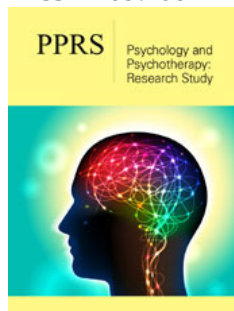


Evidence-Based Practice in Psychology: A New Paradigm for Psychologists' Professional Work

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Abstract

Evidence-Based Practice in Psychology (EBPP) is a methodological approach widely adopted across various disciplines to enhance the effectiveness, safety, and reliability of interventions. In healthcare, EBPP has become a key framework for clinical decision-making, improving patient outcomes and optimizing resources. In psychology, EBPP integrates three pillars: the best available scientific evidence, clinical expertise, and patient values and preferences. Despite its benefits, challenges persist in its implementation, including resistance from clinicians who prioritize personal experience over empirical research, cognitive biases, and gaps in training. Studies reveal that fewer than 50% of mental health professionals systematically assess therapeutic outcomes or follow evidence-based guidelines. Misconceptions, cultural barriers, and difficulties in applying group-based research to individual cases further hinder adoption. However, institutional advancements, such as APA's 2021 guidelines and increased graduate training in EBPP, signal progress. To advance EBPP, strategies must address educational gaps, promote culturally adapted interventions, and bridge the research-practice divide. Ultimately, EBPP enhances psychological practice by combining scientific rigor, clinical judgment, and patient-centred care, fostering ethical and effective therapeutic outcomes.

Keywords: Evidence-Based practice; Psychology clinical; Psychology applied; Professional practice; Applied research

Introduction

Evidence-Based Practice in Psychology (EBPP) is a methodological approach that has been widely adopted across various disciplines and fields, aiming to ensure greater effectiveness, safety, and reliability in interventions. It is a model that systematically integrates the best available scientific knowledge with professional expertise and the specific needs of each practice context [1].

In healthcare, EBPP has become a key framework for clinical decision-making, contributing to the implementation of safer, more effective, and patient-tailored interventions. Its use has led to reduced risks, improved clinical outcomes, and optimized resource utilization, promoting more qualified and person-centred care [2].

In psychology, this movement has also gained international prominence, driven by the need to ground clinical practices in solid empirical data. Evidence-based practice in psychology is supported by three fundamental pillars: the best available scientific evidence, obtained through rigorous research and systematic reviews with meta-analysis; the clinician's expertise, which involves judgment and skills developed through practical experience; and

the patient's characteristics, values, culture, and preferences, acknowledging the importance of an individualized and respectful approach to each person's uniqueness [3].

Thus, evidence-based practice is not limited to the mechanical application of research findings but proposes a balanced integration of science, professional competence, and human needs, contributing to ethical, effective, and patient-centred care. In this context, this work aims to conduct a brief review of the current state of evidence-based practices in psychology [3].

Discussion

EBPP was formally adopted by the American Psychological Association (APA) in 2005, yet its implementation continues to face challenges, including professional resistance and the need for greater cultural adaptation [4]. Lilienfeld et al. [5] examined sources of resistance among clinical psychologists toward evidence-based practice, revealing that many professionals fail to sufficiently emphasize scientific evidence in therapy, often prioritizing clinical experience over research. This resistance is understandable, as EBPP requires changes to well-established methods, and merely presenting data does not always convince practitioners to modify their approach.

Research shows ambivalent attitudes toward EBPP: Some therapists view it with scepticism, while others recognize its value. Factors such as the placebo effect and regression to the mean can create false impressions of therapeutic success—a pitfall that EBPP helps avoid through rigorous methods like randomized controlled trials. Despite growing recognition of EBPP's importance, many clinicians still favour personal experience over systematic integration of scientific findings. This tendency can be attributed to two main factors: cognitive biases (e.g., overvaluing isolated clinical observations) and gaps in professional training, particularly in critical appraisal of scientific research. This gap between evidence and clinical practice remains a significant barrier to effective EBPP implementation in everyday professional settings [4,6].

Jensen-Doss et al. [7] highlight significant gaps in EBPP implementation among mental health professionals: only a minority of therapists (less than 50%) conduct systematic assessments of therapeutic outcomes, a fundamental procedure for measuring intervention effectiveness, and there is low utilization of evidence-based clinical guidelines in daily practice. These findings underscore the need for strategies to increase adoption of scientifically validated protocols in real-world clinical settings.

Another source of resistance stems from myths and misconceptions, such as outdated beliefs about memory repression or the notion that childhood experiences irreversibly determine adult functioning. Some therapists continue to use questionable techniques like memory recovery despite associated risks. Additionally, challenges exist in applying group-based (nomothetic) probabilities to individual cases (idiographic), although meta-analyses can help identify which treatments work best for specific profiles [5,8]. A further obstacle is the lack of cultural adaptation

in many treatments, necessitating greater cultural humility and inclusion of diverse perspectives [4].

Resistance also emerges from misunderstandings about EBPP, such as the notion that it limits clinical creativity or is excessively rigid. Practical barriers, including statistical complexity and the disconnect between academic research and clinical practice, also contribute to this reluctance [5]. To facilitate the application of EBPP, the APA has developed specific guidelines and tools that help psychologists structure the therapeutic process, from initial assessment to ongoing outcome monitoring [4].

According to Melchert et al. [4], the advancement of Evidence-Based Practice (EBPP) in psychology requires a multifaceted approach that includes: prioritizing preventive strategies and early intervention, with expanded programs in community and educational contexts; actively confronting social determinants of health, particularly factors such as economic disparities and structural racism that impact the development of mental disorders; investing in research that encompasses population diversity, overcoming the historical underrepresentation of minority groups in clinical studies; and engaging in organized advocacy efforts for policies, resources, and practices that promote evidence-based mental health in healthcare systems. The authors argue that this integrated approach is essential for transforming scientific evidence into clinically relevant and socially equitable practices.

In summary, resistance to EBPP does not represent a rejection of science, but rather reflects cognitive biases, persistent myths, and challenges in applying scientific knowledge. Overcoming these barriers requires improved training in methodology, greater access to applicable research, and an approach that integrates evidence with clinical expertise [5].

In recent years, clinical psychology has witnessed significant advances in implementing EBPP, marked by important institutional and professional developments. The APA took a crucial step by approving the Guidelines for Evidence-Based Psychological Practice in Health Care in 2021, complementing previous efforts such as the inclusion of EBPP in academic training standards established by the APA Commission on Accreditation in 2018 [9]. Concurrently, research has shown that more highly qualified professionals, particularly those with graduate training, are more likely to incorporate scientifically validated interventions into their clinical practice. These advances, though still in consolidation, point to a growing appreciation of empirical foundations in psychological practice, suggesting a positive transformation in the field [4].

However, another important factor to highlight is presented by Berg [10], who examines the current model of EBPP and underscores its scientific bias, which prioritizes scientific findings over clinical expertise and patient preferences. Berg [10] argues for a more balanced approach in which all three components are valued as distinct and essential to effective treatment, rather than merely as elements validated by empirical research. The author emphasizes the importance of non-scientific forms of knowledge, such as professional expertise, ethical deliberation,

and the practical wisdom gained through experience. Additionally, the paper underscores the ethical imperative to respect patient autonomy, cultural background, and individual values, even when these diverge from scientifically indicated interventions.

Conclusion

In conclusion, EBPP provides a pathway to make psychological practice more effective and equitable. However, its successful implementation requires ongoing education, professional flexibility, and a sustained commitment to integrating empirical evidence, clinical expertise, and patient individuality. By adopting this integrative approach, psychologists not only enhance therapeutic outcomes but also reinforce psychology's role as a health profession grounded in both science and ethics. In this context, the proposed reconceptualization of EBPP strengthens the call for a more holistic, ethically grounded, and genuinely patient-centred model of psychotherapy.

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