

Partners for Change Outcome Management System (PCOMS): International Center for Clinical Excellence

The Partners for Change Outcome Management System (PCOMS) is a client feedback program for improving the treatment outcomes of adults and children participating in a behavioral health care intervention. PCOMS is designed to improve the retention of participants in treatment and to assist them in reaching reliable and clinically significant change. The program can be implemented by behavioral health care therapists as part of any behavioral health care intervention.

PCOMS, which is integrated into each treatment session, consists of two brief scales that measure robust predictors of therapeutic success:

- The Outcome Rating Scale (ORS), which assesses the client's therapeutic progress (through ratings of psychological functioning and distress) and the client's perceived benefit of treatment
- The Session Rating Scale (SRS), which assesses the client's perception of the client-therapist alliance (i.e., the quality of the relational bond with the therapist and whether the therapist shares his or her therapeutic objective)

The therapist administers the ORS at the beginning of the treatment session, and the SRS is administered toward the end of the session. Client ratings for both measures are discussed on a session-by-session basis to maintain the client's engagement in treatment, optimize the client-therapist alliance, and provide a means for transitioning into the treatment session by focusing on client-identified concerns. If client ratings are very low, the therapist may choose to modify the type and amount of treatment.

PCOMS is disseminated through the International Center for Clinical Excellence (ICCE) and the Heart and Soul of Change Project. (The Readiness for Dissemination of each version was reviewed separately by NREPP.) ICCE integrates PCOMS into clinical practice through feedback-informed treatment (FIT), which involves the routine solicitation of feedback from clients regarding the therapeutic alliance and outcome of care and the use of this feedback by the therapist to inform the delivery of services to the client.

Descriptive Information

| | |
|---------------------------|--|
| Areas of Interest | Mental health treatment |
| Outcomes | Review Date: January 2012 1: Therapeutic progress 2: Marital status |
| Outcome Categories | Family/relationships Mental health Treatment/recovery |
| Ages | 18-25 (Young adult) 26-55 (Adult) 55+ (Older adult) |
| Genders | Male Female |
| Races/Ethnicities | Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified Non-U.S. population |
| Settings | Outpatient Workplace |
| Geographic | Urban |

| | |
|----------------------------------|--|
| Locations | Suburban Rural and/or frontier |
| Implementation History | PCOMS was first implemented in 2000, and in 2011, ICCE was founded to disseminate PCOMS. PCOMS has been used by hundreds of organizations and by thousands of behavioral health care professionals in all 50 States and the District of Columbia and, internationally, in 20 countries on five continents. It is estimated that PCOMS is implemented with approximately 100,000 clients each year. |
| NIH Funding/CER Studies | Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No |
| Adaptations | The PCOMS scales (ORS and SRS) have been translated into 23 languages: Afrikaans, Bulgarian, Chinese, Croatian, Danish, Dutch, Finnish, French, German, Greek, Hebrew, Italian, Japanese, Maori, Norwegian, Polish, Romanian, Russian, Slovak, Spanish, Swedish, Welsh, and Yiddish. |
| Adverse Effects | No adverse effects, concerns, or unintended consequences were identified by the developer. |
| IOM Prevention Categories | IOM prevention categories are not applicable. |

Quality of Research

Review Date: January 2012

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

[Anker, M. G., Duncan, B. L., & Sparks, J. A. \(2009\). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 77\(4\), 693-704. !\[\]\(a870788d6ed9b8fd294b7654a8c8526b_img.jpg\)](#)

Study 2

[Reese, R. J., Norsworthy, L. A., & Rowlands, S. R. \(2009\). Does a continuous feedback system improve psychotherapy outcome? *Psychotherapy: Theory, Research, Practice, Training*, 46\(4\), 418-431. !\[\]\(3211b5d1d968fc1665909b34f9f16010_img.jpg\)](#)

Study 3

Miller, S. D., Duncan, B. L., Brown, J., Sorrell, R., & Chalk, M. B. (2006). Using formal client feedback to improve retention and outcome: Making ongoing, real-time assessment feasible. *Journal of Brief Therapy*, 5(1), 5-22.

Study 4

[Reese, R. J., Toland, M. D., Slone, N. C., & Norsworthy, L. A. \(2010\). Effect of client feedback on couple psychotherapy outcomes. *Psychotherapy: Theory, Research, Practice, Training*, 47\(4\), 616-630. !\[\]\(9c2e8d1b5bd77cb5c9f83b7a9cff79fd_img.jpg\)](#)

Supplementary Materials

Campbell, A., & Hemsley, S. (2009). Outcome Rating Scale and Session Rating Scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist*, 13(1), 1-9.

Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, 2(2), 91-100.

Outcomes

Outcome 1: Therapeutic progress

Description of Measures

Therapeutic progress was assessed using the Outcome Rating Scale. The ORS is a 4-item self-report scale that measures a participant's psychological functioning and distress by asking how the participant is doing individually (personal well-being), interpersonally (family, close relationships), socially (work, school, friendships), and overall (general sense of well-being). Depending on the method of ORS administration, participants rate each item either by marking a line to reflect the strength of their opinions or by stating the appropriate ratings. Scores for each item range from 1 to 10, with a total score ranging from 0 to 40. Lower scores indicate more severe distress, and a comparison of the change in scores over time indicates the trajectory of therapeutic progress.

| | |
|-----------------------------------|--|
| Key Findings | <p>In one study, participating couples were randomly assigned to the intervention group, which received couple therapy with PCOMS, or the comparison group, which received couple therapy only. Couples in the intervention group had higher ORS scores than those in the comparison group at posttreatment ($p < .001$) and 6-month follow-up ($p < .01$), even after adjusting for pretreatment ORS score and therapist.</p> <p>In another study, participants were randomly assigned to the intervention group, which received individual therapy with PCOMS, or the comparison group, which received individual therapy only. Half of the participants received services from faculty members or practicum students at a university counseling center, and half received services from practicum students at a graduate training clinic. Among participants who received services at a university counseling center, from pre- to posttest, those in the intervention group had a greater increase in ORS scores than those in the comparison group ($p < .05$). Among participants who received services at a graduate training clinic, from pre- to posttest, those in the intervention group had a greater increase in ORS scores than those in the comparison group ($p < .01$), even after adjusting for pretest ORS scores.</p> <p>In a third study, participants in an employee assistance program received at least two phone-based counseling sessions that included PCOMS. The study had multiple phases, including a 6-month baseline period, when PCOMS was administered during the counseling sessions; a subsequent 6-month period, when a computer program was introduced to aid therapists in administering PCOMS and interpreting a participant's ORS and SRS scores during counseling sessions; and a 12-month period, after use of the computer program had been fully integrated into the counseling sessions. The average change in participants' ORS scores between counseling sessions was compared over these three phases. The mean increase in participants' ORS scores was larger for the subsequent 6-month period ($p < .001$) and 12-month period ($p < .001$) than it was for the baseline period.</p> <p>In a fourth study, participating couples were randomly assigned to the intervention group, which received couple therapy with PCOMS, or the comparison group, which received couple therapy only. From pre- to posttest, couples in the intervention group had a greater increase in ORS scores than those in the comparison group ($p < .05$).</p> |
| Studies Measuring Outcome | Study 1, Study 2, Study 3, Study 4 |
| Study Designs | Experimental, Preexperimental |
| Quality of Research Rating | 3.1 (0.0-4.0 scale) |

| Outcome 2: Marital status | |
|-----------------------------------|---|
| Description of Measures | Marital status was assessed by client self-report. Couples were categorized as intact (i.e., not divorced or separated) or not intact. |
| Key Findings | Couples participating in the study were randomly assigned to the intervention group, which received couple therapy with PCOMS, or the comparison group, which received couple therapy only. At the 6-month follow-up, a greater proportion of couples in the intervention group were intact relative to couples in the comparison group ($p = .014$). |
| Studies Measuring Outcome | Study 1 |
| Study Designs | Experimental |
| Quality of Research Rating | 3.0 (0.0-4.0 scale) |

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

| Study | Age | Gender | Race/Ethnicity |
|----------------|---|------------------------|--------------------------|
| Study 1 | 18-25 (Young adult) 26-55 (Adult) 55+ (Older adult) | 50% Female 50% Male | 100% Non-U.S. population |
| Study 2 | 18-25 (Young adult) | 70.3% Female | 79.1% White |

| | | | |
|----------------|---|----------------------------|--|
| | 26-55 (Adult) 55+ (Older adult) | 26.4% Male | 10.8% Hispanic or Latino 5.4% Race/ethnicity unspecified 3.4% Black or African American 1.4% Asian |
| Study 3 | 18-25 (Young adult) 26-55 (Adult) | 66.7% Female 33.3% Male | Data not reported/available |
| Study 4 | 18-25 (Young adult) 26-55 (Adult) 55+ (Older adult) | 50% Female 50% Male | 73.9% White 16.3% Hispanic or Latino 5.4% Race/ethnicity unspecified 4.3% Black or African American |

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

| Outcome | Reliability of Measures | Validity of Measures | Fidelity | Missing Data/Attrition | Confounding Variables | Data Analysis | Overall Rating |
|--------------------------------|-------------------------|----------------------|----------|------------------------|-----------------------|---------------|----------------|
| 1: Therapeutic progress | 4.0 | 3.5 | 2.5 | 2.3 | 3.0 | 3.3 | 3.1 |
| 2: Marital status | 3.5 | 3.5 | 2.5 | 1.5 | 3.0 | 4.0 | 3.0 |

Study Strengths

The reliability and validity of the ORS are well supported. The studies were undertaken in a variety of real-world settings and included therapists with a variety of professional qualifications. Three of the four studies included random assignment, which helped mitigate the effect of potential confounds. The use of advanced analytical techniques in the same three studies produced strong and dependable findings.

Study Weaknesses

Although all studies appear to have used mechanisms to ensure intervention fidelity, there was no formal assessment of whether or to what extent the intervention was delivered as intended. Attrition was substantial in three of the four studies and difficult to assess in the fourth. Issues arising from the use of the ORS both as part of the intervention and as the outcome measure are not addressed.

Readiness for Dissemination

Review Date: January 2012

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Implementation materials:

- Bargmann, S., & Robinson, B. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 2--Feedback-informed clinical work: The basics. Chicago, IL: International Center for Clinical Excellence.
- Bertolino, B., & Babbins-Wagner, R. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 6--Implementing feedback-informed work in agencies and systems of care. Chicago, IL: International Center for Clinical Excellence.
- Bertolino, B., Bargmann, S., & Miller, S. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 1--What works in therapy: A primer. Chicago, IL: International Center for Clinical Excellence.
- Duncan, B., & Miller, S. (2007). Group Session Rating Scale (GSRS).
- Duncan, B., Miller, S., Huggins, A., & Sparks, J. (2003). Young Child Outcome Rating Scale (YCORs).
- Duncan, B., Miller, S., Huggins, A., & Sparks, J. (2003). Young Child Session Rating Scale (YCSRS).
- Duncan, B., Miller, S., & Sparks, J. (2003). Child Outcome Rating Scale (CORS).
- Duncan, B., Miller, S., & Sparks, J. (2003). Child Session Rating Scale (CSRS).
- Duncan, B., Miller, S., Sparks, J., & Murphy, J. (2011). Child Group Session Rating Scale (CGSRS).

- International Center for Clinical Excellence. (2011). Overview of ICCE training & treatment manuals. Chicago, IL: Author.
- International Center for Clinical Excellence. (2011). The FIT implementation process. Chicago, IL: Author.
- Maeschalck, C., & Babbins-Wagner, R. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 5--Feedback-informed clinical work: Advanced applications. Chicago, IL: International Center for Clinical Excellence.
- Maeschalck, C., & Miller, S. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 3--Feedback-informed supervision. Chicago, IL: International Center for Clinical Excellence.
- Miller, S. (2010). Workshop and consultation packet.
- Miller, S. (2011). Psychometrics of the SRS and ORS: Results from meta-analyses of routine outcome monitoring and feedback: The available evidence [PowerPoint slides].
- Miller, S., & Duncan, B. (2000). Outcome Rating Scale (ORS).
- Miller, S., & Duncan, B. (2004). The Outcome and Session Rating Scales: Administration and scoring manual. Chicago, IL: Institute for the Study of Therapeutic Change.
- Miller, S., Duncan, B., & Johnson, L. (2002). Session Rating Scale (SRS v.3.0).
- Seidel, J., & Miller, S. (2011). International Center for Clinical Excellence manuals on feedback-informed treatment (FIT): Manual 4-- Documenting change: A primer on measurement, analysis and reporting. Chicago, IL: International Center for Clinical Excellence.

Training materials:

- Advanced FIT Training materials:
 - Advanced intensive jeopardy game [PowerPoint slides]
 - International Center for Clinical Excellence. (2010). Curriculum for the advanced 4-day in feedback-informed treatment. Chicago, IL: Author.
 - International Center for Clinical Excellence. (2011). ICCE core competency exam: Version A. Chicago, IL: Author.
 - Miller, S. (2011). Transforming behavioral health care: Integrating feedback-informed services into behavioral healthcare [PowerPoint slides].
 - Miller, S., & Bargmann, S. (2011). Advanced intensive: Day 2 [PowerPoint slides and handouts]. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., & Bargmann, S. (2011). Feedback informed treatment: The advanced intensive [PowerPoint slides and handouts]. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., & Bargmann, S. (2011). Putting data to work: Applying research concepts to the management of outcome in treatment [PowerPoint slides and handouts]. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., Maeschalck, C., Axsen, R., & Seidel, J. (2011). Core competencies for the ICCE clinician. Chicago, IL: International Center for Clinical Excellence.
 - Mindset questionnaire
- Basic FIT Training Workshop materials:
 - Axsen, R., & Maeschalck, C. (2011). Feedback informed treatment in practice: A summary. Chicago, IL: International Center for Clinical Excellence.
 - Axsen, R., & Maeschalck, C. (2011). Feedback informed treatment: Reading list. Chicago, IL: International Center for Clinical Excellence.
 - Axsen, R., & Maeschalck, C. (2011). Key research underpinnings for feedback informed work. Chicago, IL: International Center for Clinical Excellence.
 - Axsen, R., & Maeschalck, C. (2011). Training evaluation form. Chicago, IL: International Center for Clinical Excellence.
 - International Center for Clinical Excellence. (n.d.). Feedback-informed treatment (FIT): Improving effectiveness by doing what counts [PowerPoint slides]. Chicago, IL: Author.
 - Maeschalck, C., & Axsen, R. (2011). Feedback-informed treatment (FIT): Curriculum for one day basic training. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S. (n.d.). Feedback-informed treatment: Making services FIT consumers.
- FIT Supervision Training materials:
 - Axsen, R., & Maeschalck, C. (2011). Key tasks for FIT supervisors: A primer. Chicago, IL: International Center for Clinical Excellence.
 - Axsen, R., & Maeschalck, C. (2011). Practical application of FIT in clinical supervision. Chicago, IL: International Center for Clinical Excellence.
 - Axsen, R., & Maeschalck, C. (2011). Supervision tips for cases of concern. Chicago, IL: International Center for Clinical Excellence.
 - International Center for Clinical Excellence. (n.d.). Feedback informed treatment (FIT): Clinical supervision [PowerPoint presentation]. Chicago, IL: Author.
 - Maeschalck, C., & Axsen, R. (2011). Feedback-informed supervision training curriculum. Chicago, IL: International Center for Clinical Excellence.
 - Maeschalck, C., & Axsen, R. (2011). Foundations and principles of FIT supervision. Chicago, IL: International Center for Clinical Excellence.
 - Maeschalck, C., & Axsen, R. (2011). Targeting cases for supervision. Chicago, IL: International Center for Clinical Excellence.
 - Maeschalck, C., & Axsen, R. (2011). The skills of feedback informed treatment (FIT). Chicago, IL: International Center for Clinical Excellence.
- FIT Training of Trainers Workshop materials:
 - Miller, S., Maeschalck, C., & Axsen, R. (2010). Agency implementation. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., Maeschalck, C., & Axsen, R. (2010). Assessing agency readiness. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., Maeschalck, C., & Axsen, R. (2010). FIT training of trainers: Core curriculum. Chicago, IL: International Center for Clinical Excellence.
 - Miller, S., Maeschalck, C., & Axsen, R. (2010). Integrating FIT practices into clinical supervision. Chicago, IL: International

Center for Clinical Excellence.

- o Miller, S., Maeschalck, C., & Axsen, R. (2010). Key content for training supervisors. Chicago, IL: International Center for Clinical Excellence.
- o Miller, S., Maeschalck, C., & Axsen, R. (2010). One day FIT training: Sample outline. Chicago, IL: International Center for Clinical Excellence.
- o Miller, S., Maeschalck, C., & Axsen, R. (2010). Preparation tips for successful training events. Chicago, IL: International Center for Clinical Excellence.
- o Miller, S., Maeschalck, C., & Axsen, R. (2010). Tips for trainers. Chicago, IL: International Center for Clinical Excellence.
- o Miller, S., Maeschalck, C., & Axsen, R. (2010). 2010 training of trainers: Official agenda. Chicago, IL: International Center for Clinical Excellence.
- o Miller, S., Maeschalck, C., & Axsen, R. (n.d.). Training of trainers [PowerPoint slides]. Chicago, IL: International Center for Clinical Excellence.

• Other training and support materials:

- o International Center for Clinical Excellence. (2011). FIT training resources. Chicago, IL: Author.
- o International Center for Clinical Excellence. (2011). ICCE support resources. Chicago, IL: Author.
- o Miller, S. D. (2005). Client-directed outcome-focused psychotherapy [DVD]. In J. Carlson (Host), Series 1--Systems of psychotherapy. Washington, DC: American Psychological Association.
- o Miller, S. (n.d.). Brief therapy inside out: Client-directed interaction: Adjusting the therapy not the person [DVD]. Phoenix, AZ: Zeig, Tucker, & Theisen.
- o Miller, S. (n.d.). Outcome informed clinical work [CD-ROM]. Chicago, IL: Institute for the Study of Therapeutic Change.
- o Miller, S. (n.d.). Therapeutic alliance: What works in therapy [CD-ROM]. Chicago, IL: Institute for the Study of Therapeutic Change.
- o Miller, S., & Tilsen, J. (n.d.). Feedback informed treatment [DVD]. Hanover, MA: Microtraining and Multicultural Development.
- o Miller, S., & Wyatt, R. (2009). What works in psychotherapy: Instructor's manual. San Francisco, CA: Psychotherapy.net.
- o Miller, S., & Wyatt, R. (n.d.). What works in psychotherapy [Institutional and instructor's version DVD]. San Francisco, CA: Psychotherapy.net.

Quality assurance materials:

- Feedback Readiness Index and Fidelity Measure (FRIFM). (2005).
- International Center for Clinical Excellence. (2011). Feedback-informed concurrent service delivery agreement. Chicago, IL: Author.
- International Center for Clinical Excellence. (2011). Feedback-informed progress note. Chicago, IL: Author.
- International Center for Clinical Excellence. (2011). Feedback Readiness Index and Fidelity Measure instructions. Chicago, IL: Author.
- International Center for Clinical Excellence. (2011). FIT quality assurance procedures. Chicago, IL: Author.
- International Center for Clinical Excellence. (2011). Instructions for using the FIT service delivery plan & progress note. Chicago, IL: Author.
- Maeschalck, C., & Axsen, R. (2011). MyOutcomes data management system: User guide. Chicago, IL: International Center for Clinical Excellence.

Program Web site, <http://www.centerforclinicalexcellence.com>

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

| Implementation Materials | Training and Support Resources | Quality Assurance Procedures | Overall Rating |
|--------------------------|--------------------------------|------------------------------|----------------|
| 4.0 | 4.0 | 4.0 | 4.0 |

Dissemination Strengths

ICCE, an initiative to integrate PCOMS into clinical practice through FIT, has an array of comprehensive, well-organized, and high-quality materials to support the implementation of PCOMS. The steps for successful implementation are clear and accompanied by tools and guidance to support the entire process, from the determination of organizational readiness through evaluation. Key intervention tools are easily accessible through the program Web site. Training manuals address core clinical competencies and assist clinicians in using the intervention. Many training and consultation opportunities are available to support all stages of the implementation process, and the process for accessing these services is clear. A Web forum provides clinicians with opportunities to share program news and discuss successes and obstacles. Cost and staff burden are considered to encourage the use of quality assurance materials and procedures. Along with the ORS and SRS for outcome monitoring, client process monitoring tools and fidelity checklists are provided to support quality assurance. Measures are accompanied by clear guidance for administration and use.

Dissemination Weaknesses

No weaknesses were identified by reviewers.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

| Item Description | Cost | Required by Developer |
|---|---|-----------------------|
| License for use of the following scales: <ul style="list-style-type: none"> • Child Group Session Rating Scale • Child Outcome Rating Scale • Child Session Rating Scale • Group Session Rating Scale • Outcome Rating Scale • Session Rating Scale (v.3.0) • Young Child Outcome Rating Scale • Young Child Session Rating Scale | <ul style="list-style-type: none"> • For individual use: free • For agencies with 2-10 providers: \$99.95 • For agencies with 11-25 providers: \$199.95 • For agencies with 26-50 providers: \$399.95 • For agencies with 51-100 providers: \$995.95 • For agencies with more than 100 providers: contact the developer | Yes |
| PCOMS Administration and Scoring Manual | \$39.95 for individual use; \$399.95 for agency use | Yes |
| International Center for Clinical Excellence Feedback-Informed Treatment manuals (set of 6) | \$119 per set; 50% discount when 10 or more sets are purchased | No |
| Feedback Informed Treatment (training DVD, with multiuser license) | \$179 each | No |
| What Works in Psychotherapy (DVD) | \$49.95 for individual use; \$149.95 for agency use | No |
| Series 1--Systems of Psychotherapy: Client-Directed Outcome-Focused Psychotherapy (DVD) | \$99.95 each; \$69.95 each for members of the American Psychological Association | No |
| Brief Therapy Inside Out: Client-Directed Interaction: Adjusting the Therapy Not the Person (DVD) | \$74.95 each | No |
| Outcome Informed Clinical Work (CD-ROM) | \$9.95 each | No |
| Therapeutic Alliance: What Works in Therapy (CD-ROM) | \$9.95 each | No |
| 1- to 2-day, on-site Basic FIT Training | \$4,000 per day per group (no maximum number of participants), plus travel expenses | No |
| 4-day, off-site Advanced FIT Intensive Training | \$1,100 per person (maximum of 35 participants) | No |
| 4-day, off-site FIT Training of Trainers Workshop | \$1,400 per person (maximum of 35 participants) | No |
| 3-day, off-site FIT Supervision Training | \$895 per person (maximum of 35 participants) | No |
| WebEx, Skype, or phone consultation | \$350 per hour | No |
| International Center for Clinical Excellence online support community | Free | No |
| Quality assurance documents (includes Feedback-Informed Progress Note, Feedback-Informed Concurrent Service Delivery Agreement, and | Free | No |

| | | |
|--|---|----|
| Feedback Readiness Index and Fidelity Measure) | | |
| 1-year subscription to MyOutcomes.com | <ul style="list-style-type: none"> • For 1-5 practitioners: \$24.95 per month per practitioner • For groups of 5 or more practitioners: visit Web site for cost quote | No |

Additional Information

Not all agencies or systems of care require the same type of training or support when implementing PCOMS. In some instances, downloading the ORS and SRS, scoring and administration manual, and free support materials is sufficient. Depending on their size, most agencies find that basic training with follow-up consultation via WebEx, Skype, or phone is sufficient to begin the implementation process, and many systems of care send participants to advanced training at some later point; however, no training is required for implementation. Electronic licenses and a Web service (MyOutcomes.com) are available for purchase for users who want to integrate the tools with an electronic health record.

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Bringhurst, D. L., Watson, C. W., Miller, S. D., & Duncan, B. L. (2006). The reliability and validity of the Outcome Rating Scale: A replication study of a brief clinical measure. *Journal of Brief Therapy*, 5(1), 23-30.

Campbell, A., & Hemsley, S. (2009). Outcome Rating Scale and Session Rating Scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist*, 13(1), 1-9.

Contact Information

To learn more about implementation or research, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.centerforclinicalexcellence.com/site.php?page=measures.php>