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# A guide to practice-based evidence and routine outcome measures

## 1. Introduction

You may have heard the terms “Evidence-based practice” and “Practice-based evidence”. Confusingly, these are not synonymous. Evidence-based practice refers to practices, treatments or interventions that are recommended on the basis of experimental evidence. Often this evidence comes from clinical trials conducted in experimental settings using particular methodology, such as [randomly allocating](#) participants to a group that is given the treatment versus a control group which is not.

In contrast, practice-based evidence is data collected during routine clinical practice. Though there are different ways of conducting practice-based evidence, such as using a [qualitative research](#) methodology, a common method involves using routine outcome measures (ROMs), which are questionnaires used to assess where the client is at. They can be useful tools for both practitioners and clients.

In addition to helping gather data, ROMs provide helpful feedback on how the client is experiencing therapy and how they are dealing with any issues that have presented. They can track how a client is progressing throughout their sessions. ROMs can be filled out by the client as frequently as every session, or as infrequently as one at the start and the end of working with them.

Different ROMs have been designed for different clients, settings and mental health issues. In selecting the right outcome measure for your practice and clients, it is helpful to think about the following questions:

- What type of information will be most helpful to capture? (For example, measuring a specific mental health issue, capturing overall progress in functioning.)
- What client groups will you be using the ROM for? (For example, adults, children and young people.)
- Is there sufficient evidence of validity for the ROM?

A helpful resource for deciding which outcome to use can be found in the [Outcomes Compendium](#).

Some frequently used ROMs include:

- [The Barrett-Lennard Relationship Inventory \(BLRI\)](#)
- [Beck Depression Inventory \(BDI-II\)](#)
- [Beck Youth Inventory \(BYI-2\)](#)
- [Child Behavior Checklist \(CBCL\)](#)

- [Clinical Outcomes in Routine Evaluation \(CORE-OM\)](#)
- [Generalised Anxiety Disorder Assessment \(GAD-7\)](#)
- [Health of the Nation Outcome Scales Child and Adolescent Mental Health \(HoNOSCA\)](#)
- [Outcome Rating Scale](#)
- [Patient Health Questionnaire \(PHQ-9\)](#)
- [PSYCHLOPS](#)
- [SCORE-15 Index of Family Functioning and Change](#)
- [Strengths and Difficulties Questionnaire \(SDQ\)](#)
- [Session Rating Scale \(SRS\)](#)
- [Social Functioning Questionnaire](#)
- [Work and Social Adjustment Scale \(WSAS\)](#)

This list is not exhaustive and there are many more ROMs available to use. Deciding whether or not to use ROMs can also be a collaborative process that involves both the practitioner and the client.

## 2. Analysing Practice-Based Evidence

You've decided what ROM you're going to use and how often you want to use it. Now what? You can learn a lot from simply looking at the raw scores individually and over time. Tracking the changes in scores can give you valuable information about how the client is responding and progressing. Calculating and examining average scores across an individual client or multiple clients can often help identify overarching patterns, although it is important to note that averages can be skewed by outliers (extreme cases on either end of the spectrum that are not representative of the typical case).

Examples of how to analyse ROM data can be found in the Child Outcomes Research Consortium's guide [Recommendations for using outcome measures](#). There are also paid ROM trackers available online that will evaluate the data for you.

You don't always need to analyse ROM scores. Sometimes they can simply be a way to start a conversation with the client about how they responded to the questions. ROM can also be supplemented with other research approaches such as interviews to get a fuller picture of how the client is progressing or whether a particular therapeutic approach has been successful.

### 3. Additional resources

- Child Outcomes Research Consortium: [Guide to Using Outcomes and Feedback Tools with Children, Young People and Families](#)
- Child Outcomes Research Consortium: [Recommendations for using outcome measures](#)
- Cooper, M. [Evaluating and Auditing Counselling and Psychotherapy Services: Some Pointers](#)
- National Institute for Mental Health in England: [Mental health outcomes compendium](#) for selecting the right outcome measures.
- Detailed guide to practice-based research: [Developing and Delivering Practice-Based Evidence: A Guide for the Psychological Therapies](#)

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