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REVIEW OPEN ACCESS

A Comprehensive Scoping Review of the Literature on Routine Outcome Measures in Counselling and Psychotherapy

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ABSTRACT

Introduction: Practitioners implementing Routine Outcome Measures (ROMs) and Clinical Feedback Systems (CFS) in counselling and psychotherapy commonly encounter challenges due to the complex nature of therapeutic practice contexts. Healthcare systems have increasingly adopted ROM driven by policy demands for accountability, quality improvement and evidence-based practice. Studies indicate the need for a comprehensive scoping review to fully elucidate the experiences of effective ROM, thereby bridging the gap between research evidence and the numerous contextual factors influencing real-world adoption.

Objectives: This research aimed to inform guidelines by identifying the evidence for ROM/CFS effectiveness, clarifying key implementation factors, examining lived experiences of clients, practitioners and other stakeholders' perspectives. The study also aimed to gain insights into how research is conducted across diverse contexts and modalities, and identify gaps in knowledge regarding barriers and facilitators to successful adoption.

Method: A five-stage scoping review protocol was operationalised to explore and analyse the existing literature and associated implementation factors by (a) identifying the research questions using the PICOT framework, (b) identifying the relevant literature through systematic database searches, (c) selecting the studies through four-phase consensus screening, (d) charting the data using structured extraction methods and (e) collating, summarising, and reporting the results through narrative synthesis.

Results: The findings highlight the need for culturally responsive approaches, the development of organisationally informed strategies for ROM adoption and reveal significant gaps in research regarding the optimal integration across diverse therapeutic contexts.

Conclusion: The findings support the proposal of evidence-based ROM frameworks and key themes for future research, including culturally informed approaches, organisational leadership development, digital equity considerations and therapeutic process integration, moving away from purely compliance-based mandates toward contextually responsive, engagement-focused implementation strategies.

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Clinical Impact and Implications for Policy and Practice Statement

This comprehensive scoping review highlights crucial evidence for transforming ROM/CFS implementation from compliance-based mandates to engagement-focused, culturally responsive approaches that recognise both the therapeutic potential and the complexity of implementation. The findings inform necessary fundamental shifts when evaluating the pros and cons of using ROMs/CFS, or when considering a ROM/CFS implementation strategy. Such shifts should prioritise cultural adaptation, organisational development and therapeutic integration over technical compliance. Healthcare systems and professional organisations can utilise these findings to develop more effective, sustainable and equitable approaches to measurement-based ROM experiences that honour both empirical evidence and cultural diversity.

The findings from this research assert that successful ROM adoption requires decolonisation and moving beyond 'one-size-fits-all' approaches. This requires policies and therapeutic practice contextualisation that continuously values client choice and diverse cultural conceptualisations of mental health. Practitioners, researchers and policymakers should also be committed to evaluating the appropriateness of Routine Outcome Monitoring within the specific therapeutic modality. This also requires a continuous, robust critique of the design and deployment of the measures.

1 | Introduction

The field of counselling and psychotherapy has witnessed increasing pressure over recent decades to demonstrate effectiveness, measure outcomes and provide evidence of benefit to those seeking psychological support (Barkham et al. 2023). This transformation has fundamentally altered the landscape of therapeutic work, introducing systematic measurement processes that promise enhanced clinical decision-making while simultaneously challenging traditional therapeutic relationships and practices.

Routine Outcome Measures (ROMs) and Clinical Feedback Systems (CFS) represent the contemporary manifestation of this measurement imperative. These tools, designed to track client progress systematically throughout treatment, have emerged from decades of research demonstrating that approximately 5%–10% of clients deteriorate during therapy while 30%–35% show no meaningful improvement (Lambert and Coco 2013). The promise is compelling: early identification of clients at risk, enhanced therapeutic decision-making, improved outcomes and greater accountability to both clients and healthcare systems.

Yet the reality of ROM implementation reveals a more complex picture. Practitioners report mixed experiences with measurement tools, citing concerns about administrative burden, questionnaire fatigue among clients and the potential for measures to pathologise normal emotional responses or interfere with

therapeutic relationships (Duncan and Murray 2012). Clients express varied reactions to routine measurement, from appreciation for collaborative goal setting to frustration with repetitive questioning and concerns about the individual relevance of standardised tools (Börjesson and Boström 2020).

Healthcare organisations struggle with implementation challenges that extend far beyond the technical aspects of measure selection and administration. Leadership commitment, organisational climate, training adequacy and integration with existing clinical workflows emerge as critical determinants of implementation success (Williams et al. 2024). The gap between research evidence supporting ROM effectiveness and real-world implementation experiences suggests a disconnect between why these tools are designed and how they function in practice.

Recent research has begun to challenge foundational assumptions about measurement neutrality in clinical settings. Truijens et al. (2022) demonstrated through detailed case analyses that the process of measurement itself actively shapes client therapeutic experiences, potentially facilitating improvement for some while contributing to deterioration for others. This finding fundamentally disrupts the assumption that measurement represents a neutral observation of therapeutic progress, instead positioning it as an active intervention with both beneficial and potentially harmful effects. Indeed, there is evidence which suggests that the addition of CFS in psychological therapies, as compared with treatment as usual (i.e., no CFS), leads to greater reductions in symptom severity (Delgado et al. 2018), highlighting its potential as an intervention.

The cultural dimensions of ROM remain particularly underexplored. Most outcome measures have been developed and validated within Western therapeutic frameworks, raising questions about their appropriateness and validity across diverse cultural contexts (Bantjes et al. 2018). Issues of language accessibility, cultural concepts of mental health and well-being and the potential for measures to reinforce Western psychiatric paradigms while marginalising non-Western practices represent critical gaps in current ROM understanding. This limitation is compounded by the fact that the majority of ROM research has been conducted in Western countries, particularly the United States, the United Kingdom, and other European countries, with limited representation from non-Western cultural perspectives (Bantjes et al. 2018; Gelkopf et al. 2022).

1.1 | The Evolution of ROM

Understanding the current state of ROM requires examining its historical development and the forces that have shaped contemporary practice. The movement toward systematic outcome measurement in psychotherapy emerged from converging pressures for accountability, evidence-based practice, clinical funding and quality improvement that gained momentum in recent decades (Roe et al. 2021).

Early ROM initiatives focused primarily on demonstrating therapeutic effectiveness to external stakeholders, particularly

healthcare funders and policymakers (Roe et al. 2021). This compliance-oriented approach positioned measurement as an external requirement imposed upon therapeutic practice rather than an integrated component of therapeutic clinical care. The predictable result was practitioner resistance, mechanical implementation and limited clinical utility (Duncan and Murray 2012). From clients' perspectives, this compliance-focused approach often created experiences of bureaucratic intrusion rather than collaborative care, with measures feeling repetitive or disconnected from therapeutic conversations (Börjesson and Boström 2020).

Contemporary ROM has evolved beyond these early compliance-focused approaches toward a more sophisticated understanding of the multi-level factors influencing successful adoption. Implementation frameworks now recognise that sustainable ROM adoption requires attention to individual practitioner factors, organisational characteristics and broader system-level influences that shape how measurement tools are perceived, adopted and sustained in practice (Williams et al. 2024).

The digital transformation of healthcare has fundamentally altered the possibilities for ROM. Electronic health records, mobile applications and real time feedback systems offer unprecedented opportunities for seamless measurement integration while simultaneously introducing new challenges related to digital equity, technology acceptance and the need for careful attention to user experience design across diverse populations (Gual-Montolio et al. 2020).

Recent research has expanded ROM applications beyond traditional clinical decision-making to encompass patient-therapist matching, supervision and professional development (Valdiviezo-Oña et al. 2025) and even potential protective effects against clinician burnout (Barber and Resnick 2025). Barber and Resnick (2025) propose that Measurement-Based Care may protect clinicians against burnout by improving transparency in client progress, reducing uncertainty in clinical decision making and fostering a sense of shared purpose. Each addresses a core component of burnout symptoms, including exhaustion, depersonalisation and diminished personal accomplishment. This protective mechanism operates through collaborative use of patient-generated data, transforming monitoring from an administrative requirement into a meaningful clinical process. These innovative applications suggest that the value of outcome monitoring may extend well beyond its original purpose of tracking client progress and detecting deterioration.

1.2 | The Need for a Comprehensive Scoping Review

Despite extensive research activity and substantial investment in ROM initiatives, fundamental questions persist about the optimal approaches to adoption across diverse therapeutic contexts and modalities. The literature review reveals gaps between research evidence and practice realities, with controlled trial findings often failing to translate into sustainable real-world practices.

The current evidence base indicates that the effectiveness of ROM varies significantly depending on implementation quality,

contextual factors and the degree to which measurement processes are integrated with therapeutic practice, rather than imposed as external requirements, across different therapeutic contexts and modalities (Börjesson and Boström 2020; Fajja et al. 2022). This variability suggests that the question is not simply whether ROMs work, but rather under what conditions, for whom and through what mechanisms they provide benefit.

The rapid pace of technological development, evolving understanding of cultural responsiveness and growing recognition of implementation complexity necessitate a systematic synthesis of the current evidence base to inform more effective approaches (Gelkopf et al. 2022; Williams et al. 2024). A comprehensive scoping review offers the opportunity to map the breadth of current research, identify critical gaps and propose evidence-based directions for future efforts.

2 | Research Questions Guiding the Inquiry

This comprehensive scoping review addresses four critical research questions that capture the complexity of ROM adoption and experiences across diverse therapeutic contexts:

2.1 | Research Question 1

What is the current evidence base in literature for the use of ROMs in counselling, psychotherapy and mental health-related contexts, examining both practice-based evidence emerging from real-world experiences and evidence-based findings from controlled research studies?

2.2 | Research Question 2

What are the trends relating to developments in future research and practice that address implications drawn from contemporary findings, particularly regarding application innovation, practice diversity and implementation strategy evolution?

2.3 | Research Question 3

What is the evidence base for the efficacy and impact of ROMs in therapeutic practice, including both intended benefits and unintended consequences or potential harms associated with ROM?

2.4 | Research Question 4

How do transcultural perspectives inform ROM implementation, and what are the implications for developing culturally responsive practice approaches that honour diverse therapeutic modalities and concepts of well-being?

These questions collectively capture the multifaceted nature of ROM while recognising that effectiveness cannot be evaluated independently of experiences, context, culture and clinical settings.

3 | Method

3.1 | Methodological Framework and Philosophical Approach

This scoping review employed a rigorous methodological approach designed to capture the breadth and complexity of ROM research while maintaining transparency and replicability. The investigation followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al. 2018) and utilised Arksey and O'Malley's (2005) five-stage methodological framework.

A scoping review was selected in preference to a systematic review for several reasons. While systematic reviews are appropriate for evaluating the effectiveness of specific interventions, the breadth and heterogeneity of the ROM/CFS literature, spanning qualitative, quantitative and mixed-methods designs across diverse cultural and clinical settings, make meta-analytic synthesis unsuitable. The aim of this study was not to produce a definitive conclusion on effectiveness, but to map the conceptual and empirical terrain, identify knowledge gaps and chart the complexity of implementation across contexts. This aligns with Arksey and O'Malley (2005), who describe scoping reviews as particularly suited to heterogeneous and emerging research areas. The explicit inclusion of critical theoretical perspectives and practice-based evidence would also be methodologically inappropriate within a systematic review framework.

The philosophical approach recognised that ROM involves multiple stakeholders and contexts that benefit from diverse research approaches. Consequently, the review embraced a methodological pluralistic approach, incorporating quantitative effectiveness studies, qualitative implementation research, mixed-methods investigations and critical theoretical perspectives to develop a comprehensive understanding.

3.2 | Stage I: Research Question Development

The research questions emerged through consultation with research supervisors (authors 2 and 3) and insights gained from the first author's clinical placement experiences. Specifically, during placements in community mental health and primary care settings, the first author observed significant variation in how practitioners engaged with ROM data: some integrated it meaningfully into therapeutic conversations, while others completed it as an administrative formality. These observations prompted critical questions about the conditions under which ROMs facilitate or constrain therapeutic work, and about those experiences that are rendered visible through standardised measurement. Additionally, the diverse professional and multicultural backgrounds of the research team also facilitated critical dialogue on the cultural assumptions embedded in Western-developed measures. These lived experiences directly shaped the four research questions, particularly the emphasis on implementation barriers, cultural responsiveness and diverse stakeholder experiences. The PICOT framework (Population, Intervention/Issue, Comparison/Context, Outcome, Time/Type) guided question formulation to ensure appropriate scope while maintaining focus on implementation-relevant factors.

3.2.1 | Population

Clients, therapists, and organisations engaged in counselling and psychotherapy across diverse cultural and organisational contexts and therapeutic modalities, with particular attention to underrepresented populations and non-Western therapeutic practices.

3.2.2 | Intervention/Issue

Use of Routine Outcome Measures and Clinical Feedback Systems, including both nomothetic standardised measures and idiographic personalised approaches.

3.2.3 | Context

Clinical and therapeutic settings spanning public healthcare systems, private practice, voluntary sector organisations and community-based services across diverse cultural and national contexts.

3.2.4 | Outcomes

Successes, barriers and facilitators, practitioner and client experiences, cultural responsiveness, therapeutic integration and both intended and unintended consequences of ROM adoption.

3.2.5 | Time/Type

Peer-reviewed studies published between 2012 and 2024 employing diverse methodological approaches, including quantitative, qualitative, mixed-methods, case studies and systematic reviews. The 2012 start date was selected as it coincides with National Health Service (NHS) Talking Therapies (previously Improving Access to Psychological Therapies [IAPT]) reaching national scale in England and gaining international recognition as a model for outcome-monitored service delivery, alongside a corresponding global expansion of ROMs policy mandates and research activity (Clark 2018). This represents a meaningful threshold for the contemporary evidence base.

3.3 | Stage II: Literature Identification and Search Strategy

Systematic literature searches were conducted in two phases to ensure comprehensive coverage of relevant research. The initial search was conducted in February 2023, with an updated search performed in January 2025 to capture recent developments in the field.

Search terms were developed iteratively through two methods: (1) key constructs were extracted from the research questions and existing literatures, encompassing three thematic clusters, the intervention or practice ('routine outcome measure*', 'clinical feedback', 'clinical feedback systems', 'clinical feedback practice'),

the population and setting ('counselling', 'counseling', 'psychotherapy', 'mental health', 'clients', 'users', 'patients', 'therapist*', 'counsellor*', 'counsellor*', 'clinician*', 'psychotherapist*', 'organisations', 'organisations', 'clinical settings', 'therapeutic settings', 'providers') and the focus of implementation connected using Boolean operators (AND, OR); and (2) consultation with supervisors refined the final term list. Truncation symbols were applied to capture variant endings (e.g., 'therapist*', 'measure*'), and search terms were adapted for each database to accommodate controlled vocabulary differences (e.g., MeSH headings for MEDLINE).

3.3.1 | Phase 1 Search (2012–2022)

Primary databases, included PsycINFO, PsycARTICLES, ERIC, MEDLINE, CINAHL and Web of Science, were searched, yielding 180 articles after duplicate removal and initial screening undertaken by author 4.

3.3.2 | Phase 2 Search (2022–2024)

Using identical search strategies, the updated search (conducted by the first author) yielded 131 additional articles, focusing on recent developments in digital implementation, cultural adaptation, and organisational factors.

Additional sources encompassed Google Scholar and research team libraries to identify relevant literature and emerging research. Manual searches of reference lists and citation tracking supplemented database searches to identify additional relevant literature.

3.4 | Stage III: Study Selection and Screening

The study selection process employed a systematic four-phase screening approach applied to both search phases (Figure 1).

3.4.1 | Inclusion Criteria

- English language publications in peer-reviewed journals.
- Research studies with clear methodological sections enabling replicability.
- Focus on ROM/CFS implementation in clinical or therapeutic practice.
- Published between 2012 and 2024.
- Examination of implementation factors, practitioner or client experiences or effectiveness in real-world contexts.

3.4.2 | Exclusion Criteria

- Purely psychometric studies without implementation aspects.
- Dissertations, theses or non-peer-reviewed sources.

- Studies focusing exclusively on physical health applications.
- Articles without sufficient methodological detail.
- Studies that only measure development without implementation consideration.

3.5 | Stage IV: Data Charting and Extraction

Data extraction used structured categories to capture both study characteristics and implementation factors. The extraction categories were developed iteratively, with initial data extraction reviewed by authors 2 and 3 and refined based on emerging themes and patterns. No formal quality appraisal tool was applied to the included studies. This aligns with scoping review methodology (Arksey and O'Malley 2005; Tricco et al. 2018), which does not require critical appraisal as a condition for inclusion, given that the purpose is to map the breadth of available evidence rather than synthesise findings from homogeneous high-quality studies. All peer-reviewed studies meeting the inclusion criteria were therefore included. Readers should interpret effectiveness conclusions with this limitation in mind.

3.5.1 | Study Characteristics

- Publication year, journal and geographical origin.
- Study methodology and design characteristics.
- Population characteristics and sample sizes.
- Clinical setting and organisational context.
- ROM/CFS tools examined and administration approaches.
- Outcome measures and effectiveness indicators.

3.5.2 | Implementation Themes

- Implementation rationale and theoretical frameworks.
- Barriers and facilitators to adoption.
- Practitioner and client perspectives and experiences.
- Cultural considerations and adaptation approaches.
- Organisational factors and leadership influences.
- Training and support provision.
- Integration with the therapeutic process and clinical decision-making.

The first author coded the literature using Excel sheets, with verification by authors 2 and 3 of a subset to ensure consistency. Disagreements were resolved through discussion with authors 2 and 3 prior to reaching the final literature list.

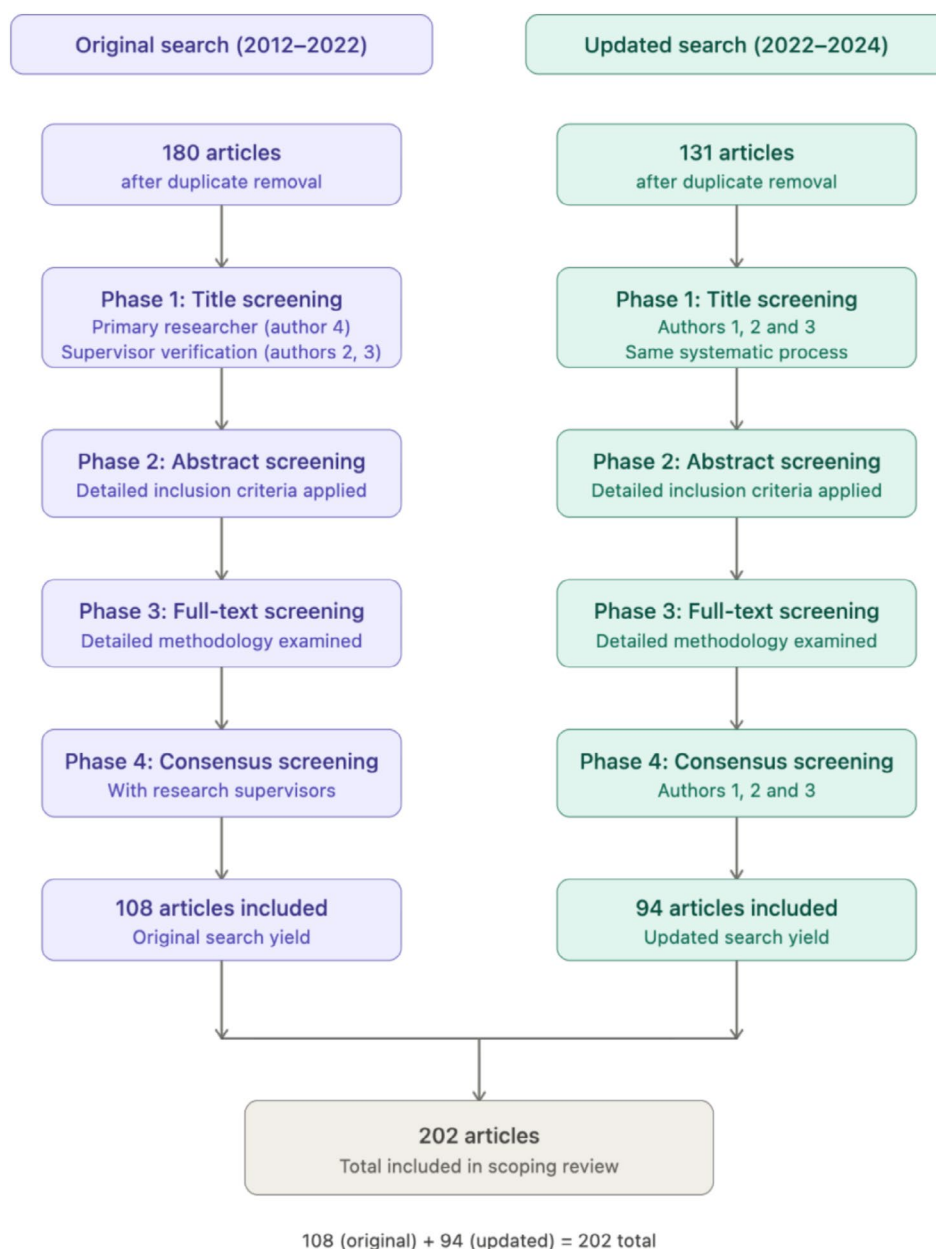


FIGURE 1 | Screening flow chart.

3.6 | Stage V: Synthesis and Reporting

The synthesis process used narrative approaches to identify patterns, themes and gaps across the literature while preserving the complexity of implementation experiences. Rather than pursuing statistical analysis, the synthesis focused on understanding implementation factors and how they interact across different contexts. Themes were generated through iterative reading across the full dataset, with initial categorisation codes developed from the data, conceptualised and refined through discussion within the research team. Each theme was revisited multiple times through iterative reading, comparative analysis and cross-checking against the inclusion criteria. Divergent interpretations in the research team were examined collaboratively, and disagreements were explored until a shared understanding was reached. Consensus was achieved only when each theme could be rigorously justified through clear conceptual

grounding, consistency across studies and relevance to the review aims. All final themes were preserved with contextual explanations to ensure transparency, traceability, and fidelity to the evidence base. The analysis identified key patterns within and across the four research questions, with particular attention to contradictions, contextual variations and emerging trends. The synthesis recognised that implementation success emerges from complex interactions between individual, organisational and systemic factors rather than simple cause-and-effect relationships.

4 | Reflexivity Statement

The first author is a practitioner-researcher undertaking doctoral research alongside clinical psychotherapy training. This dual positionality informed the framing of research questions and heightened sensitivity to power dynamics embedded in

institutional measurement practices. The first author's multi-cultural background (Chinese, Finnish and British heritage) and firsthand clinical experience with ROMs across placement settings shaped an attunement to cultural bias and inequities in implementation in the literature. These experiential influences were acknowledged as epistemological resources rather than limitations, consistent with reflexive qualitative inquiry. Research supervisors (authors 2, 3, and 5) provided critical challenge and independent verification throughout data extraction and synthesis to mitigate interpretive bias, and the research team engaged in reflective discussion throughout the study to ensure that emergent themes were grounded in the evidence base.

In keeping with scoping review methodology put forward by Arksey and O'Malley (2005), the literature was analysed through a process of systematic mapping rather than evaluative synthesis. This involved charting key concepts, definitions, contexts, populations and methodological approaches across the included sources to identify patterns, gaps and areas of conceptual convergence. The iterative nature of this mapping allowed the research team to refine analytical categories, compare emerging insights across diverse study designs, and capture the breadth and complexity of the field in relation to ROMs. This approach ensured that the analysis remained both comprehensive and flexible, reflecting the exploratory purpose of a scoping review.

5 | Results

5.1 | Search Strategy, Study Selection, and Data Extraction

A comprehensive summary of findings was generated through systematic analysis conducted in two phases. The initial search in 2023 identified 3408 potential articles through electronic database searches across multiple platforms. Following rigorous screening procedures, 2467 articles underwent detailed review, resulting in 108 studies meeting the inclusion criteria for ROM/CFS implementation in counselling and psychotherapy settings. The search in 2025 identified 1082 additional articles published after 2022, using the same search strategy. Of these, 436 underwent detailed review, 131 proceeded to full-text review and 94 were selected after supervisor review. Combined, this yielded 202 studies (108 from the initial search + 94 from the updated search) for the final scoping review.

5.2 | Descriptive Summary of ROM Research

Systematic mapping and categorisation of the literature facilitated a comprehensive examination of the research questions, focusing on understanding the current evidence base and identifying gaps in research on ROM.

5.3 | Scope of ROM Research

Research activity in ROM has demonstrated remarkable growth, particularly in recent years, with 94 eligible studies published

during 2022–2024, representing nearly equal output to the 108 studies spanning the entire previous decade (2012–2022). This substantial increase corresponds with the expansion of health-care policies that mandate outcome measurement, digital health innovations, and organisational adaptations following the global pandemic (Porter et al. 2022).

5.4 | Key Themes in ROM Research

The primary settings for ROM research encompass community mental health services, outpatient psychological therapy centres and integrated primary care environments (Coyne et al. 2024; Gelkopf et al. 2022; Williams et al. 2024). Implementation strategies examined include real-time feedback mechanisms, collaborative measurement approaches, technology-enhanced monitoring systems and culturally responsive assessment protocols (Gómez-Penedo et al. 2023; Harerimana and Forchuk 2022; Porter et al. 2022). A diverse range of innovative methodologies emerges from the literature, incorporating varied therapeutic frameworks with growing attention to implementation challenges across different contexts (de Jong et al. 2025; Lambert and Coco 2013).

Central considerations identified throughout the research include requirements for cultural sensitivity, sustainable organisational frameworks and meaningful practitioner involvement in ROM deployment (Bantjes et al. 2019; Börjesson and Boström 2020; Williams et al. 2024). Professional development and continuous support mechanisms feature prominently across studies, emphasising systematic preparation and ongoing mentorship for staff implementing measurement systems (Fajia et al. 2022; Tilden and Whittaker 2022). Personalisation strategies and cultural responsiveness appear consistently as essential elements for effective implementation across diverse client populations (Olthof et al. 2023; Silva et al. 2023). Additional critical factors, including digital integration, measurement validity and maintaining therapeutic alliance quality, contribute to a comprehensive understanding of successful ROM adoption across varied clinical environments (Barber and Resnick 2025; Greenhalgh et al. 2018; Gual-Montolio et al. 2022).

5.5 | Nature of Research on ROM

The research landscape on ROM is characterised by methodological diversity, geographic concentration, professional representation and clinical setting variation. Empirical quantitative investigations constitute the predominant research approach (52%), reflecting the field's emphasis on outcome measurement and effectiveness. Qualitative methodologies contribute substantially (28%) alongside mixed-methods designs (18%), demonstrating increasing recognition that successful ROM implementation requires a deep understanding of stakeholder experiences beyond quantitative metrics alone.

Geographic representation reveals significant concentration in Western nations, with substantial gaps in global perspectives. With an exception of 12 articles published in South America, China, Israel, South Africa, Canada and Australia, the rest of the studies have been conducted in North America, the UK, and some European countries (Supporting Information 2012–2022,

Graph 4). Primary research settings include community mental health facilities, integrated care environments, addiction treatment services and independent practice contexts. While therapeutic approach diversity is acknowledged, significant research gaps persist regarding non-Western populations, diverse modalities and culture-specific adaptations that may require alternative measurement approaches. However, the existing evidence base fails to reflect the diverse and rich nature of overall therapeutic practices across different modalities. The scoping review analysis reveals that psychodynamic approaches (23 studies), integrative approaches (15 studies), and other modalities, such as systemic therapy, family systems work, and person-centred approaches, are significantly underrepresented in the literature. More concerning is the minimal representation of creative therapies, art therapy, existential approaches and mindfulness-based interventions, each of which appears in fewer than five studies. This epistemological narrowness excludes therapeutic modalities that value subjectivity, relationality and embodied ways of knowing, thereby restricting innovation and diminishing ROM's relevance across the breadth of mental health care (Jensen-Doss and Hawley 2010).

6 | Understanding ROM Through Core Research Questions

6.1 | Research Question 1: Current Evidence Base for ROM in Psychotherapy

Firstly, the examination of current evidence reveals a substantial body of research demonstrating the benefits of ROM across diverse therapeutic contexts, although the evidence base varies considerably in quality and scope (Duncan and Murray 2012). Controlled research demonstrates clear benefits under optimal conditions, with studies showing improved therapeutic outcomes (Lambert and Shimokawa 2011), enhanced clinical decision-making (Duncan and Reese 2015) and better detection of clients at risk of deterioration (Shimokawa et al. 2010) when ROM systems are properly implemented.

The evidence base consistently demonstrates ROM effectiveness when implemented with adequate training, organisational support and integration with therapeutic processes (Lambert and Shimokawa 2011). Meta-analytic studies suggest effect sizes ranging from small to moderate for improved therapeutic outcomes and reduced deterioration rates within established therapeutic frameworks (Goodman et al. 2013). Research evidence supports ROM use for enhancing feedback between therapists and clients (Moltu et al. 2010), improving therapeutic alliance (Sales and Alves 2016) and supporting clinical supervision processes (Valdiviezo-Oña et al. 2025).

However, the evidence base reveals significant limitations in scope and generalisability. Studies conducted in routine clinical settings frequently report more variable outcomes compared to controlled research conditions, suggesting that real-world effectiveness depends heavily on implementation context and quality (Van Wert et al. 2021). The evidence base is heavily concentrated in Western therapeutic contexts, with limited research examining ROM effectiveness across diverse cultural contexts, therapeutic modalities and clinical settings.

The evidence suggests that ROM effectiveness depends critically on collaborative approaches that integrate measurement with therapeutic relationships rather than imposing external assessment requirements. Studies reporting positive outcomes consistently emphasised practitioner engagement in tool selection and adaptation, integration with existing therapeutic approaches and attention to client preferences and cultural contexts (Moltu et al. 2010).

6.2 | Research Question 2: Future Trends and Technological Innovation

Secondly, the analysis of emerging trends reveals fundamental shifts occurring across multiple dimensions of ROM implementation, with digital facilitation emerging as perhaps the most significant trend shaping ROM's future (Porter et al. 2022). The evidence reveals rapid advancement in digital platforms, mobile applications, real-time feedback systems, and integrated electronic health records that offer unprecedented opportunities for seamless measurement integration within established health-care systems (Harerimana and Forchuk 2022).

The personalisation trend represents another significant development that offers both opportunities for greater cultural responsiveness and accommodation of diverse therapeutic modalities (Antunes et al. 2020). Studies exploring idiographic measures, culturally adapted tools and personalised feedback systems demonstrate greater practitioner and client acceptance compared to standardised approaches (Antunes et al. 2020; She et al. 2024). Yet, these developments require careful attention to whether they genuinely accommodate therapeutic diversity.

Particularly noteworthy is the expansion of ROM applications beyond traditional clinical decision-making toward broader organisational and professional development purposes (Barber and Resnick 2025). Emerging research explores the use of ROM for practitioner-client matching, supervision and professional development (Valdiviezo-Oña et al. 2025), organisational quality improvement (Gelkopf et al. 2022) and potential protective effects against clinician burnout (Barber and Resnick 2025).

6.3 | Research Question 3: Effectiveness and Impact of ROM

Thirdly, the analysis of ROM effectiveness reveals a complex landscape where outcomes depend critically on the alignment between measurement approaches and diverse therapeutic modalities, cultural contexts and clinical settings (Moltu et al. 2010). Studies examining effectiveness consistently demonstrate that collaborative implementation approaches yield superior outcomes compared to compliance-focused mandates (Williams et al. 2024). Yet, even collaborative approaches might overlook how they accommodate diverse therapeutic modalities and cultural practices.

The evidence reveals significant variation in effectiveness across different populations, settings, and therapeutic modalities (de Jong et al. 2025). Community mental health centres serving diverse populations, substance abuse treatment facilities working

with varied therapeutic approaches (Cordony et al. 2023) and programmes rooted in different clinical settings each present unique implementation considerations that require cultural responsiveness and therapeutic diversity (Bantjes et al. 2019).

Critically, the literature documents both intended and unintended consequences of ROM's impact. The concept of implementation iatrogenesis emerges as a significant concern where measurement requirements displaced effective therapeutic practices, created compliance pressures that damaged therapeutic relationships or generated data used inappropriately to evaluate diverse therapeutic approaches (Casline et al. 2025; Faija et al. 2022; Truijens et al. 2022).

6.4 | Research Question 4: Transcultural Perspectives and Cultural Responsiveness

Finally, the analysis of transcultural ROM implementation reveals fundamental challenges that extend beyond cultural accommodation toward questions about how measurement practices can genuinely support diverse therapeutic modalities and healing traditions while maintaining accountability and quality improvement functions (Bantjes et al. 2019). There is a paucity of ROM studies conducted in diverse cultural contexts (Supporting Information 2012–2022). These papers, however, unanimously concur that there are significant challenges where ROM tools are developed within a Eurocentric framework and then implemented across different cultural, therapeutic contexts (Gelkopf et al. 2022). Some of the challenges include limited validation from non-Western frameworks, biased subject populations and some cultural expressions mismatching with Western categories. These, therefore, highlight the need for decolonisation.

The evidence reveals the limitations in current research representation, with the vast majority of ROM studies conducted in Western countries and reflecting particular therapeutic paradigms that may not adequately represent global therapeutic diversity (Jensen-Doss and Hawley 2010). However, emerging research demonstrates promising approaches to cultural responsiveness that move beyond accommodation toward genuine integration of diverse therapeutic modalities and clinical practices (She et al. 2025).

Studies reveal how measurement tools can either reinforce particular therapeutic approaches while marginalising others, or alternatively, can be adapted to support therapeutic diversity and cultural practices (La Tona et al. 2023; Silva et al. 2023). These findings suggest that culturally responsive implementation requires ongoing attention to how measurement practices interact with diverse therapeutic modalities.

7 | Discussion

This comprehensive scoping review has revealed critical insights into the current state and future potential of routine outcome measures in counselling and psychotherapy. The synthesis of evidence points to fundamental tensions between measurement aspirations and therapeutic realities that must be navigated thoughtfully. Rather than simply cataloguing what

works, this review illuminates why certain approaches seem to succeed in obtaining more funding and being rolled out within services, while others become marginalised, even though there is evidence of their efficacy. We tentatively discussed, as a research team, following the evidence from this scoping literature review, that the dominance of Cognitive Behavioural Therapy (CBT) may reflect not only its clinical utility but also its compatibility with measurement. Its structured, time-limited and symptom-focused design aligns closely with ROM's construct, enabling the production of a clear, standardised evidence base. What is often considered 'strong evidence' may partly reflect what is most easily measured, as commissioners and funders prioritise demonstrable outcomes. We therefore begin this discussion with critical openness, not to challenge CBT's legitimacy, but to question how evidence itself is constructed and privileged, in a modality-inclusive way to understand what this means for the evolving relationship between measurement and therapeutic practice.

7.1 | When Measurement Becomes Intervention

What emerges most clearly from this evidence base is a complex and often conflicting role that measurement plays in therapeutic practice. Far from being a neutral or purely objective tool, ROM actively shapes the therapeutic practice. It influences client experiences, practitioner behaviour and the dynamics of the therapeutic relationship itself (Börjesson and Boström 2020; Truijens et al. 2022). This influence varies across cultural contexts, therapeutic modalities, and institutional settings. In some environments, collaborative use of measurement tools strengthens the therapeutic alliance and promotes client engagement (Moltu et al. 2010; Sales and Alves 2016). In others, the same processes may disrupt therapeutic connection, reinforce dominant cultural narratives, or constrain the scope of what is considered valid or valuable in healing (Duncan and Murray 2012; She et al. 2025). A key challenge lies in identifying when measurement supports therapeutic work and when it begins to restrict it.

The implications go beyond individual encounters. Most existing ROM frameworks have been shaped by Western models of therapy, which risks sidelining non-Western practices and alternative approaches (Bantjes et al. 2019; Jensen-Doss and Hawley 2010). This raises important questions about whose experiences and outcomes are being captured and whose are systematically excluded from definitions of effective therapy.

7.2 | The Colonial Legacy of ROM

The concentration of ROM research in Western contexts exposes a profound epistemological problem that extends beyond geographical representation. It reveals how current measurement frameworks perpetuate a colonised view of therapeutic practice that privileges Western psychological paradigms while overlooking non-Western reality and practices (Bantjes et al. 2019; Gelkopf et al. 2022). This Western-centric dominance in ROM development creates what might be understood as 'measurement colonialism', where supposedly universal assessment tools embed cultural assumptions about mental

health, therapeutic change and healing relationships that may be fundamentally incompatible with diverse worldviews and healing practices.

The evidence reveals how this colonial legacy manifests in several ways. First, the predominant focus on individual symptom reduction and standardised change metrics reflects distinctly Western therapeutic goals that may not align with collectivist community practices, which emphasise community wellness, spiritual restoration or relational harmony (Jensen-Doss and Hawley 2010; She et al. 2024). Secondly, the temporal frameworks embedded in ROM systems, with an emphasis on linear progress and time-limited interventions, may conflict with the actual therapeutic journey, which is often conceptualised as open-ended, cyclical, intergenerational or spiritually determined, rather than clinically managed. The temporal perspective also illuminates how ROM effectiveness may vary across different phases of therapeutic relationships and treatment processes. The current evidence base suggests that measurement may be more or less helpful at different points in therapeutic journeys, with some clients finding assessment useful for initial goal-setting and progress tracking while others experience it as intrusive or counterproductive during vulnerable moments in treatment (de Jong et al. 2025; Fajja et al. 2022).

This colonised perspective becomes particularly limiting when ROM data is used for expanded applications, such as practitioner-client matching, supervision and organisational decision-making (Boswell et al. 2024; Valdiviezo-Oña et al. 2025; Williams et al. 2024). When measures shaped by Western clinical norms are applied across diverse settings, they can inadvertently privilege Western-trained practitioners and therapeutic modalities. This creates barriers for professionals and approaches rooted in alternative frameworks and therapeutic modalities, whose effectiveness may not be captured or may even be misrepresented by standard ROM tools.

The implications extend beyond individual therapeutic relationships to encompass broader questions of therapeutic sovereignty and cultural self-determination. The evidence suggests that current ROM frameworks may inadvertently function as tools of cultural assimilation, requiring diverse therapeutic practice to conform to Western measurement standards in order to gain professional legitimacy or organisational support (La Tona et al. 2023; Silva et al. 2023). This creates a paradoxical situation in which the very tools intended to improve therapeutic outcomes may potentially undermine the cultural foundations that enable therapeutic progress for many communities.

Moving beyond this colonial legacy requires what might be termed ‘decolonising measurement’ approaches that fundamentally challenge the assumed universality of Western measurement frameworks and create space for diverse ways of understanding therapeutic change and effectiveness. This involves not only adapting existing Western measures for different populations but also questioning the underlying assumptions about what constitutes meaningful therapeutic change and who has the authority to define successful therapeutic outcomes across diverse cultural contexts and modalities.

7.3 | Balancing Innovation and Equity

The rapid advancement of digital technologies presents both unprecedented opportunities and significant risks to the equity of ROM and therapeutic practice. While digital innovations offer new possibilities for more accessible, personalised, and responsive measurement systems, they also risk creating new forms of exclusion for populations with limited technological access or different preferences for therapeutic engagement (Harerimana and Forchuk 2022; Porter et al. 2022).

This tension between innovation and equity represents a critical challenge that requires proactive attention rather than reactive solutions. The evidence suggests that digital therapy and ROM developments may inadvertently advantage certain populations while disadvantaging others, potentially exacerbating existing healthcare disparities rather than addressing them (Porter et al. 2022). Understanding how to harness technological innovation while ensuring equitable access represents a key priority for future ROM development.

The expansion of ROM applications into areas such as practitioner-client matching (Coyne et al. 2024) and supervision also raises important ethical questions about consent, transparency, and the potential for measurement systems to influence therapeutic relationships in ways that clients and practitioners may not fully understand or control (Barber and Resnick 2025). These developments require careful consideration of their implications for therapeutic autonomy and the distribution of power within therapeutic relationships.

7.4 | Reconceptualising ROM Research and Practice

This synthesis suggests the need for a fundamental reconceptualisation of both ROM research and practice that moves beyond current frameworks focused primarily on effectiveness and compliance. The evidence points toward approaches that centre on questions of therapeutic relationship quality, cultural considerations and equity, alongside traditional concerns about measurement validity and efficiency (Goodman et al. 2013; Lambert and Shimokawa 2011).

Such reconceptualisation requires research methodologies that can capture the complexity and nuance of ROM’s impact on therapeutic processes, relationships and outcomes across diverse contexts. Current research approaches, predominantly focused on quantitative effectiveness measures and implementation metrics, may miss critical aspects of how measurement systems influence therapeutic relationships, practitioner development and client experiences (Azizian Kia et al. 2025).

The evidence also suggests the need for ROM development processes that centre community voice and cultural expertise from the outset rather than treating cultural adaptation as a secondary consideration (Antunes et al. 2020). This involves genuine partnership with diverse communities in measurement development, validation of concepts of therapeutic change that honour different healing traditions and ongoing attention to how measurement systems either support or constrain therapeutic diversity.

7.5 | Implications for Professional Development and Training

The evidence base presented has significant implications for how mental health professionals can use measurement systems thoughtfully and effectively. Current training approaches that focus primarily on technical competencies in measure administration and interpretation may be insufficient for preparing practitioners to navigate the complex relational, cultural and ethical dimensions of ROM use revealed in this review (Duncan and Reese 2015).

Professional development approaches must evolve to include competencies in collaborative measurement discussion, cultural responsiveness in assessment, and critical reflection on how measurement systems may influence therapeutic relationships and outcomes. This requires training that helps practitioners understand measurement not as neutral data collection but as active therapeutic intervention that requires careful consideration of its impact on client experiences and therapeutic processes.

The evidence also suggests the need for ongoing professional development that supports practitioners in adapting measurement approaches to diverse client populations and therapeutic contexts. This involves skills in cultural assessment, collaborative goal-setting and ongoing reflection on how measurement systems either support or constrain therapeutic goals and relationships (Barkham et al. 2023).

7.6 | Therapeutic Diversity and the Limitations of Current ROM Implementation

The literature review highlights the importance of placing equity and inclusivity at the core of ROM approaches. However, the existing evidence base remains limited and unrepresentative, restricting the development of genuinely responsive measurement systems that work across modalities. The current evidence base demonstrates a pronounced bias toward CBT approaches, with CBT representing the dominant therapeutic modality in ROM research (Bugatti and Boswell 2022; Jensen-Doss and Hawley 2010). This overrepresentation occurs due to the structured, goal-oriented nature of CBT that aligns well with systematic measurement approaches, making it easier to implement and evaluate ROM systems within time-bound CBT frameworks. The epistemological assumptions underlying most ROM systems, emphasising quantifiable outcomes, linear progress tracking and symptom-focused assessment, naturally align with CBT's theoretical framework while creating barriers for other therapeutic approaches (Gómez et al. 2022).

Bugatti and Boswell (2022) demonstrated that theoretical orientation emerged as a more significant factor than measurement approach in determining clinician perceptions of ROM utility, with cognitive behavioural clinicians reporting more positive perceptions across all aspects of clinical feedback. This finding suggests that the apparent success of ROM systems may be partially attributed to their conceptual alignment with CBT frameworks rather than universal applicability across all therapeutic modalities.

Extending beyond the modality inclusion, a fundamental limitation of current ROM is that its measurement captures definitive snapshots of therapeutic progress at particular time points. This approach overlooks the fact that individual therapeutic journeys rarely follow linear progression patterns. Research indicates that therapeutic change is complex and often nonlinear, with clients experiencing fluctuations, setbacks and varying rates of change across different domains of functioning (Amble et al. 2016). The assumption of linear progress embedded in many ROM systems is particularly problematic for longer-term therapeutic work and approaches that emphasise process over immediate symptom reduction (Rognstad et al. 2023).

ROM effectiveness varies considerably across different therapeutic approaches, with cognitive behavioural implementations generally demonstrating stronger evidence for utility compared to psychodynamic and humanistic approaches (Bugatti and Boswell 2022). This variation potentially reflects fundamental differences in how CBT conceptualises change, progress and the therapeutic relationship rather than inherent limitations in non-CBT approaches. Another example that emerged from the literature is that family therapy and systemic approaches present particular challenges for ROM implementation, as these modalities focus on relational dynamics and system-level changes that may not be captured adequately by individual-focused measures (Sales et al. 2019). This demonstrates the complexity of using client feedback to optimise therapeutic alliance in family therapy, highlighting the need for measurement approaches that can capture multiple perspectives and relational dynamics rather than individual symptom tracking.

Similarly, creative and expressive therapies, which emphasise embodied and non-verbal forms of expression and healing (van der Kolk 2014), may require fundamentally different approaches to progress monitoring that honour their unique therapeutic processes. The minimal representation of these approaches in ROM research reflects not only measurement challenges but also the implicit privileging of verbal, cognitive, and symptom-focused therapeutic paradigms (Jensen-Doss and Hawley 2010).

8 | Limitations

Several important limitations must be acknowledged in interpreting these insights from the existing evidence base. The concentration of research in English-language publications from Western contexts significantly influences the evidence base and may not accurately represent global perspectives on therapeutic measurement. This limitation itself perpetuates the very cultural and epistemic colonialism that emerged as a central critique of current ROM research. This limitation is particularly significant given the review's emphasis on cultural responsiveness and the need for diverse voices in ROM development. The specific methodological conventions adopted (English-language peer review, exclusion of grey literature and dissertation) risk reproducing the epistemic exclusions the review seeks to critique. Practitioner knowledge, community innovations, and non-Western therapeutic frameworks that appear primarily in practice-based, grey or non-English literature may therefore be systematically underrepresented in the evidence base synthesised here. We recognise that limiting our review to

English-language publications represents an important constraint. This reflects both the practical scope and the linguistic capacities of the research team; however, it also inevitably narrows the epistemic landscape from which insights could be drawn. In a field where cultural responsiveness and the inclusion of diverse voices are crucial, this limitation risks reproducing the cultural and epistemic marginalisation that our review identifies as a central critique within current ROMs research.

While our analysis offers a meaningful contribution within the boundaries of what was methodologically feasible, future research would benefit from expanding the search beyond English-language sources to incorporate studies published in other languages, as well as grey literature, dissertations, community-produced knowledge, and non-Western epistemologies. Such expansion would enrich the evidence base, broaden cultural representation and deepen understanding of how ROMs function across diverse contexts. Additionally, the rapid pace of technological development means that some emerging innovations may not yet be reflected in peer-reviewed literature.

The scoping review methodology, although suitable for mapping research landscapes, does not provide a critical appraisal of study quality, resulting in equal consideration of findings from both higher- and lower-quality studies. This limitation may impact the reliability of conclusions regarding ROM effectiveness across various contexts and populations.

9 | Conclusion

This comprehensive scoping review has illuminated the complex terrain of routine outcome measures in counselling and psychotherapy, revealing both significant opportunities and critical challenges that must be navigated thoughtfully. The evidence tells a story not simply of measurement effectiveness but of measurement as a contextual practice that embodies particular assumptions about intervention, change and therapeutic relationships.

The synthesis reveals three critical priorities for the next stage of the research moving forward:

1. Decolonising ROM. The evidence demonstrates that measurement neutrality is a myth. All measurement systems embody some assumptions and expectations about therapeutic change and healing processes. Acknowledging this reality requires approaches that centre diverse voices in measurement development, validate concepts of therapeutic change that honour different therapeutic journeys and continuously examine how measurement systems either support or constrain therapeutic diversity. This involves moving beyond surface-level cultural adaptation toward fundamental redesigning of measurement frameworks that can accommodate diverse approaches to therapy and well-being.
2. Equity in ROM. The evidence base reveals how measurement systems can inadvertently reproduce existing inequities and marginalise certain populations and therapeutic approaches. Addressing this reality requires

proactive attention to how ROM development, implementation and use either support or constrain equitable access. This involves examining the broader systemic contexts within which measurement occurs and working to transform policies, practices, and structures that perpetuate therapeutic inequities.

3. ROM as an evolving practice. The evidence demonstrates that effective ROM systems require sustained organisational investment, continuous adaptation based on experience and ongoing attention to their impact on therapeutic relationships and outcomes. To achieve this in the future, it requires a change in attitude from the field to treat ROM as a living system rather than a fixed tool and established framework. This involves moving beyond one-time implementation approaches toward continuous learning that can respond to changing needs, contexts and understanding of therapeutic effectiveness across diverse populations and modalities.

The field stands at a critical juncture where the choices made about ROM development and implementation will shape therapeutic practice for decades to come. This scoping review supports neither uncritical adoption nor blanket rejection of measurement systems but rather calls for thoughtful, culturally responsive and equity-focused approaches that centre therapeutic relationship quality and client well-being above administrative convenience or external compliance requirements. Achieving this vision requires a sustained commitment to redefine policy, enhance learning and foster continuous adaptation, as well as genuine partnership with the diverse communities served by therapeutic practitioners across various cultural modalities.

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Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** capr70134-sup-0001-Supinfo.docx. **Data S2:** capr70134-sup-0002-Supplemental Information 2022-2024.xlsx.