

Editorial

Empirically Grounded Clinical Interventions

This issue sees the introduction of another journal section. I have been aware for some time of both the importance and strength of systematic reviews, meta-analyses and other published aspects of what has come to be termed “evidence based medicine” (EBM) and “evidence based mental health” (EBMH). At the same time, there is a co-existing uneasiness that something was missing, and that EBM promised more than it was able to deliver. There is a sense of scientific sterility that goes with this approach. It does not seem to be a complete formula for making sense of the existing literature, and it falls far short of what is needed for the scientific development of our ability to understand and treat psychological distress. This unease is increased by the way in which it *appears* that EBMH approaches provide definitive answers, an algorithm against which current science and clinical practice is to be weighed.

The antidote to this uneasiness is at hand in the shape of some excellent reviews (not based on meta-analyses!) submitted to this journal. But how is it possible to justify reviews that do not follow the rules set down for EBM? In the present issue, you will find an example of such a review. The article by Grey, Young and Holmes (2002) considers PTSD, drawing not only on randomized controlled treatment outcome trials (pragmatic or otherwise), but also on theory, experimental evidence, other types of research and the phenomenology of the problems. This paper would not find a place in *Bandolier* or similar EBM outlets. However, it is exemplary in that it further extends the scope of cognitive behavioural approaches and provides empirically-based guidance on how to apply and adapt treatment, and bring about yet further advances in this area. If CBT is to avoid evidence-based stagnation, it must be able to recognize the value and application of such articles.

CBT is a young and rapidly developing approach to the understanding and treatment of psychological distress that must retain flexibility in order to allow further development to take place at a rapid rate. In most instances, CBT for any particular psychological problem is quite different now to CBT as practised 10 or even 5 years ago. This process is evolutionary and interactive, and pragmatic outcome trials play a relatively minor part in this development. Meta-analyses are worse than useless in this setting, as such an approach can and will mask any progress that may have been made. In the leading article in this edition, it is proposed that CBT is much more than an evidence-based approach; it is a set of *Empirically Grounded Clinical Interventions*, with built-in mechanisms allowing rapid change and evolution. This is an elaboration of the familiar Scientist Practitioner model, which CBT has developed and refined.

In an attempt to encourage those working in CBT to continue to develop such approaches, we have created a new section in the journal, entitled “Empirically Grounded Clinical Interventions”. This section is intended to encourage the publication of reviews that take account of but also go beyond outcome data, and which seek to draw upon the range of factors described in the accompanying leading article (Salkovskis, 2002). Submissions to this section should seek to develop treatment approaches (or suggest entirely new treatments) by drawing upon understandings based on some combination of well founded theory, experi-

mental studies and other research, outcome data and clinical phenomenology. The emphasis of conclusions arising from these articles should be clinical, and such articles should help the clinician develop their treatment skills by providing them with a better understanding of how and why particular aspects of a clinical problem should form the focus of treatment efforts. The first such article appears in the present issue.

This issue also sees the departure of Carole Sherwood who, as editorial assistant, has made my life both easier and richer. She goes on to clinical training, and our thanks and best wishes follow her. She has handed the journal on in good order to Helen Dowd; a warm welcome to Helen, who will deal with journal administration and related matters. Please note also that the editorial office has now fully transferred to London.

Paul Salkovskis

References

- GREY, N., YOUNG, K., & HOLMES, E. (2002). Cognitive restructuring within reliving: A treatment for peritraumatic emotional “hotspots” in Posttraumatic Stress Disorder. *Behavioural and Cognitive Psychotherapy*, 30, 37–56.
- SALKOVSKIS, P. M. (2002). Empirically Grounded Clinical Interventions: Cognitive-behavioural therapy progresses through a multi-dimensional approach to clinical science. *Behavioural and Cognitive Psychotherapy*, 30, 3–9.