

Has too much
emphasis been
placed on empirically
supported therapies

[Psychology](#)



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The paper "Has Too Much Emphasis Been Placed on Empirically Supported Therapies" is a great example of a psychology article review. This critique on the article entitled "Has Too Much Emphasis Been Placed on Empirically Supported Therapies?" aims to outline my personal opinion on the issue and to provide the basis for my position. Further, a brief discussion of the topic from a related reading and from postings of other class members would also be proffered.

The issue on an overemphasis on empirically supported therapies was clearly defined by Philip Kendall who countered the argument and averred that previously validated empirical studies provide the most plausible guide for psychotherapeutic treatments rather than relying on innovative treatments that have not been totally supported. I agree with Kendall's contention given the veracity of his arguments. He initially distinguished the terms used, to wit: empirically validated, supported, and evaluated. The use of empirically supported therapies emerged as it emphasized empirical research, required positive action, and does not prematurely close the process of evaluation. The arguments presented by Garfield have clear indications that his theories on taking into account patient and therapist variability are relevant and critical in terms of their impact on influencing the outcome of a psychotherapy treatment. This is likewise, supported by Kendall when he concluded that the field of psychotherapy can, in fact, be advanced through careful evaluation and interpretations of data - purporting that empirically supported therapies from published manuals are better sources of guidance to facilitate treatment decisions.

Those supporting Kendall's contentions adhere to using the APA Task Force

Manual only as a basis and not as the confining source of psychotherapeutic treatments. This was even validated by the APA Task Force (1995) which emphasized that the manual does not include the creation of a closed list of therapies to be taught, practiced, among others. This was corroborated by Chambless (1996, 230) who proffered that the goals were not to produce a mandated list of treatments. Finally, Beutles (1998) regarded sheer avoidance of the need to identify treatments from empirically supported research would be totally preposterous.

Two of the class members believe that Garfield's contentions are more validated because focusing so much on empirically supported therapies restricts the treatment for the certain disorder and treating every patient equally creates an unintentional blockade of new thoughts and ideas from being used. They are, of course, entitled to their own opinions.

The study conducted by Sobell (1996) recognized the need to bridge the knowledge obtained from practice and those provided by research-oriented clinics and journals. Although those treatments listed in a manual have been empirically supported, as Garfield emphasized, there is still the need to consider patient and therapist variability, as well as a host of other factors to create a positive outcome to a particular case. The critical action that must be considered is the therapists' ability to discern and evaluate what factors need to be retained or disregarded given the unique situation at hand. The field of psychotherapy is not a closed endeavor but a continuously evolving scientific phenomena requiring vigilance and empirically supported research to arrive at the positive outcome envisioned by therapists.