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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**

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

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

3. **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.

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

5. **6 Month follow up**
   - CORE-OM, BDI, IIP-32
   - Client’s comments on the service received. Clients’ subjective ratings of benefit

**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**

- **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**

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

- **Evidence and clinical practice**

**Core Measures**

- CORE-OM, BDI, IIP-32