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SPECIAL SERIES: Evidence-Based Assessment

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Practical, Evidence-Based Clinical Decision Making: Introduction to the Special Series

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Evidence-based assessment (EBA) is an essential component of evidence-based practice. Information obtained from EBA can be used to make decisions about what to target in treatment, to generate a case conceptualization, and to objectively monitor treatment progress. Numerous studies indicate that incorporating EBA into treatment can improve client outcomes. Unfortunately, relative to the amount of information available to clinicians about evidence-based treatments, little information exists to guide clinicians who are interested in incorporating EBA into their treatment practices. This special section seeks to address that gap by providing practical clinical guides and case examples for a variety of EBA strategies across a variety of settings.

With the rising costs of health care, there is an increased emphasis on ensuring that funding that goes to mental health services is being spent on effective care. In many cases, this takes the form of encouraging or requiring that clinicians offer evidence-based services (Clarke, Lynch, Spofford, & DeBar, 2006). For example, several states have started to require that public mental health services include evidence-based treatments (EBTs; e.g., Chorpita et al., 2002; Jensen-Doss, Hawley, Lopez, & Osterberg, 2009) or have funded other initiatives to encourage their use (Chambers, Ringeisen, & Hickman, 2005). Large mental health systems, such as the Department of Veterans Affairs (VA), have also undertaken initiatives to implement both EBTs (Karlin & Cross, 2014) and evidence-based assessment tools (Landes et al., 2015-in this issue). As such, mental health clinicians are under increasing pressure to demonstrate that they are engaged in evidence-based practices.

Fortunately, the last two decades have seen a rapid increase in the availability of resources that providers can use to get information about EBTs. In the mid-1990s, Division 12 of the American Psychological Association (APA) initiated efforts to identify lists of "empirically supported" or "empirically validated" treatments that fell into various categories of support (e.g., Lonigan, Elbert, & Johnson, 1998). Although an important first step toward making EBTs more available, simply having a list of treatments was not necessarily helpful to clinicians, who needed to know how and when to actually employ such treatments. Since that time, significant gains have been made in increasing provider access to much more detailed information about treatments (e.g., the California Evidence-Based Clearinghouse, http://www.cebc4cw.org/, which provides detailed information about treatments, including availability of training and resources needed to use the treatment) and much more training has become available through commercial enterprises such as PracticeWise (www.practicewise.com) and Behavioral Tech (http://behavioraltech.org).

This special series seeks to address one important gap in the information available to help clinicians engage in evidence-based practice. Evidence-based practice has many dimensions beyond treatment techniques, including assessment, case formulation, and the therapeutic relationship (APA Presidential Task Force on Evidence-Based Practice, 2006). Assessment, in particular, is arguably fundamental to evidence-based practice, as assessment results inform decisions about which treatments to use, provide critical information for case conceptualization, and provide objective data about whether treatment is working and when to end treatment. Unfortunately, significantly fewer resources exist to guide clinicians in evidence-based assessment (EBA). As such, it is not surprising that differences exist between the assessment strategies clinicians report using and "best practice" guidelines (e.g., Handler & DuPaul, 2005; Schacht, Dimidjian, George, & Berns, 2009). This special section is designed to provide practice-relevant information about using EBA strategies to facilitate case conceptualization and other clinical decisions in treatment.

Keywords: Evidence-based assessment; clinical decision-making; diagnosis; progress monitoring; measurement-based care

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There are a number of reasons why incorporating EBA into routine practice can help improve the quality of client care. First, EBA tools can help improve the accuracy of diagnoses, which is one important step in identifying what to target in treatment. While many clinicians rely on unstructured interviews to generate diagnoses, these diagnoses often do not match the diagnoses generated through more comprehensive approaches (e.g., Jensen-Doss, Youngstrom, Youngstrom, Feeny, & Findling, 2014) and appear to be less valid than those diagnoses as well (Basco et al., 2000; Jewell, Handwerk, Almquist, & Lucas, 2004; Tenney, Schotte, Denys, van Megen, & Westenberg, 2003). Diagnostic accuracy has been linked to better treatment engagement and outcomes (Jensen-Doss & Weisz, 2008; Kramer, Robbins, Phillips, Miller, & Burns, 2003; Pogge et al., 2001), suggesting that improving diagnostic assessment can have cascading effects across the course of treatment. Although clinicians have expressed concern that more intensive diagnostic interviews would be unacceptable to clients (Bruchmüller, Margraf, Suppiger, & Schneider, 2011), data gathered directly from clients suggest that they express high satisfaction after participating in such interviews (Suppiger et al., 2009). Two of the papers in this special series, Youngstrom, Choukas-Bradley, Calhoun, and Jensen-Doss (2015-in this issue) and Christon, McLeod, and Jensen-Doss (2015-in this issue), discuss strategies for utilizing diagnostic assessment data to enhance clinical decision making.

Using EBA for ongoing progress monitoring can also be clinically useful. Administering assessment measures and reviewing their results on a regular basis during treatment helps with early identification of clients who are at risk for treatment failure, allowing clinicians to adjust treatment (Claiborn & Goodyear, 2005; Lambert, Hansen, & Finch, 2001; Riemer, Rosof-Williams, & Bickman, 2005). Extensive research with adult clients suggests that providing clinicians with regular feedback about client progress can enhance treatment retention and improve treatment outcomes (Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert et al., 2003; Shimokawa, Lambert, & Smart, 2010); preliminary evidence suggests that the same effects are found for youth clients as well (Bickman, Kelley, Breda, De Andrade, & Riemer, 2011; Stein, Kogan, Hutchison, Magee, & Sorbero, 2010). Although progress monitoring of this sort is common practice in trials of psychosocial treatments, clinician surveys suggest this strategy is underutilized in practice (Gilbody, House, & Sheldon, 2002; Hatfield & Ogles, 2004). Several of the papers in this section discuss the benefits of routine progress monitoring and provide illustrations of how it can be applied in a variety of practice settings.

Similar to the early days of the EBT movement, several excellent reviews have been conducted detailing EBA measures for a variety of treatment uses, including screening, diagnosis, and treatment outcome monitoring. Some of the best work in this area has been led by John Hunsley and Eric Mash (Hunsley & Mash, 2007), culminating in two journal special sections (Hunsley & Mash, 2005; Mash & Hunsley, 2005) and their book, *A Guide to Assessments That Work* (Hunsley & Mash, 2008). These resources apply consistent review criteria to measures for a range of both adult and child psychological concerns, reviewing measures separately for a range of assessment purposes (e.g., diagnosis, screening, etc.). The lists of assessment tools in the special sections and the book provide an excellent starting point for clinicians interested in selecting assessment instruments.

However, lists of evidence-based assessment tools only provide information related to one aspect of EBA, which consists of both selecting which research-supported assessment tools to use and using evidence-based processes to apply those tools (Hunsley & Mash, 2007). Much less guidance exists on how best to select, combine, and interpret assessment tools to generate accurate clinical decisions. The authors in this special section seek to fill that gap by providing clinical guides and examples relevant to the application of EBA principles in treatment.

In the section's first paper, Beidas and colleagues (2015-in this issue) have created an invaluable resource for practitioners seeking to employ EBA tools within the constraints of real-world clinical practice. Practical concerns, such as time and cost, are among the most significant barriers to incorporating EBA into routine practice (Connors, Arora, Curtis, & Stephan, 2015-in this issue; Jensen-Doss & Hawley, 2010). In their paper, Beidas and colleagues provide a list of free, brief tools for a range of concerns relevant to both child and adult clients. Organized by problem type, the review provides lists of measures with good psychometric support, including information about where to obtain the instruments, the number of items, and whether the measures are useful for screening, diagnostic assessment and/or progress monitoring. This paper will be extremely useful for providers who feel that they have not been able to manage the time or costs involved in incorporating EBA into their everyday practice.

The next two papers in the section are "how to" guides summarizing work from two teams that have been working to develop comprehensive models for using EBA tools to enhance clinical decision-making. In the first, Youngstrom and colleagues (2015-in this issue) describe a 12-step EBA approach to diagnosis and treatment grounded in principles drawn from evidence-based medicine. The approach involves sequentially using information to revise the estimated probability that a client has a given diagnosis. In the second, Christon and colleagues (2015-in this issue) present a model for science-informed case conceptualization that involves synthesizing the psychopathology, assessment, and