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# *Embedding client feedback into reflective practice.*

**Dr Suzie Hudson, Clinical Director NADA**

# Reflective practice

- What you actually do, rather than what you say you do?
- A way of improving practice (Schon 1976)
- Awareness of the theory or assumptions involved in professional practice alongside the way these assumptions are applied in practice
- Where is the consumer/client voice in this process?

# Reflective practice

- Thinking
- Self awareness
- Values
- Consideration
- Understanding
- Analysis and Evaluation



# Reflective practice

- Helps practitioners to identify gaps in their skills and knowledge. This helps them to identify their learning needs and improve their practice.
- Encourages practitioners to analyse communication and relationships. This means that relationships can be improved.
- Encourages a healthy questioning approach which can help practitioners “find their way”.

# Feedback Informed Treatment

- Is an empirically supported, pantheoretical approach for evaluating and improving the quality and effectiveness of behaviour health services.
- It involves routinely and formally soliciting feedback from clients regarding the therapeutic alliance and outcome of care
- uses the results to inform and tailor service delivery

(Bertolino, Bargmann & Miller. Manual 1: What Works in Therapy: A Primer on Feedback-Informed Treatment, ICCE Manuals on Feedback-Informed Treatment (FIT), (2011).

# PROMS & PREMS

- Patient Report Outcome Measures (PROMS) &
- Patient Report Experience Measures (PREMS)
- The NSW story so far.....
  - COQI
  - NADAbase COMS
  - PREMS?
- What is our data telling us about the outcome of therapy?
- What PROMS are being collected and how useful are they?

# How do we use our PREMS & PROMS?

- **Funder reporting – as part of Performance Management**
- **PROMS and PREMS data can be used to inform Quality Improvement**
- **How are we using PROMS & PREMS to inform client care/treatment in real-time?**

# Case Study: AOD Therapeutic Counselling

- AODTS MDS tells us that on average clients attend for 2 sessions of counselling
- Drop out rates are high
- AOD Counselling is oriented around “motivation for change” - what are the counsellor/therapist responsibilities in this paradigm?
- What might it be like to respond in real-time to clients and avoid drop-out?

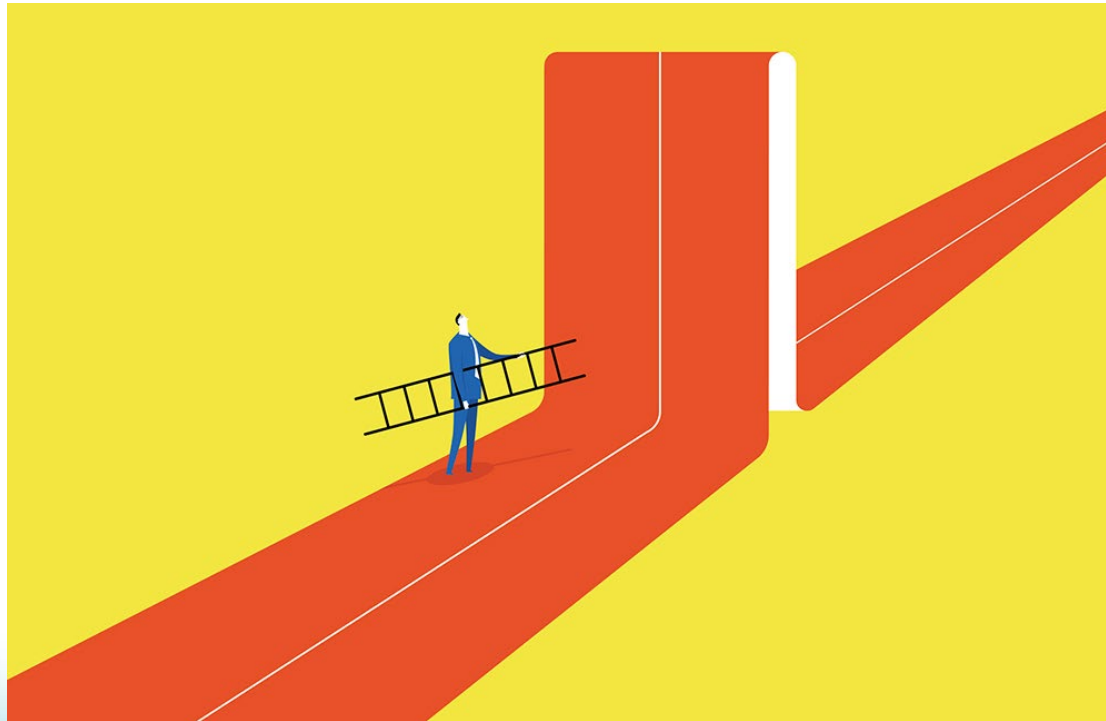


# Feedback Informed Treatment (FIT): How does it work?

- FIT utilises two brief scales at each treatment session:
- Outcome Rating Scale (ORS) and Session Rating Scale (SRS).
- The ORS seeks information from the client's perspective on their therapeutic progress and perceived benefit of treatment while asking about the person's level of distress and functioning.
- The SRS seeks the clients perception of the therapeutic alliance

# Feedback Informed Treatment

- What do you think clinicians raise as the barriers to implementation?



# Feedback Informed Treatment

- How can we work with those barriers?



# Implementation in the Mental Health setting: A case study



# Looking at the data

## CaNo-110 Sessions and Feedback Screen

Sessions

Client Feedback

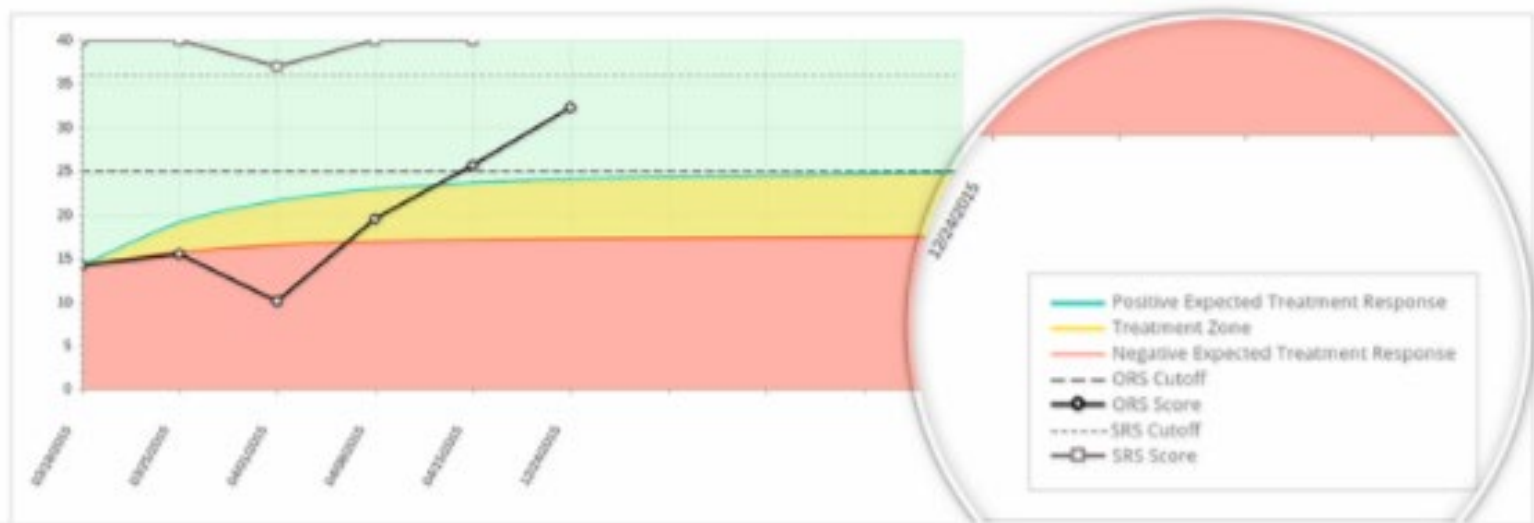
Show Details

Client View

Collateral View

Combined View

## ORS & SRS



# Embedding the feedback into reflective practice

- Bring the data into the session and into supervision
- Be open to the feedback and how it can shape the practice in real time
- Assists with making the consumer/client the expert in their own lives

*The*  
**TAKEAWAY**<sup>™</sup>



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# *QUESTIONS*

