

Reigniting Clinical Supervision (RCS)

So in the previous video we talk about the use of the outcome rating scale as a measure of client outcomes session-by-session. In this video we're going to talk about a bit the use of session rating scale, which is the measure of working alliance. In this instance, when we capturing such reading with a client in the end of the session, we are really trying to measure a fit.

I would use the session rating scale which is again, a tool developed by my collaborative mentors Scott Miller and team some years ago. Again, the reason I'm using this, as opposed to longer measures, like the working alliance inventory is because of its brevity, because its short and is hitting on the right notes though it's pretty rough.

At the end of a session, and every session, even than the first one, I would **explain why I am using this**. Giving a reason is really important as one of the experiments showed at a person was going to use a photocopier machine... and they had two groups. The first group may say, "May I use the photocopier machine before you?" The person was in front of the queue. And another group, they would ask permission to use the photocopier machine, but instead added this one simple line which is, "May I use the photocopier machine because I need to use it first." Even though the reason is circular, goes in a loop, providing rationale are so important to help motivate people to see why to use. To give a reason to your client why this is so important. Once again, I'll give you an example of how I typically use in a clinical setting.

So I might say something like this, "So John, we've come to the close of the session and we got about 5 to 10 minutes left, and I really wanna use this time to just check in with you to see how's your experience of the session. Can I explain this to you?" And I will take the clipboard and show them this measure. So I would say, "As you think about it today, I wanna just to help you put down what are your thoughts about the experience of the session on four different areas. The first is the Relationship. Meaning did you feel understood, respected in our work today or not? And this is the sliding scale. You could put low in the left if did not or on the right means Yes.

Goals and Topics. Do we get in touch with what you feel is important? Did we get cover on these topics? So with the same sliding scale to the left means lesser and on the right means yes.

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Approach or Method. You know today when we worked on this particular method and we use this particular exercise and then we talked about how you can go home and do some of this. How is this fit with you?

Overall. What is it like your trying on a new shirt. Now, this is important to me because I am not looking for high scores. I'm doing this because I want to be able to tailor and reconfigure, and reiterate the process to fit your needs. **Cos' life is not perfect and so am I. And before we read it, can I say one thing. Professionals like myself often think we know better, and we make a mistake assuming on what's important for you.** So for example, if the topics we touch upon today not on track for you, please, put this lower so that I know and I could tailor this in the subsequent sessions so help me out here and fill in the readings for the SRS."

So that's it. In the first time you will explain it won't take a while and you wanna lay the foundations clear. So that subsequent sessions will be easy for people and it will take one to two minutes. Now remember, use the measure not an assessment tool, use them as a conversational tool, when you put it this way and you make it open—for them to give you critical feedback and you're not doing this for some sort of KPI or evaluation— is so crucial. You wanna convey, you openness to this. The level of your convey, on how open you are determine how much negative feedback could give you because you are not looking for high scores. What we see in the profile of a highly effective therapist is they tend to get lower initial SRS ratings and the graph gradually goes up if you hart this in every session.

So a little bit more of the SRS, again, it is the client's view therapeutic alliance; it's not your view. In fact, Horvath's study found out that client's rating of the therapeutic relationship have much higher correlation than therapist's view of the alliance. And of course, it's also less lengthy even and the measures. It encourages honest feedback and you can see the statistical property so reliability is pretty high. The concurrent validity is moderate; it's not the best because of its brevity. But if you compare the feasibility of its use as working alliance inventory (WAI) of 12 items, 29%, SRS 96%.

We also have the Youth version, which concludes the smiley faces on all the four subscales And for younger children which you can use this. If you're running group therapy you can also use the group version.

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Now all these measures are available, the link I'm going to give you below to the International Clinical Excellence and can download the paper version for free.

If you're interested in using these measures on web-based applications, I've also provided the different companies you can approach try out the free versions for myoutcomes.com to fit-outcomes.com to pragmatictracker.com. There are a variety of different services you can use. This you can track you don't have to be calculating the scores and the graph which turned out to be automatically.

Common Traps:

So we talk about the use of outcome rating scale on the session rating scale, a session-by-session basis, here's some common traps to look for.

1. Just make sure that if you're ruling this out with supervisees, make sure this is not treated as yes just another piece of paperwork. Bear this in mind is it not use for pre-posed evaluation, you using it session by session.
2. And also when we start to use this, don't get fixated on the numbers. **Don't get fixated on the numbers because you wanna hear the story behind by the numbers.** In the future which is we gonna talk about the use of the ORS and SRS tracking that in the graph and how to listen to the story behind the numbers.
3. Most important of all as you track the outcomes, make sure it's always connected to the baseline cos' you wanna take a good time to explain how to measure, how they gonna track, how they gonna rate the own outcomes, and the views of the session in the first session. And then subsequently it would be easier you can always refer to how's the tracking compared to the first time you've met them.

In short, the use of these measures are proposed here, are meant to have two criterias. First is the **ease** of use. Second, it must connect to **benefit**. This combination of ease and benefit needs to be fulfilled in order to weed them to clinical practice and reignite the work you are doing. Use this with your supervisees. Help them through, let them see this segment of videos if you wish, or better still get them subscribe to the course.

And for you, if you haven't been using this in your practice. Try them out in the next week or so with your clients. New clients or existing clients will feel tracking the new client, or try them with existing client...and remember when we using measure we use the conversational tool think about measures that you pick, think of how you can make it easy and beneficial.