

The EAP's 15 Questions about Scientific Validity:

Please provide evidence that your approach:

1. Has clearly defined areas of enquiry, application, research, and practice.
2. Has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.
3. Has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.
4. Has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/intervention.
5. Includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.
6. Offers a clear rationale for treatment/interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.
7. Has clearly defined strategies enabling clients to develop a new organization of experience and behaviour.
8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice.
9. Has a way of methodically describing the chosen fields of study and the methods of treatment/intervention which can be used by other colleagues.
10. Is associated with information which is the result of conscious self reflection, and critical reflection by other professionals within the approach.
11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.
12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.
13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/intervention and results.
14. Has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.
15. Has investigative procedures which are defined well enough to indicate possibilities of research.

For an expanded version and further information: please see over

The 15 Questions on the Scientific Validation of Methods and Modalities within Psychotherapy:

In order to become an EWO, the psychotherapy method or modality must be recognised by EAP as being “scientifically valid”. To do this we require substantive written answers to the following 15 Questions. The 15 Questions are in **bold type**. The rest of the text is more of an explanation designed to assist people to complete these questions, especially if English is not their first language. You should also read and follow the instructions made in the EWOC’s **“Guidelines for Assessment” document** (Feb 2006).

“Please provide evidence that the modality:”

This means that “evidence” for all of these points really is needed. “Evidence” means that which is provided by way of answers in some form of statement or documentation. An opinion in itself is not evidence: though an opinion from someone else can be given as part of evidence if that specific opinion is supportive of your claims. A viewpoint or a belief is not evidence. Internal writings can be a part of the evidence. Peer reviewed writings are acceptable as part of the evidence submitted. Research projects and "other findings" are part of the evidence. A statement from someone is not evidence. Clinical studies can be evidence. Research projects and other findings are evidence and can build up towards a ‘body’ of evidence. Psychotherapy is a humanistic science and thus “evidence” such as double-blind, randomised trials, or large statistical surveys are probably inappropriate and quite unlikely to have been conducted: they can also be criticised.

The assessors review the evidence (what is stated, documented, and submitted by the modality), and decide what is for them the value of that evidence. Is it "adequate" in their view, or not? Is it "sufficient" in their view or not to “validate” that particular point in the method? The assessors need to feel confident that a good level of “science” has been clearly understood and that this “science” has been used appropriately.

This phrase **“Please provide evidence that the modality:”** precedes each one of the 15 Questions:

- 1. Has clearly defined areas of enquiry, application, research, and practice.** “Enquiry” means a proper investigation to determine the facts of a situation: “application” means here both the use something is put to and the process of ‘applying’ it; as well as the relevance or value that something has when it is applied to a field or area of knowledge; “research” here means a methodological investigation into a subject or a method in order to discover facts, establish, test or revise a theory, or develop a methodology based on facts discovered; “practice” here means the use or professional work in a particular method or area or with a particular client group. “Clearly defined” means that the boundaries between this method’s areas and other method’s areas should be clear. “Here you can use this; there you cannot, but you can use that. “This has been done; that has not been done.”
- 2. Has demonstrated its claim to knowledge and competence within its field tradition of diagnosis / assessment and of treatment / intervention.**
What is being asked for is evidence that whatever claim the therapy makes about its ability to produce results is supported. “Is there evidence of accuracy in diagnosis?” “Is there evidence of efficacy in treatment?” “How competent are the practitioners?” “Are the interventions made appropriate?”
- 3. Has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.**
“Theory” means a way of seeing. Within the understanding of this method, what exactly is their theory of the human being (evolutionarily, developmentally, sociologically, psychologically, etc); how does the modality view – and use – the therapeutic relationship; and what are the theories about health, well-being and illness; how are problems developed and maintained or

prevented; how can people be helped through this therapy. The theory should be clearly and simply worded. It should not rely just on a belief system. (Theories are based on paradigms; paradigms are belief systems that are being tested.) The theories should be pragmatic; and should be supported by a body of evidence for each of these three main aspects.

4. Has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment / intervention.

Please show that the method offers a specific, original and innovative viewpoint within the field of psychotherapy. What is special and specific to this method in relation to the points already covered in Point 3? How does this method differ from similar or parallel methods? What is new; what is different? What evidence do you have for these claims? We do not want to be assessing something that has just been “re-packaged” or “re-labelled”.

5. Includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.

Please demonstrate clearly, with evidence, exactly how this modality works. Is it just verbal? Does the therapist use hypno-psychotherapy? What use is made of (say) somatic countertransference, resonance, body-language? Is there any “biblio-therapy”, self-help techniques, CBT computer programme, internet counselling, etc.?

6. Offers a clear rationale for treatment / interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.

What are the specific reasons for using this treatment (as opposed to any other treatment)? Which aspects within this method tend to lead to more constructive change? How can this perspective be substantiated? What are the factors in this method that challenge illness and suffering? How can this therapy impact on these factors positively?

7. Has clearly defined strategies enabling clients to develop a new organization of experience and behaviour.

Demonstrate how the client can benefit; can reorganise their perceptions, their experiences, their behaviour and their expectations. What strategies are involved? How do these differ, or are similar, with other established methods?

8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice.

How much contact do practitioners in this method have with other professionals? Where, when and how does this contact happen? What is the nature of the interchanges? How much is openly ‘adopted’ and ‘acknowledged’ from other psychotherapy methods; how much is not? What attempts have been made to have (say) articles written by different methodologies published in the methods Journal or internally?

9. Has a way of methodically describing the chosen fields of study and the methods of treatment / intervention which can be used by other colleagues.

What is asked for here is a clear description (with evidence) of the method itself, set within the “chosen fields of study” (i.e. its theoretical and treatment base) and the essential methodology, and described in basic terms of reference that can be applied by other colleagues from other methods in a replicable form.

- 10. Is associated with information, which is the result of conscious self reflection, and critical reflection by other professionals within the approach.**
Please provide evidence to show how much depends on the ‘reflection’ of the individual in treatment, rather than the ‘skill’ of the practitioner? How much is the methodology “in touch with” and affected by the “critical reflection” of other professionals?
- 11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.**
In what ways does this method inform the field of psychotherapy? What is special and peculiar? What is new and different? Please (again) provide some evidence.
- 12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.**
Here what is being asked for is the “common ground” between this method and other methods in psychotherapy. What aspects of this method can be shared with other methods, and is not exclusive to this method?
- 13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment / intervention and results.**
Evidence is wanted here about the specific link between this approach (its methods of treatment and intervention) and any results obtained. Why should this approach to understanding human problems actually work (better than or differently from any other approach)? Given the theories expressed in Q3; given the methodology explained in Q6; now link these up.
- 14. Has theories of normal and problematic human behaviour, which are explicitly related to effective methods of diagnosis / assessment and treatment / intervention.**
Again evidence is asked for how this method’s theory relates to generally accepted views of human psychopathology. Evidence is also asked for how this method goes about diagnosing, assessing, and treating people with such psychopathologies.
- 15. Has investigative procedures, which are defined well enough to indicate possibilities of research.**
What has been done in terms of research within this method? What parameters are used? What goals or outcomes are tested? And in what ways?