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Evidence-Based Practice (EBP) in Action

Nina Stoeckel, PhD, HSPP
Department of Psychology




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Agenda

What is EBP?

How do you do EBP?



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An Invitation

- to participate actively
- to be open minded
- to be kind and respectful

A Reminder

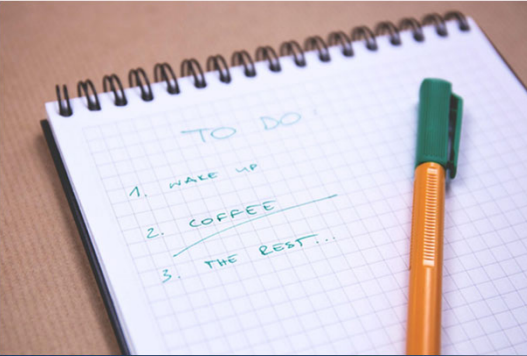
- to keep client information confidential

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Agenda

What is EBP?

How do you do EBP?



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What is EBP?

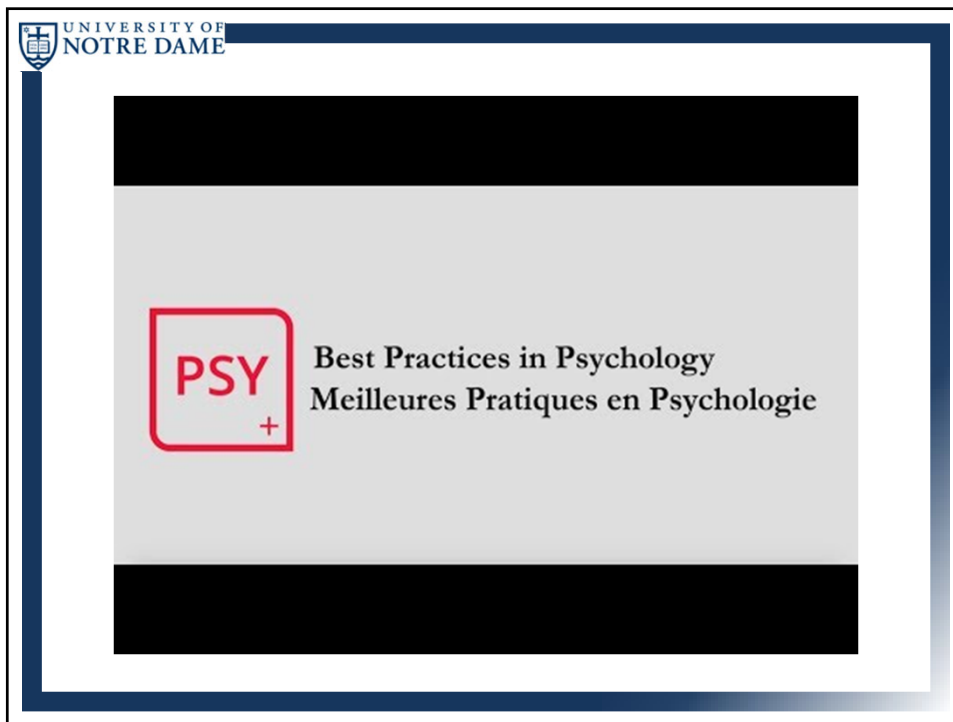
“integration of the **best available research** with **clinical expertise** in the context of **patient characteristics, culture, and preferences**”

(APA Presidential Task Force, 2006)

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A Venn diagram with three overlapping circles: a green circle at the top labeled "Own Expertise and Experience", a blue circle at the bottom left labeled "Client and Situation", and a yellow circle at the bottom right labeled "Research Evidence". The central intersection of all three circles is labeled "EBP". The diagram is held in a hand, symbolizing the integration of these elements.

The image shows a slide from the University of Notre Dame. In the top left corner is the university's crest and the text "UNIVERSITY OF NOTRE DAME". The main content area has a white background with the title "Mythbusters" centered at the top. Below the title is a bulleted list of three items. The slide is framed by a dark blue border.

Mythbusters

- Research alone determines what is EBP. **NO!**
- EBP equates to a list of approved interventions. **Also NO!**
- Empirically-supported treatment automatically means the best treatment for a given patient. **NO again!**

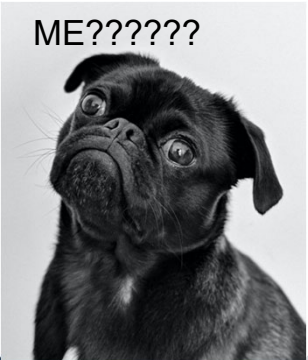
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How does EBP apply to ME?

Please think of a case you have where you have questions/challenges related to:

- assessment
- intervention
- relationship
- client characteristics


ME???????



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How does EBP apply to ME?


- Please keep your case in mind as we walk through the steps of EBP
- You can practice some of the EBP steps with your own case

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How do you do EBP?

1. Ask a specific, clinical question
2. Access the best available research
3. Appraise the research evidence
4. Translate the research into practice
5. Integrate clinician's expertise and client's characteristics, culture, & preferences
6. Evaluate effectiveness


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How do you do EBP?

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Case Examples

- Think back to your own case and the questions you generated
- Let's also look at a case example: Tom



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A million questions.... and five minutes


- How important is the answer to my client's well-being?
- How relevant is the question to my learning?
- How feasible is it to answer this question during the time I have?
- How prevalent is this question in my practice?
- How interesting is this question to me?

=> urgent, relevant, feasible, prevalent, personally interesting questions get priority!

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Asking questions the right way

- **Background questions:** general knowledge
 - *who, what, where, how, why, is, are*
- **Foreground questions:** greater specificity
 - *PICO: searchable format*



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APPLICATION TIME: Asking background questions

- Let's practice on your own case or the case I provided
- *who, what, where, how, why, is, are*

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Foreground questions: PICO is your friend

Patient	Who is your client? What is the population of interest?
Intervention	What do you plan to do for your client?
Comparison	What alternatives to the treatment exist?
Outcome	What do you think will occur after applying the treatment? What does the client hope will occur?

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Application time: Asking foreground questions

Patient	comorbidity PTSD with borderline features
Intervention	trauma treatment
Comparison	DBT
Outcome	improved functioning and reduced distress

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How do you do EBP?

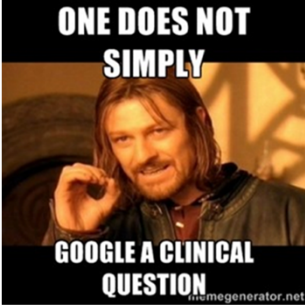
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A search strategy is key!


1. Look for background information
1. Look for filtered information
1. Look for unfiltered information (if necessary)



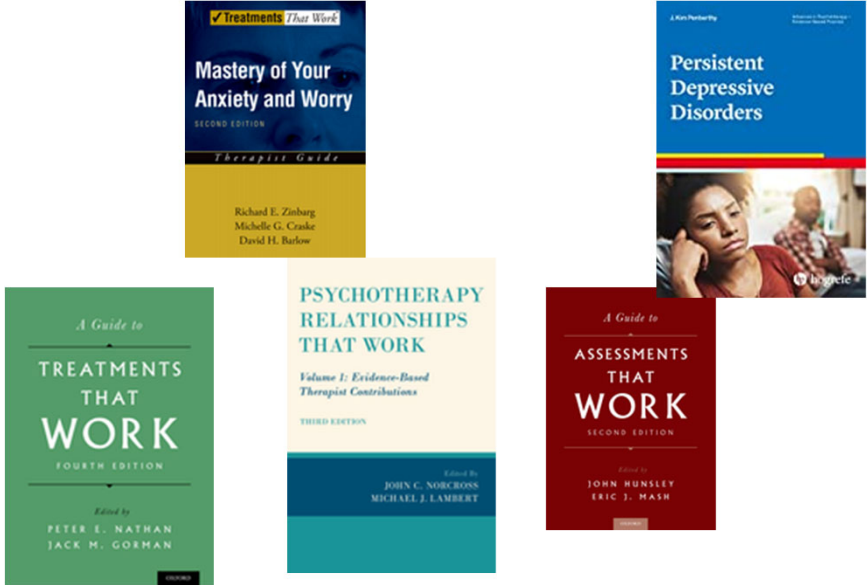
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Finding Background Information

- Textbooks
- Practice Guidelines
- Topic review services (e.g., UpToDate, Emedicine Medscape)




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The image displays five book covers:

- Mastery of Your Anxiety and Worry**: Second Edition, Therapist Guide, by Richard E. Zimbardo, Michelle G. Craske, and David H. Barlow.
- Persistent Depressive Disorders**: Edited by John Hunsley and Eric J. Mash.
- A Guide to TREATMENTS THAT WORK**: Fourth Edition, Edited by Peter E. Nathan and Jack M. Gorman.
- PSYCHOTHERAPY RELATIONSHIPS THAT WORK**: Volume 1: Evidence-Based Therapist Contributions, Third Edition, Edited by John C. Norcross and Michael J. Lambert.
- A Guide to ASSESSMENTS THAT WORK**: Second Edition, Edited by John Hunsley and Eric J. Mash.



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Practice Guidelines

APA GUIDELINES on Evidence-Based Psychological Practice in Health Care

Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017

APA GUIDELINES for Psychological Practice with Sexual Minority Persons

Guidelines for Psychological Practice With Older Adults



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English Edition

Medscape

NEWS & PERSPECTIVE DRUGS & DISEASES CME & EDUCATION ACADEMY VIDEO DECISION POINT

MISSING SOMETHING?
Don't miss the latest on treatment options and expert insights from Industry.

Drugs and Diseases

ARTICLES ON **Psychiatry** [Change](#)

Show articles : **By Category**

[Expand All](#)

- Addiction
- Adult
- Child
- Emergency
- Geriatric
- Psychosomatic

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Child

- Anorexia Nervosa
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Avoidant-Restrictive Food Intake Disorder
- Pediatric Attention Deficit Hyperactivity Disorder (ADHD)
- Pediatric Intellectual Disability
- Pediatric Social Phobia and Selective Mutism
- Pediatric Tourette Syndrome
- Social Phobia

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- Overview ^
- Background
- Pathophysiology
- Epidemiology
- Prognosis
- Patient Education
- Show All
- Presentation v
- DDx
- Workup v
- Treatment v
- Medication v
- Follow-up v


Background

Selective mutism is defined by the *Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition (DSM-5)* as "an anxiety disorder, given that a large majority of children with selective mutism are anxious."^[1]

Selective mutism is a disorder in which an individual is not able to speak aloud in specific situations when there is an expectation of conversational speech.^[1] Communicative language is generally intact in such individuals, although selective mutism can coexist with language and communication disorders.


Selective mutism can be accompanied by other anxiety disorders such as separation anxiety disorder, social anxiety disorder (formerly called social phobia), agoraphobia, and panic disorder, as well as by shyness and anxiety; however, it can also exist without other anxiety-related disorders.^[2]

Selective mutism generally occurs by age 5 years; however, usually it is not diagnosed until the child starts school. In some cases, adolescents and adults continue to experience an inability to speak in public. This inability is generally most disabling at school, as the child cannot be assertive and speak when called on by teachers. In adults, functional impairment occurs when public speaking or lecturing is required in one's vocation. Often, the child with selective mutism designates a friend or close family member to serve as an interpreter of communication and whispers into that person's ear, so that communication occurs with the designated person as intermediary.

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APPLICATION TIME: Finding background information

- Let's practice on your own case or the case I provided
- What background information is available to help you work with Tom?

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APPLICATION TIME: Finding background information

APA clinical practice guidelines for the treatment of PTSD
APA multicultural guidelines
Treatments that Work: Prolonged Exposure Therapy for PTSD
Linehan DBT Skills Training Manual

(plus many other materials; these are just examples)

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A search strategy is key!

1. Look for background information
- 2. Look for filtered information**
3. Look for unfiltered information (if necessary)

The diagram is a pyramid with six levels, representing the hierarchy of evidence. From bottom to top, the levels are: Background Information / Expert Opinion (green), Case-Controlled Studies Case Series / Reports (orange), Cohort Studies (purple), Randomized Controlled Trials (RCTs) (blue), Critically-Appraised Individual Articles [Article Synopses] (light green), and Systematic Reviews (pink). A red arrow labeled 'quality of evidence' points upwards along the left side of the pyramid. A box on the left says 'TRIP Database searches these simultaneously' with arrows pointing to the top three levels. A box on the right says 'FILTERED INFORMATION' with arrows pointing to the top three levels. Another box on the right says 'UNFILTERED INFORMATION' with arrows pointing to the bottom three levels. At the bottom of the pyramid, there is small text: 'EBM Pyramid and EBM Page Generator. Copyright 2006-2014 Trustees of Dartmouth College and Yale University. All Rights Reserved. Produced by Jan Glover, David Izzo, Karen Olato and Lei Wang.'

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Filtered Information

- SAVES you TIME because someone else read and synthesized individual studies
- e.g., systematic reviews, meta-analyses

A meme featuring a koala eating a green leaf. The text at the top reads 'WHAT?!?!?!?!?!' and the text at the bottom reads 'I GOTTA READ ALL THOSE PAPERS?'. The source 'memegenerator.net' is visible in the bottom right corner.

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 **Cochrane Library** Trusted evidence. Informed decisions. Better health.


<https://www.cochranelibrary.com/search>


 **BMJ** Journals

Evidence-Based Mental Health

Home / Advanced search / Search results

<https://ebmh.bmj.com/>

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Society of **PEDIATRIC PSYCHOLOGY** 
Division 54 of the American Psychological Association

https://pedpsych.org/ebp_resources/

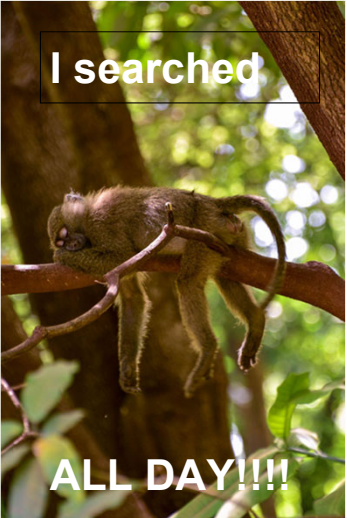
Google Scholar

<https://scholar.google.com/>

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Unfiltered Information

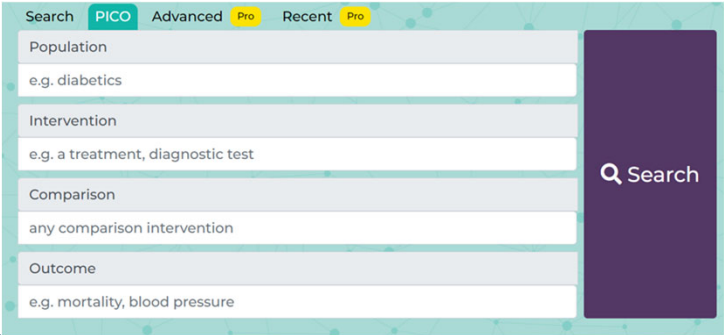
- provides original research
- e.g., PubMed, PsycINFO, Medline
- time-consuming
- paid access




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EBP Search Engine

- provides access to background, filtered, and unfiltered information simultaneously
- e.g., TRIP database (www.tripdatabase.com)






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APPLICATION TIME: databases


- Let's practice on your own case or the case I provided
- What background or foreground questions related to Tom can the databases help you answer?



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APPLICATION TIME: databases


- www.cochranelibrary.com
- <https://ebmh.bmj.com/>
- https://pedpsych.org/ebp_resources/
- <https://scholar.google.com/>
- www.tripdatabase.com



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APPLICATION TIME: databases

Zeifman et al. (2021): Optimizing treatment for comorbid borderline personality disorder and posttraumatic stress disorder: A systematic review of psychotherapeutic approaches and treatment efficacy.



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Appraise the research evidence

- SAVES TIME by helping you distinguish what is significant/trustworthy from what is not.
What is most clinically relevant?



The graphic shows the words "FAKE NEWS!!" in a bold, black, sans-serif font. Below the text are three horizontal black bars. A red, irregular stamp is overlaid on the text and bars, containing the text "Don't trust everything you read" in a red, handwritten-style font.

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Appraise the research evidence



The image is a meme with a black background. At the top, it says "Always an honest word" in white, bold, sans-serif font. Below this is a close-up of a person's eye. The iris is a small, blue and green globe of the Earth with the word "EVIDENCE" written in white on it. At the bottom, it says "Now it's how I view the world" in white, bold, sans-serif font.

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How do you do EBP?

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Translating the research into practice

- How does the research help me solve client problems?
- How does the research help me improve care?

⇒ become a **reflective practitioner**

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The Reflective Practitioner

1. Is the quality of the research good enough?
(step 3. Appraise the research evidence)
1. Is the research relevant enough to the current clinical situation?
1. Does the research match my client and context closely enough?

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Own Expertise and Experience

Client and Situation

EBP

Research Evidence

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How do you do EBP?

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Clinical Expertise

The diagram illustrates the components of Clinical Expertise. It features three main elements: a rectangular box labeled 'performance/competence', a speech bubble labeled 'reputation', and a cloud-shaped thought bubble labeled 'client outcomes'. Below these, there is a photograph of a lit lightbulb with six arrows pointing outwards to six empty oval shapes, symbolizing the generation and application of ideas or expertise.

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Clinical Expertise

criterion often used in EBP: **client outcome**

Effective therapists

- form strong alliances across a range of clients
- use evidence-based skills and methods

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Clinical Expertise: Strong Alliance

DO's	DON'Ts
<ul style="list-style-type: none">• empathy• positive regard/affirmation• goal consensus and collaboration• rupture repair	<ul style="list-style-type: none">• rigidity• criticism• being distant• being distracted• inappropriate self-disclosure




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Clinical Expertise: skills and methods

“interorganizational task force to identify, compile, and disseminate research evidence on psychotherapist skills and methods used across theoretical orientations” Hill & Norcross (2023)


- 24 skills and methods were reviewed
- impact on immediate in-session outcomes, intermediate post-session or between session outcomes, and distal end-of-treatment outcomes

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Which skills and methods are "demonstrably effective" when assessing end-of-treatment outcomes?
(Hint: there are nine)

[PollEv.com/ninastoeckel525](https://poll-ev.com/ninastoeckel525)


Send **ninastoeckel525** to **37607**

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Clinical Expertise: skills and methods

"Demonstrably effective" skills and methods for distal end-of-treatment outcomes:

- affirmation/validation
- paradoxical interventions
- homework
- routine outcome monitoring
- strength-based methods
- emotional regulation
- meditation/mindfulness/acceptance
- behavioral activation
- cognitive restructuring




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Clinical Expertise: skills and methods

“Probably effective” skills and methods for distal end-of-treatment outcomes:

- rupture repair
- role induction
- collaborative assessment methods
- chairwork
- imagery rehearsal therapy for nightmares




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Clinical Expertise: routine outcome monitoring


- ask clients **DIRECTLY** and **REGULARLY** about their progress
- compare to benchmarks if available
- provide feedback to client immediately

- can be done with system (OQ-45, PCOMS) or more informal
- particularly important for clients who are struggling

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PCOMS: Outcome Rating Scale

<p style="text-align: center;">Individually (Personal well-being)</p> <p>----- </p> <p style="text-align: center;">Interpersonally (Family, close relationships)</p> <p>----- </p> <p style="text-align: center;">Socially (Work, school, friendships)</p> <p>----- </p> <p style="text-align: center;">Overall (General sense of well-being)</p> <p>----- </p>	<p style="text-align: center;">Me (How am I doing?)</p> <p>----- </p> <p style="text-align: center;">Family (How are things in my family?)</p> <p>----- </p> <p style="text-align: center;">School (How am I doing at school?)</p> <p>----- </p> <p style="text-align: center;">Everything (How is everything going?)</p> <p>----- </p>
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PCOMS: Session Rating Scale

<p style="text-align: center;">Relationship</p> <p>I did not feel heard, understood, and respected.</p> <p>----- </p> <p style="text-align: center;">Goals and Topics</p> <p>We did not work on or talk about what I wanted to work on and talk about.</p> <p>----- </p> <p style="text-align: center;">Approach or Method</p> <p>The therapist's approach is not a good fit for me.</p> <p>----- </p> <p style="text-align: center;">Overall</p> <p>There was something missing in the session today.</p> <p>----- </p>	<p style="text-align: center;">Listening</p> <p>I felt heard, understood, and respected.</p> <p>----- </p> <p style="text-align: center;">How Important</p> <p>We worked on and talked about what I wanted to work on and talk about.</p> <p>----- </p> <p style="text-align: center;">Listening</p> <p>The therapist's approach is a good fit for me.</p> <p>----- </p> <p style="text-align: center;">How Important</p> <p>Overall, today's session was right for me.</p> <p>----- </p>
--	---

did not always listen to me.

☹️

What we did and talked about was not really that important to me.

☹️

-----|

-----|

-----|

-----|

listened to me.

😊

What we did and talked about were important to me.

😊



Clinical Expertise: Training implications

“The contributors to this volume were eloquent and specific in describing *what* trainees should learn about their respective therapy skills and methods, but not so much *how* trainees could actually learn and competently provide those skills and methods.” (Hill & Norcross, 2023, p. 693)

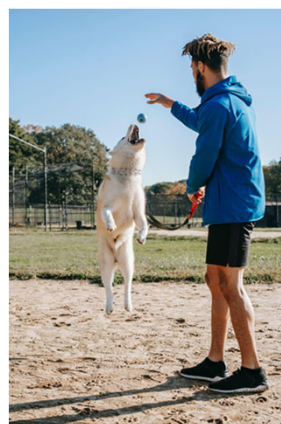
Bandura’s framework: 4 essential components of learning

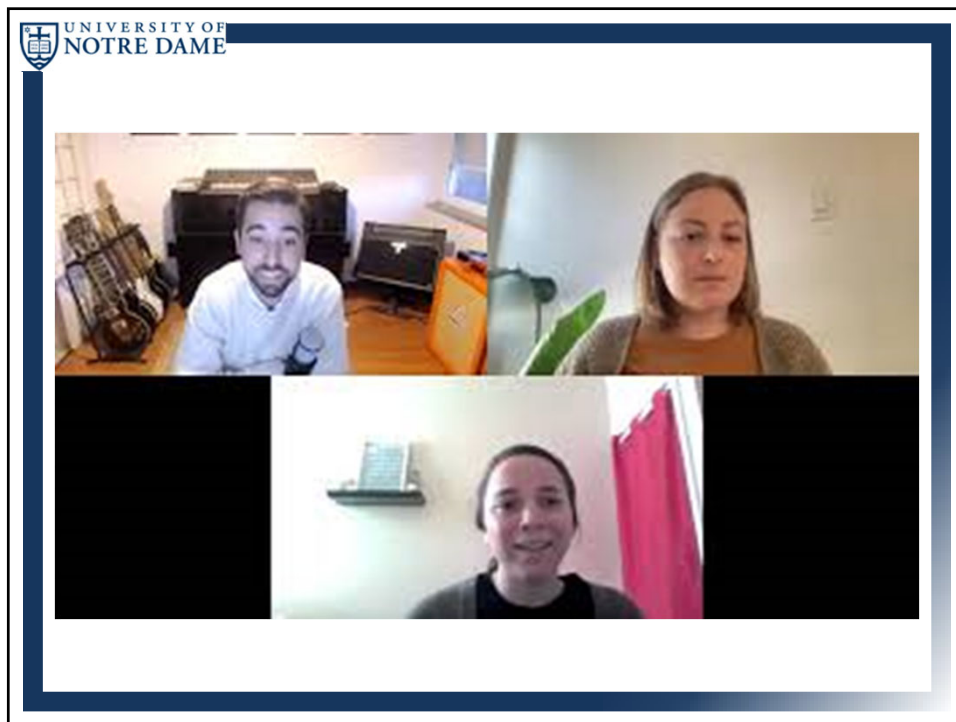
instruction, modeling, practice, and feedback



Clinical Expertise: Deliberate Practice

1. focused and systematic effort to improve performance
1. guidance from a coach/teacher/mentor
1. immediate, ongoing feedback
2. refinement and repetition via solo practice outside of performance





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APPLICATION TIME: Clinical Expertise


- Let's apply what you learned about clinical expertise to your own case or the case I provided
- What aspects of clinical expertise seem particularly relevant to your case or the case of Tom? What skills and methods would you prioritize?



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“What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?”

Gordon Paul (1967)

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Client characteristics, cultures, and preferences

- variations in presenting problems/comorbidity
- age, developmental status/history, life stage
- gender identity, ethnicity, race, social class, religion, disability status, sexual orientation
- environmental context (e.g., institutional racism, healthcare disparities) and stressors (e.g., unemployment, loss)
- personal preferences and values related to treatment (goals, beliefs, worldview, expectations)

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And that's not all....


- readiness to change
- acceptability
- caregiver approval
- availability
- prior treatment failures
- incongruous recommendations
- payer approval

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Client and Situation: Tailoring based on

- culture
- reactance level
- readiness to change
- religion/spirituality
- coping style
- preferences

(all factors demonstrated effectiveness across multiple meta-analyses)

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DSM-5 Cultural Formulation Interview

16-question interview aimed to understand the presenting clinical problem from the point of view of the client AND other members of their social network

- cultural definition of the problem
- cultural perceptions of cause, context, and support
- cultural factors affecting self-coping and past help seeking
- cultural factors affecting current help seeking

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DSM-5 Cultural Formulation Interview

<p><i>Focus on stressful aspects of the individual's environment. Can also probe, e.g., relationship problems, difficulties at work or school, or discrimination.</i></p>	<p>7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?</p>
---	--

ROLE OF CULTURAL IDENTITY
(Cultural Identity, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Older Adults, Children and Adolescents)

<p><i>Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor questions 9–10 as needed.</i></p> <p><i>Elicit aspects of identity that make the problem better or worse.</i></p> <p><i>Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).</i></p> <p><i>Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).</i></p>	<p>Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.</p> <p>8. For you, what are the most important aspects of your background or identity?</p> <p>9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?</p> <p>10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?</p>
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CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

SELF-COPING
(Coping and Help Seeking, Religion and Spirituality, Older Adults, Caregivers, Psychosocial Stressors)

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Client and Situation: Culture


- culturally adapted therapies tend to have better outcomes than non-adapted therapies
- think about adaptations along 8 overlapping dimensions:
 - language
 - persons
 - metaphors
 - content
 - concepts
 - goals
 - methods
 - context



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Client and Situation: Culture


- language: translation and/or adaptation
- persons: train community members, self disclosure
- metaphors: culturally embedded
- content: add emphasis/content
- concepts: e.g., familismo, golden mean thinking
- goals: e.g., increase social harmony
- methods: e.g., group/individual, shared meals
- context: e.g., intergenerational/historical trauma




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Client and Situation: Culture


- CBT (Naeem, 2019)
- couples therapy (Mikle & Gilbert, 2019)
- DBT (Haft et al, 2022)
- mindfulness/meditation based interventions (DeLuca et al, 2018)
- parent training (Baumann et al, 2015)
- trauma-focused therapies (Ennis et al, 2020; Wright et al, 2020)

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Client and Situation: Reactance Level



- resistance: apprehension/aversion to change
- reactance: apprehension/aversion to change + oppositional reactance to persuader
- high reactance in therapy → therapist needs to become less directive
- low reactance in therapy → client benefits from structure/direct guidance

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Client and Situation: Stages of Change

- better outcomes if interventions are matched to client's stage of change
- Would you say you are ...
 - not ready to change in the next 6 months?
 - thinking about changing in the next 6 months?
 - thinking about changing in the next month?
 - have you already made some progress?

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<https://www.cmid.net/>


Client and Situation: Stages of Change

Precontemplation	Nurturing Parent (joining)
Contemplation	Socratic Teacher (encourage own insights)
Preparation	Experienced Coach (work on game plan)
Action	Consultant (provide advice/support when needed)

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Client and Situation: Religion/Spirituality (R/S)


- tailoring treatment to client's R/S can have positive impact on therapy outcome
- e.g., what does R/S mean to you? what role does it play in your day to day life? in what ways is R/S a source of strength? what R/S practices or activities help you cope? how might R/S be a source of struggle/inner turmoil? have you been the target of R/S oppression/abuse?



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Client and Situation: Coping Style


- internalizing vs. externalizing
- insight-focused treatments tend to work better for clients w/ internalizing style
- symptom-focused treatments tend to work better for clients w/ externalizing style



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Client and Situation: Preferences

- “Do you have a **strong** preference for a certain type of treatment, for a clinician of a particular gender, sexual orientation,...?”
- simply asking these questions increases client satisfaction with intake process
- personalization to strong preferences strengthens the therapeutic relationship, improves outcome, and reduces likelihood of premature termination


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Cooper-Norcross Inventory of Preferences (C-NIP)


Client self-report form that asks about preference for:


- therapist vs. client directiveness
- emotional intensity vs. reserve
- past vs. present orientation
- warm support vs. focused challenge

freely available at www.c-nip.net

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C-NIP Demonstration



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Please remember

“Tailoring needs to be tailored to the patients themselves: Some want more of it, some want less.”


(Norcross & Cooper, 2021)

BUT: always remember to balance flexibility with fidelity!

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APPLICATION TIME: Client Characteristics, Culture, & Preferences


- Let’s apply what you learned about client characteristics, culture, & preferences to your own case or the case I provided
- What seems particularly relevant to your case or the case of Tom?
(culture, reactance level, readiness to change, religion/spirituality, coping style, preferences)

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How do you do EBP?


1. Ask a specific, clinical question
2. Access the best available research
3. Appraise the research evidence
4. Translate the research into practice
5. Integrate clinician's expertise and client's characteristics, culture, & preferences
6. Evaluate effectiveness

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Evaluate Effectiveness

- by monitoring and measuring clinical performance
- CAUTION: heuristics stand in the way of accurately judging own performance

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Evaluate Effectiveness

- Have I asked myself any clinical questions lately?
- Have I attempted to identify my own knowledge gaps and framed questions focused on those domains?
- Do I routinely note questions that occur to me in daily practice so that I can follow up with research later?
- How often do I search the research literature?
- Have I become more efficient in my searches?
- Have I begun to critically appraise the evidence I discover?
- Have I become more accurate in applying to clinical practice what I have learned from the research?

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Evaluate Effectiveness

1. track client outcomes
1. check your work against evidence-based practice guidelines
1. compare client outcomes with established benchmarks




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Integration is KEY

“Research alone will never suffice to make a clinical decision.” (Guyatt & Rennie, 2002)

- 1 What does the research tell us?
- 2 What does the client want?
What is available/realistic?
- 3 Given these circumstances, what does the research tell us now?


The slide is enclosed in a blue-bordered frame with the University of Notre Dame logo and name in the top left corner. The text is centered, and the three questions are presented in blue rounded rectangular boxes, each with a white circle containing a number.



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EBP: An Active Collaborative Decision-Making Process

- in contrast to traditional medical decision-making
- curative power rests NOT only with treatment method but also within therapeutic relationship, person of the clinician, and person of the client



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The fundamental EBP decision:

What do I do with the research-supported treatment?

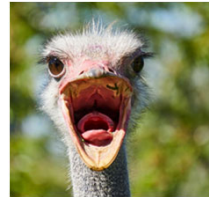
- **ADOPT** (when it is a good enough fit for particular client and context)
- **ADAPT** (when it has utility but it doesn't quite seem adequate for the particular client, problem, context)
- **ABANDON** (before treatment starts because clinician believes it doesn't apply to particular client or context or during treatment when it doesn't produce desired results)



Still not convinced that EBP is the way to go?


Here are some alternatives:

- eminence-based practice
- nervousness-based practice
- confidence-based practice



Questions? Questions? Questions?






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