The phrase primum non nocere—“first, do no harm”—captures the essence of the physician’s familiar Hippocratic Oath.

The Ethics Code of the American Psychological Association (APA) features a similar injunction: Psychologists “take reasonable steps to avoid harming their clients/patients” (APA, 2002, p. 1065; see also p. 1062).
• How do we know when the data is “actually” good data, connecting the research done that allows something to be considered “evidence based” will “actually” apply in in the real world with similar evidence or outcome rates?

• What do we do when a theory, concept or clinical approach that was “debunked” in the past come back around with a new shiny title or slight twist, but it is still not a good thing for us or our clients?

What are we doing here.....

- disconnect between research and application
- good science can lead to not so good things in practice
- even the best intended policies such as attendance or mandatory minimum treatment recommendations can do harm
Let’s play a game!

What the heck is “implementation science”?

- Implementation science is the study of methods to promote the systematic uptake of effective practices into routine care settings with the broad goal of ensuring that scientific discoveries realize their potential and improve people’s lives.

- How often are we “actually” implementing “science” or evidence the way it was intended, studied or made into evidence that it was “good”?

Research to application – the broken path

- Research to application and implementation science (what the focus ought to be):
  - understanding the context in which individuals will implement practices that have a strong, established evidence base
  - developing implementation approaches that target the factors that may accelerate or hinder implementation
  - conducting pragmatic trials to test these implementation approaches for the improvement of the field outside of the research clinic – this would be ideal!
Psychology, of course, has no formal equivalent of medicine's Food and Drug Administration (FDA) to conduct Phase I or Phase II trials, both of which help to identify safety problems with novel treatments before they are disseminated to the public. Consequently, the systematic monitoring of unsafe psychological interventions devolves largely or entirely to the profession of psychology itself. (Lilienfeld, 2007)

“the first principle is that you must not fool yourself, and you are the easiest person to fool.” Richard Fenyman

• No matter how intelligent or well-trained, are susceptible to being duped by specious claims.
• Research reveals, at best, modest and often negligible correlations between measures of intelligence and critical thinking skills, suggesting that these 2 domains are largely distinct.
• A phenomenon known as bias blind spot, whereby most of us are keenly aware of others’ mental shortcomings yet largely oblivious to our own, we may overestimate our capacities to distinguish dubious from well-supported psychiatric claims.

The Dodo Bird Effect

• Most meta-analyses show that, with some exceptions, well-established psychotherapies tend to be approximately equivalent in efficacy (Wampold, Mendin, Moody, Stich, Benson, & Ahn, 1997).
• The Dodo Bird verdict implies that the therapeutic modalities selected by practitioners for adult disorders (e.g., behavioral, cognitive, psychodynamic) are essentially irrelevant; the variance in psychotherapy outcomes is almost entirely a function of therapist-specific variables (e.g., warmth, genuineness), client-specific variables (e.g., psychological mindedness, stress reactivity), and their interaction (Wampold, 2001).
Discrepancy in what we learn and what we do

• Students of medicine, psychology and psychiatry, and allied health professions learn about psychiatry by reading psychiatric textbooks.
• There is a huge divide between the official psychiatric narrative and what the science shows. Much of what leading psychiatrists say and write about the reliability of psychiatric diagnoses; the causes of psychiatric disorders; if they can be seen in a brain scan or brain chemistry; and what the benefits and harms are of psychiatric drugs, electroshock, and forced treatment is incorrect. (Gotzsche, 2023)

If you were not skeptical before this..

• Hopefully you are now!
• Is it really evidence based
• Don’t accept that something may be true
• Was it a bunch of surveys from a targeted audience
• Does it use scientific process / principals to gather the data

So now what?

• Feedback! Ask questions. Get feedback and evaluate if what you are doing is doing good work.
• "No amount of evidence will ever persuade an idiot.”
  — Mark Twain