Evidence Base for FST

Family Systemic Therapy (FST) is a language-based, client-directed therapeutic intervention focuses on relational processes rather than step-by-step operational techniques (Larner, 2004).

As a result, family systemic therapy is an empirically supported treatment that is unable to join the milieu of evidence based practices.

The National Institute for Health and Care Excellence (NICE) provides treatment guidelines based on the ‘best’ available current research—research that meets the requirements of evidence based practice.

This begs the question, is it appropriate for patients to only be offered treatments recommended by NICE?

This essay will first define EBP and its importance, discuss the challenges and limitations of EBP research, and lastly will briefly discuss the current evidence for FST.

**Evidence Based Practice**

Evidence Based Practice (EBP) is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care (Sackett, 2002).

It is seen as a 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 & 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 they person does not subjectively feel better.

Despite the limitations of EBP, it continues to be valued and held as the standard for interventions.

**Evidence Based Practice in FST**