

Ethics, Evidence-Based Practice, and Clinical Expertise

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As psychologists, we have an appreciation for research in general, and research on treatment in particular. In a perfect world, for many of us, all our clinical interventions would be directly supported by research or even part of empirically supported manualized treatments. However, most of us may not – or not always – use research supported specific clinical interventions or such manualized treatments; we may rely on our clinical expertise. What is the role of clinical expertise in an ethical, evidence-based practice?

APA has a policy statement on evidence-based practice (www.apa.org/practice/guidelines/evidence-based-statement.aspx?item=1), which includes: “Clinical expertise is used to integrate the best research evidence with clinical data (e.g., information about the patient obtained over the course of treatment) in the context of the patient’s characteristics and preferences to deliver services that have a high probability of achieving the goals of treatment. Integral to clinical expertise is an awareness of the limits of one’s knowledge and skills and attention to the heuristics and biases – both cognitive and affective – that can affect clinical judgment.” In other words, APA’s official position considers research evidence to be necessary but not sufficient for good clinical practice; the clinician’s judgment is necessary to apply such evidence to help a given patient/client. Moreover, the APA position includes, as an element of clinical expertise, the clinician’s self-reflective identification of her or his own biases and blind spots.

In addition, APA’s Presidential Task Force (2006) provides information about the evidence-based practice in psychology. The Task Force statement defines eight components of clinical expertise necessary to provide effective empirically supported treatment, including systematic case formulation, interpersonal skill, and understanding the influence of individual and cultural differences on treatment. Such expertise is “attained by psychologists through education, training, and experience” (p. 275).

Thus, the Task Force highlights the importance of integrating research evidence through the application of the psychologist’s clinical expertise.

Ultimately, our clinical expertise, including knowledge about research on treatment, should help our clients and patients. Sometimes, despite our best efforts, treatment does not seem to help. Such outcomes can result from a wide range of factors, among them the use of a treatment approach that is less likely to be effective than another, more empirically supported one. When treatment isn’t helping, APA’s Ethical Principles and Code of Conduct Standard. 10.10(a) (Terminating Therapy) might apply: “Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.” The code does not provide guidance, however, on how long treatment should go on until it is deemed not helpful.

In addition, two general principles also apply when treatment does not seem to be helpful:

- Principle B (Fidelity and Responsibility): “Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.” This principle highlights the importance of consultation and, in some cases, referral.
- Principle C (Integrity): “Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.” This principle highlights the importance of candor with those we serve.

The take home message: (1) stay current on research about treatments for the types of populations and problems that you treat, (2) when treatment isn’t progressing as much as you’d expected consider obtaining consultation.

APA’s Div. 12 – Society for Clin. Psych. provides a rich, updated summary of empirically supported treatments for specific conditions; (www.div12.org/PsychologicalTreatments). ■

REFERENCES

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073. Retrieved from <http://www.apa.org/ethics/code/index.aspx>.
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