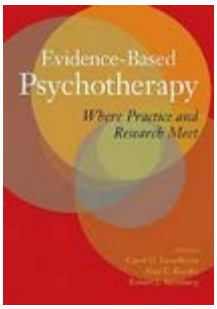
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Psychotherapy Research and Practice: Friends or Foes?

A Review of

Evidence-Based Psychotherapy: Where Practice and Research Meet
by Carol D. Goodheart, Alan E. Kazdin, and Robert J. Sternberg (Eds.)
Washington, DC: American Psychological Association, 2006. 295 pp. ISBN 1-59147-403-5. $59.95

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The controversy surrounding the idea of evidence-based psychotherapy (EBP) is hot. How hot? The American Psychological Association (APA) has published not one but two books on this topic in the past year—the present volume as well as *Evidence-Based Practices in Mental Health: Debate and Dialogue on the Fundamental Questions* (Norcross, Beutler, & Levant, 2006)—and an APA presidential task force was formed to issue a report (Levant, 2005) defining APA's position on this issue. Can research inform practice? Should research inform practice? If so, what kind of research? The debate is often presented as a science–practice war, but in fact psychotherapy researchers themselves also argue about the sort of data that are useful for practice.

The editors of *Evidence-Based Psychotherapy: Where Practice and Research Meet*, two academics (Alan E. Kazdin, a psychotherapy researcher, and Robert J. Sternberg, a generalist) and a private practitioner (Carol D. Goodheart), attempt to inform this debate by instituting "a reality-based progressive dialogue among mental health professionals affected by the EBP movement" (Goodheart and Kazdin, p. 4). This dialogue comes in the form of 11 chapters, some written by those in private practice, some by academic psychotherapy researchers, and a smattering by individuals in professional organizations or public policy. The idea of bringing together this diverse group of authors is an excellent one; however, the goal of dialogue proves elusive. The authors appear to have written their chapters without access to other work in the volume, and the opportunity for point–counterpoint is lost. In this regard, the present volume falls short in comparison to the other APA book (Norcross et al., 2006), in which authors responded to one another's chapters. The absence of internal feedback may account for the disappointingly high number of errors or assertions for which the authors provide no evidence, although surely the editors bear responsibility for lack of oversight as well. The uneven quality of the book reduces its value. Unless readers are already familiar with the literature and arguments in this area, the distinction between solid arguments and misleading statements will be hard to make.

What Is Evidence-Based Practice?

What is EBP all about? EBP may be seen as an extension of the evidence-based medicine movement in the United Kingdom (see Huppert, Fabro, and Barlow's chapter). In the United States, discussion of EBP at the organizational level began with a task force of Division 12 of APA (Society of Clinical Psychology) that sought to identify and disseminate information about empirically supported treatments (ESTs). Meta-analyses of psychotherapy outcome typically inform us that various forms of psychotherapy, on average, result in improvement for the majority of clients of various unspecified types. For many clinicians and psychotherapy researchers, this is all we need to know: On average, psychotherapy works. The premise of the EST task force was that treatment outcomes could be improved by the use of specific

treatments devised to target particular issues or psychopathology. Huppert et al. discuss this point in their chapter. Perhaps even more controversial was the task force's argument that clinicians would be on stronger grounds ethically and in their disputes with third-party payers if they used treatments that had been shown to be efficacious relative to waiting-list and placebo control conditions or to other beneficial treatments for their client's problem. That is, positive evidence for Treatment A trumps the absence of evidence for Treatment B, even if Treatments A and B have not been directly compared.

As noted by Huppert et al., ESTs make up only a part of the broader concept of EBP. To conduct EBP, the psychotherapist uses the evidence base of psychotherapy research but considers this evidence in light of the needs of a particular patient and of that patient's values and preferences. Some of the authors of this book support the idea that ESTs are at the core of EBP. Most do not. Psychotherapy research is only part of the concept of EBP, and EST research is only part of an agenda of relevant psychotherapy research. Certainly such an agenda includes research establishing what treatments work for what, but it also includes determining whether those treatments generalize well to the clinical setting, what patient characteristics may make the treatment more or less appropriate, what processes underlie the efficacy of treatment (thereby permitting the researcher to hone the treatment), and cost-effectiveness research. Huppert et al., Kazdin, and Weisz and Addis all discuss these issues in their chapters.

Why Is Evidence-Based Practice Controversial?

Most of the controversy about the use of psychotherapy research for practice concerns ESTs. What characterizes EST research? The Division 12 task force laid out a number of criteria (Chambless et al., 1998), the most important of which include (a) a specified focus of treatment that can be reliably and validly assessed; (b) a specified treatment population; (c) a treatment well-described, typically by a treatment manual; and (d) the use of random assignment to treatment or comparison conditions for group research or of solid single-case experimental designs for small sample research. Some psychotherapy researchers and some practitioners have denied the use of such research for practice for valid and invalid reasons. In a chapter including a cogent critique of aspects of psychotherapy outcome research that reduce generalizability to clinical practice, Kazdin goes to the surprising extreme (surprising for someone who published a randomized controlled trial [RCT] a year ago) of stating that “the methods, as well as the results, of RCTs make them largely of little relevance to clinical work” (p.170). Such a statement suggests that controlled evidence of what has worked for clients with problems similar to one's own patient is useless. Is the therapist really to start de novo with each client, without any idea of what might be helpful for this person? If the therapist does have ideas about what might help with a given client, what are these based on, and how valid is that basis?

Unfortunately, many of the authors of this volume repeat invalid criticisms of ESTs without reference to information that has emerged in the last decade of publications on the EST controversy. Space permits consideration of only a few examples. For example, Tanenbaum avers that EST research excludes whole schools of psychotherapy because such research cannot be conducted with approaches such as psychodynamic psychotherapy (see also Reed and Eisman). In fact, EST research on psychodynamic approaches has lagged behind but is accruing rapidly and is demonstrating its benefit for patients with a variety of problems (e.g., Leichsenring, Rabung, & Leibing, 2004). Further, Tanenbaum repeats the assertion that complex patients with problems such as personality disorders are excluded from EST research. In fact, comorbidity rates are high in EST trials, and the most common reason patients are excluded from EST research, if they have the disorder under study, is that they are not severe enough to meet entry criteria, not that they are too difficult (Wiltsey Stirman & DeRubeis, 2005).

Many reject evidence from RCTs on the grounds that patients in such studies have such a different experience from those seeing therapists in practice that the findings are irrelevant or that surely the findings will not generalize to the clinical setting. This is a critical point. As Weisz and Addis note in their chapter, carrying out effectiveness research (research transporting treatments from research to practice settings) is fraught with difficulty. Nonetheless, a substantial body of research has emerged demonstrating that ESTs are effective in clinical practice settings. Note, however, that this is different than showing that ESTs are more effective than the treatments ordinarily used in practice. Research on this premise is scant and sorely needed (see Reed and Eisman; Weisz and Addis); however, such research will be difficult to generalize beyond the specific setting in which it was conducted because of the diverse nature of treatment as usual control conditions (TAU). One can readily imagine an EST being more effective than TAU in a setting in which

clinicians have not been trained in ESTs but not in another setting where therapists already practice according to EST principles or where patients are treated effectively with medication.

Why do we need EST-type evidence when we already know that all psychotherapies work equally well (see Carter; Goodheart; Lambert and Archer)? This widely held belief is based on an inadequate database, most recently a meta-analysis (Wampold et al., 1997) in which there were few studies comparing genuinely different forms of treatment for real patient samples and most studies on children and adolescents were excluded. Data were averaged across all sorts of patients, all sorts of measures (central or peripheral to the patients' concerns), and all sorts of treatments (for a further discussion of limitations, see Crits-Christoph, 1997). Compare this to a focused meta-analysis (Siev & Chambless, 2006) in which a specific treatment (cognitive–behavior therapy) was shown to be consistently superior to another treatment (applied relaxation training) for a specific disorder (panic disorder) for measures broadly reflecting the psychopathology and severity of panic disorder. Without some compelling reason, can we justify giving our clients with panic disorder the less efficacious treatment on the grounds that, on average, all treatments work about the same?

The companion argument to “all treatments work the same” is that common factors, especially the therapeutic relationship, are the really important variables in patients' improvement. Carter asserts that a very large proportion of the variance in outcome—30 percent—is accounted for by the therapeutic relationship. In fact, meta-analyses on this topic have converged to indicate that about five percent of the variance in outcome can be attributed to the therapeutic relationship (e.g., Martin, Garske, & Davis, 2000). Be that as it may, no reasonable clinician would argue that having a good relationship with one's patients is a bad idea. The question is, What do we do with these correlational data? How can we take this finding from point of scientific interest to a method for improving treatment outcome? Despite decades of research on the therapeutic relationship, training programs that demonstrably increase therapists' ability to form good working alliances in controlled research have yet to emerge.

Why the Continued Animosity Regarding ESTs?

What makes misconceptions about ESTs so difficult to correct? One possibility is that the high emotional level of the arguments makes it difficult to engage in real dialogue. Psychologists in practice have been hurt financially by managed care, have seen their freedom to practice as they like diminished, and are clearly very worried that the situation will get worse. Essentially the concern is that EST research will be used against practitioners who do not use, or say they use, treatment approaches with EST support, and that it would be better not to disseminate information on ESTs lest this be the case. Perhaps this accounts for extraordinary statements such as Reed and Eisman's assertion that “EBP is premised on the need for the lay management of professional behavior, which has been a central operating principle of managed care” (p. 16). Perhaps someone involved in the EST movement holds this position, but I have never heard or read the faintest suggestion of this sort in my 13 years of involvement with this topic. Further suggestion of the sense of professional threat comes in Tanenbaum's concern that “nonpsychologist mental health workers are empowered by EBP” (p. 251). Given the large percentage of therapists in public mental health clinics who are not doctoral-level psychologists, increasing these therapists' skills would seem to be a good thing rather than a drawback, but that is not the tenor of this chapter.

Practitioners' concerns should not be dismissed as paranoia. Reed and Eisman as well as Tanenbaum cite practices by state and managed care companies that leap ahead of the available data. For example, the state of Oregon reportedly will require by 2007 that 75 percent of mental health and substance abuse services funded by the state be evidence-based. What of all the conditions for which evidence-based treatments do not yet exist? Will patients with such problems be denied treatment? I would have found this book much more valuable if the authors had grappled more with the appropriate use of empirical data in funding decisions. Because the authors raising policy issues generally rejected any role of EST research in decision making, such considerations were impossible in this book.

If one accepts for the moment that EST research might be valuable for the clinician, how can she or he breach the science–practice divide to extrapolate from the research literature to the specific case? In one of the most thoughtful chapters in the book, Trierweiler grapples with these issues in the context of training students for practice. The problem is one of appropriate generalization and the limitations thereto. Anti-EST writers often express the fear that there will be no room left for clinical judgment if ESTs are implemented in practice. Although it is a laudable goal to base as much of

one's practice as possible on research evidence, it seems highly unlikely that our knowledge base will ever yield information so precise as to dictate exactly what should be done and how with an individual case. Thus, as Trierweiler argues, training students to apply critical thinking skills in practice is essential.

Is Any Psychotherapy Research Useful to Anti-EST Psychologists?

Is there any kind of research on treatment efficacy that is acceptable to those who disagree with EST research approaches? Yes, and a strength of this book is the chapters that focus on alternative approaches. Kazdin persuasively argues for the importance of systematically assessing change in individual cases in one's practice and provides valuable suggestions for doing so. In this context he advocates for the use of single-case experiments as an alternative to RCTs. Extending the idea of continuous assessment, Lambert and Archer describe Lambert's creative program of patient-focused research, in which Lambert has demonstrated that giving therapists systematic feedback about each patient's progress as measured at each session yields better outcomes than no feedback. There are repeated calls for qualitative research (Goodheart; Kazdin). As noted by Kazdin, rigorous research can be conducted with qualitative designs. Unfortunately, neither of these authors provides any examples of existing or hypothetical studies demonstrating the use of qualitative approaches to research on treatment outcome. Certainly, process research (e.g., research on the therapeutic relationship and treatment outcome) is acceptable to anti-EST psychologists. However, as noted earlier, unless that process research can be tied to further work on the improvement of treatment outcomes, its public health significance is limited. That is, psychotherapy researchers find all kinds of research about what goes on in treatment to be fascinating, but at the public policy level, what counts is whether such research results in improving patients' lives.

Conclusion

Authors of this text frequently describe a large gap between scientists and practitioners (Carter; Goodheart; Weisz and Addis). In fact, we have very little data on the attitudes of psychologists in practice about psychotherapy outcome research, nor do we know what kind of research, if any, practitioners would find valuable. In his chapter, Sternberg states that psychologists out in the field are already using EBP, but we actually know precious little about what factors psychologists in practice consider when deciding how to treat a new client or when reevaluating a case that has not gone well. Determining the extent to which psychologists incorporate evidence from research in their practice, and finding out what sort of research they would find relevant for improving their treatment of clients, would go a long way toward assessing whether the research–practice gap is a chasm or a sidewalk crack and in determining how difficult it will be to breach the divide.

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