critical part of mental health practice due to the need for quality improvement, professional accountability (Spring, 2007), and the prevention of harm (Crawford et al., 2016). To meet the criteria of EBP, a treatment must be shown to work in a randomised controlled trial (RCT) with replication, be translated into a treatment manual, and be applied with specific populations and problems (Nathan and Gorman, 1998).

While it is agreed on in the scientific community that the RCT is the gold standard, it must be acknowledged that there is a discord between academic evidence and clinical practice. The complexity of an individual and their problems that are seen in therapy are not accurately represented in the stark controlled research environment (Solz and McCullough, 2000). This produces a problem of external validity wherein findings that guide treatments are not generalizable to clinical practice.

Not only is there a gap between research and practice, there is a disconnect between research outcomes and subjective client outcomes (Messer, 2014). Research outcomes in psychotherapy are often completed using structured questionnaires as it allows data to be clearly analysed and compared across participants. However, a number rarely can truly capture how an individual feels. For example, research states that a reduction in score on Beck’s Depression Inventory is a positive outcome, but this decrease may not be meaningful if the person does not subjectively feel better.