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In many ways, the sprawling terrain of clinical psychology and allied disciplines (e.g., psychiatry, social work, counseling, school psychology, psychiatry nursing) houses two largely disconnected worlds. One world consists of researchers and practitioners who ground their work largely in scientific evidence. Investigators in this first world adhere to scientific methods in their research, availing themselves of these methods as crucial safeguards against biases in their inferences. Practitioners in this first world actively consume research findings and base their interventions and diagnostic methods largely on the best available published findings. The other world, which is largely unknown to many academics ensconced comfortably in their Ivory Tower, consists of mental health professionals who routinely neglect research evidence (Dawes, 1994). Many professionals in this second world are not regular consumers of scientific findings, and they commonly administer therapeutic and assessment methods that are either unsupported or inadequately tested.

Indeed, over the past several decades, clinical psychology and related disciplines have witnessed a change in the relation between science and practice. A growing minority of clinicians appear to be basing their therapeutic and assessment practices primarily on clinical experience and subjective