

# MY PERSPECTIVE...

- Prevention Specialist
- AODA Counselor
- Administrator



## AODA PREVENTION

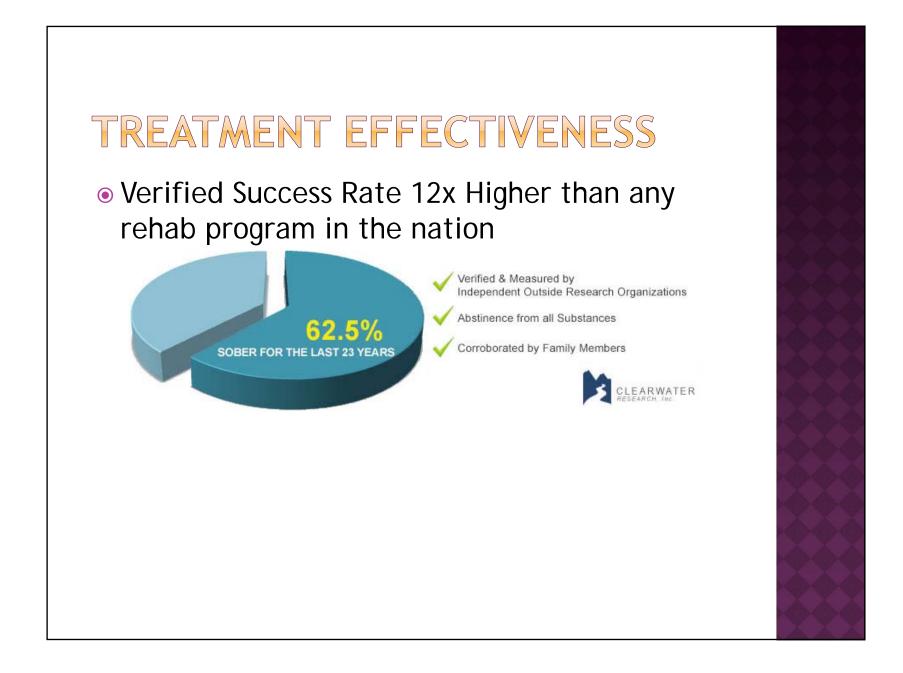
- Commonly Grant Funded
- Applications Require a solid plan
- Goals, Objectives, Outcomes, Logic Models
- Accountable to Funders

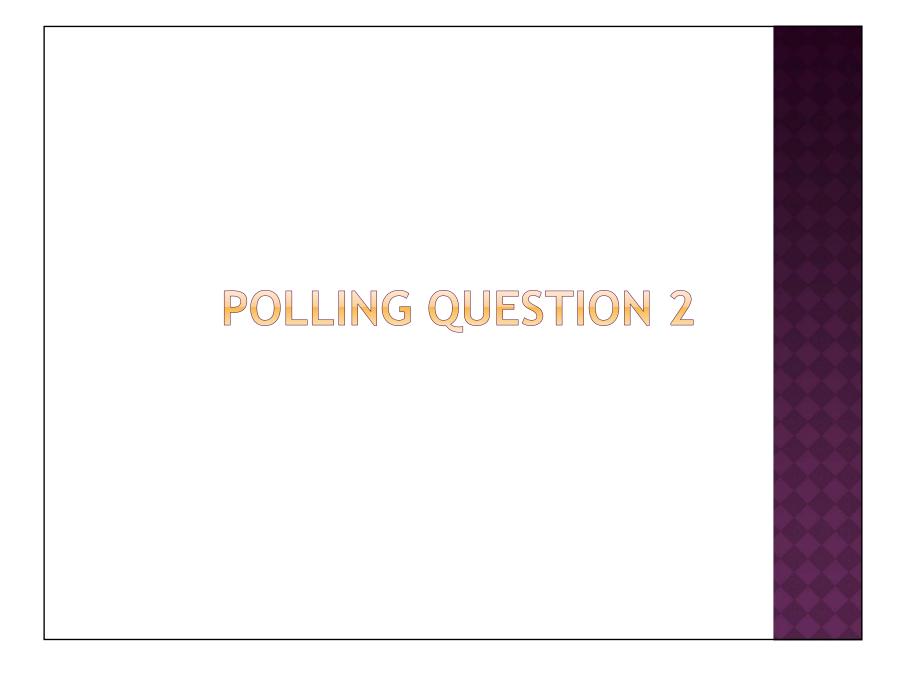
# AODA PREVENTION

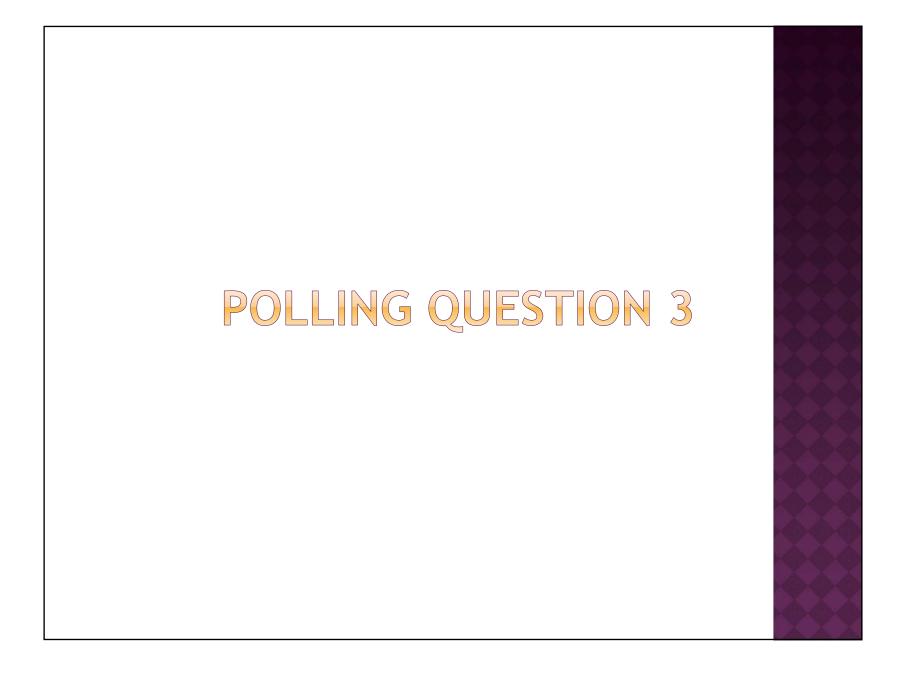
- Demonstrate the Need
- Select an appropriate intervention
- Implement
- Evaluate
- Report

# AODA TREATMENT

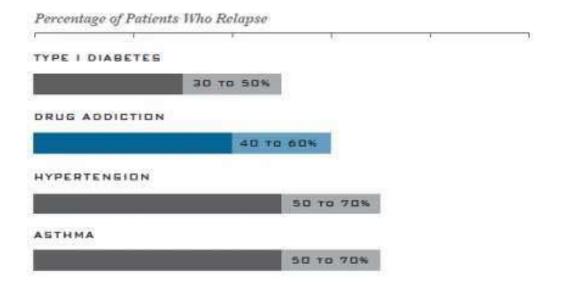
- Need
- Appropriate Intervention
- Implement
- Evaluate
- Report



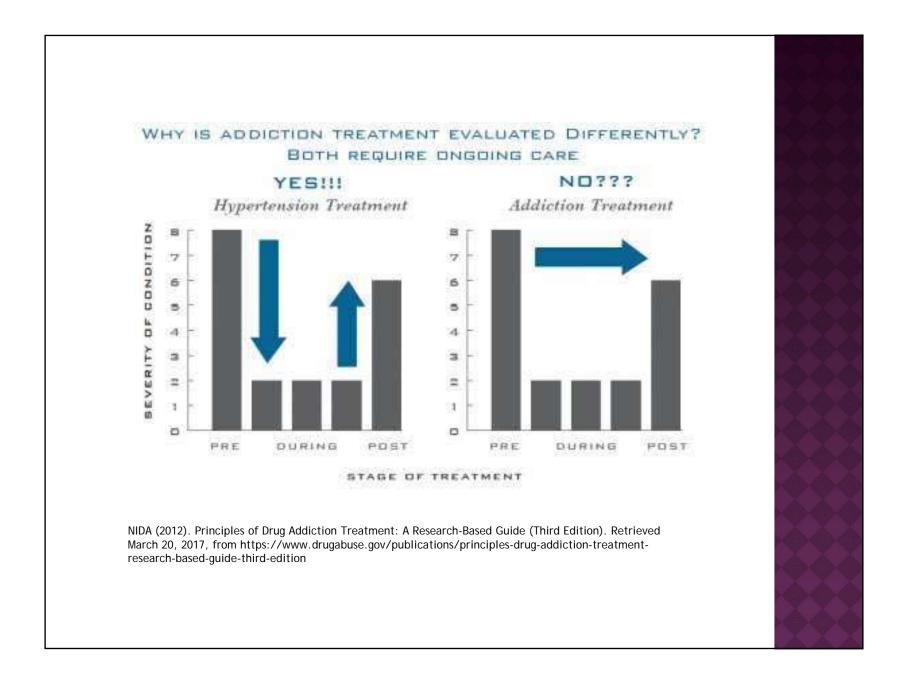




Relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.



NIDA (2012). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved March 20, 2017, from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-quide-third-edition



CLIENT SATISFACTION
VERSUS
OUTCOME MONITORING
VERSUS
CLINICAL INFORMED CARE

#### PROJECT PURPOSE

5% - 10% of people in psychotherapy actually experience a deterioration.

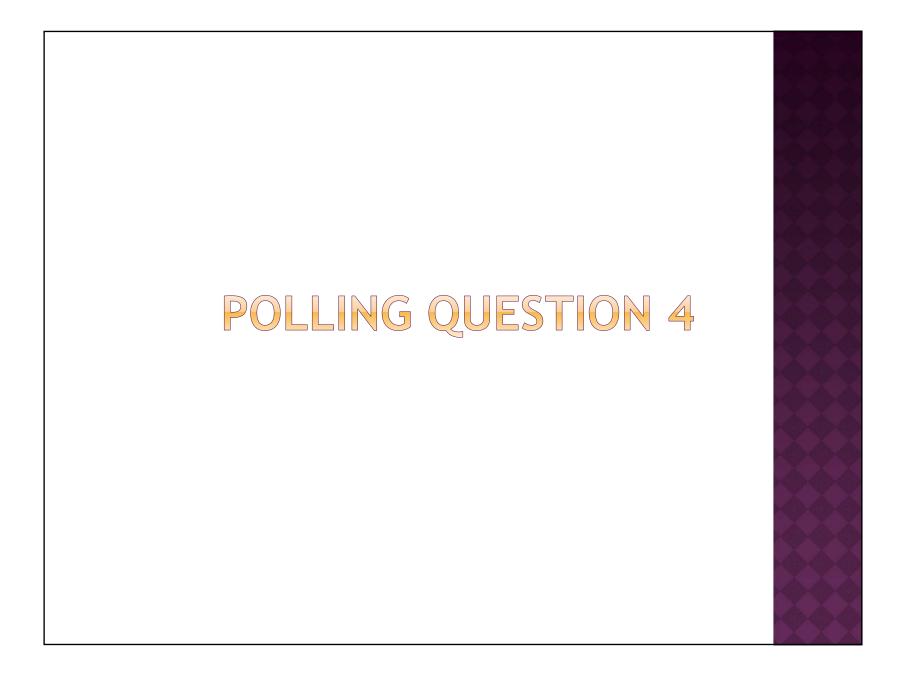
50% of people in psychotherapy show no reliable change during treatment.

Comment from a Judge...

#### PROJECT PURPOSE

Improve client clinical outcomes by implementing clinical outcomes tracking, feedback, and benchmarking for a least one counselor/therapist and at least 30 clients.

Desire to have our organization to keep up with good clinical and business practices, and be better able to measure clinical outcomes.



#### **PROCESS**

Review various tools

Recovery Management Check-Up

Schwartz Outcome Scale

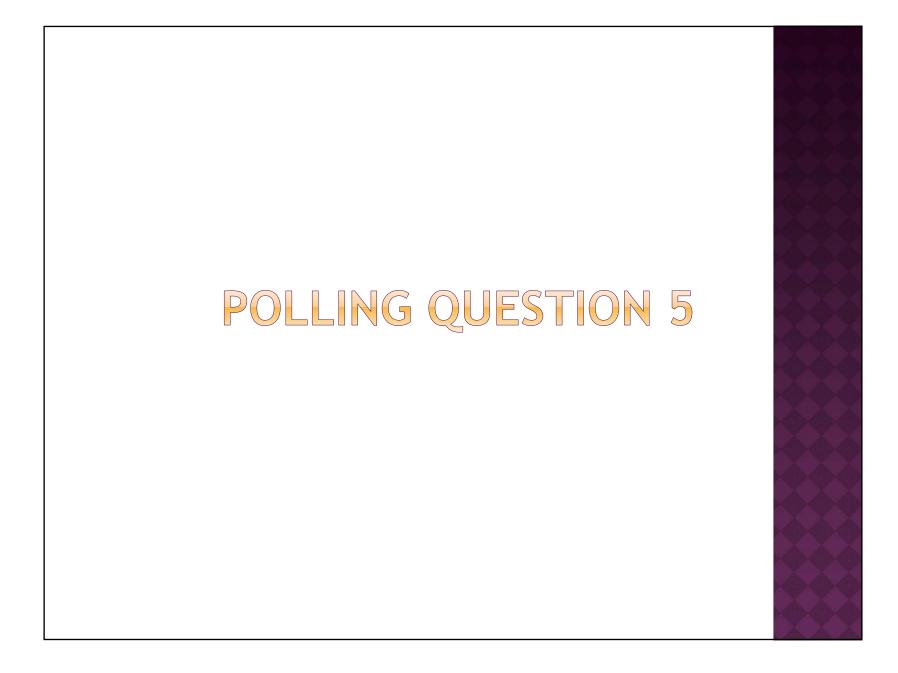
Maryland Assessment of Recovery Scale

A-CHESS Weekly Check-In

Outcome Rating Scale and Session Rating Scale

Behavioral Health Monitor

Resource Listing - Thanks to Michael Quirke

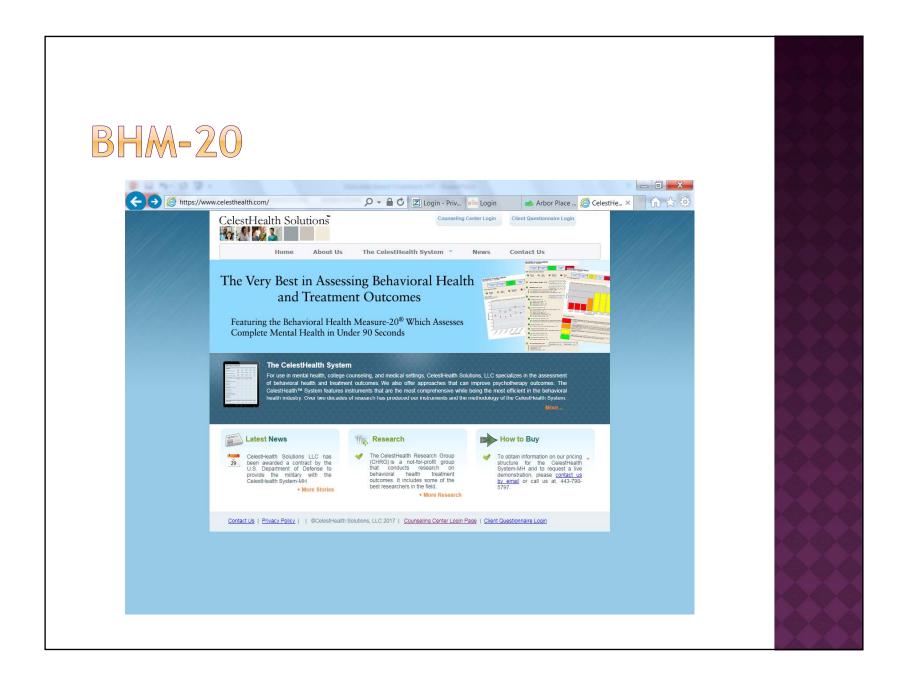


# IDENTIFY NEEDS

- Concrete measurement
- Easy to administer
- Affordable
- Cover SUD and MH
- Valuable to the clinician and client
- Can generate easy reports

#### BEHAVIORAL HEALTH MONITOR - 20

- CelestHealth Solutions
- Electronic
- Short
- Immediate Results
- Easy to use
- Affordable
- Tracking over the course of treatment
- AODA and MH
- Ability to generate aggregate reports



#### BHM-20

- Well-Being--Distress, Life Satisfaction, Motivation.
- Symptoms--Alcohol/Drug Abuse, Anxiety, Bipolar Disorder, Depression, Eating Disorder, Panic Disorder, Suicidality, Risk of Violence.
- Life Functioning--Work/School, Intimate Relationships, Social Relationships, Life Enjoyment.

#### BHM-20

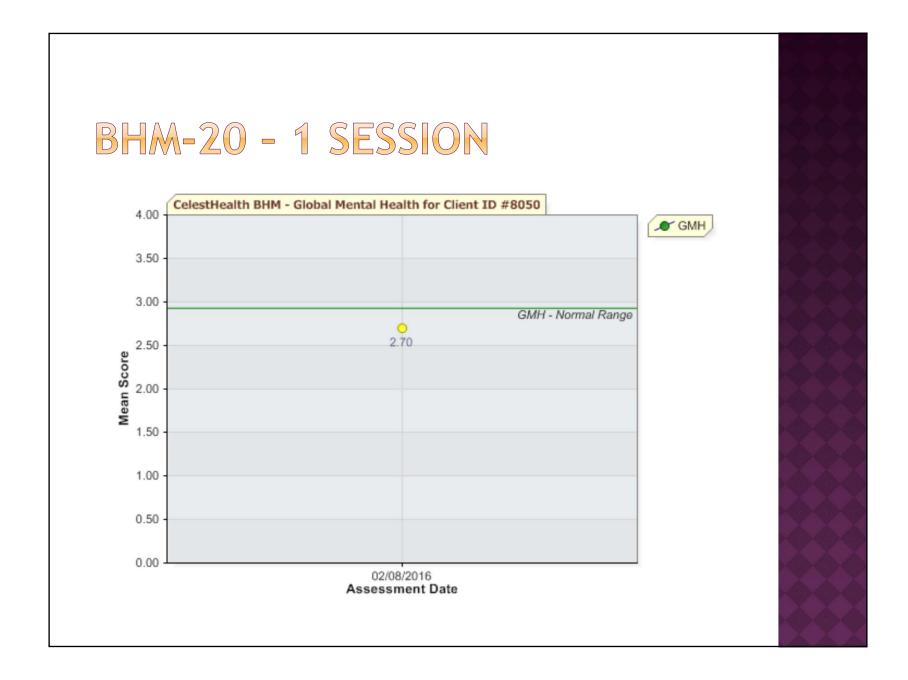
Using two items of the BHM-20, the Suicide Monitoring Scale (SMS) assesses suicidality using a color-coded matrix methodology.

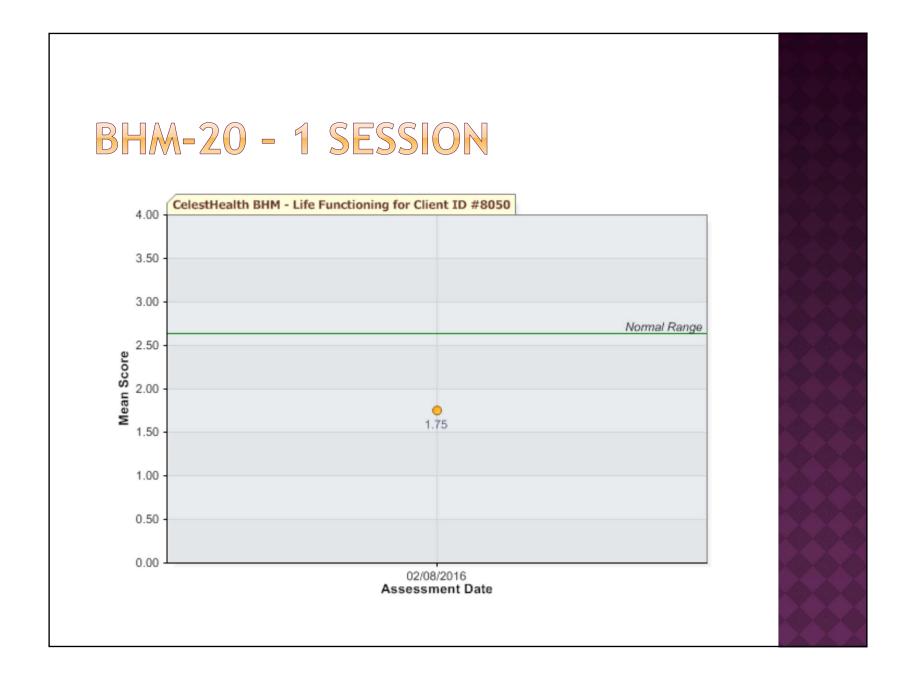
The SMS provides four risk levels that have been shown to be highly valid and reliable - No Risk, Mild Risk, Moderate Risk, and Severe Risk.

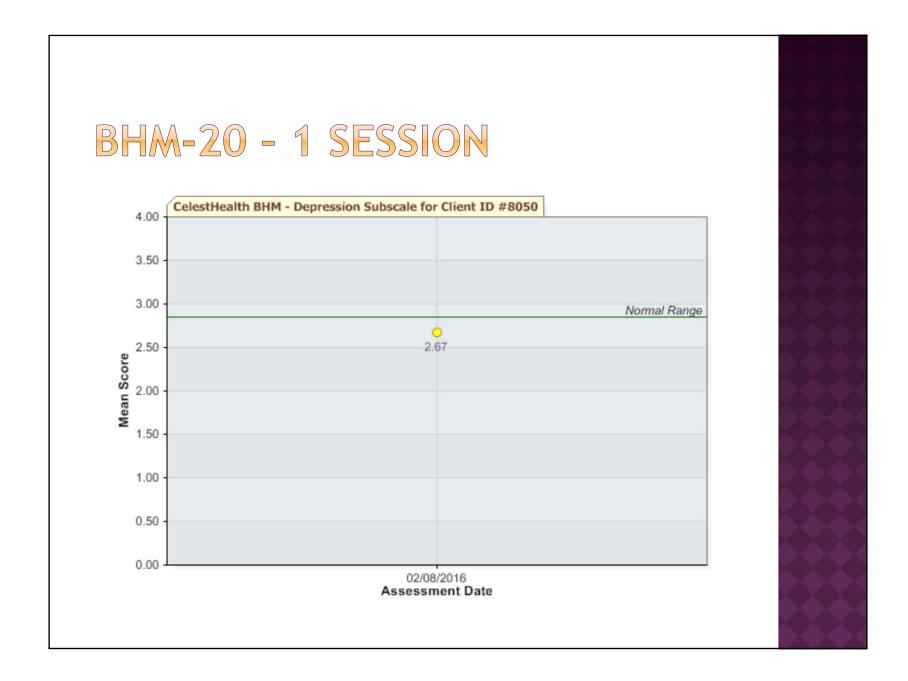
#### BHM-20

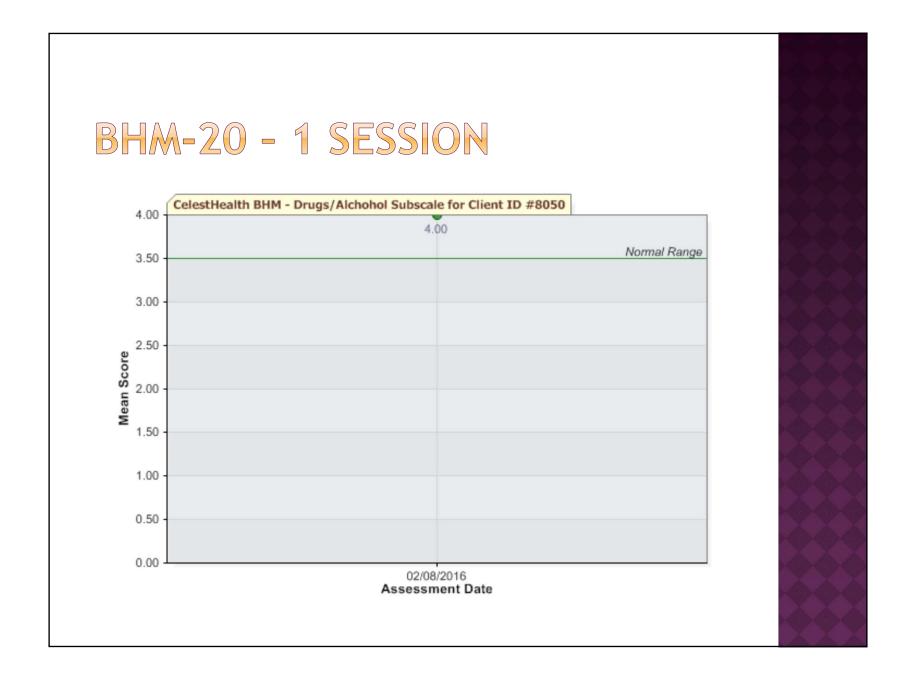
 5-item Psychotherapy Readiness Scale identifies--at the first session--clients who are at risk to do poorly in psychotherapy.

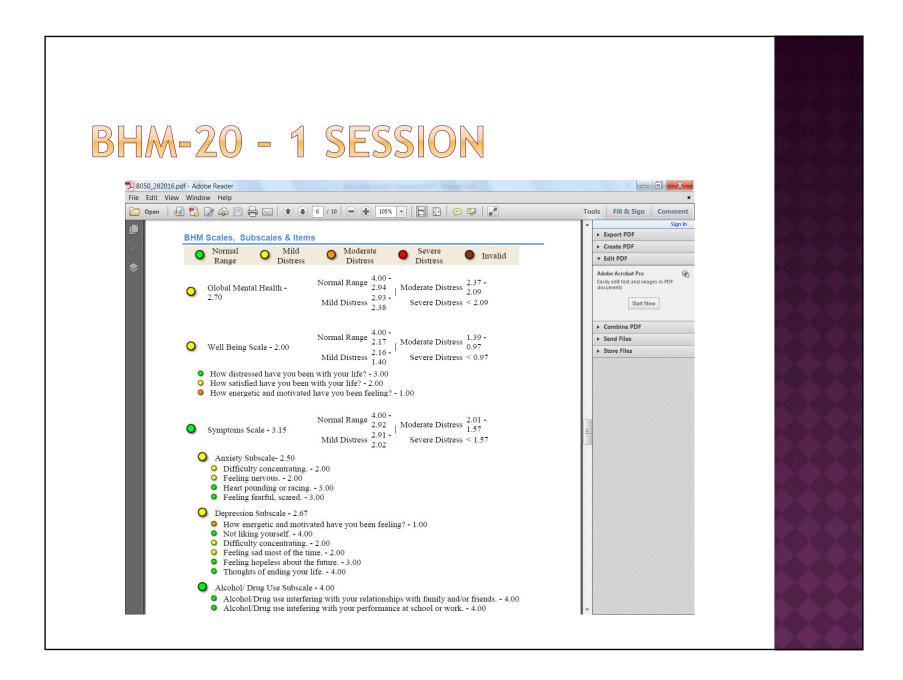
 The 6-item Therapeutic Bond Scale evaluates the relationship between psychotherapist and client.

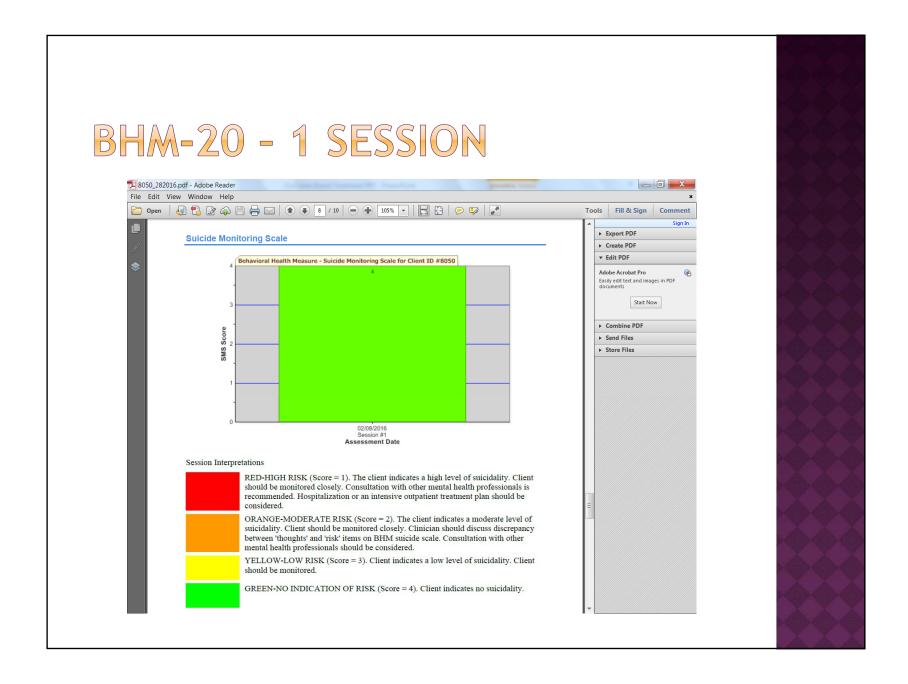


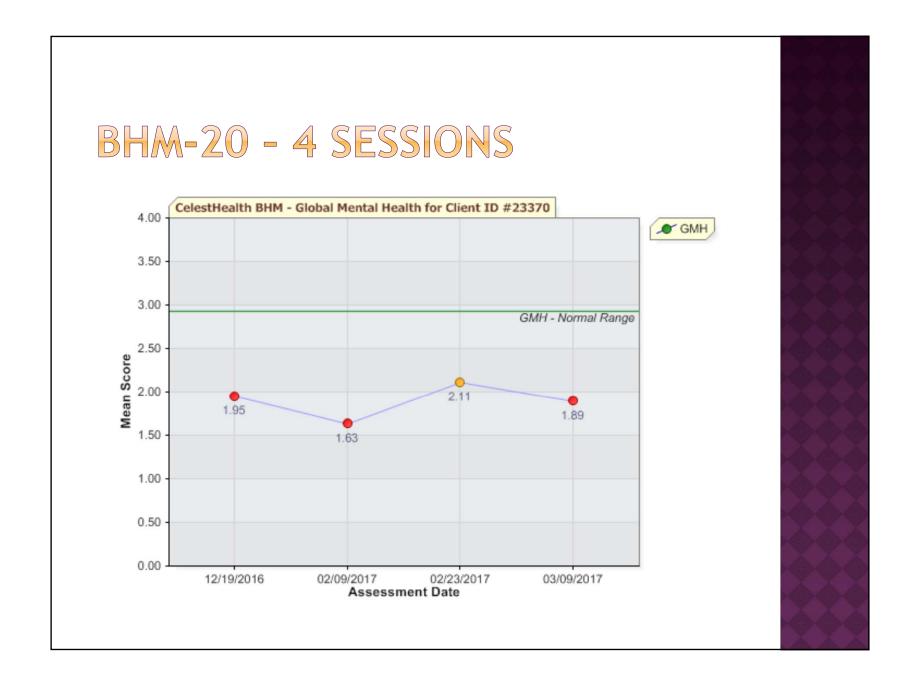


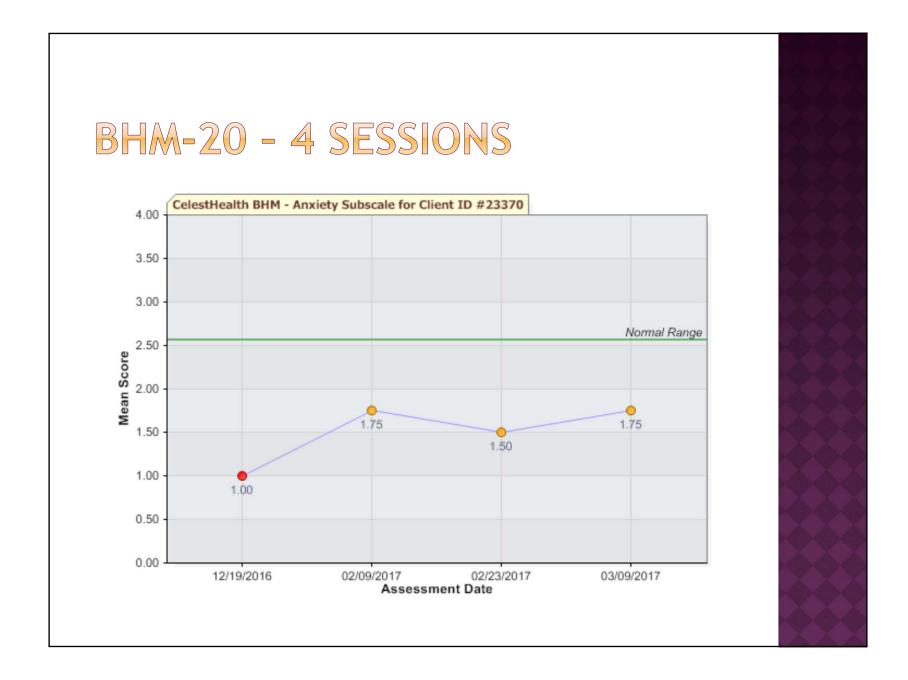


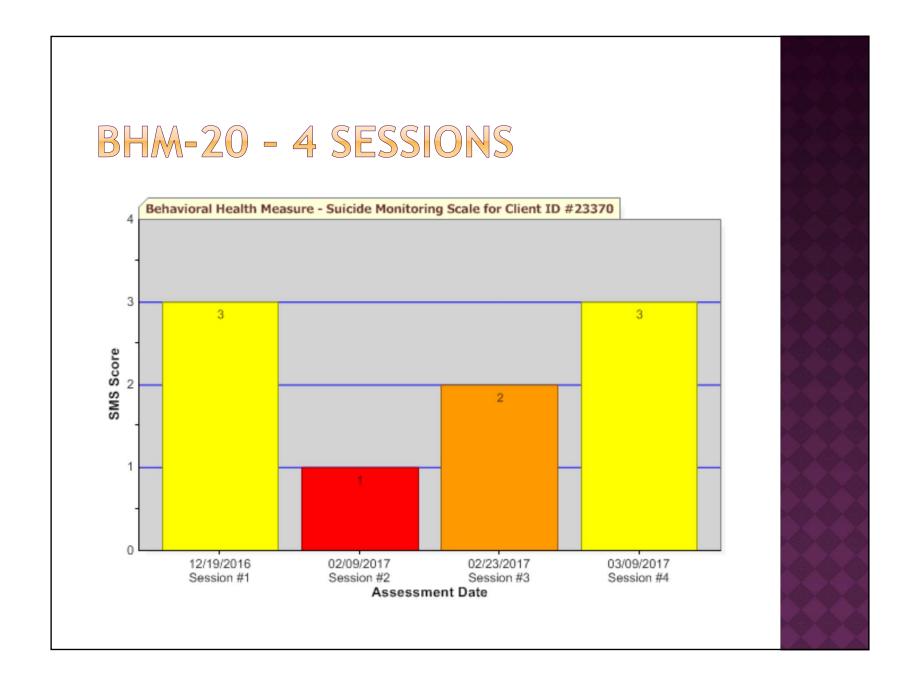












## CLINICIAN FEEDBACK

"The BHM-20 survey is a useful tool in evaluating the client's current mental health, general life satisfaction and motivation on a regular basis. By having the client complete the survey prior to session, I am able to view client's current status and share with the client. The survey also can be used to identify "flags" that may be of immediate concerns about the clients well-being."

# CLINICIAN FEEDBACK

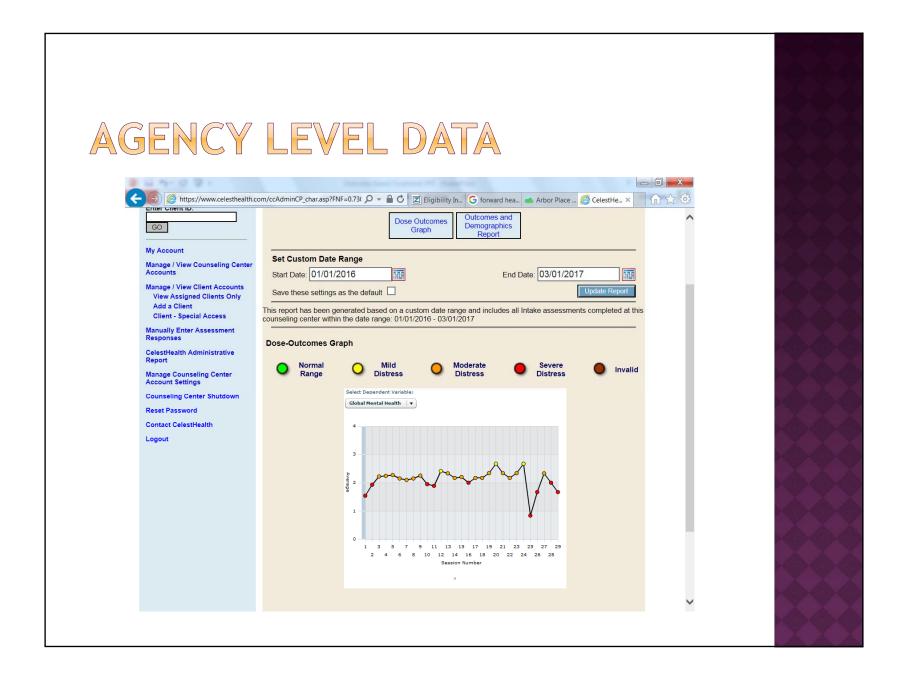
"I share it with clients and they are able to visibly see their progress (or decline)."

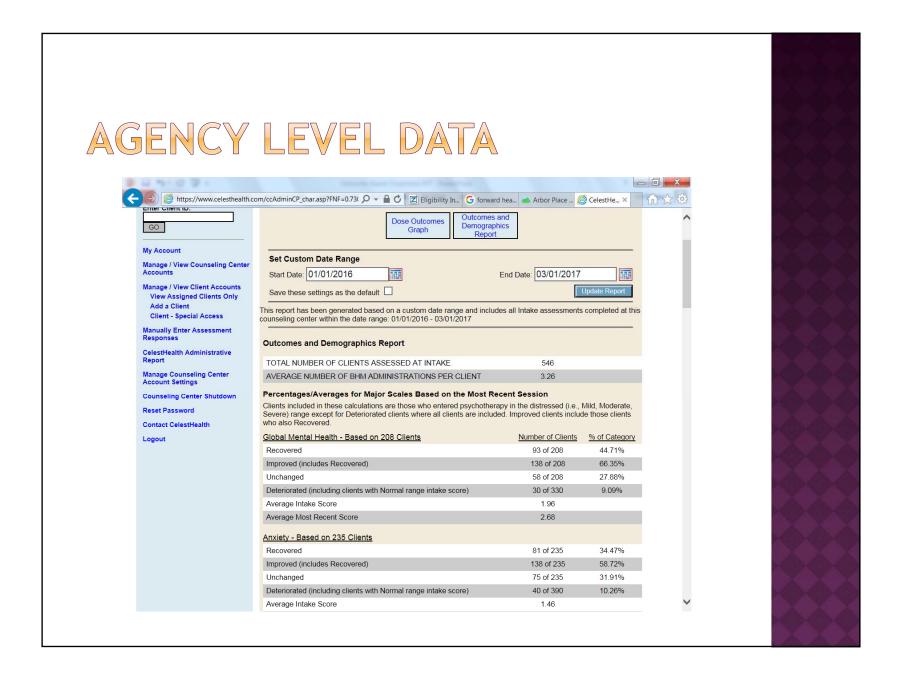
"I am able to visibly see their progress."

"It is helpful in guiding the session."

#### CLINICIAN FEEDBACK

"I am using the BHM-20 with each client. Each time I meet with them they fill it out, and bring it to session. I quickly review it and address any concerns immediately in session-really high marks, suicidal thinking, discomfort with the therapist, etc. The form gives me a good idea about anything that's changed since I've seen them last, overall progress, checking in on the critical things-like suicidal thinking, and therapeutic rapport. It helps me adjust therapy to meet the client where they are at that day."





# CHALLENGES

"Some clients have reported that they are tempted to lie on the form as they are concerned that if they don't say what the "therapist wants to hear" there will be negative repercussions. When I hear this, I always clarify the purpose of the form and reassure them that it only helps me gauge where they are at and make adjustments to meet their needs, however I wonder how many clients lie out of fear or misunderstanding. This could be remedied with an explanation at the top of the form, or just one from me as part of my intake process."



- Integrating the tool as "how we do business."
- Competing Priorities
- Staff Turnover
- Implementing it electronically
- Working more with the data

# IMPROVEMENT TRACK



