

APA Division 32, Humanistic Psychology Position Statements

Empirically Supported Treatments: Recommended Principles and Practices

The following is an excerpt from the report of a Division Task Force, published in the Spring, 1997 issue (Vol. 25, No.1) of The Humanistic Psychologist. It represents the position of Division 32 on the issue of "empirically supported treatments."

Humanistic psychologists form their own community of practice and hold their own distinctive views of human nature, of science, of research methodology, and of psychotherapy. Humanistic psychotherapy deals with psychological dysfunction in the broad context of clients' engagements in life and ways of being in the world. Humanistic psychologists are oriented towards promoting the psychological development and growth of individuals, families, and communities through the support of their own creative and self-initiated efforts. Humanistic practices are therefore holistic and are based in a view of the therapeutic process as a dialogical activity, which occurs through person-to-person conversations and through intersubjective symbolic activities. Therefore humanists reject the model of the practitioner as the expert who decides for the patient what the appropriate treatment is. Humanistic practitioners recognize that their job is to place their expertise at the service of their clients and to establish a collaborative dialogical relationship with them. The joint project of client and psychotherapist is to work towards individualized goals that are framed in the clients' world view and understandings of their own aspirations rather than on normative diagnostic categories. Humanists believe that the methods used in providing services must reflect the basic value of promoting the agency and empowerment of individuals and groups.

In these days of public accountability--a movement which humanistic psychologists who offer services to the public support---various groups are producing documents specifying guidelines for appropriate practice. Division 12 of the American Psychological Association has produced its criteria for deciding upon "empirically validated treatments," (recently rechristened "empirically supported treatments").

Humanistic psychologists are concerned about documents such as these because they privilege approaches that a) adopt a medical model view of psychological dysfunction and its remediation, b) are focused on symptom removal, and c) are technological in nature. Further, they are based on a particular model of science---a positivistic natural science method which many humanists view as more appropriate for examining the effects of drug treatment than for examining the complex inter-relationships that characterize humanistic (and many other) forms of psychotherapy. Humanists do not reject natural science research. However they do reject attempts to privilege such methods in the study of human behavior, and to set these methods up as the ultimate criteria for deciding upon the effectiveness of psychotherapy. Therefore humanists reject the idea that therapy must be studied as treatment-of-disorder, and that it must be manualized, the two central criteria of the "empirically supported treatments" guidelines of Division 12.

Humanistic psychologists do support the need for empirical research, and for the provision of services that have some evidence backing up their effectiveness. However, both natural and human science methods are of value and neither should be privileged over the other. Therefore, humanistic psychologists would be in favor of "empirically supported services," only with different criteria than those specified by Division 12. A Task Force of Division 32 is engaged in an ongoing effort to specify such criteria.

From: <http://www.apa.org/divisions/div32/positions.html>

