

CHAPTER 1

What is the Brief History of the Empirically Supported Treatments Movement?

In the United States, the effort to identify empirically supported treatments (EST) began with an initiative of the American Psychological Association's Division 12—The Society of Clinical Psychology.

In 1993, APA's Division 12 President, David Barlow, initiated a task group, chaired by Diane Chambless, whose charge was to review the psychotherapy outcome literature to identify psychological treatments whose efficacy had been demonstrated through clinical research.

This group was originally called the Task Force on the Promotion and Dissemination of Psychological Procedures. The subsequent iteration of it was renamed the Task Force on Psychological Interventions. Note: On the DVD, our reference to the Task Force on Psychological Interventions refers to the work of both task groups.

Process Used to Identify ESTs

In evaluating the psychotherapy outcome literature, these reviewers first established two primary sets of criteria for judging the evidence base supporting any particular therapy. One was termed *well-established*, the other *probably efficacious*. Figure 1.1 illustrates the criteria for both well-established, and probably efficacious treatments.

Products of EST Reviews

The products of these reviews can be found in the Division 12 groups' final two reports.

- In the first, 47 ESTs are identified (Chambless et al., 1996).
- In the final, the list had grown to 71 ESTs (Chambless et al., 1998).

Figure 1.1

Specific Criteria for Well-Established and Probably Efficacious Treatments

Criteria for Well-Established Treatments

For a psychological treatment to be considered *well-established*, the evidence base supporting it had to be characterized by the following:

- I. At least two good between group design experiments demonstrating efficacy in one or more of the following ways:
 - A. Superior (statistically significantly so) to pill or psychological placebo or to another treatment
 - B. Equivalent to an already established treatment in experiments with adequate sample sizes

OR

- II. A large series of single case design experiments ($n > 9$) demonstrating efficacy. These experiments must have:
 - A. Used good experimental designs
 - B. Compared the intervention to another treatment as in IA

Further Criteria for Both I and II

- III. Experiments must be conducted with treatment manuals.
- IV. Characteristics of the client samples must be clearly specified.
- V. Effects must have been demonstrated by at least two different investigators or investigating teams.

Criteria for Probably Efficacious Treatments

For a psychological treatment to be considered *probably efficacious*, the evidence base supporting it had to meet the following criteria:

- I. Two experiments showing the treatment is superior (statistically significantly so) to a waiting-list control group.

OR

- II. One or more experiments meeting the well-established treatment criteria IA or IB, III, and IV, but not V.

OR

- III. A small series of single case design experiments ($n > 3$) otherwise meeting well-established treatment criteria.

Adapted from: Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-Christoph, P., Daiuto, A., DeRubeis, R., Detweiler, J., Haaga, D. A. F., Bennett Johnson, S., McCurry, S., Mueser, K. T., Pope, K. S., Sanderson, W. C., Shoham, V., Stickle, T., Williams, D. A., & Woody, S. R. (1998). Update on empirically validated therapies, II. *The Clinical Psychologist*, 51, 3–16.

- In 1999, The Society of Clinical Psychology, Division 12, took full ownership of maintaining the growing list. The current list and information center can be found on its Web site, at www.psychologicaltreatments.org.

Around this same time, other groups emerged, using the same or similar criteria, to review literatures related to other populations, problems, and interventions. Examples include the following:

- Children (Lonigan & Elbert, 1998)
- Pediatric Psychology (Spirito, 1999)
- Older Adults (Gatz et al., 1998)
- Adult, Child, Marital, Family Therapy (Kendall & Chambless, 1998).
- Psychopharmacology and Psychological Treatments (Nathan & Gorman, 1998; 2002; 2007)
- For those interested in comparing and contrasting the criteria used by various review groups, see Chambless and Ollendick (2001).

Other Organizational Reviewers of Evidence-Based Psychological Treatments

- Great Britain was at the forefront of the effort to identify evidence-based treatments and develop guidelines for practice. The latest products of their work can be found at the Web site for the National Institute for Health and Clinical Excellence (NICE): www.nice.org.uk.
- The Substance Abuse and Mental Health Service Administration (SAMHSA) has also begun an initiative to evaluate, identify, and provide information on various mental health practices. Their work, entitled “The National Registry of Evidence-based Programs and Practices,” can also be found online at www.nrepp.samhsa.gov.

Key Point

The Web site www.therapyadvisor.com provides descriptions, references to empirical support, clinical training materials, and training opportunities for many of the empirically supported treatments identified by the original Division 12 review groups.

Chapter Review

1. How did Division 12 of the APA identify empirically supported treatments?
2. What are the primary differences between well-established and probably efficacious criteria used to identify ESTs?
3. Where can information about ESTs and evidence-based practices be found?

Chapter Review Test Questions

1. Which statement best describes the process used to identify ESTs?
 - A. Consumers of mental health services nominated therapies.
 - B. Experts came to a consensus based on their experiences with the treatments.
 - C. Researchers submitted their works.
 - D. Task groups reviewed the literature using clearly defined selection criteria for ESTs.
2. Based on the differences in their criteria, in which of the following ways are *well-established* treatments different from those classified as *probably efficacious*?
 - A. Only probably efficacious treatments allowed the use of a single case design experiments.
 - B. Only well-established treatments allowed studies comparing the treatment to a psychological placebo.
 - C. Only well-established treatments required demonstration by at least two different, independent investigators or investigating teams.
 - D. Only well-established treatments allowed studies comparing the treatment to a pill placebo.

Chapter References

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