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EVIDENCE-BASED PRACTICE FOR MARRIAGE AND FAMILY THERAPISTS

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The purpose of this article is to integrate science into clinical practice by introducing marriage and family therapists to the ideas of evidence-based practice (EBP). Evidence-based practice, which originated in the medical field, refers to the process of using research to make clinical decisions that best meet the needs of each client. Included in the description is a brief history of EBPs and ideas about learning EBPs. Suggestions are also made about the use of EBPs in MFT training programs, and resources are provided to enable clinicians to use EBPs in clinical practice.

The empirically supported treatment movement has become an important and influential component in the delivery of mental health services. Begun largely as a response to demands by managed care for treatment accountability (Crane & Hafen, 2002), the movement has emphasized the value of empirical validation of psychotherapy treatment models as a way to guide the clinical treatment decisions made by therapists (Chambless & Hollon, 1998). This process has resulted in the designation of many psychotherapy treatments as being efficacious (Dobson & Craig, 1998; Nathan & Gorman, 1998).

For many years, the field of marriage and family therapy (MFT) has lagged behind these efforts to provide empirical support for clinical treatment. Although the theory and practice of MFT was originally founded upon empirical foundations (Wynne, 1983), MFTs spent decades uncritically following the charismatic leaders of the field (Sprenkle, 2002a), during which time clinical research and science were undervalued.

More recently, significant clinical research has emerged to guide MFTs in their clinical decisions. For example, several literature reviews have identified those MFT models that have received enough empirical validation to be considered empirically supported therapies (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Sexton, Alexander, & Mease, 2004). The American Association for Marriage and Family Therapy (AAMFT) recently published the proceedings of the 2002 AAMFT Research Conference, which included major reviews of efficacious MFT treatments for many common presenting problems (Sprenkle, 2002b). This important book contains state-of-the-art reviews of empirically supported MFT treatments for many problems commonly seen in therapy, such as adolescent conduct disorders (Henggeler & Sheidow, 2002),

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substance abuse (Rowe & Liddle, 2002), and domestic violence (Stith, Rosen, & McCollum, 2002).

Although the empirically supported treatment movement has benefited the MFT field by bringing science into the delivery of mental health services (Alexander, Sexton, & Robbins, 2002), there are disadvantages to relying exclusively on empirically supported treatments to guide clinical decision making (Henry, 1998; Sprenkle, 2002b). Some scholars are concerned that the movement subordinates some treatment models because they have not been subjected to empirical evaluation, implying that they are not valid, rather than untested (Elliott, 1998). Scholars are also concerned that adherence to only empirically supported treatments will restrict the clinical choices that therapists have available and make it more likely that there will be a poor fit between therapist, treatment modality, and clients (Wampold, 2001; Wampold, Lichtenberg, & Wachler, 2002).

An alternative approach that integrates science into clinical decision making has been developed within the medical field and is referred to as evidence-based practice (EBP), or evidence-based medicine. Evidence-based practice "is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (Sackett, 1999, p. 120). This approach has the potential to be a valuable tool in helping MFTs in their clinical decision making and practice. The purpose of this article is to introduce MFTs to some of the basic information necessary to understand and use EBPs.

DESCRIPTION OF EVIDENCE-BASED PRACTICE

As developed in EBP, the term "evidence-based" is not the same as "empirically based" or "empirically validated," which usually refer to specific therapy models that are based on and supported by research data. Instead, EBP refers to the process of *using* empirical data to make decisions about how to best care for one's clients. Instead of simply applying a specific theoretical model to provide treatment, an EBP approach refers to the process of creating clinical questions and using data from existing research to answer those questions. In this way, clinical decisions are guided by empirical research.

Brief History of EBP

The principles of EBP were developed in the Department of Clinical Epidemiology and Biostatistics at McMaster University in Canada in the 1980s. A group led by Gordon Guyatt wanted to create systematic ways of finding, critically appraising, and using available clinical research. They also wanted to find better ways of deciding what new information to incorporate into their practices. Instead of depending on expert opinion, these early leaders wanted to develop systematic principles based on scientific methods that would help individual clinicians make their own research-based clinical decisions.

In an initial article (Oxman, Sackett, & Guyatt, 1993), published in the *Journal of the American Medical Association*, the founders of EBP stated:

[EBP] will help you translate the results of medical research into clinical practice. We've written them from the perspective of the busy clinician who wants to provide effective medical care but is sharply restricted in time for reading. We do not attempt a course in research methods; *the series is about using, not doing, research* [italics added]. It is designed to help provide our patients with care that is based on the best evidence currently available. . . . Knowing how to use the clinical literature is imperative for ensuring we are providing optimal patient care. (p. 2093)

The results of this group's efforts included 25 articles published in the *Journal of the American Medical Association* between 1993 and 2000 that taught clinicians basic principles of EBP. These articles have been compiled into two books and recently published. These books, *Users' Guides: Manual for Evidence-Based Clinical Practice* (Guyatt & Rennie, 2002a) and *Users' Guides: Essentials of Evidence-Based Clinical Practice* (Guyatt & Rennie, 2002b), summarize the foundations of EBP. These books provide information on why framing the right questions is important, how to find relevant clinical research, how to appraise the best evidence critically, how to weigh the risks and benefits that precede clinical management decisions, and how to individualize evidence to each client.

At the same time, McMaster University, the University of Virginia, and medical programs in England

began offering workshops that taught the basic principles of EBP. As time passed, the concepts of EBP have become common language in medical communities. Different specialties have begun publishing articles, such as, "Can oral contraceptive prescribing be evidence-based?" (Robinson, Patrick, Eng, & Gustafson, 1998) and "An evidence-based approach to interactive health communication" (Grimes & Atkins, 1998).

The Process of EBP

There are five basic steps to the evidence-based process (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000). First, clinicians must convert their need for information in the clinical decision-making process into an answerable question. The question needs to be specific enough to create a manageable search process.

Second, the practitioner tracks down the best empirical evidence to answer the clinical question. The founders of EBPs recognized that ease, speed, and availability are essential qualities of an evidence-based search. Fortunately, as EBPs have grown in popularity, new computer tools to help the clinician do a rapid and thorough search of existing literature have been created. Computer-based databases, such as the Cochrane Database of Systematic Review, allow practitioners to conduct computer searches to find empirical studies, abstracts, and literature reviews to answer their clinical questions.

Third, the validity, impact, and applicability of the research are critically appraised to select the best research that provides appropriate answers. Guyatt, Sackett, and Cook (1994) developed a Critical Review Form for clinicians to use when appraising specific research articles (See Table 1). Clinicians using the form are asked to judge the validity of the study's results by evaluating the quality of the research design. For example, clinicians evaluate whether or not the assignment of clients to groups was randomized and whether there was homogeneity between the groups at the beginning of the study. They also record the results of the study by recording the size of the treatment effect.

Fourth, the clinician must integrate the clinical research with their clinical expertise and their clients' unique characteristics. In an article summarizing almost 10 years of work, the developers of EBP stated, "practitioners must be able to understand the patient's circumstances . . . including social supports and financial resources" (Guyatt et al., 2000, p. 1291). The authors stress the critical role of personal values and preferences, including both the client's and the therapist's values. The Critical Review Form includes a section in which the clinician evaluates the applicability of the study's results in providing care for their clients.

Finally, after implementing EBPs in the care of their clients, clinicians evaluate the effectiveness and efficiency of their treatment decisions. This feedback mechanism guides future treatment with the client, as well as informing clinical decisions about clients in similar circumstances.

Thus, the process of EBP allows individual clinicians, (if they have easy access and familiarity with computers and data systems), to obtain current summary data from numerous articles, understand the strength and weaknesses of those articles and their findings, and make informed decisions about the client waiting for them in the next room. In some instances, this process can be done in less than 10 minutes.

Moreover, EBPs may be one way to cross the divide between the science and art of therapy, given that respect for scientific discovery, respect for individual therapist preference, and attention to clients' personal needs are all critical parts of this perspective. Utilizing EBPs is one way to operationalize the goals of the scientist-practitioner model, which include having the practitioner be a wise and critical consumer of research (Hayes, Barlow, & Nelson-Gray, 1999).

Many therapists may have been informally going through this evidenced-based decision-making process already as they search for ways to provide optimum care for their clients. The unique contribution of EBP is that it makes this process systematic and thorough.

Critiques of EBPs have been published (Sackett, 1999; Sweeney & Lancaster, 1998). Some physicians have felt that the scientific basis of EBP, including the biomedical model and Cartesian dualism, could not explain the complexity of human experience, including the doctor-patient relationship (Sweeney & Lancaster, 1998). Other critiques suggest that evidence-based principles do not lead to physicians necessarily changing their long-established patterns, and that the characteristics of randomized controlled trials are not reproducible in the real world of clinical medicine. Despite these critiques, EBPs have become

Table 1 <i>Critical Review Form for Therapy</i>	
Guide	Comments
I. Are the Results Valid?	
<ul style="list-style-type: none"> • Was the assignment of clients to treatments randomized? 	
1) Were all clients who entered the trial properly accounted for and attributed at its conclusion? <ul style="list-style-type: none"> • Was follow-up complete? • Were clients analyzed in the groups to which they were randomized? 	
2) Were clients, health workers, and study personnel “blind” to treatment?	
3) Were the groups similar at the start of the trial?	
4) Aside from the experimental intervention, were the groups treated equally?	
II. What are the Results?	
1) How large was the treatment effect?	
2) How precise was the treatment effect?	
3) Will the results help me in caring for my clients?	
III. Can the results be applied to my client care?	
1) Were all clinically important outcomes considered?	
2) Are the likely benefits worth the potential harms and costs?	
<i>Note.</i> This form is adapted from “Users guide to medical literature: How to use an article about therapy,” by G. Guyatt, D. Sackett, & D. Cook, 1994, <i>Journal of the American Medical Association</i> , 271, p. 61. Copyright 1994 by the American Medical Association. Reprinted with permission.	

part of mainstream health care. In fact, the EBP approach has spread from the field of medicine into a number of allied-health professions, such as physical therapy, nursing, and occupational therapy. The approach has also begun to influence the mental health field.

EVIDENCE-BASED MENTAL HEALTH

In 1997, Geddes, Reynolds, Streiner, and Szatmari published an influential article on EBPs in mental health. The authors pointed out that there are competing groups defining mental health practices, including different mental health professionals, government policy makers, primary care providers, and payers. They

suggested, however, that these groups share an interest in developing and using EBPs.

These authors created a Center for Evidence-based Mental Health at Oxford University and began publishing the first journal for evidence-based mental health treatments. This journal searches other primary journals and publishes abstracts of studies that are both reliable and clinically important. *Evidence-based Mental Health* is a British publication sponsored by the British professional societies for psychiatrists, psychologists, and nursing. In addition, the Center offers training in evidence-based methods and provides a self-contained manual for clinicians who want to utilize EBPs.

The sixth edition of *Clinical Evidence* (Barton, 2002) was recently published to provide treatment guidelines for busy clinicians. These guidelines are based on critical appraisals and summary reviews of the existing literature. *Clinical Evidence* takes other evidence-based resources and summarizes their findings. For example, treatments are divided into the following categories: beneficial, likely to be beneficial, trade-off, unknown effectiveness, and others. Instead of focusing on a treatment method or theory, *Clinical Evidence* focuses on specific diagnoses and their treatments. The current disorders mentioned in the mental health section include Alzheimer's Disease, anorexia nervosa, bulimia nervosa, depressive disorders, anxiety, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder, and schizophrenia.

CREATING EVIDENCE-BASED PRACTICE FOR MFTS

How can the field of MFT therapy create "evidence users" for clinical practice? Our evolution into integrating EBPs into training and practice could benefit from parallel initiatives that are being made in other fields. Educators in medicine have developed multiple strategies to teach residents to use EBP approaches. The earlier strategies, called "critical appraisal techniques," focused predominantly on teaching medical residents techniques to become shrewd consumers of research. These included techniques such as journal clubs and rigorous training in methodological issues.

Recently, there has been a shift away from teaching mainly critical appraisal techniques toward creating evidence users in clinical practice (Grad, Macaulay, & Warner, 2001). Training evidence users requires implicit education on the use of quick and easy tools for finding information regarding specific treatments. Educators have discovered that practitioners have little time to engage in the process of EBP. Thus, students are taught time-efficient methods for finding answers to specific clinical problems, as well as critical appraisal techniques.

Marriage and family therapy training programs, especially master's-level programs, which have a significantly reduced research focus compared to doctoral-level programs, can modify their curriculum to prepare better critical evaluators and evidence users. The focus becomes teaching clinicians how to use research data to make clinical decisions (Eddy, 1996). Training in evidence-based treatments can be incorporated into MFT curriculum in four major areas: Research methods, theories and treatment techniques, computer training, and clinical supervision. Changes in curriculum in research methods courses would focus on critical appraisal skills, while changes in the other three core areas would develop evidence users for clinical practice.

Teaching Critical Appraisal Skills in Research Methods

Although critical appraisal skills can be taught across the curriculum, including clinical practice, much of the fundamental knowledge is learned in research methods classes. For example, students in research classes are usually exposed to research design issues, such as outcome studies and meta-analyses, and tools for interpreting statistics. Knowing this information makes it possible for students to critically evaluate research. Given that many mental health treatment studies do not meet the "gold standard" of randomized double-blind controlled design, the alternatives of quasi-experimental designs and their limitations can be taught. (Pyrzszak, 1999).

Discussions of research can become clinically relevant by connecting the research questions to the students' clinical situations. For example, Gehlbach, Bobula, and Dickinson (1980) designed a seminar series in the medical field that taught basic skills to interpret research literature. The instructors selected only articles that were clinically relevant and valid to the residents, and the seminars were task-oriented and

required active member participation. The students read the literature and then decided whether the information was useful or not. Class discussion focused on methodology, interpretation, and clinical content. Each resident selected a relevant topic, reviewed the literature, and critiqued the literature.

Sackett et al. (2000) have identified common mistakes of teachers of graduate research methods classes that hinder the process of students learning EBP. One of the most common mistakes is teaching learners how to perform statistical analyses, rather than interpreting them. Students training to be clinicians should understand the results of a research study. Except for students in doctoral programs, it is not imperative that they perform complex statistical tests or learn about innovative methods. Most students, especially master's-level therapists, will spend their careers reading, evaluating, and applying research results, not conducting the research themselves.

Sackett et al. (2000) also argue that the research curriculum needs to be flexible and relevant. Most mistakes occur when teachers maintain strict adherence to a structured, formal curriculum, instead of matching their teaching style and the class content to the students' clinical needs. One way of using students' needs (and thus, motivation) to teach empirical research skills and empirical appraisal of treatments is to inextricably intertwine their clinical experiences and their research courses. For example, when students have a clinical question about a current client, the instructor's goal in responding could be to demonstrate how critical appraisal skills help the students answer their clinical questions, and, thereby, do better clinical work. Excellent references on teaching students how to read and interpret research include Holcomb (2002), Pycszak (2001), and Huck and Cormier (1996).

Teaching EBP Techniques

The process of MFT students learning EBP can be enhanced by teaching them MFT models that have been empirically supported. Although the focus of EBP is on the process of gathering research information to guide clinical decision making, a working knowledge of empirically supported treatment models can serve as guideposts in the search of applicable clinical research. Ideally, in treatment and theory classes, strides should be made to adopt curriculum that emphasizes evidence-supported treatments. Fortunately, some programs are already changing their curriculums to incorporate empirically supported treatments (Harkness, Johnson, Ketring, Wampler, & Smith, 2002). Not only is it important to develop instruction on how to perform these treatments, but also to develop a thorough knowledge base about which treatments should be used with different problems. In psychopathology courses, instructors can highlight those treatments that are supported by research for specific disorders. Theory and treatment courses should focus on how to implement empirically supported treatments, as well as when it is appropriate to use them. This instruction should include teaching skills for clinical decision making (Eddy, 1996).

Teaching Computer Proficiency

The limited time and busy schedule of the typical MFT suggests that they must be able to retrieve information efficiently—or they will not retrieve it at all. Because EBP databases are on the computer, it is critical that clinicians have strong computer skills in order to take full advantage of EBPs.

Although most students entering MFT programs have basic computer skills, advanced computer skills are necessary for MFTs regularly engaged in the process of EBP. Many students entering master's-level MFT programs do not have the technical expertise to conduct quick searches of key databases. Without these skills, searches become time consuming and impractical for most busy clinicians, who then become discouraged with the EBP process.

Training programs would benefit from incorporating computer education into MFT curriculum. Seminars on how to conduct searches and find relevant clinical research could prove beneficial. University reference librarians are an important resource in training students to efficiently and effectively conduct advanced searches on prominent clinical databases. In most cases, MFT instructors can make arrangements to have a class session at the library computer lab, in which the reference librarian can demonstrate advanced computer search skills. This instructional process also provides an opportunity for faculty and students to develop relationships with the reference librarian, facilitating the on-going availability of the librarian to be a resource in acquiring additional computer search skills and keeping up-to-date on new versions of databases.

In addition, a certain level of computer search proficiency could be made a prerequisite for taking advanced MFT courses, and these skills could be enhanced by integrating clinical computer searches throughout the curriculum. By emphasizing the importance of computer skills to students, they will develop the proficiency needed to conduct efficient and successful EBP searches.

Evidence-based Supervision Strategies

For MFT students to learn to use EBP in clinical practice, it is necessary for this approach to be integrated into clinical supervision. Grad and colleagues (Grad, Macaulay, & Warner, 2001) discuss a five-step curricular format designed for learning how to utilize EBP in clinical practice. This program uses small groups of six students and could be easily modified to complement the supervision process of MFT training programs. Trainees exposed to this curricular format reported significant increases in searching for evidence-based answers, appraising reviews, and incorporating new findings into practice (Grad et al.).

Building the clinical question. During routine case presentations, the supervisor helps the student select a topic and develop a clinical question. Students are encouraged to formulate specific questions that include characteristics of the client population, most effective treatment interventions, and any outcomes of interest. Sample questions include: “What is the optimal evidence-based method for treating panic disorder with agoraphobia?”; “What treatment techniques are most efficient when treating sexual dysfunction for a couple when one partner has a physical disability?”; or “What types of family interventions are most effective for a family when one member has schizophrenia?” Questions should be specific and enriched by case material that is relevant to the student’s current practice.

Current clinical management and practice. The second step includes a round-table discussion and review of the current clinical management and practice. Group members share how they are currently diagnosing and treating the specified condition. This may include dialogue about interventions used on past similar cases that were either successful or unsuccessful.

Challenging the supervisee. Step three entails challenging the trainee to find the best evidence to guide the treatment process. The supervisor offers techniques to promote rapid retrieval of the evidence, such as a list of computer databases. The supervisee is asked to prepare a summary of his or her research search to the group.

Presentation and discussion. The supervisee makes an informal presentation at the next group meeting on what was discovered during his or her search. The supervisor elicits a discussion of the process of information retrieval. This allows the educator to acknowledge or normalize any struggles experienced by the supervisee seeking EBPs and allows the supervisor to offer suggestions. The student then presents the search summary. The summary includes a brief outline identifying answers to the proposed question, including information on the most effective therapies, approaches, goals of treatment, risk factors, and case management issues. If evidence is not found, a discussion about other options for clinical decision making can occur. These options could include using nonempirical theoretical treatment articles and generalizing from existing research on similar disorders.

Incorporating evidence into practice. The final step is incorporating the evidence into practice. The group can discuss how to best apply the empirical information found in the search. This may include helping the supervisee think about specific characteristics of their clients’ problems and decide how to best apply the research findings to their clients’ situations.

This supervision approach contains several key advantages. Group members will learn vicariously through their colleagues about new clinical research for various problems. This process forces supervisees to become familiar with databases that can provide fast information for problems they are facing in practice. This will increase the trainee’s reliance on using EBPs and encourage incorporation of this method into practice long after graduation.

EBP RESOURCES

There are many resources to help individual clinicians, group practices, and training program faculties learn more about evidence-based treatments. For example, taking a course or seminar on EBPs at

McMasters University, the University of Virginia, or Oxford University is one of the easiest and most enjoyable ways to learn more information about this approach. Another set of resources are books and articles that offer important information about EBP. For example, *How to Read a Paper* (Greenhalgh, 2000) is a compilation of articles that originally appeared in the *British Medical Journal*. Topics include assessing the methodological quality of published papers, understanding cost-benefit analyses, and understanding statistical analyses. (A list of books, articles, and internet sites about EBP are included in the Appendix.)

There are also many resources available on the internet. A number of websites contain databases that can be used to find clinically relevant research. Some of the sites, such as “Best Evidence” and the “Cochrane Database of Systemic Reviews,” have primarily a medical focus. However, they review the psychiatric and medical literature on major DSM-IV diagnoses, and they provide valuable research sources about the etiology and treatment options of these disorders. Other websites contain databases that have more of a psychosocial mental health focus. For example, the website, “Evidence-based Mental Health,” includes articles that have met EBP guidelines for quality research. “ClinPSYCH” is a website that contains a database with clinical research geared for mental health professionals. Whether having a medical or a psychosocial focus, these websites offer a wealth of easily accessible abstracts, reviews, and studies that can guide MFTs in their clinical decision-making processes.

IMPLEMENTING EBT IN TRAINING PROGRAMS

MFT training programs can facilitate the integration of the scientist-practitioner model by taking an active role in teaching students evidence-based methods. (Crane, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002; Harkness et al., 2002). For example, one MFT master's program requires that EBPs be used in group practicum. The practicum supervisor requires the students to conduct research searches for new cases. The students have to select and bring to the practicum class at least one research article that might guide their treatment decision making.

At another university, an MFT doctoral program has a practicum that is focused almost exclusively on EBP. Each week the doctoral students take one of the student's cases, conceptualize the therapeutic issues in the couple or family, examine empirically supported therapy models that might be appropriate for the case, and search for research articles that will provide direction in providing the best treatment. Consequently, the students are learning to appreciate the value of conducting evidence-based therapy, as well as learning the necessary skills to do it effectively and efficiently.

Training Experiences with EBPs

An evidence-based exercise was created to train clinically active students at an MFT masters program. The students were given the task of formulating an evidence-based question using one of their cases and then asked to find evidence-based resources to guide their treatment interventions. Upon completing the assignment, students' responses varied. Although the students spoke about the usefulness of the experience and the value of acquiring empirical data to guide their clinical decisions, they also expressed some concerns about the process.

One concern addressed by the students was their difficulties in developing good questions. They often asked questions that were too vague or did not lend themselves to keyword searches on the computer databases.

Students also expressed frustration with the computer search process. Students searching for relational issues found it more difficult to conduct their searches than students searching for specific disorders such as depression, identified in the DSM-IV. Students found that the key words in their questions would guide their searches and, at times, determine if they were able to uncover any data regarding treatment options. The students also shared concerns regarding their lack of computer or technology skills, the impact this had had on their searches, and the amount of time it took to uncover studies that met EBP standards. Sometimes they spent a great deal of time sifting through articles, carefully examining the methodology to ensure that the study met EBP requirements, but found little clinically relevant information. This was because the EBP sites often had limited mental health related articles, and the existing articles described few treatment options beyond psychopharmacology. Often students found that many evidence-based treatments utilized individual

therapies, such as cognitive behavioral therapy or interpersonal therapy, because of the extensive research data available for those treatments. Systemic treatment modalities, which are the intellectual foundations of the field of MFT training, were often not recognized.

Although these problems can be discouraging, they also point to the need to provide more training to students to give them the necessary skills to develop effective questions, conduct efficient computer searches, and critically evaluate research studies. As students become more proficient in these vital EBP skills, they will find the process more rewarding and helpful.

As this case example illustrates, one of the challenges facing MFTs as they adopt EBP is a lack of searchable research that addresses problems that they commonly face in their clinical practices. Although research on many of the problems seen by MFTs, such as depression and adolescent conduct disorders, are found in these databases, systemic treatment approaches used by MFTs are often underrepresented. Moreover, many relationship problems, such as domestic violence and marital problems, are typically ignored in the summaries of studies.

Although the continued growth of the MFT field and family systems research promises to increase the presence of family systems-related research on EBP computer databases, a temporary solution would be for MFT training programs and MFTs in agency and private practice to create small reference libraries in their clinics to serve as an EBP resource to supplement the existing computer databases. There is a substantial amount of research that has been done on the process and outcome of MFT that can aid MFTs in their clinical decision making. Marriage and family therapists can use EBP principles to not only search the major EBP computer databases, but also search available MFT handbooks, reference books, and review articles. Because of the need for speed and efficiency in the search process, it would be important to have the library located within the therapy clinics for easy accessibility. In this way, MFTs could use all of their available resources to practice evidence-based principles. Eventually, the need for a supplemental library will diminish as more MFT research is included in EBP computer databases.

Another solution is to consider a hierarchy of evidence (Guyatt et al., 2000). Clinicians can look for the current, best available evidence. While randomized control trials are the standard of clinical outcome research, other types of research and scholarly articles, such as quasi-experiments, case studies, and theoretical papers, can provide insight and guidance in the clinical decision-making process.

CONCLUSION

The EBP approach offers a valuable additional resource to MFTs. It allows clinicians to make clinical decisions that are based on empirical data that is integrated into the therapist's and clients' values and personality styles.

Marriage and family therapists will continue depending on the usual sources of information, including consults from colleagues and supervisors, textbooks, workshops and conferences, and clinical intuition. However, they now have the opportunity to use the wealth of knowledge gained from the EBP movement that has developed a systematic process of integrating science and practice. In addition, the movement has systematically gathered clinical research on specific clinical problems and issues. This knowledge is becoming increasingly available in research articles, books, and Internet websites and offers MFTs unprecedented opportunities to use empirical data to guide their clinical work.

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APPENDIX

Evidence-based Books, Articles, Journals, and Websites

Journal Articles

Series and Summaries

Journal of the American Medical Association Series—Users Guide to the Medical Literature, 1993-2000.

Green, J. & Britten, N. (1998). Qualitative research and evidence-based medicine. *British Medical Journal*, 316, 1230–1240.

*Information Mastery Series**

Ebell, M. H., Barry, H. C., Slawson, D. C., & Shaughnessy, A. F. (1999). POEMS in the medical literature. *Journal of Family Practice*, 48, 350.

Nutting, P. A. (1999). Tools for survival in the information jungle. *Journal of Family Practice*, 48, 339–41.

Oxman, A., Sackett, D., & Guyatt, G. (1993). Users' guide to the medical literature: How to get started. *Journal of the American Medical Association*, 270, 2093–2098.

Sackett, D. L., & Straus, S. (1998). Finding and applying evidence during clinical rounds. *Journal of the American Medical Association*, 280, 1336–1338.

Shaughnessy, A. F., Slawson, D. C., & Bennett, J. H. (1994). Becoming a medical information master: A guidebook to the medical information. *Journal of Family Practice*, 39, 489–499.

Shaughnessy, A. F., Slawson, D. C., & Bennett, J. H. (1994). Separating the wheat from the chaff: Identifying fallacies in pharmaceutical promotion. *Journal of General Intern Medicine*, 9, 563–568.

Shaughnessy, A. F., Slawson, D. C., & Becker, L. (1998). Clinical jazz: Harmonizing clinical experience and medicine. *Journal of Family Practice*, 47, 425–428.

Slawson, D. C., Shaughnessy, A. F., & Bennett, J. H. (1994). Becoming a medical information master: Feeling good about not knowing everything. *Journal of Family Practice*, 38, 505–513.

*Information Mastery Series was compiled by Eric Jackson, www.medicalinfotriever.com/EBPbooks.cfm

Evidence-based Journals

American College of Physicians Journal

Evidence-based Medicine

Journal of Evidence-based Health Care

Evidence-based Mental Health

Evidence-based Nursing

“Best Evidence” departments in existing journals such as *The New England Journal of Medicine*.

Evidence-based Books

Eddy, D. (1996). *Clinical decision-making: From theory to practice*. Boston: Barrett.

Greenhalgh, T. (2000). *How to read a paper*. London: BMJ Books.

Guyatt, G., & Rennie, D. (Eds.). (2002). *Users' guides: Manual for evidence-based clinical practice*. Chicago, IL: American Medical Association Press. (Includes glossary, index, CD-Rom, and laminated reference cards)

Guyatt, G., & Rennie, D. (Eds.). (2002). *Users' guides to the medical literature: Essentials of evidence-based clinical practice*. Chicago, IL: American Medical Association Press. (Includes glossary, index, CD-Rom, and laminated reference cards)

Sackett, D. L., Haynes, R. B., Tugwell, P., & Guyatt, G. H. (1991). *Clinical epidemiology: A basic science for clinical medicine*. (2nd ed.). Boston: Little Brown.

Evidence-based Websites

1. Evidence-based Mental Health (EBMH)* (www.ebmentalhealth.com)

Developed for the purpose of helping clinicians working in the field of mental health. Evidence-based Mental Health includes a critical appraisal of the current literature, selecting only articles falling within EBMH guidelines.

2. Centre for Evidence-based Mental Health (www.psychiatry.ox.ac.uk/cebmh)

Devoted to the research and development of EBP information. There are several links listed to connect researchers and clinicians with current information, teaching activities, conferences, and journals.

3. ClinPSYCH* (www.apa.org/psychinfo/products/clinpsyc.html)

A subset of PsycINFO designed to assist groups with a specialized need for clinical literature. It has a rolling 10-year file, updated quarterly. The articles listed in this database have not yet undergone a critical appraisal, but may in-fact fall within guidelines.

4. Inforetriever* (www.medicalinforetriever.com)

Designed for the medical practitioner, but has information useful to MFTs. Although the site requires a subscription, one can retrieve a list of resources such as book and articles without being a paid member.

5. Best Evidence* (www.acpjlc.org)

This is a collection of biomedical literature, which has gone through a specific review to meet the required standards of evidence-based medicine. Most universities with medical schools prescribe to an ACP Journal Club, which provides access to the Best Evidence website.

6. Evidence-based Medicine Reviews* (www.ovid.com/products/clinical/ebmr.cfm)

This database draws from several sources in the medical literature including, but not limited to articles which have been reviewed by Cochrane Collaboration, ACP Journal Club, and National Health Services Centre for Reviews and Dissemination at the University of York, England.

7. Cochrane Database of Systematic Reviews* (www.cochranelibrary.com)

This database looks at all available healthcare literature and compiles it into different reviews that can be easily accessed by individual clinicians. The database does not rely specifically on EBP criteria, but does attempt to provide accurate, up to date information. Abstracts can be browsed at no cost.

8. Database of Abstracts of Reviews of Effectiveness* (www.cochranelibrary.com)

This database includes abstracts that have undergone a critical appraisal by the reviewers at the *NHS Centre for Reviews and Dissemination* at the University of York, England.

9. Medline* (www.medline.cos.com)

This search engine is the most comprehensive on-line source of biomedical bibliographic information. Medline is run by the U.S. National Library of Medicine (NLM) and is updated on a weekly basis. The data found using Medline has not undergone specific EBM critical appraisal.

10. MedlinePlus (www.nlm.nih.gov/medlineplus/)

Also run by the U.S. National Library of Medicine (NLM), this site contains information about nearly 500 diseases. MedlinePlus was designed so that clinicians, as well as the general public could access it. MedlinePlus offers a medical encyclopedia and dictionary, information regarding prescription and nonprescription medication, media information regarding health information, and links to clinical trials. Information found specifically related to research on this site has not undergone a critical appraisal.

11. Clinical Trials (www.clinicaltrials.gov)

This site provides information about a wide range of biomedical studies that are being conducted worldwide. The project is a collaboration of the U.S. National Institutes of Health (NIH) and the Food and Drug Administration (FDA).

12. University of Rochester Medical Center CATS Search Page (www.urmc.rochester.edu/medicine/res/cats/index.html)

The site allows clinicians to search the already critically appraised literature they have compiled. There is also access to abstracts and full text articles.

*Indicates paid subscription required

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