

Episode 103 - Dr. Reginald York: Dodo Birds and Psychotherapy: The Controversy over Evidence-Based Practice Versus Practice-Based Evidence

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host. Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed our podcast as evidenced by the more than 250000 downloads to date thanks to all of you. We'd like to know what value you have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. Just go to our website at www.socialwork.buffalo.edu forward slash podcast and click on the contact us tab. Again thanks for listening and we look forward to hearing from you. In this podcast we consider a controversy and clinical practice. How do we best use evidence in psychotherapeutic practice. Dr. Reginald York Professor of Social Work at the University of North Carolina Wilmington gives us some things to consider in answering this question. Dr. York has over 30 years of experience as a social work educator and is the author of over 31 journal articles and four books on human service planning and Human Service research. Today Dr. York describes and compares two approaches to using evidence to inform psychotherapeutic practice evidence based practice and practice based evidence. What are they.

[00:02:11] What's the difference and what's the evidence in support of both Dr. Denise Bronson Associate Professor of Social Work at the Ohio State University spoke with Dr. York by telephone Hello I'm Dr. Denise Bronson from the Ohio State University College of Social Work. Today I'll be talking with Dr. Reginald York from the School of Social Work at the University of North Carolina Wilmington about the controversy and social work between evidence based practice and practice based evidence as it pertains to psychotherapy in social work practice. Welcome Dr. York. Thank you for sharing your thoughts on this important topic with us today. Thank you very much. I'd like to begin by asking you to provide an overview of our topic today. Most people in social work know about evidence based practice and they use the best available evidence to inform practice decisions. So can you tell us what this podcast is all about and whether there's another viewpoint or perspective that people should know about. We are increasingly becoming familiar with evidence based practice and we see people preferring to practice sometimes as evidence based and we see program representatives referring to the fact that their programs are up in space. We can use evidence to inform social work practice in many ways but this podcast is about the use of evidence to inform one type of clinical practice which is psychotherapy in this regard there's a controversy that has emerged about how best to use evidence like what therapy. The perspective that's the alternative one has been labelled practice based evidence. So this podcast is about these two perspectives. What each one looks like while they are similar and how they are different and will examine some evidence behind each argument sounds interesting.

[00:04:04] So let's start with the evidence based practice. Could you give us a summary of that. So we were on the same page. Okay. I might also add that the folks who are listening and also go back to the podcast you did about evidence based practice get them more in-depth view of that evidence based practice is a judicious use of the best available evidence along with plant preferences and practitioner expertise in the treatment of human conditions. This means basically that you do not base your practice strictly upon your own expertise and your own experience and the clients preferences. Even though these play an important part in evidence based practice it means that you become familiar with evidence and sort through it to determine the better from the worst evidence and you consider this in the treatment of your clients and social work. Our discussion today of course is that we're speaking of psychotherapy so those who are the supporters and proponents of

evidence based practice would say that this means that the treatment model with the best evidence must be used with the client. Would you agree with that. No. This is very much I think a myth about evidence based practice in the minds of some people especially the critics of it and I've had some of my own students in my social work classes make comments to this effect but in evidence based practice there is no requirement that you must use a given treatment approach based on the client's goals. Simply because there are more studies that support it than you can find to support other approaches.

[00:05:42] It means instead that you consider the evidence and you sort through it with a critical eye with an appreciation for the role of science in the pursuit of wisdom. But you must also be competent to use the approach and the approach must be compatible with the client's orientation or preference. This means that for example the approach that you end up taking may be the one with the second most evidence. Or maybe the third but the evidence. But it better fits the situation. Okay that's helpful. So how does the first practitioner go about finding the evidence and sorting through it with a critical eye. Okay this is a real challenge but think the typical clinical social it wants a discussion with him on a study tutor's of mind have done some studies of this and so forth. It's not an easy thing because a lot of studies that have been done are have a lot of sophisticated dicks that a typical practitioner will not understand. There are however a growing number of Internet databases about evidence that can be helpful and be old at the Gallup Practice Guideline based on evidence some have identified through brokers as being evidence based. I support the assertion that evidence the right to be viewed as a Rossett and sales search Preben sorting out the better from the worse and the judicious use of it along with other factors than political decisions. You might contrast that as others have held for example had it especially recently talking about because look worse good is as broad back which means you used the paper evidence based practice or you can see it as a process which means it is a process and that's what we're talking about here about evidence based practice.

[00:07:24] And I would say both the practice based evidence might even be viewed as a third alternative but for our podcast here I think I want to talk about the contrast between evidence based practice as process and practice the evidence as an author. OK. Once a practitioner finds a Web site and the evidence how will they typically know how to do it critically how will they do them. The really good question. Again that's not going to be easy. I want to point out the Campbell Collaboration The Cochrane Collaboration. These are two major resources the conquering collaboration which developed many years ago into the medical field and of course psychiatry is a part of medicine so you'll find a lot of good stuff on the Cochrane Collaboration. The Campbell Collaboration is focused more on things like psychotherapy and human services of various kinds as opposed to two things that are in medicine that are not a part of them. These are resources that provide systematic reviews of evidence. For example you may find a systematic review of various approaches to the treatment of depression or PTSD or alcoholism. So these are really good resources to use. But I would suggest that we even develop another resource that is sort of a bridge between these resources and the typical practitioner because even many of the systematic reviews that they might see on the Cochrane's or Kampl collaboration may still be a little bit difficult to read I would like to see some of us in academia or perhaps developing another way to present information about evidence both. I would say with regard to what the evidence does but also helping the practitioner understand the level of the presentation of that evidence.

[00:09:09] They can see. For example there's a certain amount of evidence on a certain treatment to certain conditions but also the while this is either really sophisticated research or it's a moderate sophistication or if it's the evidence Blairsville that week so they could then use that information to help inform their own practice. How can you say you seem to be suggesting that there are different types or levels of evidence. Could you summarise these types for us. Sure. Of course I'm only talking here about evidence about outcomes Asaka therapy and other kinds of article you might see about it. But if you think about a hierarchy sometimes for example you wrote the article that reports

the data from a study of one group of poignant for growth on a condition like depression is measured and declines gaining is measured Syndergaard in a certain particular model of treatment which use and if they gain is found to be physically significant this would be reported as evidence of the effectiveness of this treatment model in the treatment of depression. Now this is a simple study scrag one that would probably be incredible but in the world of evidence based practice literature you'll see rather do these kinds of studies. Instead you'll see studies where a control group but no treatment is compared to a treaty group which has the advantage of showing that climate gain is more likely attributed to the treatment than to something else because they used a control group in that approach. Now these experimental studies are better than ones that are not experimental but the Wacho even more likely fine in the literature on evidence based practices are things like meta analysis.

[00:10:47] This is an investigation where you decide the scope of your study determined the criteria to be included. Then you look into databases and you pull out from the databases all of the studies that meet these criteria. You then compared them various ways and you present evidence based on quite a few different studies. So this is a much more sophisticated approach to evidence at the highest level I would say that thing that we refer to as a systematic review would be sitting there at the pinnacle. This is more comprehensive than a minute analysis because the systematic review also looks into what is referred to by some grey literature that is things that have not been published. So it goes even beyond the analysis. If we only review one study if the practitioner only reviews one study of treatment outcome we would only have a very limited amount of evidence and typically when we find numerous studies of certain Malcom's we find that data is not always the same. Sometimes study shows a certain model was effective and sometimes the study shows it was not. So if you think about it from the standpoint of a practitioner if you only review one study how do you know that study is really representative of all the evidence that is there. Let me offer a caution to thinking about sorting through evidence. As a practitioner I would be wary of writers seem to be what we sometimes call cherry picking which is the practice of systematically including in your report only those studies that have the results you favour and systematically excluding from the report. Those that offer contrary.

[00:12:31] Now this is not the practice of either better analysis or a systematic review because both of these methodologies are transparent about the methods used. Do all studies and from designated databases that meet the criteria. So it wouldn't be so easy to be doing engaged cherry picking if you're really using a quick analysis or a systematic review methodology ok thanks. That's helpful. We haven't yet started to talk about the controversy between evidence based practice and practice based evidence. So could we move into talking a little bit about how the alternative differs from evidence based practice. OK let me first. I can summarize the steps of evidence based practice because I want to use this framework to compare that to first to collaborate with points on the goal of treatment. That's the first step. The next step is to review the evidence and this past the course of the task of articulating and evidence based research questions like which treatment approach seems most effective in the improvement of self-esteem for battered women for which model of therapy a more effective in the reduction of depression. Next you sort through the evidence find guide this regard you'd be expected to respect the scientific sophistication as a means to get it to go up the evidence and you would not be compelled to use only those pieces of evidence that met the highest standards. In fact you may find little evidence that fits your question. So you use the best available evidence next you decide how the evidence will be used in this regard. You would consider client preferences and you would consider your own expertise in determining what approach to take. Finally you collaborate with clients in making the decision on the approach to treatment.

[00:14:23] They really really do it well. You would also evaluate your treatment with a client and use this information to make test now let's look at the alternative perspective known as practice based evidence. The controversy comes from the research of individuals who included that there

was little evidence in the outcomes of most common treatment behaviors. When you pull away what you refer to as a bonafide treatment approach meaning whether you choose this psychodynamic model of therapy or rather than trying to do behavioral therapy makes no difference. According to respect instead the difference in treatment outcome arises from quater referred to as comment back in psychotherapy. Things like employment of collaborative therapeutic relationship therapeutic skills the practitioner the extent that both the point and therapist believes in the treatment approach. The idea is that it is these things that are common to all therapeutic interventions. That's what contributes to success not the specific things that distinguish one bonafide treatment from another. Well this sounds to me like you're starting to say that anything goes that it really doesn't matter which approach to treatment you're going to choose and that you can do anything and it will work just as well as anything else. Is that what this perspective indicates. No that's not exactly what the perspective of Beethoven says. Instead it says that it does not matter which of two bonafide methods model Drucilla and by bonafide they mean Abbado but it's based on sound psychological theory or principles for example cognitive behavioral therapy is based on to be something that is widely recognized in the field and has been subjected to many scientific tests. Having a state is theory is not sufficient.

[00:16:16] Must be found in widely recognized nowadays and hopefully supported by evidence. But the latter is not a requirement to be called bonafide according to people like Bruce Whampo who advocate for market based. So if I decided to create for example a new model the Renji York model now I'm. I haven't tested it and it's not based on any recognized psychological principles or theory or theory. If I did that no matter how charismatic I am my new model would not be considered to be a bonafide treatment. In fact there are many protests treatment that had not been tested and may seem by many to be referred to sometimes as bogus approaches to treatment something that is you might have a charismatic individual who creates and sells the model and people buy it but it does not seem to be based on sound psychological principles there is any evidence behind it and this happens a lot. I went to an interesting workshop that Bruce fire did and camp at the Research Conference in 2010. He did a presentation on a myriad of focused approaches that various people for selling over the Internet some of them social workers by the way. There was really a long list and I just wrote down in my notes here something from just one example one of these was labeled SEP. It was a practitioner in Chicago. If this approach was described as differing from no therapy into the therapist helps deployment to identify energy blockages through healing touch and shows how these blockages can be eliminated quoque the client makes the decision to release it and then either breeds that out or has an angel for a spiritual figure.

[00:17:57] Take it away. This is one example that seier used in talking about bogus approaches it's not like he's working on a book on science and psychotherapy which explores a lot of things like this. He noted by the way interesting thing he said there are a couple of warning signs of what he called bogus approaches. One was exaggerated claims of amazing results. Another was a process based on mysterious things like a test and a belittlement to reproach. By the way Scott Lowenthal has written a book on science and pseudoscience in therapy. From the viewpoint of a psychotherapist or a psychologist Bruce Meyer plans to do this from the standpoint of social work so we can do a thing on science and pseudo science so that when I think of the term bogus in this region of these approaches to treatment I'm not sure how much I agree with the use of that word for. I believe the origin of that word was meaning counterfeit which would mean it's not effective. And one of the limitations of some of the literature on bogus approaches to treatment have really not looked at the evidence about it but simply look at the fact they clearly did not seem to be bonafide approaches. And let me add by the way. One final thing about this that I think professionals have a duty and an ethical duty to employ methods with a sound basis for believing they're going to say that mysterious explanations like Angel boat Rabu block energy are not really consistent with a duty to a professional.

[00:19:27] Unless we have some evidence to back that up that's really helpful I think can have you expand on that concept a little bit. I'd like to get back to the topic of common factors since you alluded to earlier and the ones that seem to be common are the ones that really make the difference in treatment outcomes. Can you tell us a little bit more about those. Sure. The one there were probably most familiar with social work those therapeutic relationships helping relationships. That's something we in social work have emphasized for nearly a century helping out think we can take some pride in him as social workers. The fact that we recognize this much earlier accounts of did this refers of course to the ability of a therapist to form a good healthy relationship with employees based on empathy warmth genuine this positive regard and things of that nature. This makes a difference in outcome. Therapist with more of this ability are likely to be more effective. Another common factor is the client. The question is how much hope does that point you know the therapy will work and what approach to treatment better get with the clients perspectives or preferences or world view. This is a I would like to see more research on way. A third factor comment factor is a therapist and this can take two forms. Besides mentioned earlier the therapeutic relationships Goatman one of these is the extent that the therapist believes in the approach that is needs. This is sometimes referred to as Legion. That is if I really believe this works that's going to make a difference. The second form this take is the skill of the therapist and the employment of whatever approach that is taken.

[00:21:03] Up had more experience with training on the approach and like the more the perspective we're referring to as far as base Navot it says common factors make a difference in outcome. But the choice between two bonafide treatment approaches is not. So if I have a good relationship with my client I believe in psychodynamic therapy I build in it and this seems to fall to the point. The outcome of therapy will be about as good as it can be. Does not matter if I'm using back a bit of AMIC therapy rather than some other therapy or treatment. So given all of that and the choice between two bonafide treatments doesn't matter as much as the common factors do. And could you say a little bit more about how does this look different from the process of evidence based practice. Or how does a practice based evidence therapists differ from an evidence based practice. That's OK. Let's look at them. Step by step. The first step is the same for both perspectives which is determine the goal of treatment in collaboration with the client. That's not the way they differ. They both are the same. The next step I'd say that's where they differ the most from the evidence based therapist will examine the evidence about treatment models and make use of it the practice based evidence. Therapists will consider the methods that suit both the therapist and the client without regard to evidence about distinctions between different of practice based evidence.

[00:22:30] Therapist will have both will have become familiar with the research that suggests that distinctions between bonafide treatments are not supported by the research overall so there's little reason to spend time on this body of literature. So both types of practitioners use evidence but they interpret them differently. The evidence based practice practitioner believes that the evidence can help to identify better forms of treatment for certain conditions. While the practice base their APIs does not. So that's where they differ the most. Now the third step in practice based evidence is to implement the a while continually Mary Tshering client progress using some kind of systematic feedback from the client using some kind of deal. For example some of the leaders of this perspective have developed a scale for the clients to rate both the treatments session in regard to process and Nalco. Well the process seemed to go Scott Miller and Harry Duncan have developed some things that are I think useful so while this step either way you collect systematically collecting data promptly it is clearly in the protocol for the practice based evidence. Therapist it's not by any means inconsistent with what an evidence based practitioner would do in fact I've seen that on the list of some people who advocate for evidence based crime. But I would say basically that people who have advocated for practice based evidence have probably given this more emphasis. So I've got to give them a little bit more credit there but it's not a major difference.

[00:23:59] Now the next step in practice based evidence is determine what action to take as a result of point seatback I'm talking to here about systematics looks like the feedback not the fact that we make judgments as clinicians based on how we're proceeding things but actually giving the point the opportunity to write down use the field or something to actually give us formal feedback so that the client course have certain choices treatment starting point. Well you could change treatment or you can refer the client is someone you think might be more successful now. Beyond that the idea of referring to whatever is not it not a way that they differ. I'd say it's like displaced people and little bit more emphasis on pointing out that there's no one practitioner who's right for river valley. So you should recognize that as a practitioner and be prepared to refer that point elsewhere workhorse change or treatment based on domestic looks like a data point. Of course there's nothing in these latter steps. It's significantly different between the two approaches. I just think that maybe they practice based evidence writers of good morning to sympathy for the. So if I'm understanding you correctly the critical issue between these perspectives seems to be what the evidence tells us about distinctions between different bonafide therapies. Am I correct and how do you view this evidence. But like I say that I don't believe the evidence clearly supports the respect of the others. It's perplexing. Look at it. Greetings and enforce it looks interesting and you read something contrary. Also books convincing you keep trying to find the basis for doing the comparisons. But let me start here with evidence that relates to both perspectives. But one thing for many decades there's been a growing body of literature that suggests that various treatment models are affected. So the question is not does psychotherapy affect the way I think the evidence is pretty clear on that.

[00:26:01] But it's one treatment model for approach that is one bonafide treatment or recruit more effective or the other. That of course is the major difference when you go back to 1936 that would want to end regardless. Question Gunther Rosenzweig come back that far concluded there was no difference between bonafide treatment in regard to outcome. He was the one who coined the term the dodo bird effect for this conclusion. He was drawing from the book the Alice in Wonderland. Remember there was a dodo bird flu after a rather mysterious game being played by various people seem to have no rules concluded folks all have one and all must have prizes. Rosenzweig says Bloem quantified treatments must have pride because they don't know this line of work has been extended by many individuals including outstayed both prominently Bruce Wemple who wrote the book The Great Psychotherapy Debate About a decade or so ago and he lays out the case for the good of her to predict the plans. The revised edition. I'm looking forward to seeing the cause because that particular book has a little bit dated but in that book he reviewed evidence about the common factors the evidence about the comparison to a different treatment model. That's the big question now. He used a certain protocol for that analysis and from that protocol he has consistently concluded several different times several different melanomas. The difference is made by the choice between modified treatment.

[00:27:28] It's about the risk is it rather a supreme suspicion of say the differences about and now since that book was published he continued to publish articles also support the proposition the state's evidence that a bird verdict for example a number of scholars have debated Wimple in the literature by reducing analyses that suggest there are differences between treatments and by criticizing some of Plint polls methodology for engaging in mass analysis. By the way there is not just one approach to better analysis and systematic critique. You can review too many analyses on the same question and you won't necessarily get the same results as has been the case with many of these analyses. Rempel has done the same thing that some others have done and broad rather different conclusions. Well as people are doing this and they're making choices and what type of Medha analysis to use can you review for us a little bit what some of those traces were for one pulled as he was conducting his net analyses. Yes I think enough focus on some of the ones that I think I've been most criticized. One is that when included studies that compared to variation of the same general trait. And when the result of the comparison of two different variations it's that model failed to show that one was pure here. Its methodology. Put this in the bucket that included evidence

in support of Dover's. Some have said this procedure fails to reveal that there are certain types of therapies that are better than others. I think there are believers admits to that there because like there are certain number of variations for example of cognitive behavioral therapy and behavioral therapy and maybe we should only be comparing one of the general types to the other rather than to something like It's like an end of therapy which is very different rather than throwing all the studies if they don't get to a different state to the same bucket.

[00:29:27] Another criticism of Rand Paul is that he excluded some studies because they failed his criterion for being a bonafide freak. But others would have said some of those. One might argue should have been considered bonafide therapy and it's been pointed out that Rand Paul's reviews regret all of the interactions criteria for conducting a systematic use of his methodology. He is pertly limited and it does seem to be that when he uses his apology it always things to come the same solution. So a critical ingredient in his middle analysis is what he considers to be a bonafide therapy. Can you talk a little bit about that. What do you consider to be a bonafide therapy and why is this an important consideration in his work. Certainly windfalls definition is that it's primarily interpersonal treatment that's based on psychological principles and involves a trained therapist and their client has a mental disorder from planes and it's ended by the therapist to be remedial. The client problem and it's adapted is individualized for the people who are there. If you look at the term bonafide and there are several things you look at several different things like something quantified according to wimple. One is that it's offered by a qualified therapist. It entails face to face interaction with a treatment that's amenable to therapy and the latter one of the most critical one for our discussion and that is the approach. Viewed as an free bordered by psychological principle the active ingredient criterion is a major point of contention between Wenhold evidence and criticism of it. Whampoia would not exclude as a bonafide treatment or rather non-direct or support the former.

[00:31:20] That's based just on using the help of relationships and providing a year and so forth but which lacks difficult gradients like you might find behavioral therapy for example there are certain techniques you use recounted to behavioral therapy where you focus on things like dig in and psychodynamic therapy would use a rather different kind of approach. Those would be quote ones with active ingredients. Each of these first steps those ways of looking at things ways of going about treating the point. Some of us left that of an impulse that analysis were noted. One person criticized him for excluding studies that describe problem solving. Because their goal that's to be considered to be one was Freedia. So it is summarized in the body by therapy as a face to face interactions with when a qualified therapist declawing with from method of treatment with active gives him. So one of the controversies is whether a given study is comparing bonafide treatments and if a comparison of two treatments revealed differences in effectiveness this would be evidence against the dodo bird effect or dodo bird verdict. I guess it was called but if a study is not considered one that compares bonafide therapies with being excluded from monopoles met analysis and this would help the dodo bird to stay alive. Is that right. Again that's the way to put it. Okay so what are some of the other arguments between one poled and his critics. Another one is the statistical methodology. Something which is just that talk about this podcast but the one that he uses for computing finals mystical about differences in outcome Wimple is used to test it better today and the much adjusted computing Venus exercise is more appropriate.

[00:33:14] But that's far too complex to get into your lunch or in person take it to that question just like any other any other arguments or controversies around this. OK there is the argument that studies should not be included in the mental health system serves the purpose of comparing treatments if neither treatment was found to be perfect and Wimpole did include. Another argument is that the use of water referred to as preclinical studies where for example students were used in the study as opposed to its typical Valliant population in a typical setting not add another one by the way because when Paul has argued that the basic ingredients of an in-flight treatment does not

effect outcomes that were to be use a bonafide treatment believe in Lively's in your field in it and so forth. Doesn't matter which one you employ I would say this extreme emphasis on the almond factories is not supported by research on self-help therapy which some refer to as therapy where clients are simply given something like a workbook to go through as their approach to treatment. So you don't have interaction with a therapist or if you do have it really really minimal and the increasing array of research methods that use self-help book with little or no interaction Bearup suggests that this approach is effective. Now that the outcomes of that are the outcomes seem to be modest but they do seem to be effective and display side effective. So there is no relationship going on in some of the common factors which suggests that it must be a specific ingredient I would add that one to listen to this.

[00:34:54] So when all is said and done what do you make of these criticisms of Monbulk work. Well I would say that liberalism is illegitimate. I would also say I've been disappointed that some of the people who have criticized his work have failed to provide an alternative which does it the right way. However there is one exception and article label on him and maybe others but I'm familiar with one by Tolon who specifically looked at some of the things that have been criticism of Paul's work and made it in. Can you summarize some of Poland's work. Yes this was a study in the Clinical Psychological Review 2000 and the title was based cognitive therapy more effective than other therapy and he compared it to behavioral therapy with another bonafide treatment approach. This was a meta analysis is analysis did not include studies to variation of cognitive behavioral therapy or being here. He was taking that into consideration and not including it. If you compare it to variations that only when you compare CBT to something distinctively different like psychodynamic therapy and what he found was that CBT was more effective than psychodynamic but not more effective than some of the other models. But some of the other ones that were in that there are just not enough of them to balk or the one in particular mental analysis just appeared on a behavioral therapy with them. And he did find that on a debate with therapy was superior so you might say this was a limited refutation of the dodo bird bird. I need to hear what they're the ones that superior but not by a great male who was physically superior and I would say the amount of superiority was clinically noteworthy.

[00:36:40] I'd say this might be a refutation of the verdict but not a really strong one. Now this is by no means the only reputation refutation that is to say of this verdict. For example just one example script Shapiro. SHAPIRO In 1982 redo. One hundred and forty three studies found that behavioral treatments were very than the one to give another example. Since 2000 analyzed the 96 and found that having a behavioral orientation approach to therapy predicted the outcome of treatment and substance next time. And there are others now Rampal is criticize all of these meta analyses that reveal differences between treatment approaches and it's pointed out that when you control for confounding variables the study the differences between treatment outcomes disappear. I believe he's made some noteworthy assertions in this argument but I leave it to prove that this field had been paid for the dodo bird bird to do that because I think the movie points in criticism. By that I mean pointing out what outfalls perfection rather than real flaws. It seems to me that the biggest weakness of Whampoa work is failure. It's like a brother growing Paul but he's they get Social Security are you. One method over another is the same nothing but support for and the best evidence. Instead of work to refute that looks to major. I think that's the body of evidence that is relevant to standard practice. It's a body of evidence that practice based evidence advocates and I would say by the way right now I just think that we're overdue for a systematic view of this question about the dodo bird bird.

[00:38:29] So after this discussion where does this leave us and what do you think should be the takeaway message that our listeners have after this conversation. OK. First though so that both the evidence based practice and practice based evidence respectfully agreed that psychotherapists should develop collaborative relationships with clients and make decisions based on experience or

expertise. And also both perspectives agree that psychotherapists should employ bonafide treatments not bogus methods that lack either tested psychological principles or evidence. They both agree that evidence should be considered but they differ of what the evidence tells us about what is most important determining pointed outcome. The evidence based practice viewpoint suggests that evidence about the effects of different methods of a punch specific treatment behaviors could provide critical guidance for clinical decisions. The evidence perspective will go against suggests that we should employ a bonafide treatment but need not take critical attention evidence about which ones work better with specific goals because the evidence suggests that bonafide treatments are not. In fact in this perspective the current vectors of therapy determined outcome as like the ones we've been next I would say I believe there is evidence to support both perspectives regarding the effective treatment. So the jury is still out in my mind that this question is clear to me however that the common factors make a difference and I believe there is some modest evidence that certain treatments do work better than others in certain situations.

[00:40:04] The key lesson I think for the psychotherapist is that he or she should be sure with common factors and become trained in methods with evidence on them not necessarily because we know for sure that these methods will work better than others but because the back to Europe is well the that methods with a logical structure which I think is the key ingredient in ALCA and they are likely to become believers in methods. But the evidence on them and believing it once you are doing it don't contribute to success. They also that regardless of the perspective you favor or use systematic facts like data on outcomes and use it for treatment. I believe this may be the best I can do right now. It's fine since between 60 percent. This has been a fascinating conversation and I certainly have learned a lot from listening to your thoughts on all of this. So I'd really like to thank you doctor for sharing your thoughts and insightful comments on this issue for social work. I'm sure libertarians have gained a better perspective on this controversy and its implications for social work practice and I thank you very much for taking time to do this. Thank you for asking. I enjoyed it. You've been listening to Dr. Reginald York discuss evidence based practice and practice based evidence. Thanks for listening and join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. We are living proof that you are a difference in people's lives.