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Challenges and Benefits of Evident based Psychotherapy in Current Times

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ABSTRACT:

Evidence-based psychotherapies have been demonstrated to be useful and cost-effective for many mental circumstances. Mental problems are predominant overall and related with high paces of sickness trouble, as well as raised paces of co-event with clinical issues, which has prompted an expanded spotlight on the requirement for proof based psychotherapies.

KEYWORDS: Psychotherapy, Mental problems, Psychiatric disorder, Medicine

INTRODUCTION

Psychiatric problems are widespread throughout the world and are linked to high disease burden rates, such as heightened rates of morbidity and mortality. The co-occurrence of psychological and medical illnesses is also very common. Medical symptoms are more problematic when psychiatric diseases co-occur, and the medical condition's treatment is frequently more challenging when this occurs. For instance, there are frequently lower levels of treatment adherence and higher levels of the use of healthcare services, both of which have costs. In order to treat a variety of psychiatric diseases, more focus has been placed on the need for evidence-based pharmaceutical and psychotherapy interventions.

In addition, they favour psychotherapy over drug therapies. Unfortunately, there is a big gap between the availability of efficient psychotherapies and the administration of such interventions in the community, despite the substantial research foundation (Steel, et al. 2014).

HISTORY OF EVIDENCE-BASED PRACTICE: Evidence-based medicine has centuries-old roots. However, it wasn't until the 1990s that the value of applying evidence-based medicine to support decision-making in practice, education, and policy contexts started to be recognized. At that point, evidence-based practice (EBP; also known as evidence-based treatment) became a "hot topic" in medicine. The use of EBP in medicine and other healthcare professions was made possible as a result of this.

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The term "evidence-based" was first used by Eddy in 1987 in his workshops on designing clinical practice guidelines in medicine. In the 1990s, the phrase began to be used in relation to a clinical decision-making approach informed by published findings. The term was first formally defined by Sackett, often viewed as the father of this movement, and his colleagues in 1996. They stated, evidence-based medicine is the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients". They noted that it requires the integration of the practitioner's clinical expertise with the best available data gleaned from systematic investigations. Over time, the concept has expanded and now includes consideration of patients' preferences, actions, clinical state, and circumstances.

Eddy coined the phrase "evidence-based" in his courses on creating clinical practice guidelines for medicine in 1987. The word started to be used in the 1990s in reference to a clinical decision-making strategy supported by published data. Sackett, who is frequently referred to as the movement's founder, and his associates established the term's first official definition in 1996. As they put it, "conscientious, explicit, and judicious use of current best evidence in decisions concerning the management of individual patients" is what they meant by "evidence-based medicine." They pointed out that it necessitates combining the practitioner's clinical knowledge with the finest information available acquired from methodical studies. The idea has evolved over time to currently take into account the preferences, deeds, clinical state, and circumstances of patients.

The main components of EBP in medicine are developing a clinical query based on the presenting issue, assessing the validity and applicability of the applicable literature for a specific patient, applying the research findings in clinical practice, and assessing the results (Walker, et al. 2015).

EBP AND PSYCHOTHERAPY: The Institute of Medicine and Sackett et al. provided the definition, and the American Psychological Association created a policy on the EBP of psychotherapy that adheres to it. This policy places a focus on combining the best available research with clinical knowledge in the context of the patient's culture, personal preferences, and individual characteristics. The best research evidence includes information gleaned from single-case reports, systematic case studies, qualitative and ethnographic research, clinical observation, and data from meta-analyses, randomized controlled trials, efficacy studies, and process studies.

The emphasis placed on integrating clinical expertise and specific clinical information regarding the patient with the pertinent research evidence to make clinical decisions, implement treatment plans, foster a therapeutic alliance, and achieve positive outcomes ties to the necessity of taking the applicability of evidence to particular cases into consideration. This policy makes it clear that each patient's individual characteristics, including developmental history and life stage, personal problems, strengths, personality structure, functional status, readiness to change or participate in psychotherapy, level of social support, and family and sociocultural factors, all have an impact on how effective any psychotherapy is. The policy also emphasizes taking into account the patient's surroundings when selecting an evidence-based psychotherapy modality and underscores the significance of healthcare inequities and particular stressors (such as unemployment, significant life events, etc) (Gaudiano, et al. 2013).

STRENGTHS OF EVIDENCE-BASED PSYCHOTHERAPY: Evidence-based psychotherapies have benefits for patients, clinical teams, and practitioners. According to some, it is essential that practice be informed by the pertinent data if it is to be ethical. Providers use research-driven evidence rather than just their own judgment by incorporating it into clinical practice. Recalling only "successes" decreases the opinion-based bias when empirical evidence is used. When applied properly, EBP can support clinical judgment when making decisions. The creation of recommendations, databases, and other therapeutic tools that can assist clinicians in making crucial treatment decisions, particularly in community-based settings, is inexorably facilitated by the incorporation of research. Scientific and local evidence, comprising diagnostic patient data, situational data, such as financial and scheduling restrictions, and the provider's expertise and judgment, are all included in evidence-based psychotherapy.

One misconception about the use of evidence-based psychotherapy is that for the evidence to be effective, it must come from a randomised controlled trial, which can be difficult in many domains but is especially so in the field of psychotherapies. In reality, as long as the evidence is evaluated and used properly in clinical decision-making, a range of techniques can support the different types of psychotherapies that are currently accessible. Practitioners that actively use EBPs should be able to save time, money, and resources by eliminating therapies for their patients that are ineffective or dubious.

CHALLENGES OF EVIDENCE-BASED PSYCHOTHERAPY: Using evidence-based psychotherapy has many benefits, but there are drawbacks that need to be taken into account. First, questions have been raised regarding the generalizability of the findings given that there are considerable differences between the circumstances and features of randomized controlled treatment outcome research and those of actual clinical practice. Since patients with complicated multimorbidities or those from sociodemographic categories for which the intervention has not yet been tried are frequently underrepresented in research samples or patients with comorbid disorders, evidence-based psychotherapies frequently are not helpful for them. In addition, because to the confusing nature of psychosocial stresses, many psychotherapy trials for depression and anxiety enroll patients with few psychosocial stressors. But in actual practise, the majority of patients deal with these pressures, making it unclear how effective the ostensibly evidence-based psychotherapies actually are (Goodheart, et al. 2006).

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