

RECONSIDERING EVIDENCED-BASED PSYCHOTHERAPY

By Richard A. Schere, Ph.D.



As a teacher, I long ago determined that, to be successful, I had to understand my students before I could teach them *anything*. Whatever content or skill acquisition was the educational objective, it had to be taught in a manner that created an experience that rang relevant for each separate class. I came to realize that *process is content*, and that true and lasting understanding demands that *one feels strongly about the truth of what one knows*. As I worked over the years with students of differing abilities, of differing ages, and of differing cultures, I learned that effectiveness depended on connecting varied sets of educational and psychological principles that were concordant with the nature and needs of the unique youngsters who comprised the class I was attempting to instruct. I found I could use pieces from the many approaches research continually offered, but I could never apply any one total method without modifying it drastically and significantly. Indeed, I discovered that even having devised an effective approach for a given class, modifications still were needed to help particular students who were not benefitting from the approach that was working for most. And then, suddenly, I found myself teaching doctoral psychology students who were in the midst of mastering, with great rigidity, the specifics of “evidence-based” psychotherapeutic treatments.

For years, evidence-based psychotherapeutic treatments had been advocated by many as the most promising way to help reduce emotional and behavioral difficulties. Unfortunately, this created a “culture war” that still exists in which there is heated debate about whether it is techniques or relationships that cure people (Norcross & Lambert, 2011). Regardless of treatment approach, much research indicates that therapy outcomes depend mainly on the quality of relationship between therapist and client (Gelso, 2014; Norcross, 2001, 2011). However, it is highly probable that treatment techniques and relationships are clinically intertwined and are interdependent for effectiveness (Zilcha-Mano, Dinger, McCarthy & Barber, 2013). Safran and Muran (2000) have insisted that treatment procedures are

relational acts. Furthermore, there are many other factors that influence effective therapy. Nonverbal, right brain processes seem to be highly significant, for “the therapist tracks his or her bodily-affective responses to the client’s nonverbal affective right brain message” (Shore, 2014). Instead of emphasizing *full treatments*, we might be better off focusing on evidence-based *principles* that can be utilized by differing therapists attempting to assist differing clients who are struggling with differing problems.

However, there would seem to be good reasons for being cautious about accepting any research finding. First, research is part of a political and economic process. There is intense competition for a shrinking pool of grant money, and the “big money” often selectively supports and influences research based on their special interests (Ioannidis, 2005). Second, the needed objectivity required for acceptable research is impeded by the desire of ambitious researchers to establish themselves by obtaining striking new findings; and this may trigger the human tendency to succumb to unconscious bias in order to see what one wants to see (Coleman, 2011). Third, in the usual procedures by which we conduct psychological research: (1) the systems of interacting variables, never *fully* identified, are involved in producing an effect; (2) sample sizes are often much too small; and (3) standards for what passes as statistically significant are considered by many mathematicians as much too weak (Bakan, 1966; Rawlins, 2008). Especially important is that we only read about studies that provide positive conclusions, since papers reporting negative conclusions tend to be ignored. It well may be that, in studying a topic, the ratio of negative studies to positive studies may be more significant than the statistics of probability (Mellor, 2008). Furthermore, variables involved in the therapeutic process are ever changing as a consequence of time, conditions, and the uniqueness of the client (Schere, 2005). Finally, when considering the 95% probability criterion, many of our clients represent the .05% for which certain research findings may not be relevant (Schere, 2005).

Before we throw out the proverbial “baby along with the bath water,” it is important to acknowledge the critical role that psychological research plays in our profession. Research provides our only avenue for exploring objective truth; however, we need to be much more aware of its contaminating variables. We create theories to explain what we think we know, and research helps to correct those theories. Research is crucial for maintaining some level of objectivity, but we need to be far more humble about our findings and far more cautious about accepting research conclusions.

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QUOTATIONS

“Anybody depending on somebody else’s gods is depending on a fox not to eat chickens.” —Zora Neale Hurston

ETHICS CORNER: THE THERAPIST AT RISK

The SDPA Ethics and Standards Committee

Ethical practice requires a personal commitment to ethical awareness and active engagement in the ongoing construction, evaluation, and modification of ethical actions.

The key to effective risk management is to uphold the relevant laws, policies, professional standards, and ethics codes, taking as many steps as possible to avoid being placed in precarious ethical or legal circumstances (Ceilia Fisher, 2012). **Risk management**

includes the elements of good practice, such as refraining from having **sexual contacts** or **multiple role relationships** with clients, keeping **careful notes**, reviewing **client files** often, recording **reasons for termination**, and **consulting with colleagues** or appropriate others about very difficult clients and carefully **documenting such meetings** (Kennedy, Vandehey, Norman, & Kiekhoff, 2003).

When therapists get in to the habit of **looking out for**