Instructions for Using the FIT Service Delivery Plan & Progress Note

The *FIT Service Delivery Agreement* and *FIT Progress Note* are both designed to be completed together with the person in treatment at the time services are delivered.

When meeting for the first time with clients, the first document to be completed *after* the administration of the Outcome Rating Scale (ORS) is the *FIT Service Delivery Agreement* (FIT-SDA).

The FIT-SDA

Consistent with the principles of FIT, the purpose of the FIT-SDA is to insure that treatment is organized around the interests, motivations, goals, and preferences of the person seeking services.

- ***Fill in the name of the person and date the agreement is being completed:***

Name:
Date:

- ***Fill in the person's stated reasons/motivations for seeking services. Take care to use the language and words of the person in treatment, avoiding diagnostic and treatment terms or jargon:***

Consumer's stated reasons/motivation for seeking services:

As an example, consider a man who presents for treatment because his partner has threatened to leave if he does not quit drinking. When asked, he readily admits that drinking is a problem. At the same time, his stated reason/motivation for seeking services is to "keep his wife from leaving him." Therefore, in the box above, the helping professional would write, "To keep his wife from leaving" or "To maintain his marriage."

- ***Fill in goals/meaning/purpose of the services the person and helper have agreed to, highlighting the specific way the treatment offered fits with the preferences of the person.***

Agreed upon goals/meaning/purpose/preferences for services:

Using the example of the man presenting for treatment because his partner has threatened to leave if he does not quit drinking, a potential goal could be "decrease drinking to an amount that is acceptable to my wife." This statement, the goal is directly related to the man's stated motivation for services.

- ***Fill in the means and methods the person and therapist agree to use to achieve the agreed upon goals:***

Agreed upon means/methods (including type, frequency, provider):

Returning once again to the example of the man hoping to save his marriage, the helper would write the specific services that will constitute treatment. For example, "Weekly individual sessions focused on harm reduction and controlled drinking strategies," or "Attendance at three Alcoholics Anonymous meetings per week."

- **Explain the purpose of seeking feedback via the ORS and SRS, thereby creating a culture of feedback:**

When introducing the ORS, the therapist should say:

"I/We work a little different at this (agency/practice). My/our first priority is making sure that ou get the results you want. For this reason, it is very important that you are involved in monitoring the progress of services from beginning to end. I/We like to do this formally by using a short paper and pencil measure called the ORS. It takes about a minute. Basically, you fill it out at the beginning of each session and then we talk about the results. A fair amount of research shows that if we are going to be successful in our work together, we should see signs of improvement earlier rather than later. If what we're doing works, then we'll continue. If not, then I/We will try to change or modify the services. If things still don't improve, then I'll work with

you to find someone or someplace else for you to get the help you want. Does this make sense to you?"

When introducing the SRS, the therapist should say:

"I'd like to ask you to fill out one additional form. This is called the SRS. Basically, this is a tool that you and I will use at each session to adjust and improve the way we work together. A great deal of research sjhows that your experience of our work together—did you feel understood, did we focus on what was important to you, did the way we worked make sense and feel right—is a good predictor of whether we'll be successful. I want to emphasize that I'm not aiming for a perfect score—a 10 out of 10. Life isn't perfect and neither am I. What I'm aiming for is your feedback about even the smallest of things—even if it seems unimportant—so we can adjust our work and make sure we don't steer off course. I won't take it personally. I'm always learning and am curious about what I can learn from getting this feedback from you that will in time help me improve my skills. Does that make sense?"

In the box, the helper indicates whether time was taken during the visit to explain the feedback-informed process:

Feedback Informed process explained (Outcome & Alliance Tracking):	Yes	No

- **Once completed, the FIT-SDA is signed by both the service provider and person seeking treatment:**

Clinician signature:	Consumer signature:

The FIT Progress Note

Consistent with the principles of FIT, the purpose of the FIT Progress Note is designed to insure that any services offered are informed by ongoing feedback about the outcome of treatment and the alliance between the provider and recipient of services.

- ***Fill in the name of the person and date the agreement is being completed:***

Name:
Date:

- ***In box on the left, indicate whether the ORS was administered at the beginning of the visit. In the box to the right, circle the arrow indicating whether the scores on the ORS stayed the same, improved, or deteriorated as compared to the prior measurement:***

ORS Administered: Yes No Collateral score:	Progress: → ↑ ↓

Determining whether services are working is fundamental to feedback-informed treatment. As a result, the ORS must be administered at or near the beginning of each and every session or "unit of service." The helping professional must also determine whether or not the scores on the ORS indicate that the person in care is making progress.

- ***Describe how the outcome since the prior measurement was specifically addressed during the visit* (if the ORS was not administered, indicate why and then describe how progressed was assessed and addressed during the service):**

Progress addressed in session by:

Scores on the ORS can go up, down, or stay the same, indicating improvement, deterioration, or maintenance of progress, respectively. If scores have gone up since the prior measurement, the provider details the nature of the improvement and how the progress was addressed during the visit. In the case of improved scores in the treatment of a person with depression, for example, the therapist might write, "Client stated she got up rather than lying in bed by setting her alarm clock." In the case of deterioration, the therapist might write, "Client reports that lower scores are the result of experiencing more isolation during the week" or "of having been unable to get up and out of bed despite having set the alarm clock as recommended in the last visit." The key is documenting the reason for the results in as concrete and specific terms as possible.

- ***Describe the plan developed during the visit for addressing the progress reported in the current visit:***

Between session plan: Maintain & Consolidate gains/Address Deterioration/Revise approach

In this box, the plan developed by the provider and recipient of services during the visit aimed at reinforcing progress, maintaining gains, or addressing deterioration is summarized. Here again, the key is to provide concrete and specific actions that will be taken by the person, provider, or both. In the case of the depressed person whose ORS scores were worse than in the prior visit, the therapist might write, "An appointment will be made with the (physician, psychologist, nutritionist, etc.) to evaluate for potential (physical illness, medications, psychological assessment, etc.)." Should progress have been made, the therapist would detail what the person in care will do between visits to maintain or consolidate changes and avoid setbacks.

- ***In box on the left, indicate whether the SRS was administered at the end of the visit. In the box to the right, indicate whether the total score was above or below 36 and if the score increased, decreased, or was the same as compared to the prior measurement:***

SRS Administered: Yes No	Above 36 Below 36 Increasing Same Decreasing

Tracking the status of the relationship between the provider and recipient of treatment services is a critical component of feedback-informed treatment. As a result, the SRS must be

administered at the end of each and every session or "unit of service." The helping professional must also determine whether or not the scores on the SRS indicate a problem exists in the relationship. Scores below 36 should always be discussed as well as scores that have decreased (even by a single point) as compared to the prior measurement. As a result, the provider should also:

- ***Indicate whether scores below 36 or those which have decreased (even by a single point) as compared to the prior measurement were addressed directly prior to ending the session:***

SRS Addressed directly: Yes No

- **Once completed, the FIT Progress Note is signed by both the service provider and person seeking treatment:**

Clinician signature:	Consumer signature: