

Workforce Innovation Demonstration Sites Summary Report October 2011



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1 INTRODUCTION

In 2010 Wesley Community Action submitted a proposal to HWNZ Innovation fund for testing and evaluating the Client-Directed and Outcome Improved (CDOI) approach within the aged care, disability, healthy lifestyles, and mental health sectors. The specific objectives of the project were to:

- monitor the implementation of CDOI in order to determine factors that help or hinder the achievement of successful outcomes for staff and for clients
- gain feedback from staff on their perceptions of the benefits of CDOI – both for themselves in the workplace, and for clients
- consider the extent to which CDOI can act as a mechanism for improving staff satisfaction and productivity
- determine the extent to which the effectiveness of this approach can be expanded from the mental health/therapy environment to other areas of health care provision (for example, aged care).

The implementation of CDOI at the demonstration sites within Wesley Community Action ran from November 2010 to July 2011 and an external evaluation has now been completed. The full evaluation report is attached to this report, and describes in detail the implementation of the CDOI tools, the issues relating to the use of the tools, and the outcomes achieved to date.

This report briefly summarizes the CDOI approach, the key messages/learnings from the evaluation report and notes areas for future action within Wesley, including comment on communicating the evaluation findings and Wesley's experience implementing CDOI.

2. WHAT IS CLIENT DIRECTED OUTCOME INFORMED WORK?

Client Directed Outcome Informed work is based on significant international research that identifies the three key predictors of good client outcomes as:

- the client seeing change early on in the process
- the client entering into a true partnership with the worker which then determines the goals and methods of achieving these; and
- the client and the worker developing a good relationship/fit that works for the client.

These three predictors are measured by an Outcome Rating Scale (ORS) and a Session Rating Scale (SRS). These forms are attached to this document as Appendix One. The Outcome Rating Scale is administered at the beginning of the working session with a client where they are asked to measure their levels of distress in four quadrants - Individually, Interpersonally, Socially and Overall. This ensures that both the client and the worker are aware of, and work on, the area that the client feels is impacting most for them. Discussion then occurs regarding how the client could shift the score up the scale which ensures the clients theory of change (what they think will work the best for them) is incorporated into the discussions and plans. The scale measures change - supporting the client to see and account for the change, what were they doing differently, and how they can sustain this change.

At the end of each session with the client, the Session Rating Scale is administered- where the client rates the fit between themselves and the service/worker. This ensures that the worker is able to adapt their style and/or service sooner rather than later which has been shown through international research to significantly reduce no shows and the number of clients who 'languish' in the system.

The administration of each measure takes approximately 2 minutes (including adding the scores up), and should direct the discussion for each session. The measures can be downloaded (on an individual scale) for free on the heartandsoulofchange.com website, and are supported through two computer programmes which can be purchased, or simply through an excel spreadsheet. The data is entered under the individual client name, which in turn graphs the client's progress - or lack of. The level of sophistication of the computer programme is matched by the cost. Implementation does not hinge on this as graphs can be charted by hand. The benefit of a computer programme is that data can be aggregated per service and per organisation.

To our knowledge the measures are the only consumer rated outcome scale in the world that has been empirically validated by three randomised clinical trials in both USA and Norway. The predictors of good outcomes has been based on meta analyses of over 1000 studies and reported on as 'Common Factors' in a number of psychology journals. A number of organisations in USA and Norway have implemented this outcome management system with significant reduction in length of stay for clients and reduction in no shows (people not returning for additional appointments) which has resulted in significant cost savings (see heartandsoulofchange.com for these and additional studies).

3. THE WESLEY COMMUNITY ACTION CDOI DEMONSTRATION PROJECT

Wesley Community Action, with the support of Health Workforce Innovation Fund, was able to pilot implementing CDOI throughout our services. The purpose of this project was to see if this new framework, as well as contributing towards better outcomes for clients, would contribute to better outcomes for staff - such as improved retention, staff satisfaction and access to professional development. Originally designed for a therapeutic relationship, Wesley has used these scales in community and home based services - including;

- WATCH- supporting young people coming before the courts on drug and alcohol matters to address issues that led to their offending
- Counselling service - supporting people on low incomes through koha/donation based counselling
- Community groups in Porirua
- Older people - supporting isolated older people to remain in their community of choice, and some residents in our aged care facility(both rest home and hospital level)
- Youth services - both foster care and residential.

Staff in these services who were trained in administering the measures ranged from qualified counsellors and social workers through to care staff and those who have come from within the community they support. All staff understood the concepts behind client directed work and found value in the training. There was varying

degrees of implementation – which was supported through the Practice Manager having supervision sessions with the teams that were implementing the CDOI approach.

4. KEY LEARNINGS FROM THE EVALUATION OF CDOI WITHIN WCA

A comprehensive implementation evaluation of the project was carried out by an independent evaluator. This section of our summary report outlines some of the key messages from this evaluation. The full evaluation report is attached and provides a more comprehensive description of the evaluation method and findings.

4.1 Outcomes – staff and clients

Most of the outcomes data contained within the evaluation are based on qualitative interviews with management, staff and clients of Wesley, rather than quantitative measures. The evaluation indicated that there is a need for more robust quantitative data and Wesley hopes to ensure this is collected over time.

The key outcomes reported in the evaluation report indicate that:

- most WCA staff saw value in the CDOI approach and using the tools with their clients
- staff satisfaction was enhanced through using the CDOI approach
- Management identified potential professional benefits for staff in relation to ongoing learning, and organisational benefits for Wesley in relation to increasing staff retention
- staff considered that the tools informed and enhanced their practice in the following ways: facilitating better use of time with clients, facilitating better relationships with clients; and enabling quicker identification of appropriate interventions for clients that improved their daily life
- clients appeared to be engaged with the process, and found value in it
- where quantitative data was available at one site, this showed a reduction in non attendance of appointments by clients.

4.2 Implementation Issues

The evaluation report discusses the implementation issues (including factors affecting the delivery of the tools) in some depth. These issues include:

- using the tools with clients – the need for greater consistency and clarity over which clients to use tools with and when (e.g. whether they should be used at the first meeting with clients, those who are cognitively impaired)
- difficulties associated with finding uninterrupted time with clients in some situations
- one team choosing not to use the tools. This was primarily because they have a client base that does not work well with paperwork and therefore did not see the benefits of using the measures
- data: issues include the need for improved systems for overall data collection by Wesley, logistical issues relating to ORS and SRS data entry, and use of this data to inform practice
- lack of integration of CDOI into clinical supervision
- the need for greater definition of team leaders and managers roles
- ongoing active monitoring and training of staff and team leaders.

5. FUTURE ACTION FOR WESLEY COMMUNITY ACTION

As noted in the evaluation report, the literature indicates that most organisations need about 3 years to fully implement the CDOI approach, and at this early stage of systematic implementation within Wesley (9 months), the results are encouraging. As an organisation, Wesley is committed to the change process, and the time that will be required to fully embed CDOI into our practice over the long term.

Wesley plan to share the evaluation findings with our staff and managers as we are keen to have dialogue with staff about what the findings mean and how they can be used to enhance our practice.

5.1 Addressing implementation issues

In response to the CDOI demonstration project evaluation report, some actions have already been initiated by Wesley Community Action in order to address some of the implementation issues noted above (for example, communicating with external supervisors about the importance of CDOI in our work). We consider that addressing the key implementation issues that were identified in the evaluation will enhance our delivery, and the outcomes associated with the CDOI approach. These include:

- addressing logistical issues (e.g. those relating to access to the ASIST database)
- consistent use of the measures by staff - we have already seen some progress here with a number of staff who were negative about CDOI having changed their views (since the evaluation took place) after seeing it support client driven practice in a wananga. We also plan to develop guidelines for staff around when and who it is appropriate to use the tools with
- ongoing training around using and understanding the ratings data
- monitoring – considering a process for ongoing monitoring if the use of the tools – including team leaders role in this
- the integration of CDOI into clinical supervision
- further discussion about the use of CDOI in the aged care environment.

5.2 External Communications

Wesley plans to send the summary and evaluation report to the wider project reference group for dissemination, and meet within the next four months to discuss with them the evaluation findings. The document will also be available on WCA's website, and the Heartandsoulofchange website

Further dissemination will occur through WCA's internal and external newsletters.

6. CONCLUSION

Wesley has found it a valuable experience to have had the opportunity to systematically implement and evaluate CDOI. Overall the evaluation of CDOI shows that although there are implementation issues to address, there were significant positive results in terms of outcomes for our staff and for our clients.

With appropriate training and support, this framework can support better outcomes for staff and clients on an organisational and/or individual level. Wesley Community Action has learned valuable lessons in how best to implement CDOI - both organisationally and individually and we hope these lessons will be useful for informing and supporting other organisations that may wish to use this approach. ¹

¹ Robyn Pope, Wesley's Practice Manager is an accredited CDOI trainer and is available to support organisations wishing to implement this approach. There is also international support available freely through a listserve and Dr Duncan's website www.heartandsoulofchange.com.

APPENDIX ONE: THE CDOI TOOLS**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.*

Individually

(Personal well-being)

|-----|

Interpersonally

(Family, close relationships)

|-----|

Socially

(Work, school, friendships)

|-----|

Overall

(General sense of well-being)

|-----|

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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.

1. Relationship

I did not feel heard,
understood, and
respected.

|-----|

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.

|-----|

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.

|-----|

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

Overall

There was something
missing in the session
today.

|-----|

Overall, today's
session was right for
me.

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