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Client Perceptions of the use of a Continuous Feedback System in Therapy

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ABSTRACT: This paper explores the use of the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) in clinical practice through the perspective of the client. These assessment tools are designed to provide clinicians with direct feedback from clients about the client's views on progress in therapy and their views on the quality of each session provided by the clinician. In this qualitative study, 13 clients were interviewed to explore their perceptions of the use of the ORS and SRS in their sessions. Results indicate generally highly favorable reactions to use of these assessment tools with some exceptions. There is a discussion of the implications of these findings for clinical practitioners who wish to use the ORS and SRS.

Keywords: mental health, practice assessment, client feedback

Over the last twenty years researchers have explored how the therapeutic relationship can impact outcomes in conjunction with how to measure perceived change, outcomes, and the therapeutic alliance (Janse et al., 2015; Miller et al., 2015; Moggia et al., 2018). The strength of the worker-client therapeutic alliance has consistently shown to predict psychotherapeutic outcomes (Borelli et al., 2019), regardless of theoretical approach (Horvath & Luborsky, 1993; Ogles et al., 1999; Wampold, 2001). Consequently, through routine outcome monitoring, there is evidence that clinical social workers can examine their own practices to determine if they have formed an effective working alliance and if the work they are engaging in with clients is leading to desirable changes from the clients' perspective (Murphy et al., 2020).

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Building on the existing research on therapy outcomes by routine outcome monitoring, Duncan, Sorrel, and Brown (2005) developed a specific feedback system called the Partners for Change Outcome Management System (PCOMS) that uses two brief measures to track outcomes and the counseling relationship in every session. The system can be used in individual, couples, family, or group therapy formats (Duncan et al., 2005). This system has gained widespread support and usage due to the brief nature of the scales and the mounting evidence that their use can impact therapeutic outcomes (Miller et al., 2015; Murphy et al., 2020). PCOMS work through the gathering of information directly from clients through the use of two simple and easy to use tools, the Session Rating Scale (SRS) and the Outcome Rating Scale (ORS) designed by Duncan et al., (2004). These tools provide clinicians with feedback from their clients based upon the client's perceptions of the progress being made in their sessions. There is evidence that use of these tools can have a positive effect on client outcomes (Miller et al., 2006) though continued research is necessary to understand the validity, reliability, and full implications of routine outcome measures (Miller et al., 2015). For example, there is limited information about the nuanced perspective of the client on the use of these tools in therapy, and there is little research on its use specifically in clinical social work practice (Murphy et al., 2020). It is the purpose of this paper to explore these areas through a qualitative study of clients who provide feedback on their reactions to the use of these tools in clinical social work sessions.

Routine Outcome Rating

Outcome Rating Scale

The Outcome Rating Scale (ORS) is a four-item visual analogue instrument that was developed as a brief alternative to the Outcome Questionnaire (OQ) 45 (Lambert et al., 1996). The focus of this instrument is to afford clients an opportunity to provide feedback to their clinician on vital areas of their functioning between session meetings. The four items on the scale correspond to the following areas: (1) individual (or symptomatic) functioning, (2) interpersonal relationships, (3) social role performance (work adjustment, quality of life), and (4) an overall rating (general sense of well-being) (Lambert et al., 1994). The four areas of client functioning are translated into visual 10-centimeter lines, and clients place a hash mark on each line indicating their well-being in each category. The left side of the line represents lower levels of well-being while marks on the right side represent higher levels of well-being. While the ORS instrument can appear simple, it is critical that clients understand the use and process of the ORS (Miller et al, 2004).

The ORS is to be completed prior to every appointment as the tool is a means to track

client progress and to ensure client needs are met by offering insights into their perceptions of well-being since the las visit. The ORS response can then be used during the therapy session to assist the client in identifying their concerns. For example, if their rating of work is high (i.e., relatively problem-free), but there are family problems, they can rate the family problems separate from their overall well-being. If family and work are going well, but school concerns are present, they can specifically rate the school issue. This assists in gaining a clearer understanding of the current perspective of individual needs and concerns.

According to Miller et al., (2004), after all areas are assessed, the clinician sums the scores. The summated scores will range from zero to forty. This gives both an overall and specific level of well-being which can be used as a platform of discussion within the therapeutic session. For example, a lower score in one area is likely a sign of the motivation for the person coming to see the practitioner. This can then provide a convenient manner to transition to a discussion of the client's rationale for seeking help and their feelings about doing so. Following the completion of the ORS, the clinician conducts therapy as they would normally but with the added knowledge of the client's perceived concerns. Ultimately, the ORS allows for guided discussion and additional measures to meet the client where they are in their therapeutic journey and needs.

Session Rating Scale

Miller, Hubble, Chow, and Seidel (2015) note that the Session Rating Scale (SRS) was constructed and introduced by clinical supervisor, Lynn D. Johnson (1995). It focuses on the client's view of the effectiveness of an individual clinical session (Boswell et al., 2015). This differs from the ORS, as it focuses on the therapeutic session and process versus the client's perceived well-being. According to Miller et al., (2004), the first three items assessed on the SRS scale are: (1) relationship with worker (clinician), (2) goals and topics of the session, and (3) approach or method used by the worker. There is a fourth item, the "overall" rating of the session by the client. The four areas of client functioning are translated into visual 10-centimeter lines, with low estimates to the left and high to the right.

At the end of the session, the client is offered the SRS and informed that the scale allows them to share with the clinician if their therapeutic needs are being met. The scoring is similar to ORS in that each assessment area is measured and then the scores are summed. In the case of the SRS, a summated score under 36, or any individual line under 9, would suggest that the practitioner should initiate a discussion of the area. It is critical that the client be involved in this exploration. This is an opportunity for the clinician to gain vital information. For example, while it

may be tempting for clinicians to feel pleased with scores of 40, however, there is evidence that criticism of therapists in early sessions is a good indication of the likelihood of positive change later in therapy (Duncan, et al., 2003). As with ORS, the score itself has less value and meaning without client input. This meaning is determined by clients sharing perspective about the score they chose, allowing for improved therapeutic delivery by the clinician. It is critical that the clinician understands the protocol for administering the SRS and the subsequent discussion phase with the client. Adherence to these guidelines will increase the usefulness of the measure.

Overall Use and Effectiveness

The two scales, ORS and SRS, are intended to be used every session, both at the onset of the session (ORS) and at the end of the session (SRS). These scales offer practitioners a quick and effective means to gauge where their client is experiencing challenges and where they might be experiencing improvements. When using such scales during the therapeutic process, the clinician must be aware of the reliability and validity of the measures. When considering the effectiveness of the ORS and SRS compelling research can be found in a study by Miller et al. (2006). Their study involved 75 therapists and 6,424 clients over a two-year period. The study found that "providing formal, ongoing feedback to therapists regarding clients' experience of the alliance and progress in treatment resulted in significant improvements in both client retention and outcome" (Miller at al., 2006, p. 10). They found that access to the client's experience of progress in treatment effectively doubled the overall effect size of services (Miller at al., 2006). It was also found that improving a poor alliance during the intervention's start was associated with significantly better outcomes at the conclusion (Miller et al., 2006). Similar positive findings were found in a recent study by Bovendeerd et al. (2022). In their study, outpatient clients (n = 1733) from four different centers, which offer psychological treatments, were cluster randomized to either treatment as usual (TAU) or TAU with systematic client feedback (SCF) based on the PCOMS. They found the use of PCOMS significantly improved treatment outcomes, particularly in the first three months. Efforts were made in an additional study to examine the effectiveness of PCOMS with children. Cooper et al. (2021), used a cluster randomized controlled trial of the PCOMS with children between 7–11 years old in the UK. They compared play-based counseling with, and without, the use of PCOMS. Ten UK primary schools were randomly assigned to either an intervention or control group. Data was collected for 38 children in total. Clinical outcomes were measured by difficulty scores on the teacher and parent Strengths and Difficulties Questionnaire (SDQ). The results indicated that participation in the PCOMS showed significant reductions in total

difficulty scores than the control group, with small to moderate effect sizes on all outcomes in support of PCOMS. Ultimately, these studies provide evidence that using PCOMS can improve therapeutic outcomes and that it is not specific to a particular brand of therapy, but rather a meta model - one that can be used with any theoretical model of therapy and to help improve client outcomes.

Present Study

While the research on the effectiveness of PCOMS tools is useful to practitioners, a missing piece of the evaluation about the instruments is firsthand information from clients regarding their perspectives on the pros and cons of using these tools in clinical social work practice. This type of information is necessary to collect as these are tools designed to provide clients with the opportunity to provide feedback to their clinician, thus research on their perspective of having this opportunity to share their views through the tools can impact service delivery and clinician training of PCOMS. In addition, there is limited research on the use of these instruments in direct clinical social work practice (Murphy et al., 2020). A qualitative research design was chosen so clients had an opportunity to provide a deep description of their views on the use of these tools in clinical social work practice. The guiding research questions for this study are 1.) How do clients in therapy view the use of the Outcome Rating Scale and Session Rating Scale in their treatment? 2.) What benefits, if any, do clients feel exist through the use of the Outcome Rating Scale and Session Rating Scale in their treatment? and 3.) Do these tools seem appropriate for clinical social work practitioners?

Study Design

This study used a qualitative design in which in-depth interviews were conducted with clients within a private practice mental health setting. This study was reviewed and approved by the researchers' Institutional Review Board - IRB protocol # 199023-2.

Sample

The population of interest were individuals receiving (or recently received) clinical social work therapy services. There were 13 clients in this sample from a local private mental health practice. Participants ranged from 23 to 59 years old. The average age of the participant was 42.38 years. There were seven females and six males in the sample. Income levels for participant households ranged from $10,000 per year to $80,000 per year with an average annual income of $45,385. Ten of the participants reported that they were married, one was divorced, one was single, and one reported that they were widowed. Twelve of the participants reported they were

Caucasian and one reported as African American. They all received therapy services from the same clinical social worker who has over thirty years of practice experience.

Investigative Techniques and Instrumentation

For data collection, a structured interview approach with open-ended questions was used with participants. A face sheet was also administered in which participants were asked to report on various demographic variables: age, race, gender, socioeconomic status, and relationship status. The investigators created a research interview protocol that was used to conduct the interviews. The interview questions were designed to explore the participants' feelings, attitudes, and reactions about the use of the ORS and SRS in therapy. The interview questions sought to gain open ended information on the ORS, SRS, and general therapeutic relationship, results will be further explored.

Procedures

The stages of inquiry that were used in this study included: gaining access to the participants, working towards credible questioning based on project goals, and discovering consistent and re-emergent data themes (Lincoln & Guba, 1985). The participants were identified and recruited into the study through the records of a local private clinical social work practitioner. Purposive sampling techniques were used for this exploratory study with an emphasis on choosing a varied sample based upon age, gender, and socio-economic status. Eligibility to participate included: 18 years or older, ability to understand and communicate in the English language, and previous or current participation in ORS and/or SRS during therapy services. The eligible participants for the study were sent a cover letter from the therapist, briefly describing the purpose of the study, and the requirements for participation. Participants who self-identified as being willing to take part were then telephoned by the research team within a week of the mailing to schedule an interview. The interviews were conducted by a trained mental health professional and involved a series of open-ended questions with follow-up probes, focusing attention on participants' perceptions of their therapy experience, use of both the ORS and SRS, and evaluation of how helpful these instruments were in their therapy. Interviews took place in an office in the clinical social worker's practice. All interviews were recorded and later transcribed.

Results

The participants described positive and negative aspects with the use of ORS and SRS in their therapy sessions. Results will be discussed separately for each instrument, starting with the

ORS.

Thematic Reactions to the ORS

Multiple themes emerged from the use of the ORS. Such themes included: (a) confusion or surprised first reactions, (b) positive visual display of progress, (c) assistance with focus within the therapeutic process, and (d) supporting client empowerment and self-awareness. While many supportive themes emerged, participants also noted the simplistic nature of the tool lacked the ability to capture the uniqueness of the participant's perspective. All themes and subthemes emerging from the ORS are discussed in detail within the following section and on Appendices 1 and 2.

Confused/Surprised First Reaction

Participants discussed their feelings of confusion and surprise regarding the opportunity to provide such direct feedback to their clinician about the course of therapy (n=9). Examples of such reactions by participants include, "I was pleasantly surprised. Maybe a little taken aback that, um, I'd been off and on twenty-seven years in therapy, from a teenager. I can't recall at any other time any other therapist having anything like this." Another participated noted, "I never seen (sic) anything like it, I mean, I know what a Likert scale is, but whatever, but I never seen this thing before. So, I mean it didn't seem weird at all it makes a lot of sense…"

Additionally, a participant shared feeling of general confusion and need for further explanation or practice:

> I was kind of confused. Like, I need to talk about this, to explain this how to do it. At the beginning I was a little confused. I needed like something you do at school, like a graph or something. But after I did it the first time, the second time, I got more accustomed to it, you know, where I should really put my lines and stuff.

Similarly, participants expressed the newness of the practice, but were able to process their initial surprise and confused reaction to the use of the instrument and ultimately found value in completing the form.

Helpful Aspects of Using ORS

As noted earlier, once participants became accustomed to the use of the ORS, many began to see the benefits in using the tool in therapy. There were four major subthemes that emerged as categories of how participants viewed the ORS as helpful in therapy. They are as follows:

Graphic/Visual Display of Therapy Progress. Participants noted that it was beneficial to see a weekly graph that helped them to monitor and track their progress in therapy (n=7). A

participant noted that the practice allowed for seeing potential changes over time, "He would show me my graph on the computer, and we would see where I am compared to where I was last time and where I was in the last month and if it, like, took a dip…." Another participant was able to contextually view the change that was occurring from the beginning of treatment,

> …so to actually be able to see it; I felt like, yeah, I am getting better because I do this really honestly. I don't say I'm doing good when I'm really not. It was just nice to see that. It was concrete and visible…

Additionally, several participants noted the concept of being able to recognize change and patterns, "…I think so then you can actually see, like, how you; I guess pretty much how you been doing for the past how many times you've been to the session." Another participant noted,

> You know, it's, it's a measure of something you can look at and say you know, here's how my progress has been, it's been up or down, or generally it's been trending up, or that was a really bad week.

Similarly, participants shared the visual support from the ORS to aide in the therapeutic process,

> Most of the time you're in talk therapy and it's just talk. You don't have something on the computer screen or on the wall that you can look at, and say, hmm, this is my progress. A graph just gives you a visual, you know, to put in your head and say, "I've got some kind of proof to say, yes, I'm doing better"

Overall, participants expressed the supportiveness of visuals to help process and explore the changes they experienced throughout the therapeutic process.

Focusing of Therapy. Many participants discussed the use of the ORS to help both the client and clinician to maintain focus within the therapy sessions (n=6). The weekly ratings seem to provide a starting point for discussions that served as a useful focusing tool for therapy.

Specifically, a participant noted the support measure in which the ORS helps to focus and center the therapy process as a participant noted, "…but this would keep me very focused on good things bad things that happened through the week."

Furthermore, a participated noted,

> It was really just a way of doing some focusing or centering as you came in, and kind of signaled in a subtle way. It felt very subtle to me. Very nonintrusive. But it's helped me some to get focused…

Overall, participants noted the tool as a useful method to continue the therapeutic process.

As one participant summarized:

> I think it helps focus the client's mind on any possible problem areas, or any place that they see they've made progress in since last time, how well they're doing, so that I think it's a good focusing tool to get you focusing about your life, and I think a lot of people don't come to therapy with the idea of, ok, this is what I want to talk about today, they just come to talk about whatever, so I think it's a great focus to point to get everyone's mind in the right place and where we're going

Empowering/Sense of Control for Participant. Empowerment and a sense of control are core components of a healthy therapeutic relationship (n=6). Participants noted that the ORS practice allowed the opportunity to give feedback about therapeutic concerns and increased their sense of control over their own therapy. Specifically, a participant noted,

> …so it's nice to actually come in and rate it yourself and have a different model. Ours goes with our notes so it's nice to just be able to…I'm telling you how I feel, my overall and all that kind of stuff so… I really liked it just because it made me feel like I had control…

Adding to the sense of control, a participant noted, "…it helped me to feel like I had some say in how sessions were going to go…we would look at the OSR and then our session would move ahead based on my concerns...."

The ORS tool demonstrated not only to be a measure to gain information of the client's perspective of the treatment process but created a change in power dynamics to support further growth.

Self-Awareness and Self-Monitoring. Participants often discussed how the use of the ORS increased their self-awareness of the progress they were making in therapy (n=8).

A participant noted,

> It just made me more self-aware and not …just to be honest and just rate it and then seeing the scale is just, yea, I don't think I would feel like I'm getting better without seeing something, visually. So…cause change is hard and you're trying to change and then people say your changing but really are you changing so it's kind of…

While another participant expressed the ability to view how relationships and actions can affect them differently.

> …it does help me think because when I start having issues were bad day or

> whatever, I think about the scale, I think about how this thing with my partner doesn't affect me and my friend over here, it doesn't affect me at work over here, so I'm able to focus things a little differently.

Similarly, another participant noted the ability to view the different success and areas for support within their own personal dynamic (family, friends, work, etc.). The participant shared,

> Yeah, for me, not only that actually like I said before when I actually fill this out I kinda take a minute with each one and it will allow me to think oh well "man, I'm lacking like with my family" or "I'm doing really well because I did this personal well-being thing last week" or something like that, so it allows me to like self-assess while I'm filling it out too…

These various comments identify ways in which participants perceive the ORS increases the amount of time they spend thinking about their progress in therapy which can lead to increased self-awareness. Self-monitoring appears to be a crucial element in how clients decide if they are making progress in therapy, and then serves as a catalyst for making changes in their efforts to improve.

Unhelpful Aspects of the ORS

While participants had many positive things to say about the use of ORS in therapy, they also expressed some negative perceptions about using the tool with their therapist. The two main subthemes were "Too Simplistic" and "Different Rating Levels within the Same Category."

Too Simplistic. Several of the participants expressed the view that narrowing down their life issues to a few categories was a view that was too simplistic (n=4). Participants noted, "in a sense, of what I just said, there were only 4 categories in it supposed to sum up how you are feeling as a whole, so, it was kind of hard…" and "…I wish there had been more ways to break down the categories into subcategories so I could explain things in more detail…"

Different Rating Levels Within the Same Category. A frequent concern that participants discussed was how to rate a category when perhaps there were both negative and positive events within the same category (n=5).

Due to the intermingling of categories, participants stated they averaged their score to accommodate. As one participated note, …sometimes because of my work, I would have put it at a 2, but my friendships were at a 10, so I just went in between and put down 7…". Similarly, a participated shared,

> I kind of thought there were parts of it that could have been broken down almost

> or like socially it had work, school, and friendships and toward the end of the school year it was very stressful and at work, but my friendships were very good, so…I don't know if there is a way to divide it up more or…I just felt it was all categories that were mixed into one and sometimes I did not know how to mark it, like, schools not great, but my friends and I are really good, so how do I mark this…just put it between?

Participants also expressed concern with the broadness of the questions, and the desire for more specific categories. A participant shared,

> …Yeah, cause like, with the family that is a huge topic of what we talk about, just from past stuff. Then I also struggle with relationships at work, but also with my job and so it's kind of like, I guess, too general. There was just too much stuff in one category.

Overall, participants noted that they may skew or not accurately represent their current perspective due to the category selection options.

Thematic Reactions to the SRS

Similar to the ORS, multiple themes emerged from use of the SRS. Such themes included confusion or surprised first reactions, SRS provides helpful information, helps identify the progress therapy, and supports client empowerment. While many supportive themes emerged, participants also noted the concern with rating the therapist including overall discomfort with the rating process. All themes and subthemes emerging from the SRS are discussed in detail within the following section and on Appendices 3 and 4.

Confused/Surprised First Reaction

As with the ORS, participants discussed their feelings of confusion and surprise about the opportunity to supply such direct feedback to their worker about the course of therapy using the SRS (n=13).

One participant noted, "Yeah, I had just never seen anything like it before, so I was surprised, but I'm a fan of it…" while similarly another noted, "Yeah, I mean after I was like 'what is this?' I was like 'this is awesome; this is something that should be used!'"

While some participants noted the surprise with the SRS, others shared confusion and uncertainty as noted by the following participant, "I was really confused on it. The first scale, obviously I was a little confused on, but then this scale I was like, he was like no, this is for me, and I was just, I just got confused."

Helpful Aspects of Using SRS

As with the ORS, once participants became accustomed to the use of the SRS, many began to see the benefits in using the tool in therapy. Specific themes emerged, including helpfulness to the therapist and empowerment for the client. The sub themes will be further explored.

Provides Helpful Information to the Therapist. Many of the participants saw value for the therapist to receive client feedback on how the individual session went for the client (n=5). Participants noted, "It lets the therapist know, or counselor know, how things went; if they could change something to make it better for me" and "It let the therapist know how I felt about the session. It is good for him to know how I felt things went…."

Additionally, a participated shared,

> …it would help him look and see if we didn't want to say how we felt about how he done or something. I thought it was pretty neat because then actually, we could do that and he could look at it and see for himself.

Provides Information About Where Things Are in Therapy. Similarly, to the subtheme of helping provide information to the therapist, many of the participants noted that the SRS provides a useful way to step back and evaluate the session and where the therapy effort is going (n=8). The reflection on how the individual session went seems to prompt many to consider the overall progress being made in their therapy.

Several participants noted similar thoughts, "It helps know where we are as he's a counsellor and so we...so knowing where we are in our place…" and,

> …and it really gives you both a springboard for, and a very clear picture of, of where you are, and how you're doing, which is what I think therapy is all about. Where am I, and how am I doing, and how can we make it better?

Participants also noted that ability to create change within the therapeutic process and the ability for the therapist to support the change based on the feedback from the SRS. To support this subtheme, a participant noted, "It lets the therapist know, or counselor know, how things went; if they could change something to make it better for me…."

The above statements lead to the following themes of empowerment, empowerment within the therapeutic relationship.

Empowering/Sense of Control for Participant. As with the ORS, some participants noted how being presented with the opportunity to give feedback about an individual therapy

session through using the SRS increased their sense of control over their own therapy (n=6). Specifically, a participant noted,

> It was kind of nice, because it made me feel like I had control. Therapy is supposed to be about the client so; it made me feel like I had control of…it was open to, if I didn't like his approach, we could talk about it.

Additionally, power was given back to the individual and supporting the ability to gauge their perspective of the efficacy of relationship or treatment. Participants noted, "It just, it allows me to evaluate kinda what I'm paying for and if it's working or not in a different way than the other scale, still valid." As well another participant noted,

> Yeah, I think it's awesome. I think it's just as important, or more, as the other scale. I think doctors should have these, but obviously I know why they don't have them but I mean, yeah, you're paying for it. You should have a chance to voice your opinion…

Unhelpful Aspects of the SRS

While participants expressed many positive aspects for the use of SRS in therapy, they also expressed some negative perceptions about using the tool with their therapist. Subthemes emerged, including the difficulty to rate a therapist negatively, discomfort with rating while the therapist is present and overall rating, and general preference to give verbal feedback over written. The subthemes will be further explored.

Difficult to Rate Therapist Negatively. Several participants discussed their concern that they might hurt the therapist's feelings if they were to provide negative ratings (n=4).

A participated noted, "I didn't want to hurt his feelings and I just wanted to mark it high…I guess I didn't want to have the discussion with him…." Similarly, a participant shared challenges with giving perceived negative feedback when the therapist has generally been helpful for the participant. For example, a participant noted,

> Because I didn't use it the way that I should have…because, I could see some people doing it, but if you are like me, and I didn't want hurt feelings…and I don't think he would have been hurt, but I feel like he was already servicing me and helping me.

Discomfort That Therapist Was in The Room and Would See the Ratings. The next subtheme that emerged focused on the comfort level of rating the therapist when the therapist is present as they were filling out the rating form (n=3). Concern arose as the participant noted that

the therapist would know how they rated him.:

A participant shared, "…the only problem I had with this one is that the therapist was in the room. That was the only problem with that." Additionally, a participant noted,

> Sometimes he will like go get something and get a drink or whatever I don't know, and leave the room but yeah, other times he would be right there, standing. He's not looking over my shoulder or anything like that but if I wasn't about to give him a perfect grade, it would be awkward.

Some participants noted the concern of inflating the score due to the therapist's presence. A participant noted, "…because if I was on a line between I think we could have done better" or "Did I verbalize enough or not enough" I would go at a higher score because he was in the room."

Discomfort with Rating Performance in General. Other participants discussed some feelings of discomfort with the idea of rating others in general (n=5). Others connected the rating process as potentially "confrontational" and they were not comfortable with that action.

Several participants noted concerns about having to grade the therapist. For example, "I didn't like that part…I did not like the end of our sessions just because of…I felt like I was grading him." Similarly, another participant noted, "It was uncomfortable for me. I will say that. It's easier for me to grade myself than other people."

Feelings of confrontation and lack of desire to judge another emerged with participants noting, "… It's too confrontational…" and,

> Maybe, I don't like confrontation. I'll say that, so maybe it's just my personality. I'm sure somebody that has a different personality might love this and say something and marked it fully true…maybe even more than the other side, because they can judge other people better than they can judge themselves. But I'm one of those people who judge myself more, and I don't like confrontation….

Preference for Verbal Feedback Over Written Rating Form. Other participants discussed their dislike for using a written form to evaluate the work of the therapist instead of just discussing it together during the course of therapy (n=4).

Specifically, a participant noted,

> I would rather it would have been personal in a discussion and him say "Did you really want to talk about this more" or, I don't know, I just felt like if he would have asked me at the end of each one…these questions, in just different ways, then I would have probably answered more truthfully than saying "I've just graded

you and here's your paper."

Participants noted, "I did not like this one as well. I will say that if we didn't use it, I probably would have liked it more if he had just asked me and it being done at the end…to be honest" and," I would rather they use their time on something else. I would rather they simply ask me these questions."

Additionally, participants noted a concern for disliking the end of therapy session due to the expectation to complete the SRS. A participant noted,

> I didn't like that part…I did not like the end of our sessions just because of…I felt like I was grading him…I would have rather us just talked and throughout just asked "Am I doing this ok? Is this alright, or would you rather lean toward going this way" or if he caught on that I just kind of backed away…I just kind of felt that was something that just would have happened…

Overall, participants expressed their perspective of the ORS/SRS system which entailed both supportive and constructive concerns with the use of ORS/SRS. Further discussion regarding practice, implementation, and considerations of the ORS/SRS framework will be reviewed.

Discussion

Limitations

As with many qualitative studies, a concern in this research is that the sample size is small and rather narrow in terms of diversity. The small sample size does allow for greater depth in exploration of a topic, but the inclusion of a more ethnically/racially diverse population and review of other practitioners' use of ORS/SRS in practice, would strengthen this study, if it were to be replicated. Also, qualitative research does introduce elevated levels of potential bias in responses as participants are speaking directly to the interviewer and may change their responses to a more socially acceptable response. Efforts were made to establish a trusting relationship between the interviewer and participant to help reduce the effects of this concern. Finally, it is not possible to generalize the findings from this study to other populations. However, as Patton (2002) notes it is not the goal in qualitative research to generalize results, rather, researchers are interested in the "transferability" of findings. Patton (2002) sees transferability as the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents. Efforts were made in this study to provide a "thick" description of the methods and participants who took part in the study to aid in the transferability of the findings.

Implications for Future Research

There were several interesting findings within this study that could prove interesting for future researchers. First, several clients discussed the challenge of categories which collapse several descriptors. Some of the participants in this study noted that they would average across the descriptors to come up with a single number. However, manuals advise against this approach and clients are supposed to pick the most distressing area. How can this issue be resolved? What impact does this practice have on the reliability of the measures?

It might also be helpful to complete a mixed methods study and link the ORS/SRS quantitative data to the qualitative comments. For example, did clients who didn't want to criticize their therapist have the highest scores? This type of information could deepen and broaden our understanding of how these measures work in clinical settings.

It would also seem appropriate to explore how well do the findings of this study hold up across a broader and more representative population? Are there factors that need to be considered when using these instruments with marginalized populations? This could include wording of items, methods for processing the information, and other ways to improve the accessibility of the measures to all.

Another area to explore could be how we can better ensure that our clients feel more comfortable with rating their therapist through the SRS. There are instructions available that outline how to fashion the best atmosphere for creating a culture of feedback. How many clinicians are following those guidelines? What are the barriers are there to consistency in administering and processing the results of the SRS? What efforts can be made to reduce social desirability in responses?

Implications for Practice

This study provides a unique view on the use of the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) from the client's perspective in the context of a clinical social work practice. As noted earlier, earlier research on these instruments have focused on showing the effectiveness of these scales in providing feedback to clinicians on the progress clients are making toward intervention goals, which in turn lead to better outcomes for clients.

One goal of this study was to explore how clients describe and evaluate the use of the Partners for Change Outcome Management System (Miller & Duncan, 2004) in therapy from the client's perspective. The general conclusion of the evaluation is that clients view these tools as beneficial and recommended for further use though there remain implementation and client comfortability challenges which need to be addressed. The discussion of their use will focus on

three main conclusions of this study; the ORS and SRS function as conversational tools; they increase the opportunity for collaboration between the individuals and their therapists; and consideration of challenges and client discomfort with ORS and SRS.

Engaging in the therapeutic process can be challenging and induce feelings of anxiety, fear, self-stigma, and uncertainty (Lannin et al., 2016; Siegel et al., 2018). However, if clinicians can humanize the experience and build rapport, a deeper awareness and openness to the therapeutic process can emerge (Hepworth et al., 2016). At times, it is challenging for a client to abstractly gauge if there are therapeutic changes over time. This is important to note as the belief that expressing and discussing feelings is futile and does not lead to change hinders the therapeutic relationship (Siegel et al., 2018). By using ORS and SRS as a conversational tool during the process, it can help clients increase their own self-awareness. Self- awareness can allow them to recognize change in a more concrete fashion (Hepworth et al., 2017). ORS and SRS allow the client to self-identify change and with use during the therapeutic session, they allow the client to increase their own awareness, based on their own observations within a given set of time. As participants in this study noted, it allows them the opportunity to see how they rank the process over many sessions. Again, building awareness of their changes or helping to bridge the conversation when change appears stagnant. This process creates an opening for deeper discussion on the therapeutic process and goal setting between client and clinician.

Entering the therapeutic relationship can at times feel one-sided with power dynamics squarely presenting the clinician as the expert. To help decrease the power differential and create a more egalitarian relationship, the SRS allows clients to express their perspective of the therapeutic process. As individuals noted in this study, they were given the opportunity to have their voices heard. This empowerment facilitates an openness to explore what is working within the therapeutic process and creates structured discussion to improve the process. The collaborative nature of the SRS supports the social work values of the necessity of encouraging individuals to actively take part in their therapeutic process (Hepworth et al., 2017).

Another goal of the study was to assess the value of PCOMS for clinical social work practice. Based upon feedback from clients in this study, the use of the PCOMS within the therapeutic relationship demonstrates mutually supportive measures between the clinical social worker and client. PCOMS can increase client and therapist collaboration and increase communication about the client's perspective of the therapeutic process. However, there are added aspects to consider when implementing the PCOMS into the therapeutic process including social

desirability, comfort, and clarity when identifying a numerical score for both the individual and their practitioner. This type of direct feedback can be a relatively new experience for many clients. So, there may be the need for increased assurances from the practitioner that this rating will not lead to negative consequences. Individuals in this study noted feelings of uncertainty when rating their provider, especially when the therapist was present. In practice, it may be advantageous to allow the individual increased privacy when completing the SRS. Increased privacy may afford the individuals greater comfort in completing the rating. However, even with modifications, response reliability is still a concern when clients are uncomfortable with rating their therapist and it should be identified that data may be skewed in these circumstances. The tool is meant to support the therapeutic process but if the client has reservations or rapport is not well established, there may be reliability response implications. For example, completing the PCOMS could pose a greater challenge for involuntary clients as there can be an increased pressure to under report concerns or struggles in fear it may affect any pending legal case. While PCOMS demonstrates positive implications for practice, greater research is necessary to evaluate use and effectiveness for individuals attending services in an involuntary capacity.

Conclusion

Overall, the consideration for expanded use of PCOMS in therapeutic practice is promising. PCOMS offers individuals the ability to express their perspective of the therapeutic process, increase collaboration, and build client and provider awareness. However, clinicians must be aware of the potential for discomfort for clients in using the SRS and the potential for problems in reliability of scores due to social desirability, and general confusion when first implementing any PCOMS. However, such factors can be mitigated by increased education and training using PCOMS for clients and proactively identifying and discussing potential concerns with them. In summary, this study furthers the understanding of how the therapeutic relationship holds great practice implications and the use of PCOMS is a promising way to help support, modify, and identify the current therapeutic alliance.

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