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Introduction to the Special Series on Empirically Supported Treatments

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The idea that psychotherapy should be based on sound science would seem to be obvious and uncontroversial. However, this issue has proved to be anything but straightforward. In 1993, a task force was developed by the Division of Clinical Psychology of the American Psychological Association in response to the growing gap between scientific advances in the development and evaluation of psychotherapies and the relatively minimal impact such developments appear to have had on clinical practice. The task force was charged with establishing procedures for identifying empirically supported psychotherapies, creating lists of such therapies, and disseminating this information to various stakeholders. This task force has now become a standing committee known as the Committee on Science and Practice (CSP) and has published several reports to date,

The effort to identify empirically supported treatments (ESTs) has spawned a variety of criticisms. Some clinicians believe that the effort disenfranchises psychotherapies that are not oriented toward symptom reduction for clearly defined forms of psychopathology. Other practitioners are skeptical that studies conducted in controlled clinical laboratory settings have any meaningful implications for their work. Scientifically minded clinicians and psychotherapy researchers have generally been more sanguine about the effort to identify ESTs. Even among this group, however, the specific procedures adopted by the CSP have been sharply criticized.

This special series is comprised of articles by leading scholars of psychotherapy, including three members of the current CSP. In one

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form or another, each article explores the wisdom of the movement to identify ESTs as well as various problems that need to be addressed if the effort is to come to fruition. The fact that the CSP is currently in the process of reevaluating several key issues, including the criteria for defining ESTs, indicates that these articles are especially timely.

The series opens with an article by William Sanderson that provides an overview of both the historical and current work of the CSP. Sanderson, who currently serves as chair of the CSP, makes a convincing case for the importance of identifying and disseminating ESTs, especially in the context of the rise in managed health care in the United States.

Next, Gerald Rosen and Gerald Davison discuss the dangers of identifying trademarked psychotherapies. A recent trend has emerged in which certain novel psychotherapies are developed, legally trademarked, then aggressively marketed in ways that appear premature to many observers. Rosen and Davison highlight potential negative effects of providing the CS Ps imprimatur on such therapies and argue instead for the identifying of empirically supported procedures, with an emphasis on theoretically based mechanisms of change.

In the following article, O'Donohue and Yeater discuss the difficult issue of distinguishing putatively different treatments. The boundaries that define distinct therapies are often blurry and indistinct. An especially difficult problem arises when a novel psychotherapy incorporates elements of established procedures yet claims to be something more than those procedures. O'Donohue and Yeater discuss a framework for making decisions about the distinctiveness of treatments.

Lohr, DeMaio, and McGlynn tackle the particularly difficult issue of identifying distinctive treatment components from so-called "non-specific" treatment effects. Their analysis touches on various issues, including the concept of psychological placebo and the relationship between the theory on which a psychotherapy is based and the definition of active treatment components. These issues are especially critical because many of the treatments that have been identified as empirically supported are multiple-component packages in which the specific procedures responsible for observed effects are unknown. The authors highlight some of the problems with relying on experi-

mental designs in which a treatment is compared with a wait-list control condition and suggest alternative research strategies.

Folette and Beitz discuss a variety of issues pertaining to the identification of ESTs in the context of graduate training in psychology. They discuss several key issues that are ignored by the current CSP criteria for ESTs, including insufficient attention to mechanisms of change, contextual variables, clinical significance, and cost effectiveness. By attending to these myriad issues, the authors contend that graduate training can be strengthened, regardless of the ultimate decisions of the CSR

Taking a somewhat different approach, Mueser, Torrey, Lynde, Singer, and Drake describe an ongoing project in which ESTs are identified for chronic mental illness. This project is a real-world example of what can be accomplished when clinical scientists and front-line community practitioners work collaboratively together. The authors' insights into the factors that impact the behavior of practicing clinicians are especially interesting and relevant to the issue of disseminating ESTs.

Finally, I summarize many of the issues discussed across the various articles and offer several suggestions for enhancing both the scientific standing and the long-term pragmatic viability of efforts to identify ESTs.

I am grateful to Alan Bellack for initiating this project and to each of the authors for their thoughtful contributions. I am especially thankful to Brandon Gaudiano for his reviews of the manuscripts and his editorial assistance as well as Valerie Harwell for her editorial feedback.

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