

## **CPA's Definition of Evidence-Based Practice of Psychological Treatments**

Evidence-based practice of psychological treatments involves the conscientious, explicit and judicious use of the best available research evidence to inform each stage of clinical decision-making and service delivery. This requires that psychologists apply their knowledge of the best available research in the context of specific client characteristics, cultural backgrounds, and treatment preferences.

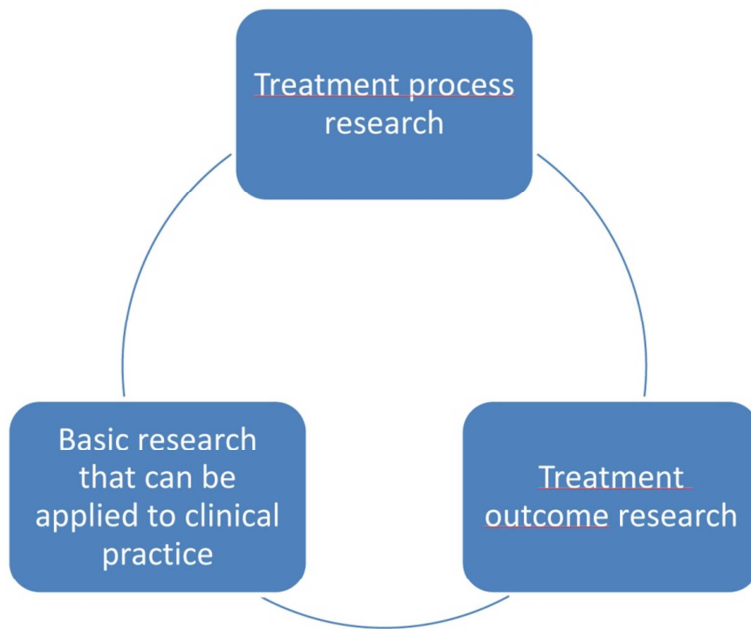
Consistent with ethical codes and professional standards, evidence-based practice entails the monitoring and evaluation of services provided to clients throughout treatment (from initial intake to treatment termination and maintenance of gains). Evidence-based psychological practice also pertains to one's own professional development. This requires a commitment to continually inform and/or be informed by research evidence so as to identify and select interventions and treatment strategies that maximize the chance of benefit, minimize the risk of harm and deliver the most cost-effective treatment.

Evidence-based practice relies, first and foremost, on research findings published in the peer-reviewed scientific literature including, at a minimum, treatment process and treatment outcome research. All research methodologies have the potential to provide relevant evidence, but in examining the scientific literature preference should always be given to studies based on research methodologies that, as much as possible, control threats to the validity of the research findings. Consistent with their academic training, psychologists are expected to thoughtfully evaluate the peer-reviewed scientific literature, recognizing both the applied value and the limitations of current knowledge. A number of avenues are available for psychologists to maintain their knowledge of the relevant scientific literature, including reliance on primary studies, systematic reviews, and clinical practice guidelines.

Respect for the dignity of persons is imperative in evidence-based practice. Psychologists work in collaboration with their clients in developing and implementing their services. Psychologists have knowledge of the research literature, which forms the basis for developing treatment options that may be indicated for a client with particular characteristics. Clients have valued lived experiences including previous symptoms or treatment experiences, preferences and motivation. Communication and collaboration between the psychologist and the client is crucial to the process of achieving informed consent and reflects best practice based on current evidence.

### Sources and Levels of Evidence

Evidence-based practice relies on diverse sources and levels of evidence. First and foremost, this evidence includes research findings published in the peer-reviewed scientific literature. For psychological practice, the evidence to be considered in recommending or providing a treatment should be derived from sources such as treatment process research, treatment outcome research, and basic psychological research that can be applied to clinical practice. Following the initiation of treatment, data obtained from the ongoing monitoring of clients' reactions, symptoms, and functioning should be used to modify or discontinue the selected treatment.

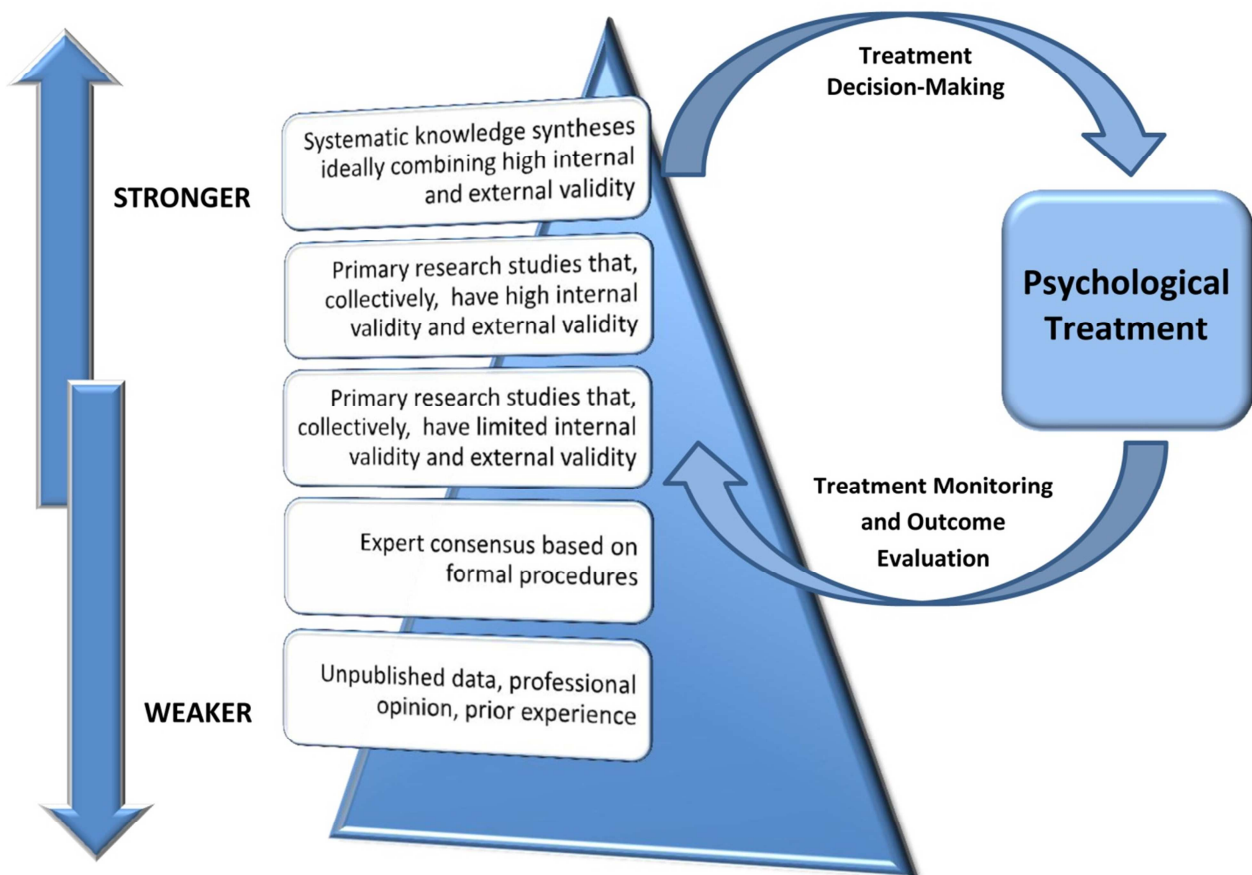


All research methodologies have the potential to provide relevant evidence. In examining the scientific literature, psychologists should first consider findings that are replicated across studies and that utilized methodologies that address threats to the value (i.e., internal validity/credibility, external validity/generalizability, transferability) of obtained results. In determining the strength and relevance of these research findings, psychologists should consider the hierarchy of evidence available for the treatment options under consideration. Thus, psychologists should consider the best available evidence, that is, the evidence highest on the hierarchy. In some instances this may be results of meta-analytic studies; in other cases, it might be the results from multiple single case experiments.

Systematic knowledge syntheses are at the top of the hierarchy, as these are based on the results of multiple investigations. Systematic knowledge syntheses can include a range of methodologies, for example systematic reviews, meta-analyses, meta-syntheses, realist syntheses, narrative syntheses, and practice guidelines that systematically synthesize evidence.

Both quantitative and qualitative systematic knowledge syntheses can provide valuable information; in all cases, it is the quality of the synthesis that matters.

When systematic knowledge syntheses are not available, psychologists should refer to primary research studies based on methodologies that address threats to the value of the research findings. For example, in quantitative research, randomized controlled trials can provide evidence with strong internal validity; in treatment research, these studies are typically known as efficacy studies. However, it is also important for psychologists to consider the external validity of research findings, and to consider the results of studies designed to have high external validity (i.e., generalizability); in treatment research, these studies are often referred to as effectiveness studies. Ideally, psychologists should consider studies that have high internal validity *and* studies that have high external validity.



Although there is likely to be process and outcome research relevant for most treatment options provided by psychologists, in some cases there may be little or no relevant treatment research. In addition to turning to evidence from basic research in these instances, there are a range of options that might sometimes be considered. For some conditions, practice guidelines may be available that are based on a consensus among experts, as determined by formalized methods. Additionally, there are other options that could be considered, although none of them are truly evidence-based. Such options are at the lowest level of the evidence hierarchy, and include unpublished practice-based data, prior clinical experience, and professional opinions.

Regardless of the nature or strength of the evidence used to inform treatment selection, psychologists should be prepared to alter the treatment being provided based on data from ongoing treatment monitoring (including both in-session and between-session client reactions and changes in symptoms and functioning). Frequently this will involve adjusting the content, sequencing, timing, or pacing of treatment elements. In some instances, this might lead to a decision, made in collaboration with the client, to discontinue the treatment. In such situations psychologists should reconsider the relevant hierarchy of evidence in order to determine alternative options that might be appropriate for the client.