

Modernism, Postmodernism and (Evidence-Based) Practice

Heather L. Ramey · Sarah Grubb

Published online: 28 February 2009
© Springer Science+Business Media, LLC 2009

Abstract One dominant discourse in the mental health arena revolves around evidence-based practice (EBP). Although there is ongoing debate about the implementation of EBP in the mental health field, most of these discussions have been limited to modernist ideas. While discussions about EBP have occurred from alternate perspectives, particularly postmodernism, a lack of open dialogue has resulted in these two groups “talking past each other” (Levy in *Family Process* 45:55–73, 2006). In this article we discuss the positions of both modernism and postmodernism with consideration of their respective epistemologies and attitudes toward research and EBP. We argue that critical thinking about EBP needs to include mutual debate from both modern and postmodern perspectives.

Keywords Evidence-based practice · Postmodernism · Psychology

One dominant discourse in the mental health arena revolves around evidence-based practice (EBP; Reed and Eisman 2006). The American Psychological Association (2005, p. 1; APA) policy statement on evidence-based practice in psychology, approved in 2005, defines EBP as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”. In endorsing EBP, psychology is joined by other mental health fields, such as nursing (Craig and Smyth 2007) and, less clearly, social work (Gibbs 2002). Regardless of any mental health discipline’s formal position, EBP as dicta of governments and managed care are inevitably influencing the practice of therapy (Reed and Eisman 2006; Tanenbaum 2005). EBP in the mental health field has emerged out of such practice in medicine, and is premised on the idea that the best (i.e., clinically relevant, internally valid, rigorously evaluated) scientific research evidence

H. L. Ramey (✉)
Department of Psychology, Brock University, 500 Glenridge Ave. St. Catharines,
Ontario, Canada L2S3A1
e-mail: heather.ramey@brocku.ca

S. Grubb
Department of Child & Youth Studies, Brock University, Ontario, Canada

should guide practice to strengthen its effectiveness and to improve public health (Institute of Medicine 2001; Sackett et al. 2000).

A number of arguments exist regarding whether EBP should continue to be the standard in mental health practices and, if so, how practitioners should be implementing it. These arguments are creditably well-aided in the psychology and mental health literature and include: EBP does poorly with non-dominant cultures and minority groups (Sue et al. 2006); efficacy in controlled settings and clinical trials does not necessarily translate into effectiveness in clinical practice (Franklin et al. 2006; Westen et al. 2006); manualization might or might not improve outcomes (Addis et al. 2006); and empirically supported treatment might or might not be more effective than other therapies (Wampold et al. 2006). There are also arguments about what should constitute evidence (Chwalisz 2003; Reed et al. 2006), what should constitute research (Stiles et al. 2006), and what components of therapy should be validated (Chambless et al. 2006). This ongoing debate is useful, fairly open, and, at least on the surface, appears to be part of healthy critique in the good psychological tradition. It concerns different ideas about what clinicians and researchers believe will create more effective, ethical practice, but almost exclusively, this debate has been limited to modernist ideas concerning the nature of knowledge (Goodheart and Kazdin 2006).

The modernist perspective is linked to reason, truth, and scientific improvements. The notion of evidence itself might be widely or narrowly defined, but in the context of EBP it refers to scientific evidence (APA Presidential Task Force on Evidence-Based Practice 2006). From the modernist perspective, the best possible research is that which is most likely to get at the objective truth of what is happening in therapy, identify causal relationships between techniques and outcomes, eliminate other possible causes (internal validity), and generalize these causal relationships to other populations and settings (external validity). Irrespective of existing controversies of how best to evaluate these practices, modernist practitioners and researchers agree that conducting research will improve EBP (Stiles et al. 2006).

Although researchers acknowledge the limitations of their chosen methodology, it is thought that the best available scientific research should be used, and while researchers and practitioners are aware that at this time we do not know the absolute effectiveness of any mental health practice, the telos (or rather ultimate endpoint) of EBP remains clear. Within a modernist paradigm it is taken for granted that there is evidence, that there is truth, and that reality or its representation exists to be measured and understood. It is thought that by conducting research we are progressively moving toward an ideal and we will continue to increase our knowledge and understanding of what makes our work more effective, thereby improving the practices and services of all involved. However, what is currently lacking in the EBP and mental health literature is an open dialogue and debate with other perspectives.

Modernism can be seen as one paradigm for research and practice. For the purpose of this article our use of the term paradigm loosely follows the work of Kuhn (1970), who described a paradigm as a shared belief system of a community of professionals, which (often implicitly) guides practice, research, and the interpretation of research. As an alternative to modernism, professionals operating within the postmodern paradigm hold quite different beliefs on what might constitute effective therapy. Postmodernism has been defined as a perspective that views language as powerful and constitutive. It is concerned with issues of power and oppression and seeks to transcend the boundaries of modernist thinking about individual knowledge and rationalism. Rather than elevating constructions of the individual or the idea of the self as a rational agent, postmodernism focuses on

relational or communal knowledge and participation to acknowledge the cultural and contextual basis for much of our functioning. Postmodernism also leans toward a social constructionist epistemology (Gergen 2001).

The postmodern paradigm is one of many paradigmatic alternatives to modernism (Madill and Gough 2008) and, with some justice, has been critiqued for being antiscientific and nihilistic (Gergen 2002). However, postmodernism makes a useful comparator for several reasons. First, it has some audience among family therapists (Carr 2006; Feinauer et al. 2006). Second, it brings different questions to the issue of EBP, questions that typically lie outside the currently accepted psychological realm of debate, which often are not acknowledged by those concerned with EBP. As well, although the boundary between modernism and postmodernism is more complex and permeable than is often portrayed in the literature (Madill and Gough 2008), it is useful to follow the general practices of others (e.g., Guba and Lincoln 2005; Madill and Gough 2008), in configuring them as wholly separate to illustrate their differences, if only at first.

Postmodern thinkers have critiqued EBP, but rarely has this been in the form of a dialogue with modernist thinkers. At times, this lack of dialogue has resulted in a group of scientists who debate EBP, but take little notice of postmodern arguments, and a group of postmodernists who argue loudly (e.g., Holmes et al. 2006), but without fully engaging in the dialogue, and with little chance of being heard. The current condition is similar to that referred to by Levy (2006, p. 55), who described the division between structural and postmodern narrative therapists as two fairly divided groups “talking past each other”. There is a need for this situation to change, and for researchers to discuss both modern and postmodern perspectives when considering EBP arguments. Modernist and postmodernist paradigms are important when considering psychological practice because each perspective brings up ethical questions that often go unnoticed by practitioners operating from the other paradigm. Further, the postmodern perspective has been appropriated by a number of mental health practitioners (Mills and Sprenkle 1995), and an open debate cannot peremptorily dismiss this segment of practitioners, especially when they may have less power than those in medicine and psychology.

In our view the critical theme that divides arguments about EBP in the psychology and mental health fields regards the perspectives and epistemologies that are the foundation of research and practice. This is because different perspectives and epistemologies necessarily decree different positions on how to practice effective and accountable therapy. These questions are not mere philosophical discussions to be left to the philosophically inclined, or to those who have the time to engage in incessant philosophical banter about the nature of knowledge; rather, they are ethical positions, which are of primary concern to both modernist and postmodernist researchers and practitioners, and which appear to dictate very different attitudes and behaviors when it comes to what constitutes good mental health practice.

In this article we argue that research in therapy needs to proceed with consideration of our epistemological position and must coincide with our own ethical framework. At the same time, our perspectives should not be exclusionary or overly narrow. Rather than arguing within one side or another of the seemingly binary opposition of modernism and postmodernism, our energy needs to be spent in a milieu of open mutually critical dialogue that creates possibilities for shifting and integrating our practice and research frameworks. Here, we briefly outline the positions of the modernist and postmodernist perspectives on EBP, with consideration of their respective epistemologies and attitudes toward research. We argue that each framework has something unique to contribute to psychological practice, even if the values of these frameworks lie largely in the critique of the other.

Finally, we suggest some strategies for future research and the possibilities that psychologists such as Polkinghorne (2000, 2004) and Yanchar (2006) have offered as new avenues for mental health research and psychological practice.

Evidence-Based Practice and Modernism

Ontology, Epistemology and Research

A consideration of the modernist perspective in psychology must begin with ontology. Ontology is concerned with reality and the nature of being. In positivist and postpositivist paradigms a true, objective reality is considered to exist, and research is our attempt to bracket our biases to objectively measure our existing reality (Denzin and Lincoln 2005; Kline 1998). Epistemology concerns the nature of knowledge and how we know what we know. Here, positivists and postpositivists view careful design, methodological rigor, and replication as fundamental in limiting personal bias and in attempting to uncover and verify what is truly happening (Cohen 1994; Killeen 2005; Stiles et al. 2006). Gergen (2001) offers some definition of modernism by describing its central themes: modernism has been linked to enlightenment and the individual capacity for thought, and is both the rationale for, and the means of studying the human mind. Individual knowledge is held as central. There is a world that can be objectively known, and it is the duty of scientists to set aside their biases and discover these truths through systematic, scientific inquiry in order to find procedures for curing mental illnesses and to make predictions about what factors put certain groups or individuals at risk for certain conditions.

Psychology as a discipline has shifted as a result of the socio-historical and cultural traditions of the time, and it is not surprising that it has become a primary advocate for EBP in the mental health field. In contrast to other mental health disciplines such as social work and family therapy, its adherence to modernism is clear. Psychology's foundation in modernism has been apparent since Wilhelm Wundt practiced experiments, and since psychology separated itself from philosophy (Norcross et al. 2005). The creation of the scientist-practitioner model at the 1949 Boulder conference perhaps concretized science as the basis of professional psychology, aligning it with psychiatry and the medical model (Albee 2000). The recognition of psychology as a health care profession at the beginning of this decade (see Brown et al. 2002; Chwalisz 2003), and the subsequent commitment to EBP, seems a foregone conclusion.

For modernists, methodology is about precision, systematicity, control, accuracy, and objectivity, as is good science. Characteristics and problems, and thus variables, are usually group data measured at the individual level. Ideally, findings uncover relationships among variables, and thereby lead to the ability to predict, and possibly intervene, to solve problems (Ponterotto 2005). From this perspective, the best way to investigate the efficacy and effectiveness of treatment, with as little bias and error as possible, is the randomized clinical trial (RCT). It must be noted that this does not eliminate other methods, such as systematic reviews and single-case studies, which offer different and supplementary information to the RCT (Spring 2007).

Evidence-Based Benefits

There are many reasons for and potential benefits of the EBP movement. In EBP the practitioner applies empirically-supported principles to enhance the effectiveness of all

aspects of mental health practice (APA Presidential Task Force on Evidence-Based Practice 2006), and perhaps the major impetus for EBP is to improve the quality of service to clients, to be accountable to all parties, and to use scarce resources in the best way possible (Spring 2007).

EBP in the mental health realm compels practitioners to follow the literature, improve their practice, and continue to learn throughout their careers. The emphasis on systematic reviews and the development of infrastructure such as research databases (e.g., The Cochrane Collaboration, The Campbell Collaboration) put in place for practitioners' access to literature and research make it easier for practitioners to locate and use research findings.

EBP also brings some uniformity to mental health practice. A specific method aids practitioners in devising a targeted question for a clinical case at hand, and specialized resources are available to help practitioners rapidly find relevant research (Walker and London 2007). Among these resources is a new body of literature in the form of syntheses and systematic reviews. Systematic reviews of existing scientific research attempt to avoid the biases that are usually found in traditional literature reviews, which often, for example, only include studies from English journals or exclude unpublished studies (Walker and London 2007). In following EBP guidelines, practitioners will be making conscious decisions about the type of therapeutic care they are going to provide, and clients can expect to receive consistent care regardless of where they access services.

In addition, modeling evidenced-based practices in psychology on evidence-based practices in medicine "levels the playing field for psychological interventions" (Spring 2007, p. 617). In a context of EBP in medicine, social work, and other client care sectors, it is becoming necessary to establish and follow EBP guidelines in order to obtain attention and funding for clinical and behavioral prevention and treatment services (Reed and Eisman 2006; Tanenbaum 2005). Psychology was among the last major disciplines within health care to do so (Walker and London 2007). With its status as an evidence-based health care service, psychology can help to acknowledge and possibly de-stigmatize the experiences of people accessing psychological treatment, and also can maintain alternative or complementary treatments to pharmacological interventions. Indeed, the more narrowly focused empirically-supported treatment movement originated with a desire to compete with the powerful industries behind psychopharmacological treatment (Wampold 2003). It seems that psychologists and other mental health professionals were left with two options: either establish the usefulness of the discipline's activities within the current healthcare system and maintain a voice in order to fight for the values of the discipline and the people it serves, or accept that the discipline will be left behind (Chwalisz 2003). As an additional incentive, the common basis of EBP provides a language that is shared by other disciplines, such as medicine, and therefore opens up opportunities for multidisciplinary work.

It also must be noted that despite some criticism of EBP, there are several things that EBP is not (Collins et al. 2007). It is not a way to eliminate clinical expertise or client characteristics, values, cultures, or preferences. These two pillars are integrated with a third, research, as is very clear in the definition, policies, and recommended practices of EBP in psychology. The APA also has emphasized the importance of heuristics and self-reflection, client preferences, and sociohistorical context (American Psychological Association 2005). It has been pointed out that EBP does not focus solely on RCT, but in order to reach the goals of a modernist science it requires the use of the best scientific evidence available.

The modernist perspective that extols scientific progress also dictates ethics. If a scientist believes that an objective, generalizable study is the best way to know if a therapy is effective, then there is an ethical imperative to conduct this research, and to follow its

mandate in mental health practice. Given the responsibility psychologists and therapists have to their clients and to society, and the potential problems in relying on practitioner opinion and gut instinct, combined with the power practitioners have in their position as the expert, not having standards for research is indeed unethical. Hollon (see Stiles et al. 2006, p. 117) points to this problem in arguing for the use of RCT over qualitative research as an evidence-base: “People often invent explanations for their subjective experiences or actions that bear no objective relation to the actual factors that control their behavior...I see nothing in qualitative research that protects against this proclivity”. Despite these seemingly valid arguments, an alternative view of qualitative research and objectivity can be found in the postmodern perspective on mental health research and EBP.

Postmodern Perspectives on Research and Evidence

Ontology, Epistemology, and Research

Postmodernism was originally defined by Lyotard (1984, p. 25) as “incredulity toward metanarratives” or, put more simply by Denzin and Lincoln (2005), as a perspective that does not privilege any single method, paradigm, or authority. Although postmodernism is not a unified or uniform perspective in itself, the modernist narrative of scientific progress is certainly included as a narrative among metanarratives, leading its legitimacy to be questioned under postmodernism (Lyotard 1984).

Postmodernism does not concern itself with questions of ontology. It is, however, linked to a social constructionist epistemology. Social constructionists propose that “what we take to be real and true is not found in nature but rather created in the course of participating within particular communities of practice” (Gergen et al. 2004, p. 390). In constructionist thought there are multiple meanings and interpretations, leading multiple truths and realities to exist simultaneously. Postmodernism is therefore not concerned with the question of what constitutes evidence in the modernist sense, because the term evidence indicates there is a truth to be uncovered or confirmed. If a practitioner or researcher believes that no such truth exists to be found, the entire purpose of the research changes. For the social constructionist, methodology becomes about interpretation, multiplicity, context, depth, and local knowledge. Epistemologically, constructionists see the researcher as ineliminable, as the researcher’s subjectivity is integral to interactions with research participants, and knowledge and reality are created in these social interactions (Gergen et al. 2004). Social constructionist researchers might intend to challenge dominant views, develop theory, discover the unexpected, or uncover alternative experiences, but with a common goal of creating possibilities. The ultimate goal of the research project may even be the empowerment and emancipation of participants from their current oppressed status, as the research process itself is intended to incite transformation (Ponterotto 2005).

Just as in the modernist perspective, the postmodernist and social constructionist perspectives dictate an ethical imperative. Modernists’ focus on the individual over the social might simply be seen by some as a cultural artifact (Gergen et al. 2004; see also Bruner 2004), but postmodernists may see it as inviting individual blame, imparting societal discrimination and injustice, and largely ignoring the systemic or environmental context where the individual resides. In psychology, modernist tendencies toward the individual might be seen as essentializing and problem-focused. The scientist labels, administers, measures, and intervenes, and in doing so reifies, disempowers, and stigmatizes. For constructionists and critical theorists, although there may be truths that are useful for a

context, group or even discipline, they must be understood as cultural traditions (Gergen et al. 2004). Assuming these constructions are true for all cultures irrespective of time has implications for who has power and who is powerless.

Primary in postmodernism is a concern about the dominance of any one discourse over another. Metanarratives deserve our incredulity for a number of reasons. In any institution, there are discourses that are privileged and those that are constrained. Scientific knowledge is not the only kind of knowledge, but legitimizing scientific ideas within the rules of science means that it is an institution that is legitimizing itself (Lyotard 1984). In this way, the validity of science and the institution of psychology are being questioned on the surface level (i.e., in modernist debates about what constitutes EBP and how it should be evaluated), but the fundamental philosophical premises governing modernism's notions of the individual, reality, and objectivity are reinforced. Further, in deeming one form of discourse to be acceptable as the truth, psychology marginalizes alternative forms of discourse. In defending psychology's position against the medical model and psychiatry (Albee 2000), psychologists who embrace EBP bolster practices that elevate professional expertise. This tendency brings a host of power implications in its wake. Elevating one discipline is bound to silence others. Similarly, elevating practitioner expertise is bound to silence non-expert clients who are already less powerful and more vulnerable because of their seemingly irrational and inferior status as client.

Modernism versus Postmodernism

From a modernist viewpoint, postmodernism and social constructionism might be too metaphysical (Wampold 2003), and in being overly abstract, might be both unattractive and lacking coherent utility for many clinicians. Positivist and postpositivist research traditions might view constructionists and critical theorists as failing to capture information about widely applicable skills and therapies that can make mental health practice more effective.

Constructionist and critical theorist researchers might view positivist and postpositivist research as distorting the complexities of people's lives and human interactions (Ponterotto 2005), especially given the power status of the health care industry in general and the EBP movement in particular. However, the fact that EBP is hegemonic is not enough to reject it, when it has potential advantages for practice. If postmodernists seek the downfall of evidence-based therapy, they must equally ask whether they are antithetically hoping to replace it with another discourse.

Although on the one hand the APA Presidential Task Force on Evidence-Based Practice (2006) notes the importance of "evidence drawn from a variety of research designs and methodologies" (p. 1), and of not assuming that practices not yet subject to clinical trials are ineffective, it also refers to "a general progression from clinical observation through systematic reviews of randomized clinical trials" (p. 1), indicating the position of clinical observation on the hierarchy. Regardless of grand statements that EBP does not limit therapy to treatment that has met the gold standard of two RCTs (APA; Craig and Smyth 2007), and that we should, of course, continue to pursue different perspectives with different methods (e.g., see Borkovec & Castonguay in Stiles et al. 2006), the EBP movement has resulted in alternative methods of exploration being largely ignored in the psychological literature, and consequently shut out of funding opportunities (Lincoln and Cannella 2004).

Clearly, given the different paradigms and ethical imperatives of different mental health practices, there are ethical problems in attempting to apply the methods of one perspective

to the practices of another. For example, it would be inappropriate for a postmodern narrative therapy to be studied through a RCT given that the current theoretical assumptions and long-term goals of postmodern narrative therapy and RCT are quite different. This does not mean that postmodern therapies should be excluded from the evidence-based therapy debate. The innovations that the APA Presidential Task Force on Evidence-Based Practice (2006) encourages in its policy might require innovative ideas for research.

The Potentials for Research

Collaborative Inquiry

Some researchers use both quantitative and qualitative, or mixed methodologies, but this is limited in that many qualitative methods rely on a modernist framework (Denzin and Lincoln 2005). However, there are a number of researchers and practitioners, including Yanchar (2006), Iversen et al. (2005), and Polkinghorne (2004), who have suggested frameworks that extend the limits of both modernist and postmodernist perspectives, blurring the boundaries between the two.

Yanchar (2006) has suggested that quantitative psychological research can fit within an interpretive framework in a method he has called contextual-quantitative inquiry. In contextual-quantitative inquiry, all forms of research are seen to clarify our understandings and to offer reflections or abstractions of lived experience. Like qualitative methods, quantitative methods are seen as one form of meaningful interpretation. He suggests, for example, that construct and content validity be construed as interpretations of a test, rather than transcendent properties, and that researchers should adopt strategies for including the perspectives of those affected by the research. Further, generalizability could be re-conceptualized as transferability, which might provide a different framework for acknowledging the different needs of diverse populations and the accountability of practitioners in decisions about how they apply research findings. Also, rather than selecting a method based on researcher preference, the researcher is encouraged to use whatever method will best address the question at hand, and rigorously implemented, innovative, eclectic, or multiple methods might be the best approach.

Iversen et al. (2005) have made suggestions for the non-traditional use of traditional assessment tools. Although their focus is on practice rather than research, their suggestion that using modernist assessment tools such as genograms (visual depictions of family structures, which can be interpreted as hierarchical, and sexist, and insensitive to issues of power and culture) overlaps somewhat with Yanchar's (2006) suggestion for gathering the perspective of those being researched. Iversen et al. (2005) propose that assessment tools be administered, but that the categorizations they assign to the client should also be unpacked in therapy, and the impact these categorizations have had on people's lives should be explored. Depression, for example, would be assessed in more traditional ways, but the practitioner would unpack the label itself, and the effects the label has had on the individual. The authors suggest this as a means of satisfying statutory agencies, and of translating modernist and postmodernist standoffs into dialogues that potentiate gains and strengthen the tool's clinical utility. A similar strategy could be used in research to richly assess the impact of the research on participants, to explore its impact on future "beneficiaries" of research while it is being conducted, and to conduct follow-up research when findings are being implemented in practice.

Like Yanchar (2006) and Iversen et al. (2005), Polkinghorne (2000, 2004) makes suggestions that reflect both a multiplicity of perspectives and the duality of practice and research. Although his framework for systematic practitioner inquiry critiques the evidence-based treatment movement, he also acknowledges the usefulness of empirical research as contributing to a practitioners' background knowledge, and therefore its phronetic (or practical) understanding of individual cases. Despite his criticisms, Polkinghorne's framework might be seen as a way to combine the first pillar of EBP, that of the best available research, with the two additional pillars, clinical expertise and patients' characteristics, values, and context. These last two appear to receive the least attention in the modernist literature on evidence-based practice, and Polkinghorne's practitioner inquiry might be a way to incorporate these two additional pillars into research in psychological practice.

Although there is reason to believe that broader approaches to research such as those just mentioned might expand knowledge in mental health, it is not necessary for researchers to completely abandon their traditions and adopt new methodologies to generate new meanings and understandings. Cross-paradigm studies provide one option that has something to contribute to the mental health literature, but communication across modernist and postmodernist lines also can occur through a platform of mutual critique.

Mutual Critique

In striving for accountability and defending their discipline against medicine, researchers in the field of mental health must be careful that they are not creating a monopoly that kills innovation and creates new limits for therapy's usefulness to clients and the broader society. Science has a long tradition of self-criticism within the modernist paradigm; we would encourage modernist researchers and practitioners to expand this critique to criticism from alternative paradigms. Postmodernist paradigms provoke critical questions, like who might benefit and who might be silenced by the shift toward science and EBP. It is likely no coincidence that evidence-based strategies that are intended to be generalizable to mainstream populations are less effective for diverse, marginalized populations (Sue et al. 2006), and attempts to find large enough samples for each classification of diversity seems like an inappropriate and inefficient strategy. It may be better to triangulate findings with a number of research strategies, and to elevate rigorous alternative research and local knowledge, than to evaluate the effectiveness of the techniques at the level of the RCT.

We also would challenge postmodernist and social constructionist thinkers and practitioners, who are so practiced at criticizing modernist and dominant discourses, to consider what has been excluded in dismissing these discourses and how to address modernist critiques within the ethical frameworks of postmodernism. Oppositional thinking that promotes the splitting off and rejecting of scientific thought does not fit with postmodern thinking. Based on their own philosophy, postmodernists are obliged to question the metanarratives of science and psychology without attempting to destroy them, and also to open themselves to deliberations posed from the modernist perspective.

According to Gergen and colleagues (Gergen 2001; Gergen et al. 2004), the ethical question is not who is right or what is true, but rather what functions might these dominant constructions serve in our existing society, and what utilities and shortcomings do our governing truths create for ourselves and for others. In other words, we should seek to examine and speculate on the expected and unforeseen practical outcomes of mental health research. Possibly the only way to discover or answer these questions is to invite dialogues within and between theoretical paradigms. Dialogue does not require that practitioners or

researchers adopt others' belief system; it does require that they seek to understand them and acknowledge their value. Kuhn (1970) argued that cross-paradigm communication is arduous but possible. As if to illustrate our point, Friedman (2002, p. 463), who declares himself a stalwart supporter of a scientific psychology, states that "it is important, nevertheless, to recognize that scientific psychology has benefited from postmodernism". The benefits Friedman mentions concern "cultural awareness... [and] power and status differences" (Friedman 2002, p. 463), issues that should not be minimized, especially given the special roles they should hold in therapeutic relationships.

Conclusion

Modernist researchers can bring to the table special strengths in emphasizing consistency and accountability along with more global perspectives of what happens in psychological practice; whereas, postmodernist researchers can bring particular concerns about oppression, social justice, and local perspectives. Rather than considering different perspectives as standing in binary opposition to one another, applying ideas and criticisms from both views on all types of research and practice is likely to create better mental health services, which is the agreed upon desire of everyone in the field. Rather than talking past each other, critical thinkers in evidence-based practice need to seek debate between those with modern and postmodern perspectives.

There are many venues for cross-paradigm dialogue. It can occur in handbooks on EBP, where chapters on postmodern and other alternate perspectives can add new layers to discussions on such topics as cultural awareness and methodological diversity. Particularly in research, the apex of the EBP movement, the use of multiple methods, based on different epistemologies, can offer multiple means for appraising EBP's effectiveness. A postmodern presence in handbooks and research articles also would offer postmodern therapists options for participating in the EBP movement, and offer therapists and clients opportunities to take part in studies that welcome common and unique voices. This ongoing, open discussion with alternative perspectives can lend us the space to be critical of our current practices and methods of evaluation. In order to be truly successful as a field we must accept that our knowledge is incomplete and is likely subject to change as we come in contact with enhanced scientific evidence and alternative epistemological frameworks. It is our ethical obligation to challenge ourselves to engage in critical dialogues and meaningfully to consider what these alternative perspectives mean to the EBP movement.

Acknowledgments We thank Dr. Jane Dywan for her thoughtful comments and suggestions on an earlier draft of this paper.

References

- Addis, M. E., Cardemil, E. V., Duncan, B. L., & Miller, S. D. (2006). Does manualization improve therapy outcomes? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 131–159). Washington, DC: American Psychological Association.
- Albee, G. W. (2000). The Boulder model's fatal flaw. *American Psychologist*, 55, 247–248.
- American Psychological Association. (2005). *Policy statement on evidence-based practice in psychology*. Retrieved July 25, 2008, from www2.apa.org/practice/ebpstatement.pdf.

- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*, 271–285.
- Brown, R. T., Freeman, W. S., Brown, R. A., Belar, C., Hersch, L., Hornyak, L. M., et al. (2002). The role of psychology in health care delivery. *Professional Psychology: Research and Practice*, *33*, 536–545.
- Bruner, J. (2004). The narrative creation of self. In L. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 3–14). London: Sage Publications.
- Carr, A. (2006). Thematic review of family therapy journals in 2005. *Journal of Family Therapy*, *28*, 420–439.
- Chambless, D. L., Crits-Cristoph, P., Wampold, B. E., Norcross, J. C., Lambert, M. J., Bohard, A. C., et al. (2006). What should be validated? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 191–255). Washington, DC: American Psychological Association.
- Chwalisz, K. (2003). Evidence-based practice: A framework for twenty-first-century scientist-practitioner training. *The Counseling Psychologist*, *31*, 497–528.
- Cohen, J. (1994). The earth is round ($p < .05$). *American Psychologist*, *49*, 997–1003.
- Collins, F. L., Leffingwell, T. R., & Belar, C. D. (2007). Teaching evidence-based practice: Implications for psychology. *Journal of Clinical Psychology*, *63*, 657–670.
- Craig, J. V., & Smyth, R. L. (2007). *The evidenced-based practice manual for nurses* (2nd ed.). Toronto, ON: Elsevier Science.
- Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 1–32). Thousand Oaks, CA: Sage.
- Feinauer, L. L., Pistorius, K. D., Erwin, B. R., & Alonzo, A. T. (2006). Twelve-year review of major family therapy journals. *The American Journal of Family Therapy*, *34*, 105–118.
- Franklin, M. E., DeRubeis, R. J., & Westen, D. I. (2006). Are efficacious laboratory-validated treatments readily transportable to clinical practice? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 375–401). Washington, DC: American Psychological Association.
- Friedman, H. (2002). Psychological nescience in a postmodern context. *American Psychologist*, *57*, 462–463.
- Gergen, K. J. (2001). Psychological science in a postmodern context. *American Psychologist*, *56*, 803–813.
- Gergen, K. J. (2002). Psychological science: To conserve or create? *American Psychologist*, *57*, 463–464.
- Gergen, K. J., Lightfoot, C., & Sydow, L. (2004). Social construction: Vistas in clinical child and adolescent psychology. *Journal of Clinical Child and Adolescent Psychology*, *33*, 389–399.
- Gibbs, L. (2002). *Evidence-based practice for the helping professions*. Pacific Grove, CA: Thomson Publishing.
- Goodheart, C., & Kazdin, A. (2006). Introduction. In C. Goodheart, A. Kazdin, & R. Sternberg (Eds.), *Evidence-based psychotherapy: Where practice and research meet* (pp. 3–10). Washington, DC: American Psychological Association.
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed., pp. 191–215). Thousand Oaks, CA: Sage.
- Holmes, D., Murray, S., Perron, A., & Rail, G. (2006). Deconstructing the evidence-based discourse in health sciences: Truth, power and fascism. *International Journal of Evidence Based Healthcare*, *4*, 180–186.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Iversen, R. R., Gergen, K. J., & Fairbanks, R. P., II. (2005). Assessment and social construction: Conflict or co-creation? *British Journal of Social Work*, *35*, 689–708.
- Killeen, P. R. (2005). An alternative to null-hypothesis significance tests. *Psychological Science*, *16*, 345–353.
- Kline, P. (1998). *The new psychometrics: Science, psychology, and measurement*. London: Routledge.
- Kuhn, T. (1970). Postscript—1969. In T. Kuhn (Ed.), *The structure of scientific revolutions* (2nd ed., pp. 174–210). Chicago: University of Chicago Press.
- Levy, J. (2006). Using a metaperspective to clarify the structural-narrative debate in family therapy. *Family Process*, *45*, 55–73.
- Lincoln, Y. S., & Cannella, G. S. (2004). Dangerous discourses: Methodological conservatism and governmental regimes of truth. *Qualitative Inquiry*, *10*, 5–14.
- Liotard, J.-F. (1984). *The postmodern condition: A report on knowledge* (G. Bennington & B. Massumi, Trans.). Minneapolis, MN: University of Minnesota Press.

- Madill, A., & Gough, B. (2008). Qualitative research and its place in psychological science. *Psychological Methods, 13*, 254–271.
- Mills, S. D., & Sprenkle, D. H. (1995). Family therapy in the postmodern era. *Family Relations, 44*, 368–376.
- Norcross, J., Beutler, L., & Levant, R. (Eds.). (2005). *Evidence based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.
- Polkinghorne, D. E. (2000). Psychological inquiry and the pragmatic and hermeneutic traditions. *Theory & Psychology, 10*, 453–479.
- Polkinghorne, D. E. (2004). *Practice and the human sciences: The case for a judgment-based practice of care*. New York: State University of New York Press.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126–136.
- Reed, G. M., & Eisman, E. J. (2006). Uses and misuses of evidence: Managed care, treatment guidelines, and outcomes measurement in professional practice. In C. Goodheart, A. Kazdin, & R. Sternberg (Eds.), *Evidence-based psychotherapy: Where practice and research meet* (pp. 13–35). Washington, DC: American Psychological Association.
- Reed, G. M., Kihlstrom, J. F., & Messer, S. B. (2006). What qualifies as evidence of effective practice? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 13–55). Washington, DC: American Psychological Association.
- Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence based medicine: How to practice and teach EBM* (2nd ed.). London: Churchill Livingstone.
- Spring, B. (2007). Evidence-based practice in clinical psychology: What it is, why it matters; what you need to know. *Journal of Clinical Psychology, 63*, 611–631.
- Stiles, W. B., Hurst, R. M., Nelson-Gray, R., Hill, C. E., Greenberg, L. S., & Watson, J. C. (2006). What qualifies as research on which to judge effective practice? In J. C. Norcross, L. E. Beutler, R. F. Levant, et al. (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 56–130). Washington, DC: American Psychological Association.
- Sue, S., Zane, N., Levant, R. F., Silverstein, L. B., Brown, L. S., & Olkin, R. (2006). How well do both evidence-based practices and treatment as usual satisfactorily address the various dimensions of diversity? In J. C. Norcross, L. E. Beutler, R. F. Levant, et al. (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 329–374). Washington, DC: American Psychological Association.
- Tanenbaum, S. J. (2005). Evidence-based practice as a mental health policy: Three controversies and a caveat. *Health Affairs, 24*, 163–173.
- Walker, B. B., & London, S. (2007). Novel tools and resources for evidence-based practice in psychology. *Journal of Clinical Psychology, 63*, 633–642.
- Wampold, B. E. (2003). Bashing positivism and reversing a medical model under the guise of evidence. *The Counseling Psychologist, 31*, 539–545.
- Wampold, B. E., Ollendick, T. H., & King, N. J. (2006). Do therapies designated as empirically supported treatments for specific disorders produce outcomes superior to non-empirically supported treatment therapies? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 299–327). Washington, DC: American Psychological Association.
- Westen, D. L., Wiltsey Stirman, S., & DeRubeis, R. J. (2006). Are research patients and clinical trials representative of clinical practice? In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 161–189). Washington, DC: American Psychological Association.
- Yanchar, S. C. (2006). On the possibility of contextual–quantitative inquiry. *New Ideas in Psychology, 24*, 212–228.