General Considerations

- Leadership
- Time
- Money
- Planning and documentation
- Steering group or management team
- Patience and understanding
- Superusers/champions
- Training and supervision
- Gradual implementation
- Policy
- Perseverance and drive (urgency)
- Clarity
- Tracking
- Networking
### CHAMPIONS or SUPERUSERS

**Role**
- Support colleagues and leadership
- Basic training in FIT
- Further education
- FIT-Supervision
- Fluent in the database
- Maintaining expertise/being on the frontline.
  - Connecting to other professionals and agencies
  - Organizing booster events
- Keeping track of implementation
- Analysing results

**Important considerations**
- Minimum two persons
- Time
- Further education and boosts
  - Advanced FIT training
  - FIT Supervision
  - FIT Masterclass
  - Skype with Scott Miller
  - Study visits
- Support from leadership
- Defined roles
- Regular meetings with supervisors
- Control group and planning

### TRAINING and BOOSTERS

#### In-house trainings
- All staff
- Mandatory
- The supervisor need to participate at every training
- Make sure the participants has a start kit ready (manual + database)
- Routines in place
- **Basic training in FIT, 1-2 days**
- **Education in the database**
  - preferably individually
- **Further education**
  - Interpret graphs
  - Statistics
  - Deliberate Practice
  - Based on needs

#### Boosters
- **Scott Miller, 2-days seminars**
  - 2011
  - 2013
  - 2015
- **Workshop with Scott Miller for the whole agency, 1-day**
  - 2014
Create a feedback culture

Mindset
You must genuinely believe that it is important to privilege the client’s ideas and that they should be active participants in the treatment process and that you need to know if the client wants something to be different.

Invite feedback
Create an atmosphere where the client feels free to fill out the ORS & SRS by showing that you are open and responsive to feedback without going into defense. It requires courage, humility, and flexibility.

Introduce
Introduce the measures thoroughly and carefully:
(a) reasons/justification for the use of ORS & SRS, why the feedback is important and
(b) an account of how the feedback will be used.

Talk about the scores and what it means to the client.

Adjust
Adjust the service according to the feedback.
Create a feedback culture

Maria Ungdom Stockholm

Your participation is very important in order for our joint work to be successful and therefore we need your feedback. We will ask you how you feel that the situation is changing and how you experience the conversations during the course of our contact.

Er delaktighet är mycket viktig för att nå framgång i vårt gemensamma arbete och därför behöver vi er feedback. Vi kommer att fråga hur ni upplever att situationen förändras och vad ni tycker om samtalen under kontakten.

https://www.youtube.com/watch?v=mounVquuxl4

The Municipality of Gladsaxe

https://www.gladsaxe.dk/kommunen/borger

When do I start using ORS and SRS, what date?
Is it voluntary or mandatory for me to use ORS and SRS?
With what clients do I start using the FIT tools; new clients or old clients?
Who is the client when I measure results; the child or the parent?
With every client, or 2-3 clients this semester? For how long?
When do I start using ORS and SRS, from what visit: intake, assessment or start of treatment?
Who are going to give feedback about whom: clients, parents, case managers?
Do I use the FIT tools at every visit, once a week, every third visit, every fifth?
Where do I go for support with:
- using ORS & SRS?
- using the electronic database?
- Do everyone get a manual?
- Do I register new and old clients in the database, or only new clients?
- Is attending FIT supervision and trainings voluntary or mandated?
- Do my aggregated results influence my pay check, my job security?
- I am new – when will I get a training and from whom?
FIT SUPERVISION

- Every third or fourth week a month, for two hours
  - Each participant took turns in bringing a case
  - At risk for failure or Successful
  - Or a case and questions
  - The superusers guided the supervision
  - Education in FIT Supervision
    FIT Advanced
    FIT Supervision
    Videos x 2 from ICCE
  - Every supervision session was evaluated using the LASS
  - At the end of a semester with FIT Supervision, the supervision is also evaluated.

Case Presentation
1. Ask a question or say something about what you hope to get the supervision.
2. Background presentation
   - Name
   - Age
   - Sex
   - Relationship status/family
   - School/work
   - Referrals
   - Treatment start
   - Current treatment, including medication
   - Previous treatment
   - Abuse
   - Reason for seeking treatment
3. Reviewing the graphs of ORS and SRS
4. The colleagues reflect while the supervisee listens. Reflections are written by the superuser on a flipchart or whiteboard with the alliance stool
5. The supervisee can choose to share ideas she/he got with the group

INVOLVE STAFF!

- Analysis ORS UngDOK (residential)
- Follow-up ORS UngDOK (meeting)
- Annual Report
- Results ORS UngDOK
- Annual plan For next year
- October
- August
- Juli
- March
- Tertial 1
- Tertial 2
- Januar

Analysis of ORS UngDOK (residential)
Follow-up ORS UngDOK (meeting)
Annual plan For next year
Results ORS UngDOK
Analysis ORS UngDOK (residential)
Follow-up ORS UngDOK (meeting)
Process indicator
- clinicians using using ORS and SRS with % of clients

Registered in the database
2012-2014

FIT-OUTCOMES 2015

2012: 40%
2013: 47%
2014: 75%

83% !

2018: 86% at Maria Ungdom

Loss
Various reasons are often mentioned in combination: ADHD, foreign language, bad interpreter or no interpreter, many participants, conflicts etc.

We used the information to:
- discuss in groups what everyone had done to succeed in using the ORS & SRS
- clarify and inform about routines
- simplify the use of the ORS & SRS
- individual support

1. Language difficulties (9)
   - Late interpreter
   - Telephone interpreter
   - Interpreter no-show
   - No interpreter was booked but later needed
   - Difficulties understanding the measures

2. One session (8)
   - One session and then dropped out
   - A single session and the referred to the county council
   - Not prepared/No reason (8)
   - did not bring the forms
   - the forms lacked date

3. The youth and/or the parents did not want to or refused (7)

4. The mood, ways, diagnoses of the youth (6)
   - Multiple diagnoses
   - Oppositional defiant disorder, rejection, did not talk
   - Strange youth that did not understand the measures
   - Involuntary care at home, ADHD and ODD
   - Aggressiveness
   - The nature of the meeting (6)
   - Misunderstanding about the content x 3 (psychiatry, social services)
   - chaotic
   - tense

5. The social worker did not attend the first session (4)
   - sick or on vacation

6. A no-case (2)
   - Time constraints (2)
FIRST SESSION

- Common file with calibrated measures in all languages
- Write a manuscript for the introduction
- Practice, role play
- Sit in with experienced colleagues
- Watch videos on ICCE
- Use an agenda
  - on white board
  - on paper
  - the SONAR

- Information about FIT to clients, family and other collaborators or referrals, like case managers and school counselors
  - Homepage
  - Broschures
  - Videos

Maria Ungdom

- Presentation of us
- What we do today and time frame
- ORS
- What brings you in
  (or what is it that makes us meet today)
- What we can offer
- Agreement and planning
- SRS
- (Urine sample)

The SONAR
by Bob Bertolino www.bobbertolino.com

Wall version
# More about implementation

## READING

*The FIT manual*, chapter 6
- available in English, Swedish and Danish

Feedback Informed Treatment in clinical practice

FIT-Outcomes Blog
FIT Implementation – Challenges in 2018
January 31, 2018 By Susanne Bargmann
“The signs of the Dark Side…”

## VIDEOS

- **Youtube**
- **ICCE**
- **Databases**
  - My-Outcomes
  - On Track Program for …
- **Fit-Outcomes Blog**
  - (OpenFIT)

## TRAINING

**ICCE**
FIT Implementation Intensive
Chicago August 2 – 3, 2018

Consult a FIT-trainer
Go to ICCE and find a trainer in your region