Is this the era of empirically supported practice? If it is not, it is up to us to make it so. Many of us were trained in the scientist–practitioner framework of the Boulder model, now almost 60 years old, which emphasized training in both research and practice for clinical psychologists, and which seems to make the implicit assumption that the “science” training would help to make the “practice” activities more empirically-based. Almost 60 years later, we now have a greater appreciation for the difficulties of translating research into practice. As complicated as it may be to integrate science and practice into a single career, it may be even more difficult to find ways to have science infuse our clinical activities so that the knowledge base of clinical psychology guides our clinical work whenever possible.

Currently, the professional discussion in psychology about the process of making the research literature more relevant to practice has focused primarily on clinical treatment. Before, say, 1980, the problem in child clinical and pediatric psychology was both a lack of relevant treatment studies and of a methodological way to summarize disparate results when studies were available. That problem changed somewhat when meta-analyses in the 1980s (Casey & Berman, 1985; Weisz, Weiss, Alicke, & Klotz, 1987) demonstrated that child treatment “worked” overall, or at least that certain child treatments with certain problems were efficacious. As always, good research generated more research questions, and another scientist–practitioner “gap” came to the forefront, that between the “lab” and the “clinic.” We came to understand that “laboratory” treatment studies as conducted in randomized trials using manualized treatments under tightly controlled conditions showed far better results than did treatment as conducted routinely in clinic settings (Weisz, Weiss, & Donenberg, 1992). We began to appreciate that treatments could be efficacious (under laboratory conditions emphasizing internal validity), but not necessarily effective (as practiced in real clinical settings, with emphasis on external validity, sometimes with some sacrifice in internal validity; Hoagwood, Hibbs, Brent, & Jensen, 1995). We also began to appreciate the complexities of applying manualized treatment to everyday clinical practice, when the manuals addressed single disorders and espoused a single theoretical basis for treatment, and practitioners dealt with comorbid conditions and were eclectic in their theoretical orientation. We have not resolved these problems in clinical child or pediatric psychology, but the need to find ways to translate research into clinical practice is very much with us.

As physicians began to talk about the important of practicing evidence-based medicine (Sackett, Richardson, Rosenberg, & Haynes, 2000), psychologists were involved in the process of identifying empirically supported treatments (Chambless et al., 1996). This journal has been involved in this process with the publication of a series of reports on empirically supported treatments in pediatric psychology. More recently, the focus has expanded beyond treatment, with greater emphasis on understanding the evidence base for the assessment procedures used in clinical child (Mash & Hunsley, 2005) and pediatric psychology (see forthcoming issues of JPP). It is important that this process continue and become increasingly sophisticated. As treatment evolves, the efficacy of treatments for certain problems will need to be revisited and the efficacy of other conditions will need to be established. Similarly, as effectiveness trials increase, there will need to be more attention to systematic reviews of such treatments, as well.

The practice of pediatric psychology involves assessment, prevention, and consultation as well as treatment,
and a broader emphasis on “evidence-based practice” in psychology is needed that includes the application of psychology’s knowledge based to all these areas. In the medical lexicon, “evidence-based medicine” (EBM) is discussed more than “empirically supported” treatment or assessment. A critical component of EBM is the process of accessing the best available information needed to address clinically relevant questions of etiology (Why me?), diagnosis or assessment (What’s wrong with me?), prognosis (what will happen to me?), and treatment (how will intervention change my outcome) (Craig, Irwig, & Stockler, 2001).

This process is noteworthy in two ways. First, EBM pays attention to questions of etiology or risk, prognosis, and assessment, and not just intervention. The pediatric psychologist interested in practicing “evidence-based psychology” will want the best available evidence in all of these areas.

Second, the evidence-based approach to pediatric psychology will place emphasis on using the “best available information” for making clinical decisions and guiding practice. Given a particular problem, the quality of information may vary. Presently, the best available information is that which involves systematic, quantitative reviews in the form of meta-analyses (of which, by the way, some of the early, influential meta-analyses were conducted with the psychological treatment literature). When properly conducted, meta-analyses can be used to systematically summarize and present the results of smaller studies, adding power to the conclusions that can be drawn, and even identifying patterns that might contribute to disparate results within the research literature. In a specialty area like pediatric psychology, a formal meta-analysis isn’t always available or even possible to do, in which case a systematic review without a meta-analyses may provide the best available information. Such a review might systematically examine methods and procedures and present data in a quantitative manner (e.g., effect sizes with stem-and-leaf diagrams, etc.) without a formal meta-analysis, while providing researchers with a better sense of direction about what research is needed in a particular area to be of use to clinicians.

*JPP* has published systematic reviews of treatment relevant to pediatric psychology as well as of the effects of pediatric conditions on children’s adjustment over the years, and will renew its emphasis on doing so in coming years to help advance the process of evidence-based or empirically supported pediatric psychology. In particular, *JPP* will encourage the publication of systematic, quantitative reviews of topics of interest. These reviews may have clear clinical applications (e.g., a meta-analysis of psychological interventions for recurrent abdominal pain) or may focus on more fundamental processes of importance in pediatric psychology that perhaps have less immediate clinical application (e.g., the effects of body image distortions on psychological adjustment). Typically, these systematic reviews will utilize meta-analytic techniques whenever possible, although systematic reviews that quantify results and provide directions for future research when meta-analyses cannot be conducted will be considered. Along with articles submitted for peer review by the general readership, invited articles on special topics will be published. The latter may include, but not be limited to, 10-year updates of special topics in the field of pediatric psychology. Potential authors will want to read the Vision Statement of the Society of Pediatric Psychology to understand the scope of the topics of interest for the journal. Potential authors will also want to review the QUOROM guidelines (Moher et al., 1999; QUOROM statement checklist, no date) for a better understanding of the nature of systematic reviews.

Along with reviews, this section will consider commentary by interested readers on reviews and original research published in the journal. Commentators may wish to expand upon the implications of published work, provide an alternative viewpoint, note limitations that were not mentioned, or add commentary on the clinical implications (or lack thereof) of an article or set of articles. At times, commentaries will be solicited from experts in a particular field, and the authors themselves may be asked to comment on the “how” of their study, the choices they made, what went wrong, what particularly interested, them, etc. Conducting research is a vital, lively, process; those qualities are often on display when researchers get a chance to talk, but they seldom shine through in published work. The editors envision that the commentaries in this section may be written in a less formal style than that which characterizes most published work. The length of such commentaries may be brief and letter-like, to longer pieces on the order or a brief report. The goal of this section is to initiate a dialectical process that that clarify the implications of existing work and initiate a dialectical process to advance quality research and make the process of doing research a little more familiar to the reader.

Conflict of interest: None declared.

Received August 27, 2007; revisions received August 27, 2007; accepted September 1, 2007
References


