

EVIDENCE-BASED PRACTICE IN PSYCHOLOGY

Bringing science into your 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

Criteria for Empirically Validated Treatments: Well-Established Treatments

- I. At least two good group design studies, conducted by different investigators, demonstrating efficacy in one or more of the following ways:
- A. Superior to pill or psychological placebo or to another treatment.
 - B. Equivalent to an already established treatment in studies with adequate statistical power (about 30 per group; cf. Kazdin & Bass, 1989).

OR

- II. A large series of single case design studies demonstrating efficacy. These studies must have:
- A. Used good experimental designs and
 - B. Compared the intervention to another treatment as in I.A.

FURTHER CRITERIA FOR BOTH I AND II:

- III. Studies must be conducted with treatment manuals.
- IV. Characteristics of the client samples must be clearly specified.

Task Force on Promotion and Dissemination of Psychological Procedures (1993)

EBP IN PSYCHOLOGY

Criteria for Empirically Validated Treatments: Probably Efficacious Treatments

- I. Two studies showing the treatment is more effective than a waiting-list control group.
- OR
- II. Two studies otherwise meeting the well-established treatment criteria I, III, and IV, but both are conducted by the same investigator. Or one good study demonstrating effectiveness by these same criteria.
- OR
- III. At least two good studies demonstrating effectiveness but flawed by heterogeneity of the client samples.
- OR
- IV. A small series of single case design studies otherwise meeting the well-established treatment criteria II, III, and IV.

Task Force on Promotion and Dissemination of Psychological Procedures (1993)

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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 / effectiveness
Consensus regarding generalizability, feasibility, and costs and benefits of an intervention

APA (1995)

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EBP IN PSYCHOLOGY

Starting in 1996, updates regarding *empirically supported treatments* (ESTs) were published

Outlined 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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EST EXAMPLES

CBT for panic disorder

CBT for generalized anxiety

ERP for obsessive-compulsive disorder

Cognitive therapy for depression

IPT for depression

PMT for child oppositional behavior

CBT for bulimia

CBT for chronic pain

Chambless et al. (1996)

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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

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

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.”

APA (2006)

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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

APA (2006)

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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

Lambert & Ogles (2003)

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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

Lambert & Ogles (2003)

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THE BIG PICTURE

There are effective therapies for

Depression (ES of .56-2.15)

Anxiety (ES of .51-3.32)

Obesity (ES of .26)

Anger (ES of .64-.82)

Hypertension (ES of .65)

Bulimia (ES of 1.28)

And many, many others...

Lambert & Ogles (2003)

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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

APA (2006)

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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

Stricker & Trierweiler (1995)

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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

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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

Patients

QUESTIONS?

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All available online at <http://www.apa.org/divisions/div12/journals.html#ESTs>

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