

EVIDENCE-BASED PRACTICE

“The pure and the applied sciences advance in a single front.”

Lightner Witmer (1906)



EVIDENCE-BASED PRACTICE



“The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”

Sacket et al. (1996),
on evidence-based medicine

EBP IN PSYCHOLOGY

The evidence base for any psychological intervention should be based on

1. Efficacy
Establishment of a causal relationship between interventions and disorders under treatment
2. Clinical utility
Consensus regarding generalizability, feasibility, and costs and benefits of an intervention

EBP IN PSYCHOLOGY

In 1996, the first guidelines regarding *empirically supported treatments* (ESTs) were published

Outlined 18 treatments that had empirical support based on RCTs that used a treatment manual with a specific population

Goal was to identify treatments with support comparable to medications

Chambless et al. (1996, 1998)
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EBP IN PSYCHOLOGY

Response to the Chambless report was varied

While it raised awareness of efficacy of psychological treatments...

Some decried emphasis on manualized, brief treatments and lack of emphasis on common therapeutic factors

Many divisions of APA and others (e.g., SBM) undertook internal studies of EBPP

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EBPP EXAMINED

In 2006, APA Presidential Task Force on Evidence-Based Practice issued guidelines that

1. Described commitment to EBP in the field of psychology via integration of applied and basic research
2. Tries to take into account the myriad of ways that treatments and therapies can provide evidence of their efficacy

APA (2006)
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OPERATIONAL DEFINITIONS

EBPP is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”

Purpose of EBPP is “to promote effective psychological practice and enhance public by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.”

EBPP vs. ESTs

ESTs start with a treatment and ask if it works for a population

EBPP starts with patient and asks what is the best evidence for what will help to achieve a particular outcome

ESTs are specific psychological treatments, EBPP is a method of decision making

THE BIG PICTURE

Large body of research on children, adults, and seniors finding that therapy

Is safe and effective for these groups

Can impact a wide range of problems

Is more enduring in impact than medications

Pays for itself in terms of medical cost offset, increased productivity, and QoL

THE BIG PICTURE

Meta-analyses have shown that
Most practices in widespread use are efficacious
Effect sizes equal or surpass those of medical
treatments that are widely accepted

Not all types of therapies have been subjected
to RCTs, but this does not rule out their
possible effectiveness

TYPES OF RESEARCH EVIDENCE

Clinical observation and basic science

Qualitative research

Systematic case studies

Single-case experimental designs

Ethnographic research

TYPES OF RESEARCH EVIDENCE

Process-outcome studies

Naturalistic trials (effectiveness research)

Randomized clinical trials (efficacy research)

Meta-analyses

ISSUES IN R-P INTEGRATION

- Weight of different research methods
- Representativeness of research samples
- How research should guide practice
- Generalizability and transportability

ISSUES IN R-P INTEGRATION

- Extent to which judgments about “treatments of choice” can be made
- Degree of generalizability to non-White and marginalized populations

NOW KNOW THIS

- The EBPP practitioner should be aware of
1. The strengths and limitations of each type of research
 2. Factors found to impact therapy
 - Treatment method
 - Individual psychologist
 - Treatment relationship
 - The patient

NOW KNOW THIS

“Local clinical scientist” should be the model for psychologist practicing EBPP

1. Integrates scientific findings and clinical expertise to form and test hypotheses about client problems and best treatment options
2. Is also aware of limitations, both in expertise and possible biases

COMPONENTS OF CLINICAL EXPERTISE

Assessment, diagnostic judgment, case formulation, and treatment planning

Clinical decision making, treatment planning, and monitoring progress

Interpersonal expertise

Continual self-reflection and skill acquisition

COMPONENTS OF CLINICAL EXPERTISE

Evaluation and use of research evidence

Understanding impact of individual, cultural, and contextual differences

Seeking additional resources as needed

Cogent rationale for clinical strategies

CONCLUSIONS

EBPP should not be seen as a threat to those who do not currently practice it

Instead, it is a way to enhance delivery of services in atmosphere of respect, communication, and collaboration between

Practitioners

Researchers

Patient

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