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Commentary

Privileging the Client's Voice: The Path to Improving Outcomes

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For many years, consumers of therapy services have allowed therapists to guide the direction of the therapy process. In countless instances, clients have allowed their voice to take a back seat, and therapists have been steering the course of therapy from the front seat. Even if there were not an appropriate union between the therapist and client, the expectation was for the client to rely solely on the recommendations of the therapist.

This was partly due to client's perspective that the therapist is there to assist them with reaching personal goals, and in order for this to happen, the client often feels compelled to listen to the therapist. Another reason for the practice of therapists taking the front seat and clients sitting in the back is that when a client typically goes to therapy, the client is there to get help and is usually not concerned with improving their therapist's skill set (Howes, 2012). In addition, many therapists aren't open to constructive criticism, and in some instances they come from graduate training programs that have not driven home the importance of client feedback.

Client Feedback Matters

Client feedback is important and necessary. It has been found to be an essential element in the therapy process (Duncan, 2010). Because clinical training programs have not been able to demonstrate that specific microskills taught in graduate-level training programs improve therapy outcomes (Ridley, Mollen, & Kelly, 2011), it is imperative that therapists look at other factors, such as feedback, that influence therapy outcomes.

Research shows that outcomes increase with feedback from the client (Duncan, 2012). As a result, there has been an ensuing paradigm shift from therapy as usual to improving outcomes by privileging the client's voice during the therapy process. Client-directed outcome-informed (CDOI) therapy, which was co-developed by Scott Miller and Barry Duncan, lends itself to privileging the client's voice during the therapy process (GoodTherapy.org, 2014).

Privileging Your Client's Voice

CDOI therapy is a set of values about practice. It can be described as a values system about therapy. CDOI therapy is not a model of practice, and it does not provide reasons or remedies for problems. This means that CDOI therapy does not prescribe practice for therapists. However, CDOI therapy does an excellent job of informing practice.

CDOI therapy is crucial for privileging the client's voice because it enables the therapist to build a climate of feedback (GoodTherapy.org, 2014). This means that therapists are afforded an opportunity to look in the mirror to see how effective they are from the client's perspective. More importantly, clients' views are heard and placed at the forefront, and the result is clients directing the flow of therapy (Duncan, 2010).

A Proven Way to Measure Outcomes

The Partners for Change Outcome Management System (PCOMS), an evidenced-based practice that can be integrated into the ongoing therapy process, lends itself to measuring outcomes and the therapeutic alliance (Duncan, 2012). The PCOMS clinical process improves outcomes, promotes the values of CDOI therapy, and enables therapists to discuss the benefits of services with clients (Duncan, 2012).

The domino effect of PCOMS is outcome-informed interactions where clients move to the front seat; therapists sit adjacent to clients; clients determine the benefit of services; and clients ultimately make the decisions that affect their care. The focus is on the client informing treatment via measures of the clients' experiences, the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) (Duncan, 2012).

The ORS and SRS are continuous feedback measures that enable therapists to track outcomes and the therapeutic alliance (Duncan, 2010). The interaction between therapists and clients is focused on the feedback that therapists are able get from the client regarding benefits of therapy and potential problems. The PCOMS clinical process provides the mechanism for therapists to identify clients who are not benefiting from services and for keeping them engaged while seeking a new treatment direction (Duncan, 2012).

It is important to know that PCOMS is a-theoretical (Duncan, 2012). If you haven't bought in yet, knowing that PCOMS applies across all client populations and can be integrated into any model of practice may get you there. If that is still not enough, the measures (ORS and SRS) function to maintain clients' engagement in treatment. In addition, these measures are discussed on a session-by-session basis and optimize the client-therapist alliance.

Understanding What Matters

With PCOMS, the alliance-building tools are the ORS and SRS. The ORS is used to pinpoint any difficulties and track change. On the other hand, the SRS is used to track the client's view of the alliance. Both of these tools teach the therapist what the client wants and the best way to work with the client.

The practice of being concerned with the alliance results in good therapy. This requires therapists (while sitting adjacent to clients) to explore client ideas, discuss options, and collaboratively negotiate any changes when a client isn't benefitting from services. This results in the therapist validating the client's view of what is helpful.

Conclusion

There is nothing greater in the therapy process than incorporating the client's voice in determining the benefit of services and making the decisions that affect their care. Integrating PCOMS measures, the ORS and SRS, into treatment results in client informed treatment that is second to none. Furthermore, outcomes are improved; the chances for a strong client therapist alliance are greater; and clients are engaged (Duncan, 2010). When this happens, clients have the privilege of steering the therapy process from the front seat.

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