Problem Gambling
Foundation of New Zealand
Measures what we want to know

- Do clients actually feel better?
- How much better?
- What are we doing that is helping?
- What can we do better?
- Has the reason they sought treatment been addressed?
- Has the service measured up to their expectations?
- How can we keep clients from getting worse or disappearing?
Factors Accounting for Successful Outcomes

40.0% Client/Extra-therapeutic
30.0% Relationship
15.0% Model and Techniques
15.0% Placebo, Hope, and Expectancy

Consumers are the experts

• Consumer input is the obvious way to find out how and why our services work (or don’t).
• Clinical trials have demonstrated that the relationship/alliance between the counsellor and the client is more predictive of success than any expertise the practitioner holds. This includes model, training, culture, etc.
• The biggest factor that accounts for change is what happens when we aren’t around.
• “Success” can really only be defined by the client.
How does it work?

It measures what matters

• Clients perception of their own progress
• The alliance
• Whether they feel heard and understood
• Whether they discussed what was important to them
• Whether the approach/method of the treatment is a good fit
What does it do?

- Identifies which clients are benefitting from the style/approach of treatment you offer
- Creates the space to discuss how to modify the sessions to meet expectations
- Identifies lack of fit and/or lack of improvement early on to allow for a collaborative referral before a client drops out
- Measures clinically significant improvement using normative data from hundreds of thousands of clients internationally*
- Streamlines supervision
- DOESN’T reduce clients to numbers, allows them to see exactly what we see.

*We are now building this normative database in NZ with over 4,000 clients just with PGF (over 17,000 sessions)
In Supervision

- Graphs are used in supervision so that the client’s voice is brought into the room instead of the counsellor bringing their opinion or impression.
- Clients who are not progressing are immediately evident and prioritised for discussion.
- If the client is below the normed cut-off, and not improving as the normed trajectory would suggest it should, changes can be discussed based on the client feedback.
- If the outcome score doesn’t improve significantly in accordance to expectation, alternatives can be discussed such as a referral to a practitioner with a better fit to the client’s approach.
What was the appeal?

- It measures what we want to know
- Systematically identifies clients at risk of not improving
- Evidence-based (supported by randomised clinical trials)
- Incorporates consumer feedback in real-time
- Enhances the factors related to success
- Uses the known predictors of success (early change and the alliance) to gauge progress
- Operationalises client privilege and social justice (makes consumers the decision-makers).
How do we use it at PGF?

• Quality assurance
• Quantitative measurement (compared to a baseline) from the client’s perspective
• Absolute consumer feedback
• Real-time evaluation
• Future interventions are directed by client preference including their culture, ideas, values and theories.
How it’s shaped us so far.
Thanks for listening to me...
Fidelity and Integrity

• Barry Duncan and Scott Miller are the authors of the measures I have been describing. Barry Duncan is partnering with NZ organisations to create a regulating body that trains, oversees and regulates the use of PCOMS within NZ to ensure its ongoing fidelity and integrity.

• We are committed to using the measures as they were designed to be used, through participation in and adherence to the guidelines set by Barry Duncan’s NZ PCOMS regulating body.

• We can then make meaningful conclusions from the data and trends and take advantage of the benefits SAMHSA (Substance Abuse and Mental Health Services Administration) currently experience.
In Programmes and Presentations

- Evaluation forms are collected at the end of each programme or presentation
- The Group Rating Scale is used where appropriate in programmes and presentations
- Feedback is collated, reported and kept on file in order to make training decisions.
New Zealand Research

• CLIENT-DIRECTED, OUTCOME-INFORMED APPROACH TO PROBLEM GAMBLING INTERVENTIONS: EXAMINATION OF ORS/SRS DATA FOR CLIENTS SEEKING ASSISTANCE FOR GAMBLING PROBLEMS

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• Funding: This study was funded by the Problem Gambling Foundation of New Zealand and Unitec Institute of Technology.
Overall Service

• The Problem Gambling Foundation of New Zealand (PGFNZ) has been recording client data since 2009.
• Currently the ClinTech database contains information on more than 17,000 client sessions.
• The study outlined in the present paper compares data from 4,055 PGFNZ clients who attended the service from 2010 to 2014, against validated benchmarks from ORS/SRS research.
• While ORS/SRS have been used extensively in mental health and addiction fields, both locally and internationally, these scales have not been used in published studies with problem gambling clients.
Overall Service

- Internationally, there is just one published study of a mental health and substance abuse service using ORS.
- Key findings include that Asian clients show less progress than non-Asian clients.
- SRS scores suggest that more could be done to enhance therapeutic alliance.
- Overall, PGFNZ’s outcomes from its problem gambling counselling services meet or exceed benchmarks identified in other research, with particularly strong results being shown for clients in the clinical range for depression – the most unwell group.
Outcome Rating Scale

**Individually:**
(Personal well-being)

I-----------------------------------------------------------I

**Interpersonally:**
(Family, close relationships)

I-----------------------------------------------------------I

**Socially:**
(Work, School, Friendships)

I-----------------------------------------------------------I

**Overall:**
(General sense of well-being)

I-----------------------------------------------------------I
Child Outcome Rating Scale (CORS)

Name ___________________________ Age (Yrs) __________
Sex: M / F __________________________
Session # __________________________ Date __________
Who is filling out this form? Please check one: Child _________ Caretaker _________
If caretaker, what is your relationship to this child? _________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things aren’t so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

Me
(How am I doing?)

I.......................................................I

Family
(How are things in my family?)

I.......................................................I

School
(How am I doing at school?)

I.......................................................I

Everything
(How is everything going?)

I.......................................................I

The Heart and Soul of Change Project
www.heartandsoulofchange.com

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Session Rating Scale

Relationship:
I did not feel heard, understood, and respected

Goals and Topics:
We did not work on or talk about what I wanted to work on and talk about

Approach or Method:
The therapist’s approach is not a good fit for me.

Overall:
There was something missing in the session today