, how you're doing, how things are changing or if they are not. It allows us to determine whether I am being helpful. That is very important to me. In a way this is monitoring both of us. I use this because I want to ensure that I am providing you with the best services possible. It only takes a minute to fill out and most clients find it to be very helpful. Would you like to give it a try? Great!*

### **Step 2: Incorporating the ORS**

The idea here is simple. The ORS provides an anchor of where the client is and allows a comparison point for later meetings. It involves the client in a joint effort to observe progress toward goals.

*Ex. From your ORS, it looks like you're experiencing some real problems, or, From your scores, it looks like you're feeling okay; what brings you here today? Or, if you like numbers more, Your total score is 15—wow, that's pretty low. A score of 24 or lower indicates people who are in enough distress to seek help. Things must be pretty tough for you.*

*Ex. The way this ORS works is that marks toward the left indicate that things are hard for you now or you are hurting enough to bring you to therapy. Your score indicates that you are really having a hard time. Would you like to tell me about it? Or if all the marks are to the right, Generally, when most people make their marks so far to the right, it is an indication that things are going well for them. It would be really helpful for me to get an understanding of what it is that brought you to therapy at this point in time?*

*Ex. And/or at some point in the meeting, you pick up on the client's comments and connect them to the ORS: Oh, okay, sounds like dealing with the loss of your brother is an important part of what we are doing here. Is the distress from that situation account for your mark here on the ORS? Okay, so what do you think will need to happen for that mark to move toward the right?*

Your interest in the client's desired outcome speaks volumes to the client about your commitment to them and the quality of service they receive.

### **Follow up Sessions: Checking for Change**

Okay, you got the idea. Now it gets interesting. Here is where you get down to the business of being outcome-informed—the client's view of progress really influences what you do.

- Greet clients and provide them with the ORS to complete. You may also have a folder with blank forms available in your waiting room.
- Compare this session's ORS with the previous one and look for any changes.
- Is there an improvement (a move to the right), a slide (a move to the left), or no change of any kind? Is there an increase in the total score of at least 5, or an increase to a total of 25 or more? Is there a decrease or no change at all?
- Present the change or absence of change and engage the client in a discussion about their marks or scores.

*Ex. Holy cow! Wow, your mark on the personal well-being line really moved—about 3 centimeters to the right! What happened? How did you pull that off?... This kind of change is called a reliable change and may mean that it's time for us to reevaluate. Where do you think we should go from here? Or, Look, your total increased by 8 points to 29 points. That's quite a jump!*

Refer above to eliciting change talk about asking questions about the noted changes.

*Ex. Okay, so things haven't changed since the last time we talked. How do you make sense of that? Should we be doing something different here or should we continue on course steady as we go?*

Again the idea is that the client is involved in the process of monitoring progress and the decision about what to do next. Implementing process and outcome measures gives helpers, consumers, and third party payers a different and reliable way to maximize time, effort, and results.

## A.S.I.S.T.

### **The computerized, Administration, Scoring, Interpretation, and data Storage Tool for the Outcome Rating Scale (ORS) and Session Rating Scale (SRS)**

Looking for a simple, valid, reliable *and* automated way to monitor and improve the outcome of you clinical work? The ASIST program is a easy to use, end-user software program that administers, scores, interprets, and stores scores from the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). ASIST also provides therapists with "real time" feedback regarding their client's experience of the alliance and progress in treatment. Using a sophisticated set of algorithms based on years of research and a large normative sample, the program helps clinicians identify clients who are making progress and those "at risk" for a negative outcome or drop out.

ASIST enables you to:

- Administer, Score, Interpret, and Store the ORS and SRS
- Receive "real time" feedback regarding client progress and experience of the alliance
- Identify which clients are making progress and which are "at risk" for a negative outcome or drop out
- Determine your overall effectiveness relative to a national sample of practitioners

For more info and to purchase, visit [www.talkingcure.com](http://www.talkingcure.com)

## 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.*

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### **Individually**

(Personal well-being)

Examination Copy Only

### **Interpersonally**

(Family, close relationships)

Examination Copy Only

### **Socially**

(Work, school, friendships)

Examination Copy Only

### **Overall**

(General sense of well-being)

Examination Copy Only

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## Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
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.

Examination Copy Only

I felt heard, understood, and respected.

### Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

Examination Copy Only

We worked on and talked about what I wanted to work on and talk about.

### Approach or Method

The therapist's approach is not a good fit for me.

Examination Copy Only

The therapist's approach is a good fit for me.

### Overall

There was something missing in the session today.

Examination Copy Only

Overall, today's session was right for me.

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## About Barry

Barry L. Duncan, Psy.D., a therapist, trainer, and researcher with over 17,000 hours of clinical experience, is co Director of the Institute for the Study of Therapeutic Change (ISTC). Dr. Duncan has received numerous awards for his contributions to the mental health field, including the Wright State University School of Professional Psychology's first annual "Outstanding Alumnus Award," the Menninger Foundation's 15<sup>th</sup> Annual Award for Scientific Writing for the book *The Heart and Soul of Change*, and the *Psychotherapy Networker* "20<sup>th</sup> Anniversary All Time Top Ten Award" for the article "Exposing the Mythmakers," recognizing it as one of the most influential features in the magazine's history. Barry has over one hundred publications, including fourteen books. His latest books: *The Heroic Client* (2<sup>nd</sup> edition) with Scott Miller and Jacqueline Sparks (Jossey Bass, 2004) offers both a critique of mental health practice and suggests an alternative based in outcome management; *Heroic Clients, Heroic Agencies: Partners for Change*, with Jacqueline Sparks (ISTC Press, 2002), details the "how tos" of involving clients as valued partners and provides down-to-earth suggestions for transforming mental health services into client directed practices; and most recently, *Brief Outcome Informed Intervention for School Problems* (Guildford, 2007) After seven years of research, Barry co-developed a scientifically tested, consumer-driven outcome management system designed to provide clients, front line mental health professionals, administrators, and payers with feedback about the client's response to mental health services, thus enabling more effective care at a substantial cost reduction.

Because of his self help books, he has appeared on "Oprah," "The View," and several other national TV programs and has been featured in *Psychology Today* and *USA Today*. His latest self help book, *What's Right With You* (HCI, 2005), challenges the business as usual mentality of "What's wrong with you" and instead demonstrates how to rally natural resources and resiliencies to overcome life challenges. Barry conducts seminars internationally in client directed, outcome informed therapies in hopes of inciting insurrection against practices that diminish clients and encouraging therapists to establish their own identity.

If your agency is interested in sponsoring a workshop or an ongoing consultation to transform your organization to a **Client-Directed, Outcome-Informed** (CDOI) one—a shift that not only improves outcome one client at a time but also assigns those we serve key roles in determining how services are delivered—please email me at [barrylduncan@comcast.net](mailto:barrylduncan@comcast.net) and request my workshop or consultation packet.