

What are Evidence-Based Treatments and Evidence-Based Practices? Disentangling the Terminology

Several terms are used interchangeably, and often inaccurately, to describe a mental health treatment as being effective. You've probably heard 'evidence-based practice' or 'empirically supported treatment,' for example. Sometimes these terms are used interchangeably, but it turns out they are not synonymous, which can make it quite confusing. Let's sort it out.

Evidence-based practices (EBPs) integrate available research evidence and clinical expertise and apply them to trying to solve the problems of a particular group of patients to achieve the best possible outcomes (APA Presidential Task Force on Evidence-Based Practice, 2006). These practices are based on someone's reasoning and logic about what is likely to be effective, but the practice hasn't actually been subjected to a careful scientific analysis.

In contrast, **Evidence-based or empirically supported treatments (EBTs, ESTs)** are therapeutic interventions that have scientific data to indicate that they are effective in achieving a desired outcome. Most researchers and professionals agree that at least two rigorous research studies, specifically *randomized controlled* trials, are needed for a treatment to be labeled as an EST.

What is a Randomized Controlled Trial (RCT)?

- RCTs are the gold standard in scientific research studies.
- An RCT involves comparing the outcomes of one treatment intervention to something else, like another treatment, or a waitlist control group (i.e., clients who are placed on a waiting list for a period of time and then receive the treatment).
- Clients are 'randomly assigned' to the active treatment vs. comparison treatment group. Randomization is key to ensuring that the two groups are similar to one another.
- A treatment is considered to be effective if clients in the active treatment condition achieve significantly better outcomes than those in the comparison group.

Why Should We Care about EBTs & EBPs?

- EBTs have been rigorously tested and demonstrated to be effective.
- EBTs can shorten recovery time and result in better outcomes than usual care or no treatment at all.
- A failure to use proven treatment interventions can impede recovery and in some cases, increase the risk of harm.

How to Select an EST for Problems Related to a Mass Violence Incident (MVI).

While there are a number of interventions that claim to treat problems related to traumatic events, not all of them are evidence-supported or even evidence-based. So, how to choose?

- Several organizations have websites or online databases that provide descriptions of interventions for symptoms related to a traumatic event, such as an MVI, and some of these do include ratings for the level of research support:
 - The California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org/) promotes effective implementation of EBPs for children and families involved in the child welfare system. This site includes a searchable database of programs and the available research evidence. This includes ESTs that target trauma-related mental health and behavioral problems.
 - The National Center for PTSD (www.ptsd.va.gov/understand_tx/choose_tx.asp) includes brief descriptions of ESTs for posttraumatic stress disorder specifically.

- The American Psychological Association (<https://www.apa.org/ptsd-guideline/index>) provides a clinical practice guideline for the treatment of posttraumatic stress disorder, which includes a listing of interventions that are 'strongly' and 'conditionally' recommended.
- The Cochrane Collaboration (www.cochrane.org) publishes results of extensive high-quality, up-to-date systematic reviews of the available research literature to inform decisions in health care.
- The Campbell Collaboration (www.campbellcollaboration.org) also produces systematic reviews for evidence-based policy and practice.
- The National Child Traumatic Stress Network (www.nctsn.org), funded by the Substance Abuse Mental Health Services Administration, publishes fact sheets and information about a variety of ESTs for trauma-related mental health and behavioral problems for youth and their families.

Interventions for problems related to an MVI.

To date, the most effective treatments for trauma-related mental health problems are cognitive behavioral therapies (CBT). CBT involves a combination of cognitive therapy, which works to change the way a person thinks, and behavioral therapy, which aims to change the way a person acts. Changing thoughts and behaviors helps people feel differently, which often improves mood.

- **ESTs**

While several different treatments address mental health problems and symptoms of distress after a traumatic event, such as an MVI, the ones with the most research support are listed below.

- **Cognitive Processing Therapy (CPT)**
CPT is a 12-session cognitive behavioral treatment for trauma-related symptoms. It teaches clients how to identify and challenge upsetting thoughts related to a traumatic event in order to feel better. Studies have demonstrated effectiveness for adults, with preliminary evidence support for adolescents.
- **Complicated Grief Treatment (CGT)**
CGT is a 16-session, evidence-based approach to address complicated bereavement and promote the natural adaptive response process for adults. There have been several RCTs to support its effectiveness for persistent complex bereavement disorder in adults.
- **Eye Movement Desensitization and Reprocessing (EMDR)**
EMDR is an individual therapy comprising 6-12 sessions, usually delivered 1-2 times per week. In EMDR, clients are taught to engage in back-and-forth movements (e.g., eye movements, finger tapping) while thinking about the upsetting trauma-related memory. There is some controversy about whether the back and forth movements are critical for positive treatment outcomes, as most research has found that the active component of EMDR is the exposure component. While the evidence for EMDR is strongest for adults, there is some research indicating its effectiveness for youth post-trauma symptoms.
- **Prolonged Exposure (PE)**
PE is a cognitive behavioral therapy to treat posttraumatic stress disorder that involves repeated recounting of the trauma measures (imaginal exposure) and teaches the client to gradually approach trauma-related fears, memories, situations, and other triggers (in vivo exposure) that are often avoided after experiencing a traumatic event, such as an MVI. Extensive research supports its use with adults, and preliminary data indicate it may be effective for older adolescents.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
TF-CBT has extensive research support for reducing symptoms of posttraumatic stress, depression and behavior problems among youth and young adults, ages 3-18. TF-CBT is a

components-based, short-term (12-25 sessions) treatment that includes skills to regulate emotions, behaviors, and thoughts; process trauma-related cues and memories; enhance safety; improve parenting skills and strengthen family relationships. TF-CBT is also an EBT for traumatic grief among children and adolescents, with components enhanced to target traumatic loss and bereavement.

- **EBPs**

The interventions below have preliminary support for their effectiveness in addressing post-trauma symptoms, without the extensive empirical support of those listed previously.

- **Child and Family Traumatic Stress Intervention (CTFSI)**
CTFSI is a brief (5-8 sessions) intervention for youth, ages 7-18, that reduces the risk for posttraumatic stress disorder. It is designed to be delivered in the immediate aftermath (30-45 days) of a traumatic event.
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**
CBITS is a skills-based, group intervention, delivered in the schools, that targets symptoms of posttraumatic stress, depression and anxiety among children exposed to traumatic events. The average length of treatment is 10 sessions.
- **Grief and Trauma Intervention (GTI) for Children**
GTI is a treatment intervention that uses cognitive behavioral and narrative therapy strategies to help children following exposure to violence, death of a loved one, and disasters. Studies indicate that the treatment has resulted in significant improvements in posttraumatic stress, depression, and traumatic grief.
- **Grief Recovery with Individualized Evidence based Formulation Approach (GRIEF Approach)**
GRIEF Approach is a modular-based approach, delivered over 12-20 sessions, which is guided by existing evidence-based strategies to address mental health problems and concerns (posttraumatic stress, depression, complicated bereavement) following a violent loss.
- **Psychological First Aid (PFA)**
PFA is an evidence-informed, modular approach to help youth, adults, and families in the immediate aftermath of a disaster or MVI. PFA focuses on addressing immediate and ongoing safety needs and providing comfort to survivors.
- **Restorative Retelling (RR)**
RR for violent loss is a structured group intervention developed to improve coping skills, integrate commemoration of the deceased, and approach traumatic memories. There is initial evidence for the utility of RR in reducing trauma, depression, and prolonged grief symptoms among adults who have experienced violent loss.
- **Skills for Psychological Recovery (SPR)**
SPR is an evidence-informed modular approach designed to be implemented after the period where PFA has been utilized or in cases where more intensive interventions are needed. SPR teaches skills to address ongoing distress and coping strategies following an MVI or other disaster.
- **Trauma and Grief Component Therapy for Adolescents (TGCTA)**
TGCTA is designed to address trauma, bereavement and traumatic bereavement in older children and adolescents. It is a modular-based flexible intervention that can be customized to meet the individual needs of the client. It has been delivered individually, as well as in a group format.