
Implementation of Evidence-Based Practice Precepts in Psychotherapy and Recommendations for Research and Practice

Mise en œuvre des préceptes de la pratique fondée sur des preuves en psychothérapie et recommandations pour la recherche et la pratique

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ABSTRACT

This brief report addresses the attitudes of psychotherapy providers and North American psychology regulatory leaders toward evidence-based practice (EBP) precepts as applied to their psychotherapy practices. Secondary descriptive analyses of a two-phase survey concerning these attitudes of Canadian psychotherapy providers ($n = 684$) and psychology regulatory leaders ($n = 32$) were undertaken to inform the perceived utility and implementation of EBP precepts within psychotherapy practices. Results indicated that while there is general agreement among attitudes toward EBP precepts as applied to the routine clinical practices of psychotherapy providers and leaders, they are nuanced depending on the EBP tenet in question. Results are situated within the extant empirical literature on the EBP of psychotherapy in particular and of psychology more broadly, with recommendations for future research provided. While the zeitgeist is alive and well for the uptake of EBP in psychotherapy practice, important challenges remain for its advancement and implementation.

RÉSUMÉ

Ce bref rapport examine les attitudes des prestataires de services de psychothérapie et des responsables de la réglementation sur la psychologie en Amérique du Nord concernant les préceptes de la pratique fondée sur des preuves (EBP) et sur leur application à leurs pratiques de psychothérapie. Des analyses descriptives secondaires d'un sondage en deux étapes portant sur ces attitudes des prestataires de services de psychothérapie ($n = 684$) et des responsables de la réglementation sur la psychologie ($n = 32$) canadiens ont été réalisées pour orienter l'utilité perçue et la mise en œuvre

des préceptes de la pratique fondée sur des preuves dans les pratiques de psychothérapie. Les résultats indiquent que s'il règne généralement un consensus dans les attitudes à l'égard des préceptes de la pratique fondée sur des preuves quant à leur application aux pratiques cliniques courantes des prestataires et responsables de services de psychothérapie, toutefois ces attitudes sont plus nuancées selon le précepte en question. Les résultats sont présentés dans le contexte de la littérature empirique existante sur la pratique fondée sur des preuves, dans le domaine particulier de la psychothérapie et plus général de la psychologie, avec des recommandations pour des recherches ultérieures. Si l'intérêt de la pratique fondée sur des preuves appliquée à la psychothérapie est dans l'air du temps, il reste d'importants défis à relever pour assurer son progrès et sa mise en œuvre.

According to the policy statements and published reports disseminated by the Canadian Psychological Association (CPA; CPA, 2012; Dozois et al., 2014) and by the American Psychological Association (APA; APA, 2005; APA Presidential Task Force on Evidence-Based Practice, 2006), evidence-based practice (EBP) is defined by the best available research evidence, clinical expertise, and patient characteristics, culture, and preferences. Scholarly elucidations of EBP follow these components and emphasize the skilful negotiation of all these precepts, with clinical decision-making instrumental to this process and its implementation (e.g., DiMeo et al., 2012; Goodheart, 2006; Institute of Medicine, 2001; Lee & Hunsley, 2015; Rousseau & Gunia, 2016; Stewart et al., 2012). Given the importance of this decision-making to EBP, gauging the attitudes of psychotherapy providers and leaders in psychology holds promise in understanding the EBP of psychotherapy. This is vital, since psychotherapy providers are crucial intermediaries for disseminating treatments to clients (Reding et al., 2014), including new ones with empirical support for their efficacy and effectiveness.

Even so, how clinicians understand EBP remains less clear. In the United States, for example, while agreement among psychologists concerning the definition of EBP advanced by the APA's position statements has been found, practitioners have been shown to hold rather mixed attitudes on its implementation (Goodheart & Kazdin, 2006; Lilienfeld et al., 2013). Adding somewhat to the nebulosity of implementation matters, several constituents—including experts, health care organizations, and government agencies—have referred to certain treatments as evidence-based, although their rationale or methods for doing so are at times unclear (Bruce & Sanderson, 2005). It is clear that questions remain about EBP (Lilienfeld et al., 2013), although there is a dearth of research on this topic.

To address this gap in the empirical literature and to garner a clearer understanding of the attitudes toward EBP precepts as implemented in psychotherapy practices, a recent national survey of psychologists and psychotherapists was undertaken. Its first phase investigated 684 psychotherapy service providers in Canada, and its second phase sampled the attitudes of 32 leaders in psychology

across Canada and the United States (Middleton et al., 2020). Data were collected between November 2016 and April 2017. Psychotherapy service providers included any mental health professionals rendering psychotherapy, the majority of whom practised as psychologists ($n = 565$, 82.6%) and the remainder as psychotherapists ($n = 119$, 17.4%; Middleton et al., 2020). Leaders comprised authors of the CPA Task Force on Evidence-Based Practice of Psychological Treatments (CPA, 2012; Dozois et al., 2014) and of the APA Presidential Task Force on EBP (2006), in addition to board members of psychology regulatory bodies. These task force documents on EBP were reviewed by two graduate student researchers and a senior researcher in order to create, for the survey, Likert-item and sliding-scale statements of agreement with central ideas that informed EBP. Survey responses between both samples converged on many points of agreement with the three components of EBP in theory, but they were nuanced depending on what respondents actually do in practice and on other demographic and professional practice variables (see Middleton et al., 2020). These results are revisited below and situated within the extant empirical literature on EBP, with recommendations for future research.

Findings From the Survey That Inform the EBP of Psychotherapy ***What Do Clinicians Rely on for Knowledge Sources?***

Prior research has shown that psychotherapy providers tend to resort to clinical intuition over scientific evidence (e.g., Gaudiano et al., 2011; Nunez et al., 2003; see also Drapeau & Hunsley, 2014). In our survey (Middleton et al., 2020), these knowledge sources were captured by way of sliding-scale ratings of their importance (0 to 100) to treatment selection decisions via statements concerning what clinicians *should* rely on and what knowledge sources the respondents themselves *have* relied on in their practices. These were selected to account for the knowledge hierarchy elucidated by the CPA's task force on EBP. Knowledge sources included non-peer-reviewed literature; a group of studies with high internal validity, with high external validity, or both types of validity; published expert consensus; systematic knowledge syntheses; personal opinion and clinical intuition; and prior professional experience. Concerning what kinds of sources clinicians should rely on, psychotherapy providers rated descriptively higher attitudes for published scientific knowledge sources (a group of studies with high internal, high external, and both types of validity; published expert consensus; and systematic knowledge syntheses) compared to their attitudes on these same knowledge sources for what they actually do rely on. Conversely, respondents rated non-peer-reviewed literature and clinical knowledge sources (those that relied on personal opinion, clinical intuition, and/or prior professional experience) descriptively higher attitudinally for what they themselves rely on compared to these same knowledge sources for what they believed clinicians should rely on. These responses intimate that while *in theory* psychotherapy providers agree that clinicians should rely on scientific

knowledge sources, in their own practices they may be cautious of them, if not waiting for empirical advancements. These attitudes were found among leaders as well.

Variations in attitudes toward EBP proper and its constituent components have been postulated to relate to individual characteristics of psychotherapy providers. These pertain to a provider's prior training experiences in EBP (Cook et al., 2017; Norcross et al., 2017) and the approach to psychotherapy used (Beidas & Kendall, 2010), among other aspects.

Our survey findings on knowledge sources can be empirically contextualized. There are many reasons for the need to rely on clinical intuition (Stickle & Arnd-Caddigan, 2019). One reason concerns the related importance of the therapeutic relationship for fostering psychotherapy change. Consideration of the therapeutic relationship may prompt therapists to use their own personal qualities as therapists (e.g., selective self-disclosures for the benefit of the client in the therapeutic relationship), among other therapist qualities in the service of this relational process in psychotherapy (Gelso et al., 2019; Hill et al., 2019; Norcross & Lambert, 2019; Norcross & Wampold, 2019a; see also Rogers, 1957, 1958, 1961). Another reason centres on the lack of representative research relevant to an individual client. This is where practice-based research (e.g., Barkham et al., 2010; Castonguay, Constantino, & Xiao, 2019; Chwalisz, 2003) could generate data on individual cases as a complement to nomothetic scientific findings (Trierweiler, 2006). Other interpretations centre on the divergence between what a practitioner of any health profession knows and how they practise (Institute of Medicine, 2001; Kazdin, 2018), which depends on what a client brings to therapy (Norcross & Wampold, 2019a, 2019b).

Notwithstanding that clinical experience is a strong component of EBP, given the variability in viewpoints among practitioners over how best to treat a given clinical issue for a client, it has been argued that relying systematically on research evidence helps to inform EBP more consistently among clinicians (Lilienfeld et al., 2013). Doing so is among the ways to avert potential biases in decision-making (Lilienfeld et al., 2014; Magnavita & Lilienfeld, 2016).

In line with this, the path toward clinical expertise has been described as rather "elusive" at best and not necessarily related to experience, especially if one relies only on cognitive-processual heuristics (Tracey et al., 2014, p. 223). However, the use of a priori scientific thinking and the monitoring of and receiving feedback on treatment outcomes both facilitate expertise. Many competencies inform clinical expertise, and the use of scientific deliberations and counter-reasoning against biases replete with information processing (Magnavita & Lilienfeld, 2016; Trierweiler, 2006) and lifelong learning (Spring & Neville, 2014) are vital. These competencies dovetail with the scientist-practitioner training of many graduate psychology programs and internship sites.

Research Designs Germane to EBP

Empirically noteworthy attitudes from Middleton et al.'s (2020) survey of psychotherapy providers and leaders were found toward research designs that are supportive of EBP. That is, the negatively skewed, average attitudes of these respondents on a sliding-scale question of the importance (from 0 to 100) of 11 research designs for EBP were in line with their postulated salience by the CPA Task Force on Evidence-Based Practice of Psychological Treatments (CPA, 2012). These designs consisted of clinical observation (including individual case studies), basic psychological science, systematic case studies, single-case experimental designs, qualitative studies, public health, ethnographic studies, process-outcome studies, studies of interventions in naturalistic settings (effectiveness), randomized clinical trials as well as their logical equivalents (efficacy), and meta-analyses. The descriptively lower average attitudes for basic psychological science compared to other research designs in Middleton et al.'s (2020) survey should be empirically unravelled as to whether basic psychological science is viewed as translatable to EBP. Another research area concerns the comparatively lower attitudinal ratings (for both samples) for qualitative research designs, which are contextually rich in participants' inner experience and apt to elucidate psychotherapy processes.

Clinical Setting of Practice

The clinical venues of the respondent may account in part for where the differences in attitudes toward EBP precepts arose in our survey (see also Aarons, 2004; Nelson & Steele, 2007). Although several psychotherapy providers were in private practice primarily ($n = 361$, 52.8% vs. $n = 13$, 40.6% for leaders; Middleton et al., 2020), some leaders may have divided their time variously between empirical and therapeutic endeavours. Reflective of this, psychotherapy providers rated descriptively higher on the research design of "clinical observation (including individual case studies)" ($M = 60.09$, $SD = 25.62$ vs. $M = 53.88$, $SD = 22.88$ for leaders; Middleton et al., 2020, p. 30). This reflects a value ascribed to clinical observation and is in keeping with the importance placed on the experience with an approach's effectiveness found among clinicians in Canada (von Ranson & Robinson, 2006; von Ranson et al., 2013). In contrast, leaders rated descriptively higher on "single-case experimental designs" ($M = 62.13$, $SD = 17.87$ vs. $M = 55.69$, $SD = 23.08$ for psychotherapy providers; Middleton et al., 2020, p. 30). Again, these ratings may have to do with practice setting, such as the ready accessibility to publication opportunities in the settings of leaders, given that over half ($n = 20$, 62.5%) of the people sampled had been involved in peer-reviewed, published scientific research in the last five years. In contrast, only about a fourth of psychotherapy providers had been involved in research ($n = 175$, 25.6%; Middleton et al., 2020).

The modal urban practice setting of psychotherapy providers ($n = 573$, 83.8%) and leaders ($n = 26$, 81.3%) found in our survey reaffirms the need for

psychotherapy providers in rural areas, documented elsewhere (CPA, 1999; Hunsley et al., 1999; Moroz et al., 2020; Ryan-Nicholls & Haggarty, 2007). Access to psychotherapy pertains to EBP (Kazdin, 2018) and needs empirical attention.

Attitudes Toward the Expert Competencies of Other Clinicians

In Middleton et al.'s (2020) survey, the attitudinal means of psychotherapy providers and leaders toward statements on what "other clinicians do," related to expertise, hovered near the midpoint of a Likert-item scale of their attitudes. Among other reasons, this signifies that respondents likely did not know enough about the practices of their colleagues to rate their average attitudes of (dis)agreement on what other clinicians do in relation to EBP. That is, on each of these questions, respondents rated their agreement with expert competencies on a 5-point Likert scale (from 1, *strongly disagree*, to 5, *strongly agree*, with *neither* as the midpoint), across three question stems (on what clinicians should do, on what other clinicians do, and on what respondents themselves actually do in practice). Questions comprised statements on such expert competencies as monitoring patient progress and evaluating and utilizing research critically to discerning individual, cultural, and social contexts of the patient and tailoring treatments, among others (Middleton et al., 2020). Results suggested that the attitudes of respondents on what other clinicians do in psychotherapy practice are overall variable at best, but they may well relate to practice setting (e.g., if they practised alone vs. in teams of clinicians). That over half of the psychotherapy providers and just over 40% of leaders were in private practice may be one other reason for these findings.

Use of Progress Monitoring Measures

For both samples in Middleton et al.'s (2020) survey, the statement *I do monitor and evaluate the services provided to my clients throughout treatment using standardized tools for outcome monitoring or progress tracking*, an expert competency statement, evidenced rather neutral average attitudes ($M = 3.17$, $SD = 1.17$ for psychotherapy providers, $M = 3.56$, $SD = 1.22$ for leaders). Respondents were most varied in attitudes toward this statement compared with those toward the other expert competency statements in our survey (Middleton et al., 2020). Still, progress monitoring may stave off potential self-assessment biases and requires further research.

Some of What We Have Learned From the Survey's Findings

That both samples of psychotherapy providers and leaders had several points of attitudinal agreement suggests that the theoretical value of EBP is largely endorsed by them. The original research questions of the survey concerned the aggregate attitudes of psychotherapy providers and leaders toward EBP's

constituent precepts and the similarities and differences between these samples (Middleton et al., 2020). More similarities in attitudes than differences were found, as reviewed earlier. Further research into the implementation of EBP on the frontlines and even within graduate programs, including using mixed-methods research designs, will be illuminating to advance this research. Broadly conceived, psychotherapy providers and leaders are exposed to the same didactic training, which was reflected in the many attitudinal similarities. Interesting questions arise on what happens after graduation (e.g., in practice settings) that may demarcate these samples. The survey itself looked at the components of EBP; studies that address the integration of all components within the frequently fluid practice of psychotherapy, using systemic and mixed-methods research designs, will further this research base and add to the effectiveness of psychotherapy. The knowledge sources valued by clinicians are informative of the EBP process.

Recommendations for Research

Research into clinical decision-making and into its implicit and explicit components is in order (Anchin & Singer, 2016; Garb, 1998). Knowledge-synthesis working groups, in research labs if not in partnership with psychotherapy providers, could synthesize the volume of extant research at the intersection of EBP and relevant matters to psychotherapy practice. Exemplars of similar initiatives include recent efforts to update the principles of therapeutic change (Castonguay, Constantino, & Beutler, 2019; McAleavey et al., 2019). Concerning accessibility to the best available research is Rousseau and Gunia's (2016) contention that online knowledge repositories (e.g., Cochrane Library) may facilitate EBP efforts. Open-access knowledge sources may disseminate psychotherapy findings, as has happened with some articles in PubMed®, in the journal *Implementation Science*, in open-access journals such as *Journal of Psychology and Psychotherapy* (for a systematic review on mechanisms of change, see Forster et al., 2014), in open-access options to publish (APA, 2020), and in online knowledge portals (e.g., Science and Practice in Psychology Research Lab, n.d.).

Knowledge sources of value among clinicians are important to document empirically, even when clinical intuition and prior professional experience, by practice necessity, overrule the best available research. Further guidelines are in order on how to adapt research findings or decision algorithms for when research evidence is inadequate.

Translation of the best available research into (clinical) practice guidelines facilitates the dissemination and implementation of research findings. Methodologically rigorous clinical practice guidelines (CPGs) are an efficient way to inform clinical decision-making (Middleton et al., 2019). Their use by clinicians may enhance decision-making and temper potential biases or heuristics (Bufka & Swedish, 2016). Grading the recommendations from the critical synthesis of

research in these guidelines adds to their rigour (Middleton et al., 2019), and tools to do so include those of the Grading of Recommendations Assessment, Development and Evaluation Working Group (GRADE Working Group, n.d.; see also Atkins et al., 2004; Guyatt et al., 2008) and the Appraisal of Guidelines for Research and Evaluation (AGREE-II; AGREE Next Steps Consortium, 2017; Brouwers et al., 2010).

Regarding what other clinicians do in practice, one future research area concerns cases in which psychotherapy providers or leaders practise autonomously. While some clinicians do so, others in organizations are likely influenced by their colleagues. As a case in point, an organizational climate conducive to EBP has been found significantly influential among youth and family mental health service providers' ($n = 301$) own attitudes toward the uptake of EBP (Aarons & Sawitzky, 2006; see also Aarons et al., 2009). Collaborations of researchers and psychotherapy providers may foster insight into the occupational landscape of psychotherapy and promote EBP.

Exchanges of opinions on expert competencies between psychotherapy researchers and clinicians could further progress-monitoring practices. Exemplarily, Tasca et al. (2015) found, in a mixed-methods study that included a survey of 1,019 mainly active clinicians in practice on the themes of relevance in psychotherapy research to their practices, that most clinicians viewed progress monitoring as of low priority (see also Ionita & Fitzpatrick, 2014; Ionita et al., 2020). To contextualize these findings, Tasca et al. found, in focus groups of 22 clinicians, that while some participants postulated that psychotherapy providers may not know about the benefits of progress monitoring, others noted that this monitoring may be regarded by psychotherapists as detracting from the therapeutic relationship, if not lacking in guidance on intervening for clients who are not progressing so well. That said, there are brief outcome-monitoring inventories (see Castonguay et al., 2013; Lambert, 2010, 2015; Overington & Ionita, 2012) to aid decision-making practices.

Another noteworthy point is that, given that knowledge hierarchies in EBP focus on the internal validity of findings to control for confounds and that psychological research has been predominated by positivist approaches (e.g., Johnson, 2017; Ponterotto, 2005; Slife, 2004), the philosophy of science undergirding EBP is a vital area of research. This attention to the philosophy of science underlying EBP initiatives, including using mixed-methods designs, will ensure a vigorous balance between efficacy and effectiveness and address the research–practice gap in psychology.

Recommendations for Practice

For clinical practice, the findings of this survey lend support for psychotherapy providers and trainees, namely that the position statements on EBP are generally

regarded as agreeable among a subsection of psychotherapy providers across Canada. While this is a nomothetic statement, there are idiographic, locally situated clinical realities in psychotherapy about which less is known. Efforts at understanding these practice realities will be empirically informative. For researchers and clinicians in rural areas, exchanges (e.g., rural–urban) between professionals can advance effectiveness research and practice in useful ways (Weisz & Addis, 2006; see also Weisz et al., 2015).

Recommendations for Policy

Funding initiatives by governmental bodies for research will be crucial to investigations of the translational utility of research into practice and vice versa. Given that several clinicians are busy in full-time practices, their participation within practice–research networks can be assured if they are remunerated. Given that this research is still rather nascent, continuing education conferences hosted by major psychology regulatory bodies on knowledge translation and exchange will be crucial for EBP. Informing policy decisions by including knowledge users or the constituents involved in EBP, including clients, psychotherapy providers, and leaders, will be illuminating.

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