

## PCOMS Provider Adherence Scale

1. Administer and score (if applicable) the Outcome Rating Scale (ORS) each visit or unit of service. Ensure that the client understands that the ORS is intended to: 1) privilege his or her voice and bring her or him into the decision-making process; and 2) will be collaboratively used to monitor progress in each encounter.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

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.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

3. Connect the client's marks/touches on the ORS to the described reasons for service. Ensure that the ORS is not used as an "emotional thermometer" or an account of how life is going. Refer to the ORS during the encounter.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

4. Get an accurate rating of the ORS; i.e., a rating that matches the client's description of his or her life circumstance and reasons for service. Immediately clarify mismatches and redo the ORS.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

5. Administer and score (if applicable) the Session Rating Scale (SRS) each visit or unit of service. Depersonalize or externalize the introduction. Express a sincere desire for feedback.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

6. Build a culture of feedback in which the client understands that the SRS is intended to create a dialogue that individually tailors the service—and that there is no *bad* news on the measure.

|       |           |       |           |        |
|-------|-----------|-------|-----------|--------|
| Never | Sometimes | Often | Regularly | Always |
| 1     | 2         | 3     | 4         | 5      |

7. Use the SRS to discuss whether: the client feels heard, understood, and respected; the service is addressing the client's goals for treatment; and whether the service approach matches client preferences, culture or worldview, or theory of change. Gracefully accept feedback no matter what it is and do whatever possible to address it.

|            |                |            |                |             |
|------------|----------------|------------|----------------|-------------|
| Never<br>1 | Sometimes<br>2 | Often<br>3 | Regularly<br>4 | Always<br>5 |
|------------|----------------|------------|----------------|-------------|

8. After the first encounter, review client graph and progress at the beginning of the meeting or session. Involve consumers in all decisions that affect their care. Let the outcome dictate what happens thereafter.

|            |                |            |                |             |
|------------|----------------|------------|----------------|-------------|
| Never<br>1 | Sometimes<br>2 | Often<br>3 | Regularly<br>4 | Always<br>5 |
|------------|----------------|------------|----------------|-------------|

9. If clients are progressing (Progress Meter in the Green), validate the client's contribution to the change and empower clients to take responsibility for the change (a result of his or her efforts). If change is Reliable or Clinically Significant, or if change has plateaued, discuss spacing out sessions or ending therapy/service/treatment.

|            |                |            |                |             |
|------------|----------------|------------|----------------|-------------|
| Never<br>1 | Sometimes<br>2 | Often<br>3 | Regularly<br>4 | Always<br>5 |
|------------|----------------|------------|----------------|-------------|

10. If clients are not progressing (Progress Meter in the Red or Yellow), discuss whether services should continue as is or should be changed. If no change persists, discuss the SRS and identify any problems. Discuss and develop options such as including others from client's support network, different approaches, supervision, a colleague or team involvement, or changing to a different provider. If no change continues, transfer the client to another provider.

|            |                |            |                |             |
|------------|----------------|------------|----------------|-------------|
| Never<br>1 | Sometimes<br>2 | Often<br>3 | Regularly<br>4 | Always<br>5 |
|------------|----------------|------------|----------------|-------------|

**Total: PCOMS Provider Adherence Scale** \_\_\_\_\_ **Date** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**NOTE: Out of a total possible 50 points, adherence is considered acceptable at 40 or above at the 6-month mark and 45 or above at one year after implementation. High adherence is ensured by the PCOMS supervisory process and attention to data integrity.**