

Evidence-based psychology

- Theory of science analysis

Henrik Berg PHD-candidate

Centre for the study of the sciences and the
humanities

University of Bergen

2015 Autumn

What is Evidence-based psychology?

- A concept derived from evidence-based medicine.
- A brief (and current) definition:
 - Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.

Evidence-based health-care

- how it understands itself

- Quality assurance
 - Speculation → Scientific reasoning
- Best practice:
 - Clinical practice → The best available science
- The metaphors in medicine:
 - Paternalistic → Shared decision making ← Patient-centered

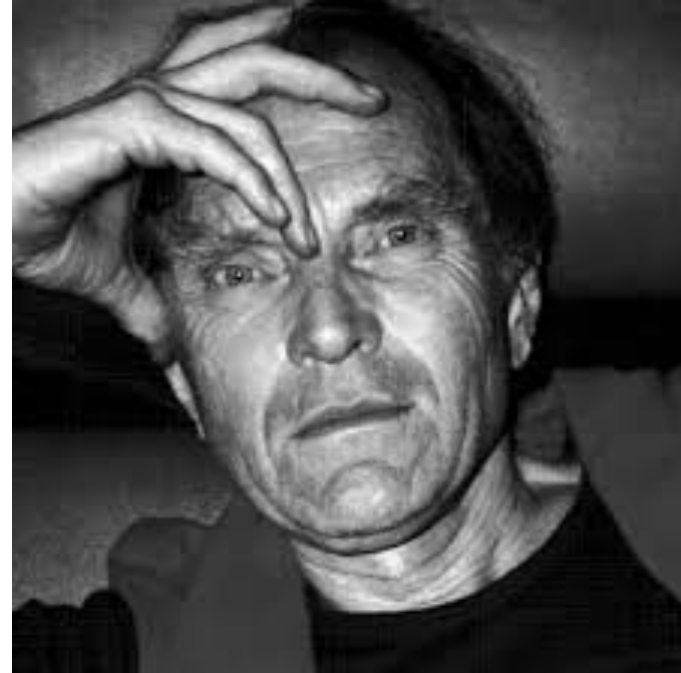
The basic tension

- Formalisation of knowledge criteria:
 - Optimisation of knowledge
 - Risk of formalising unoptimally
 - The formalisation itself may have unintended effects.



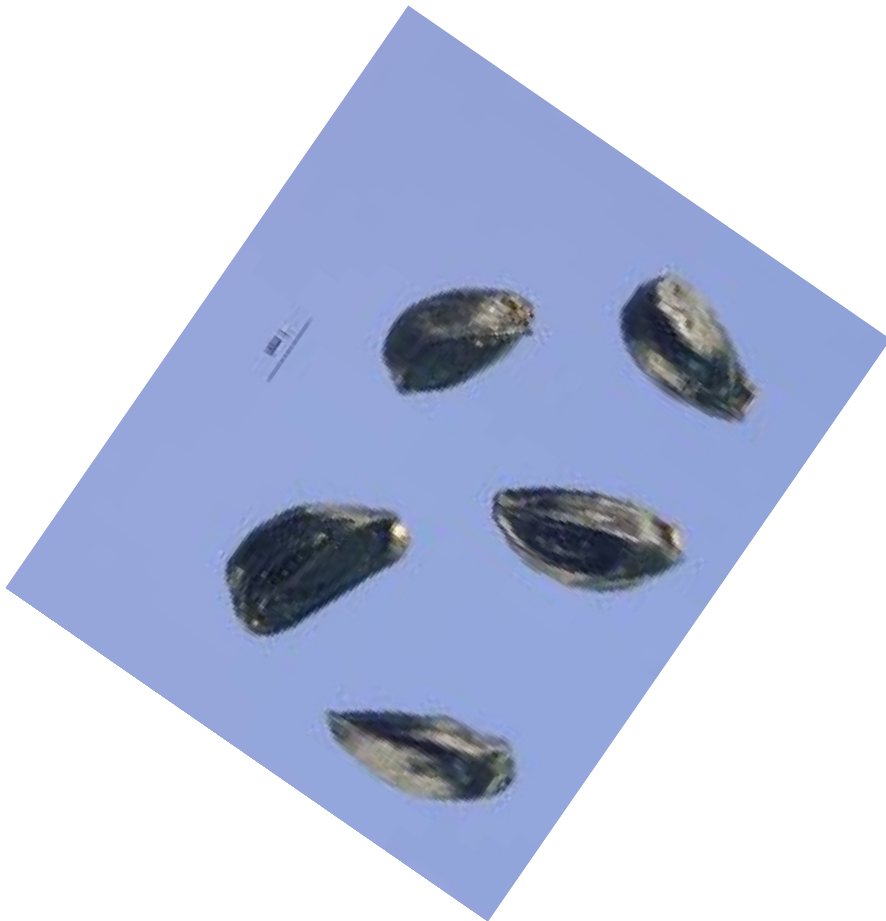
Paul Feyerabend

- Scientific reasoning often becomes dogmatic.
- Scientific progress requires flexibility.



Medical knowledge systems

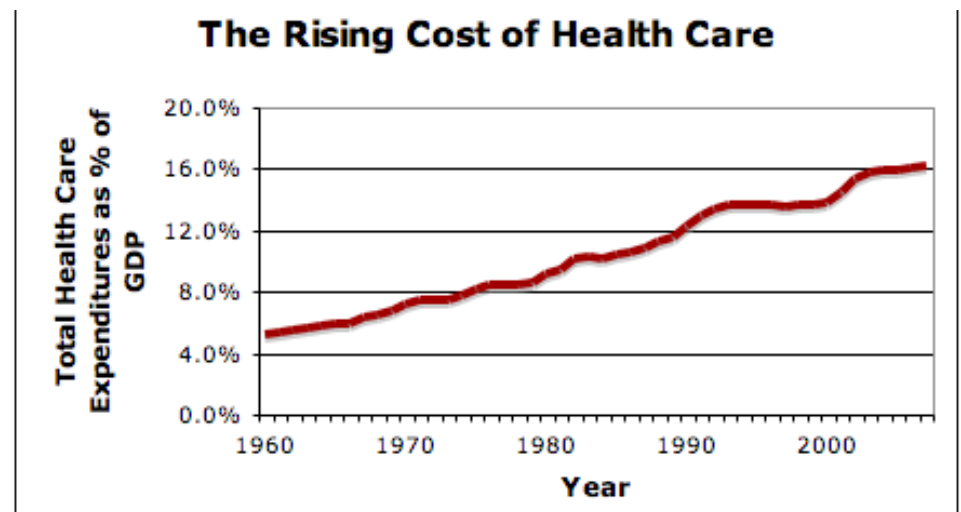
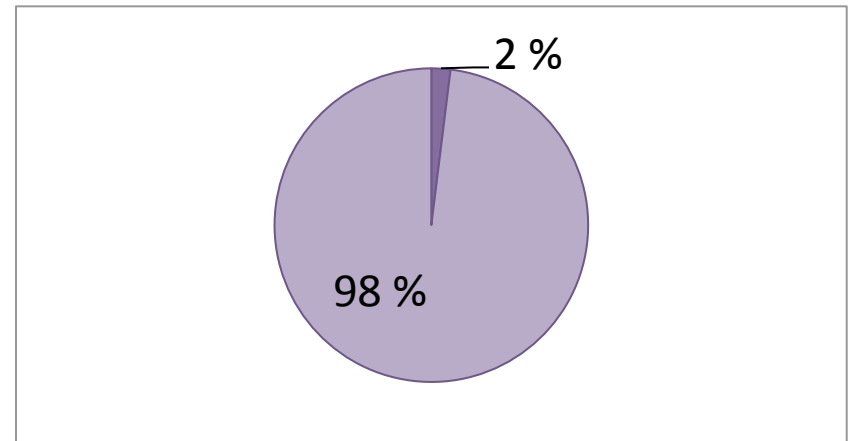
- "Knowledge-rules" for:
Renaissance medicine.
- The aconitum seed
- Cure for eye diseases



Background – “The pragmatics”

- More research
 - Increment of 4800 % in publications from 1977 to 1987

- Rising cost of health care



Archie Cochrane

- The use of ineffective treatments
- «Effectiveness & efficiency»



David Sackett

- One of the main characters in defining Evidence-based medicine:
- «The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients» - Sackett et. al 1996



Inspiring Innovation and Discovery



Evidence hierarchy



RCT formalised

- The method of difference:
 - *If an instance in which the phenomenon under investigation occurs, and an instance in which it does not occur, have every circumstance save one in common, that one occurring only in the former; the circumstance in which alone the two instances differ, is the effect, or cause, or a necessary part of the cause, of the phenomenon.*

John Stuart Mill,
[A System of Logic, Vol. 1. 1843. p. 455.](#)

Revised and expanded EBM



«Evidence-based everything»

- Evidence-based medicine
- Evidence-based psychology
- Evidence-based nursing
- Evidence-based social work
- Evidence-based decision making
- Evidence-based occupational therapy
- Evidence-based policy
- Evidence-based jurisprudence
- Evidence-based didactics
- Evidence-based alternative medicine

The "Realpolitik"

- "It became clear to the Division of Clinical Psychology within the American Psychological Association (APA), that if they did not take the initiative for developing evidence-based guidelines for psychotherapy there was a serious risk of either 1) losing insurance reimbursement for psychotherapy of any kind, or 2) having insurance agencies develop their own standards for determining criteria for reimbursement of psychotherapy."

Safran, J.

The current study

- The first and only empirical study in the PHD-project
 - A qualitative study
 - Phenomenological-hermeneutical epistemology
 - Semi-structured interviews

Background

- Theory-practice distinction
- EBP formalises best knowledge to inform practice
- How does good practitioners use knowledge?

What is primary in psychological health-care?

Theory → Practice

Practice → Theory

Theory and practice



Problem 1

- How to get a sample of good practitioners?
 - There are no official records of good practitioners.
 - There are no unambiguous criteria for deciding what good practice is.



Solution

- Peer nomination:
 - Outpatient clinic professionals have been asked to nominate candidates according to Wampold's criteria.



The criteria (Abbrievated)

The good practitioner

- Interpersonal skills
- Ability to understand and create trust
- Creates *working alliance* with different kinds of clients
- Can explain the reason for distress and present the treatment plan according to this explanation.
- Persuasive and convincing
- Authentic monitoring of progress
- Flexible and willing to adjust therapy
- Difficult material is not avoided and used clinically
- Conveys hope and optimism
- Aware of client's characteristics and context
- Avoids unexpedient personal involvement
- Aware of the best research evidence
- Seeks continual improvement

Criteria for being included

- 2 or more nominations
- We begin recruiting by asking the most frequently nominated candidate
- Participants: 14-20 therapists

Research questions

- How do “good practitioners” make use of knowledge in practice?
- What kinds of knowledge does “good practitioners” apply?
- In what situations is scientific knowledge relevant and in what is it not?

Interview protocol

- Example of questions:
- What kinds of knowledge do you need to be able to do good clinical work?
- What are the legitimate kinds of knowledge in your opinion?
- Are there kinds of knowledge that we should not include in clinical practice and if so what are these?

Analysis

- Semi-structured interviews
- In-depth analysis
- Meaning condensation
- Shared interpretation - a research team
- Reflexivity

