

Routine Outcomes Measures (ROM): An Evaluation and Research Approach to the Therapeutic Process in Public Health Contexts

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Interest in empirical evaluation is being assumed by most of the models of psychological intervention that are currently used, especially if they operate in a public domain. Everyone accepts that the best healthcare decisions must be based on the clinical judgment and the empirical evidence of the results that are obtained. On one hand, the clinical trial is based on training in a psychotherapeutic model, in the professional experience and in the ability to include all the variables and actors that make up the context in which the demand for help is formulated. On the other hand, empirical evidence is based on the efficacy studies of psychological treatments and their inclusion in professional guides.

In the field of empirical evidence there is a point of tension as to how these tests are generated. The fact that effective interventions in research studies do not prove to be so effective in everyday healthcare practice, that healthcare professionals consider that they do not fit the real conditions in which they develop their

healthcare practice and, therefore, are little known and influenced in their psychological decisions and interventions, it has highlighted the limitations of the practice model based on empirical evidence. Faced with this limitation, the need to assess the results of psychological interventions, the interest in improving care practices and the demands of administrations for the optimization of resources, has been developing and consolidating the model of empirical evidence based on practice. Within this model is where the Routine Outcomes Measures (ROM): An Evaluation and Research Approach to the Therapeutic Process in Public Health Contexts (ROM) has been developed. In this way, the evaluation of the psychological treatments approaches the professionals, informs of the results of the assistive processes in course and can become a support to their work.

In addition, this evaluation scenario allows reducing the divorce between the clinic (and the clinicians) and the research (the researchers). On the one hand, clinicians cease to be passive receptacles for research results, to adopt an active role in the production of empirical evidence. On the other hand, the clinical judgment on the course of treatments can be reinforced with objective data from the patient.

In our environment, a set of institutions have organized to implement a clinical effectiveness evaluation system and a feedback system (patient, therapist and healthcare teams) based on clinical outcomes. From the scientific community, psychoanalysis or dynamic psychology have always been criticized for not demonstrating the effectiveness or efficacy of their therapies. From the Spanish Society of Psychoanalysis, we considered the possibility of starting to evaluate our work. An association, called *ARSISAM* (Association for systematic results in mental health) was created, formed by institutions that cover public mental health services from a dynamic perspective.

Our project is applied in different public assistance areas (early childhood, children and adolescents, adults) and in different levels of intervention (primary and secondary care centers, day hospitals and rehabilitation centers), all of them working from an understanding model Psychoanalytic therapies.

In assessing our experience of implementing a ROM system:

- a) So far there has been a reasonably good acceptance among professionals and very good among patients.
- b) The evaluation instruments are short and easy to handle, offer real-time information and have internal and external validity; Evaluation data is a fertile field of investigation of the process of psychotherapeutic interventions.
- c) This evaluation practice makes possible a type of research to integrate the evidence that comes from the effectiveness-effectiveness studies and the evidence that clinicians obtain in their actual practice.
- d) The active participation of clinicians in research is the way to reduce divorce between research and clinic

Therefore, it is necessary to emphasize the difference between evaluation and research. While in the first one the obtaining of the results is the first point from which to work with the patient, in the research, the result is the last point and must be able to compare with some other variable. It is clear that from the evaluation, a research can be started, and this is what we intend to do with the sample from the centers that make up "ARSISAM".