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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

**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

**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**

**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**

**Evidence-based reflective practice**

**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**

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

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

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