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A systematic approach to practice-based evidence in a psychological therapies service

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Figure 1 - Practice-based evidence service model

**EVIDENCE**

- **Referral.**
  - CORE-OM, BDI
  - Risk items and comments used to prioritise referrals

- **Assessment.**
  - CORE-OM, BDI, IIP-32

- **Beginning of therapy**
  - CORE-OM, BDI, IIP-32

- **Evaluation of specific therapies**
  - (e.g. anxiety management groups)
  - Session by session or more regular measures - single case methodology.

- **Discharge**
  - CORE-OM, BDI, IIP-32
  - Client’s comments on the service received. Clients’ and therapists’ subjective ratings of benefit

- **6 Month follow up**
  - CORE-OM, BDI, IIP-32
  - Client’s comments on the service received. Clients’ subjective ratings of benefit

**PRACTICE**

- **Evidence and clinical practice**

- **Evidence-based reflective practice**
  - Bringing together the clinician’s perspective and data. e.g.’s. sudden gains within therapy (from sessional data), high scorers, clients who get worse, clients who have more than 30 sessions

- **Routine feedback of outcomes and client’s comments to clinicians**

- **Outcome data linked to information on the therapy, therapist, number of sessions, therapists rating of outcome, referrer, type of problem etc.**

- **Collating service-wide outcome data, related to problems, no. of sessions, type of therapy**

- **Audit reports within the service and for referrers (e.g. GP practices)**

- **Contribution to the body of knowledge of effectiveness of psychological therapies**

- **Benchmarking with other services**