

Introduction to the Special Series: Bridge Between Science and Practice

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On the Dissemination of Clinical Experiences in Using Empirically Supported Treatments

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This article addresses the long-standing gap that has existed between psychotherapy research and practice and the efforts that have been made to bridge it. It also introduces one such effort, which has consisted of 3 clinical surveys on the experiences of practitioners in using empirically supported treatments for panic disorder, social anxiety, and OCD. In contrast to attempts to close the gap by disseminating research findings to the clinician, the clinical surveys are intended to allow for practitioners to disseminate their clinical experiences to the researcher—and also to other

clinicians. What we view as a “two-way bridge” initiative is a collaboration between the Society of Clinical Psychology, Division 12 of the APA, and the Psychotherapy Division of the APA—Division 29. The mechanism that has been established provides a way for clinicians to be a part of the research process, which we hope will provide evidence that can help to enhance our clinical effectiveness.

Keywords: empirically supported therapies; evidence-based practice; psychotherapy research; clinical trials; practice research networks

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IN 1952, HANS EYSENCK PUBLISHED a provocative—but accurate—article on the gap between research and practice, arguing that there existed no good empirical evidence that psychotherapy worked. Some six decades and thousands of carefully constructed outcome studies later, we can happily

conclude that this is no longer the case. Indeed, a plethora of findings attest to the efficacy and effectiveness of our clinical interventions. And while the gap between research and practice has unquestionably grown smaller, it nonetheless continues to exist. With growing pressures for accountability from third-party payers, consisting of governmental agencies and insurance companies, the increasing emphasis on quality assurance, and the development of practice guidelines, the need to close this practice-research gap has perhaps become more pressing than ever before. Although there is no agency comparable to the Food and Drug Administration (FDA) to approve of psychotherapies that work, there nonetheless exists an unmistakable trend by psychotherapy researchers and clinicians to develop a consensus about what works.

The movement toward reaching a consensus is reflected in the question of how to best disseminate research findings to the practicing clinician (Kazdin, 2008). Clearly, limited time and lack of technical knowledge of research methodology and statistical analyses all serve as barriers. Some useful suggestions have been made, such as using case illustrations in the dissemination of findings (Stewart & Chambless, 2010). Still, an important barrier has been that the findings of randomized controlled trials (RCTs), focusing on specific clinical disorders, may not offer all the information clinicians need to know in order to intervene. Allen Frances, Chair of the DSM-IV, cautioned about the clinical limitations associated with our RCTs. Frances, also a practicing clinician, indicated the following in the introduction to DSM-IV, in which he highlighted the gap between our RCTs and the practice of therapy:

Making a DSM-IV diagnosis is only the first step in a comprehensive evaluation. To formulate an adequate treatment plan, the clinician will invariably require considerable information about the person being evaluated beyond that required to make a DSM-IV diagnosis (American Psychiatric Association, 1994, p. xxv).

We would suggest that most practicing therapists are likely to agree with this, and that their own clinical experiences in using empirically supported treatments based on RCTs can provide the field with important complementary evidence.

The Importance of Evidence-Based Practice

In 1995, the Society of Clinical Psychology, Division 12 of APA, published the findings of a task force to delineate “empirically validated” therapies (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Later referred to as empirically “supported” treatments, these interven-

tions were found to be efficacious on the basis of RCTs. Extending the work on identifying empirically supported treatments, the Psychotherapy Division of APA, Division 29, developed a task force to review the research on identifying empirically supported aspects of the therapy relationship that contributed to change. The purpose of the task force—the results of which were summarized in *Psychotherapy Relationships That Work* (Norcross, 2002)—was not to negate the importance of technique, but rather to offer a more complete evidence-based explanation of the therapy change process.

As a result of considerable debate over the extent to which research findings could accurately specify empirically supported treatments that can be used in clinical practice, the American Psychological Association Presidential Task Force on Evidence-Based Practice (2006) acknowledged that while findings from RCTs provided invaluable research evidence, other sources of evidence were needed as well. For example, findings from other forms of research, such as basic research on the variables associated with various clinical disorders, as well as the findings on the process of change, are all potentially relevant. Much like the suggestion noted by Frances above, the task force emphasized that it was also essential that information about client characteristics, client preferences, and clinical expertise needed to be taken into account.

The Need for Dissemination in Both Directions

Just as it is important for practicing clinicians to base their interventions on empirical evidence, so is it important for clinical experience to inform research (Kazdin, 2008). There are numerous instances where this has been done. One example is Sobell’s groundbreaking research that involved clinicians in the design and execution of a clinical trial in the treatment of substance abuse (Sobell, 1996). In another example, Eubanks-Carter, Burckell, and Goldfried (2010) compiled consensus information on how practicing therapists dealt with challenging situations involving patients’ conflicts with parents. Those involved in more formal practice research networks have emphasized that one of the benefits of these clinical-research collaborations is the ability to identify those factors that may make it difficult to implement empirically supported treatment in clinical practice, such as client, setting, therapist, and treatment variables (McMillan, Lenze, Hawley, & Osborne, 2009; Zarin, Pincus, West, & McIntye, 1997). Thus, working within a practice research network, Castonguay and colleagues (2010) had practicing therapists share their clinical experiences about helpful and hindering events in therapy.

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