Outcome Management in Schools: Guidelines and Examples

Client involvement is the centerpiece of successful counseling. One of the surest ways to give students, parents and teachers an ongoing voice in the change process is to integrate outcome management into everyday practice. Outcome management requires counselors to (1) obtain client feedback on outcome and alliance, and (2) use client feedback to guide the counseling process—that is, to continue to do what is working and change what is not working. Outcome management ensures for accountable, consumer-driven services, as well as legitimizing services to clients, supervisors, regulatory agencies, insurance companies, and other interested parties. Other reasons to do this include the following:

- Given that most change occurs early in counseling, we need to assess the client’s perception of change (outcome) from the very beginning of counseling, and to make adjustments when they report no progress.

- Given that the client’s perception of the alliance is the best predictor of success, we need to know how they view us and our services, and make adjustments based on their feedback.

Partnering with clients to monitor alliance and outcomes begins with an attitude that values the client’s perceptions and shows faith in his or her ability to improve.

Monitoring Outcome and Alliance Using the Outcome Rating Scale (ORS) and Session Rating Scale (SRS)
Two quick and reliable instruments are used to formally monitor the client’s perceptions of outcomes and alliance—the ORS and SRS. Each scale takes about one minute to administer in most situations. Child versions of each measure are available for children 12 years and younger (see Appendix D for all measures). All of these instruments are free for individual use from www.talkingcure.com.

**Outcome Rating Scale (ORS).** The ORS is administered at the beginning of (or just before) every session to assess the client’s perception of (1) Individual (personal) well-being; (2) Interpersonal well-being (family, intimate relationships); (3) Social satisfaction with work, school, and peers; and (4) Overall well-being—all valid indicators of successful outcomes (Lambert et al., 1996). Clients rate each dimension by making a mark along a 10-centimeter line, and the total score is the sum of the client’s four marks to the nearest millimeter measured by a centimeter ruler or 10-cm template. 40 is the highest possible score, and most people who enter scores in the 20’s or below.

**Session Rating Scale (SRS).** The SRS is completed at the end of every session to assess the client’s perception of the counselor and the meeting in regard to (1) Relationship and respect; (2) Goals and topics, (3) Approach or method, and (4) Overall effectiveness—all valid predictors of successful outcomes. As with the ORS, the SRS is scored by adding the total of the client’s marks on the four 10-cm lines (0-34 = poor alliance; 35-38 = fair alliance; 39-40 = strong alliance. The major reason for using the SRS is not to “score high,” but to detect any emerging alliance problems and correct them as soon as possible. Low scores should be welcomed and discussed in a candid, non-defensive way with clients.

**Introducing the ORS (or CORS/YCORS) at the First Meeting**
(To an older client, parent or teacher) As I mentioned when we spoke on the phone last week, I will be asking you to complete two forms about how you think things are going out there and in our meetings. To make the most of our time together and get the best outcome, we need to make sure we’re on the same page about how you are doing and how our meetings are working. Your answers will help us stay on track. Will that be ok with you?

(To a younger client) Here is that paper with the smiley and frowny faces that I was talking about earlier. This form tells me how you’re doing and it only takes about a minute. Can you give a try?

**Discussing ORS Results**

*From your ORS, it looks like you’re experiencing some real problems. Or: Your total score is 15. Things must be pretty tough for you. What’s going on? Or: From your score, it looks like you’re doing okay. Why do you think you were referred for counseling?*

*This mark on the Individual scale tells me that you’re really having a tough time. Would you like to tell me about it? (Or if all the marks are to the far right): When people make their marks so far to the right like you did, it usually means things are going well for them. Is that true for you?*

(To a teacher) Your rating of this client tells me you’re quite concerned about her, especially in school and personal well being. Does this make sense with what you are
thinking? Or: Your rating on the CORS is 34, which indicates that this child is doing well overall, but that you have some concern with the client’s school performance or behavior. Is that true?

In many cases, counselors will need to help clients (1) connect their experience with their ORS marks and (2) consider what needs to happen to make things better.

I need your help to understand what this mark (pointing to a mark on one of the ORS scales) means in your life. Does the stress from missing your older brother [Or from your relationship with your father, from anxiety about taking tests, etc.) explain your mark on this Individual (or other) scale? What needs to happen for that mark to move just a little to the right?

(To a teacher) It sounds like talking out in class and then talking back to you when you correct him are your biggest concerns about William? Are those the things that explain your mark of 2.4 on the School scale? Is there anything else that accounts for your mark on the School scale? What would need to happen for your mark to move one or two centimeters to the right?

Introducing the SRS (or CSRS/YCSRS) at the First Meeting

(To a parent, teacher, or older client) Let’s take a minute here and fill out a form that asks your opinion about our work together. It’s like taking the temperature of our meeting
today. Your feedback will help me stay on track and be useful to you. Will you help me by filling out the form?

(To a younger client) Before we wrap up, I want to ask you to fill out another form that has faces on it. This one deals with how you think I am doing. That’s right—you get to grade me! Can you help me out with this?

**Discussing SRS Results**

When SRS results are uniformly high (9 or above in each category), the practitioner can simply acknowledge this and invite any other comments or suggestions from the client. Since people tend to rate alliance measures highly, the practitioner should address any hint of a problem on the SRS. Anything less than a total score of 36 (or under 9 in any area) may signal a concern and warrant discussion.

*Okay, these marks are way over here to the right, which suggests that we’re on the same page, that we are talking about things that are important to you, and that today’s meeting was right for you. Please let me know if I get off track at any point during our work together, okay?*

*Let me see how you think we are doing. Okay, seems like I am missing the boat somewhere here. Thanks for being honest and giving me a chance to change things to make it work better for you. Was there something else I should have asked about or done to make this meeting better for you? What was missing here?*
The counselor’s non-defensive acceptance of alliance problems, and willingness to make adjustments, speak volumes to the client and usually turn things around quickly. The best practitioners are those who elicit and candidly discuss alliance problems when warranted. The SRS provides a practical and systematic way to address alliance problems *right when they occur* instead of waiting until things reach the point of no return—when the client shuts down or drops out.

**Later Meetings**

Each meeting compares the current ORS with previous ratings. ORS scores serve as discussion prompts to engage clients in discussing their progress and future plans. When scores increase even just a little, practitioners should give clients credit for the change and explore their role in it, as well as using other methods to empower progress.

*Wow, your marks on the personal well-being and overall lines really moved—about 4 cm to the right each! Your total increased by 8 points. That’s quite a jump! How did you pull that off?*

*(To a teacher) Okay, your rating of Maria improved to a 24, which is 4 points higher than it was at our last meeting. What have you done differently to make things better with Maria? Did you learn anything new about yourself or Maria during this? Where do you think we should go from here?*

When scores take a big dive, or lower scores remain unchanged, we need to discuss what to do differently in order to improve the situation.
Okay, so things haven’t changed since the last time we talked. What do you make of that? Should we be doing something different here, or should we just hang in there and see if things change next week?

When ORS or SRS ratings remain low across two or more consecutive counseling sessions, we can initiate a discussion along the following lines:

(Responding to consecutively low ORS scores) These scores suggest that we need to try something pretty different to make things better. What could you do that might be different enough to make a difference?

(Responding to consecutively low SRS scores) These scores haven’t changed for the past three weeks. If our meetings aren’t helping, I wonder what we can do to shake things up and try something different, even if that means switching to another counselor who might be more effective with you. What do you think?

Closing Comments and Reminders

Integrating the ORS and SRS into everyday practice has been shown to double the effectiveness of practitioners in some settings. Partnering with clients and others gives them an active voice in counseling and ensures for more accountable services. Since clients often drop out before discussing alliance problems, the SRS provides opportunities to remedy problems before it’s too late. Considering these benefits, outcome management may be the most effective and accountable way to conduct and evaluate counseling services in schools.

No counselor is effective with every student, parent, or teacher. Outcome
management is most beneficial with clients who are not benefiting from our services, because it prompts us to make adjustments instead of plowing forward in our ineffectiveness. The best thing we can do for our clients is to be useful and effective. Outcome management helps us do just that. Refer to Murphy and Duncan (2007) for additional information about outcome management in schools.

The above material is adapted from the following source: