University of Huddersfield Repository

Lucock, Mike, Leach, Chris, Iveson, Steve, Lynch, Karen, Horsefield, Carrie and Hall, Patricia

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

Original Citation


This version is available at http://eprints.hud.ac.uk/1468/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
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

**Evidence and clinical practice**

**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**

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

**Benchmarking with other services**

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