# Measuring Treatment Progress and Consumer Satisfaction

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Measuring Progress and Consumer Satisfaction

Client Treatment Progress and Consumer Satisfaction with services are the two primary components of quality, each contributing a unique element of quality measurement. This guidance document explains how we measure each during the course of clients treatment at Accend.

Each Clinical Team should keep in mind the value of measuring Treatment Progress and Satisfaction, and appoint a champion (or champions) for the team who will hold each Team Member accountable for each element of Progress and Satisfaction measurement.
Treatment Plan Progress

Being rehabilitative in name, the ultimate outcomes of ARMHS are improved Functioning and Status. Steps toward those long-term outcomes, and elements we measure as a part of overall Treatment Progress, include:

1. Skills Learned: to overcome deficits in specific domains, ARMHS teaches skills that can help the client to improve functioning and status.
2. Using Skills Learned: beyond learning skills, we measure whether or not a client is using skills successfully to actually improve functioning the life circumstances where functioning is impaired and
3. Goal Achievement: successfully using skills learned in treatment should ultimately help a client overcome the functional barriers to goal achievement.
4. Improved Functioning: subsequent functional assessments measure the improvements in functioning in domains treated and sometimes, as a helpful side effect, even in domains that have not been the specific focus of treatment.
5. Improved Status: subsequent status assessment measure core achievements in quality of life, including housing; work; education; legal problems; and reliance on, need for, or effective use of, other health care and treatment services, etc.

More detailed descriptions of each of these elements, and how we plan, document and measure them follow here, and in the specific guidance documents linked in these descriptions.

Measurements Taken in the Treatment Session

Satisfaction with the Treatment Session

Clients satisfaction with the individual treatment session can and should be measured at the end of each session. We strongly recommend that you ask the client and record his or her response each session. For the question “What did you think of today’s session?,” choices in the drop-down options include:

- No response
- Not asked
- The session was not helpful at all
- The session was somewhat helpful
- The session was very helpful
Learning: Demonstrating Skills

The question “How well did the client perform the skill being taught?” measures how well the client performed or demonstrated skills being taught during the treatment session. It does not measure how well the client is using skills between sessions. Responses include:

- **Preparation/lead-up activities**: use when the focus of session may be on background and does not include skills that can be demonstrated (such as in role-play, practice, or with prompting)
- **Cannot demonstrate the skill**: in spite of modeling, prompting, or corrective feedback
- **Demonstrates the skill with significant help**: including modeling, prompting, or corrective feedback
- **Demonstrates the skill with minimal help**: including (including modeling, prompting, or corrective feedback
- **Performs independently**: demonstrates the skill without intervention, (including modeling, prompting, or corrective feedback by the practitioner or worker
Progress On Objective: ELM Scale

The combined *Engagement, Learning and Maintaining Skills Learned Scale* rates the client’s engagement in treatment (treatment readiness) in early stages, and then the perception of how well he or she is using the skills he or she is learning/practicing.

**Treatment Readiness**

Not all clients enter ARMHS ready to set goals, and to make the changes necessary to manage symptoms or improve functioning. These early stages of treatment are the *engagement* phase. In this phase, our role is to establish trust, and to engender hope or even to inspire. Treatment in this phase focuses on educating the client about the benefits of ARMHS or other mental health services, sharing inspirational stories about the success of others, and demonstrating trustworthiness, compassion, and unconditional positive regard.

When referred for services, clients may also present with crises or problems in need of immediate resolution. They may be homeless or recently lost employment, suffered other losses or experienced serious health problems. In these cases, our role is to educate the client about services and supports available and teach self-advocacy skills, and to intervene on the client’s behalf with other service providers, landlords, health care and social services providers and others. Once the immediate problems are resolved, the focus of treatment can shift to developing skills to prevent similar problems from re-occurring.

**Learning and Using Skills**

This section rates the client’s perception of whether or not he or she is leaning and/or using all of the cumulative skills learned to date in the treatment domain. When helping the client make this rating, describe, in the narrative, a dialog about which skills the client finds most helpful or is feeling most comfortable and confident using, and, if applicable, what skills the client dislikes or feels less comfortable or confident using. Document this in the *Observation* section of the progress note. (Describe highlights only, not a comprehensive list.) When no rating on this scale is taken during the treatment session, select “Not Rated” in the drop-down for *Progress on Objective*.

**Maintaining Use of Skills**

Also rated by the client, the final section rates how well the client is maintaining and achieving stability by using the skills learned in treatment. Our goal for every client is a rating of 10, signifying the end of this episode of treatment, in this domain, with these skills. This is not to say, however, that treatment may not continue in other domains, or in other areas of the domain where the client experiences deficits in functioning. Or, if a client does end ARMHS treatment at this time, he or she may contact us again in the future for help at any time.
Engagement, Learning, and Maintaining Skills (ELM) Scale

**E**

Practitioner Rating

0 – Client is not actively participating in services, is out of contact or disengaged

1 – Pre-contemplation: Client may be unaware of the need to change or the benefits of services

2 – Contemplation: Client may have ambivalence about change or is unsure about services

3 – Preparation: Client is engaged and beginning to identify goals for change

4 – Action: I have goals and objectives and am ready to begin learning

5 – I have begun learning skills for change

6 – I am learning skills but am not yet using them successfully to accomplish my change objective(s)

7 – I have learned some skills and am using them with little to some success in accomplishing my change objective(s)

8 – I have learned some skills and am using them with some to much success in accomplishing my change objective(s)

9 – I have accomplished my current change objective(s) and am learning to maintain my functioning

10 – I am able to maintain in this domain of life independently

**L**

Practitioner and Client Rating

4 – Action: I have goals and objectives and am ready to begin learning

5 – I have begun learning skills for change

6 – I am learning skills but am not yet using them successfully to accomplish my change objective(s)

7 – I have learned some skills and am using them with little to some success in accomplishing my change objective(s)

**M**

Client Rating

8 – I have learned some skills and am using them with some to much success in accomplishing my change objective(s)

9 – I have accomplished my current change objective(s) and am learning to maintain my functioning

10 – I am able to maintain in this domain of life independently

*Tap here to access a one-page printable version of the ELM Scale*

*Tap here to access a one-page printable version of the USL Scale*

**How Often Should We Rate Progress?**

It is not necessary to rate progress on this scale in every treatment session, but a discussion that includes asking the client to rate how well he or is using the skills should be a regular and consistent part of the treatment process. We recommend that ratings of engagement be made at least weekly, and not less often than monthly.
Long-Term Outcomes

The long-term measurement of success in a given objective is improved Functioning and Status as measured by subsequent Functional and Status assessments. Between these more comprehensive assessments, we measure progress in individual objectives by measuring what skills a client is learning and how well the client is using skills learned in ARMHS treatment.

Goals

Excellent ARMHS Treatment begins with client-centered Long-Term Goals. Well-written goals developed with a person-centered process can imbue in our clients with hope, inspiration and motivation to learn skills and improve functioning if they see that the ARMHS work they do is moving the closer to their life goals.

Well-written goals also identify the functional barriers to goal achievement and identify the objectives (domains of treatment) that ARMHS services, and subsequently skill development can help remove or overcome.

For guidance on goal-writing, see the LTG Assessment Rubric.

Functioning

Objectives at Accend are mean specific domains where the client’s functioning is impaired by the symptoms of mental health and where the client is receiving treatment. These domains are identified in the Functional Assessment. (In the Manage Objectives utility, where the objective drop-down menu identifies a domain, this can be read as “Improve (Symptom Management, Interpersonal, etc.) functioning.”)

Improved functioning is the primary purpose of ARMHS treatment. Assuming that:

- ARMHS services teach the client skills for improving functioning, and
- These skills are the right skills the client needs,
- These skills are practical skills the client can use where functioning is impaired

The outcome of ARMHS should be improved functioning in treated domains (and perhaps others) as determined by subsequent functional assessments.

For guidance on conducting a high quality FA, see: Functional Assessment Guidance.

For guidance on managing objectives based on a high quality Functional Assessment, see: Guidance for Managing Objectives.

**Status**

Status refers to core outcomes beyond functioning. The state Department of Human Services has identified these core outcomes of ARMHS, and we define them further as the following:

- **Housing**: clients are housed and live in the most independent (least restrictive and with minimum necessary residential supports and supervision) possible based on their wants, needs, functioning and disabilities.

- **Vocational**: clients who wish to work are employed with the minimum supports necessary at the highest level (work hours) desired/possible, and are pursuing desired career paths.

- **Educational**: clients who want to further their education are enrolled in and/or complete educational programs and obtain degrees and/or certificates.

- **Legal**: clients avoid incarceration as a result of illegal behavior stemming from symptoms.

- **Health and Health Care**: clients overall physical health improves and they use preventative health care services effectively.

- **Mental Health and Mental Health Care**: clients overall mental health and coping skills improve and they use mental health care services effectively. Use of crisis stabilization and hospitalization for mental health decreases in frequency or is eliminated.

- **Chemical Dependency/Abuse**: clients dependence on or abuse of chemicals decreases and/or when they have had dependency issues, they are successfully engaged in chemical dependency treatment and recovery.

Data regarding these core outcomes is gathered in the *Status Assessment*. 
Consumer Satisfaction

Consumer (client) satisfaction with services is an important component of quality for the following reasons:

- While a client may be satisfied with services, he or she may not be making treatment progress. While he or she may like his or her practitioner and the time they spend together, the intent of ARMHS is rehabilitative and Treatment Progress is an essential component.

- When a client is dissatisfied with services, it is less likely that he or she is making progress, achieving goals, learning or using skills, or improving functioning.

We measure client satisfaction with services on an ongoing basis and at key intervals in the treatment process. These include:

- Satisfaction with the treatment session, asked and recorded in the drop-down: What did you think of today’s session? Recommended that this rating is asked and recorded during each treatment session.

- Initial Satisfaction, obtained using the Initiating Client Survey, conducted within 45 days of admission, after the initial assessments (LOCUS, FA and LTG) are complete and the Treatment Plan is written.

- Ongoing Satisfaction, obtained using the Ongoing Client Satisfaction Survey, conducted at least annually, or more often for clients who remain engaged in services.

- When Problems occur, if possible, using the Problem Survey, when a client disengages from services or reports a complaint to us or to a collaborating/cooperating provider.

- On closing a client’s treatment, whether the client is closing due to Treatment Success, because of dissatisfaction or disengagement (if possible) or for reasons beyond the client’s or our control, such as loss of health insurance, moving, or others.

Overall satisfaction with treatment is determined through the use of client satisfaction surveys, conducted at key intervals in the treatment process. These include the following. Tap on each in the list below to jump to the detailed description and content for each.

- The Initiating Client Survey
- The Ongoing Client Survey
- The Problem Survey, and
- The Closing Survey
Initiating Client Satisfaction Survey

The intent and purpose of the *Initiating Client Survey* is to check in with a new client about his or her initial experience with and response to services, assigned practitioners/workers, and the assessment and treatment planning process. The goals of the *Initiating Survey* are

- to make sure that all clients are well-matched with practitioners or workers
- that they have experienced the assessment and treatment-planning process as a
  - person-centered one,
  - one that has addressed their needs and wants, and
  - one that has, at least in some small way, inspired them or given them hope of a better, brighter future.

Conduct the *Initiating Client Survey*:

- within 45 days of admission, and
- after the initial DA, FA, LOCUS, Long-Term Goals, Objectives, and Treatment Plan are complete
  - One possible strategy for the Clinician approving the Treatment Plan would be to conduct the *Initiating Survey* before approving the Treatment Plan in order to make sure that the client perceives that his or her most important needs and priorities have been captured in the Treatment Plan.

The survey content can be accessed from the links in the *References* section.

When conducting the survey, do your best to obtain an answer to each question, but asking thoughtful and reflective follow-up questions is encouraged.

Ongoing Client Satisfaction Survey

Each clinical team should identify the intervals at which they wish to complete *Ongoing Client Satisfaction Surveys*. Two potential strategies are:

- During each treatment plan review, a third party (someone who is not currently working directly with the client providing ARMHS services) conducts the survey as a part of the review process, or
- At least annually, each client is contacted and interviewed by a third-party survey taker who may be an intern or Team Member not working directly with the client.
**Problem Survey**

Use the *Problem Survey* when:

- A client has disengaged or is disengaging from services, exemplified by frequent, unexplained cancellations
- A client indicates dissatisfaction with services through a complaint to our agency or as reported by another party, such as a guardian, case manager, psychotherapist, residential provider, or other

A third party (not the assigned practitioner) should conduct the *Problem Survey*. This might be the Clinical Supervisor, Clinical Associate, Team Leader, Intern, or Case Manager (when we provide Case Management services or when an outside Case Manager expresses willingness to use our survey.) Whoever conducts this survey should be someone whom the client trusts and to whom the client will speak freely, without fear.

*Fear*, as much as we might wish, is a common experience for many clients of mental health and rehabilitative services. Regardless of how we perceive ourselves and how we believe our clients should perceive us, many of them have experienced blame, shame, and even retaliation when they have asserted or tried to assert their rights with providers as a service recipient. They have often felt blamed and judged for their behavior and disenfranchised by providers who do not use the mirror in examining problems that occur with clients.

The person conducting the *Problem Survey* should do so casually, in a comfortable forum, and with caution not to communicate in such a way as to imply any blame or judgement on the client for his or her dissatisfaction or disengagement. The emphasis of the conversation should be on learning *what we can do differently* to more effectively engage the client in services that meet his or her needs, not on what he or she needs to do differently.

At times, clients may be dissatisfied with assigned practitioners/workers even when they really like the staff members assigned to them. This can result in hesitancy to share openly the concerns that have led to dissatisfaction or disengagement in services. The survey should also be conducted with reassurances to the client that anything he or she says is *confidential* and will be shared with assigned practitioners *only with his or her permission*.

The survey content follows on the next page. The probes in this survey are intended as guidance, not a script. It should instead be experienced as a process through which information is elicited from the client in order to determine the source of his or her dissatisfaction and how we can better serve and support him or her. Varying from the probes, or asking thoughtful and reflective follow-up questions is encouraged.
**Closing Client Satisfaction Survey**

Whenever possible, interview clients who are closing services, regardless of the reason. This is not always possible, for example, when the closure of services is administrative, due to lack of engagement where we have lost contact with the client. In this case, the *Problem* survey tool be the best tool to use. In any case, good faith efforts should be made in each case before the client’s status is moved from *Closing* to *Previous* in the online system.
References

*Links to Associated Documents*

- LTG Assessment Rubric
- Functional Assessment Guidance
- Guidance for Managing Objectives
- One-Page Version of the USL Scale

*Consumer Satisfaction Surveys*

- The Initiating Client Survey
- The Ongoing Client Survey
- The Problem Survey
- The Closing Survey
**Previous Using Skills Learned Scale**

The previously-used USL scale, shown here for reference to the simplified version, above:

0 - I have not learned any new skills.

1 - I have not learned new skills well enough to use them.

2 - I did not think about or try to use the skills I have learned.

3 - I thought about, but did not try to use the skills I have learned.

4 - I tried to use the skills I have learned, but not successfully.

5 - I have used the skills I have learned successfully at times, unsuccessfully at other times.

6 - I have learned some skills that I can use successfully, but need to learn more skills.

7 - I have identified the skills that are most helpful to me and am using them with increasing success.

8 - I have learned these skills well enough to use them confidently on my own.

9 - I am confident that I can use these skills to solve problems in the future.

10 - I am confident I can learn new skills on my own to solve new problems in the future.