

---

Weisz, John R. (Spring, 2000). Lab-clinic differences and what we can do about them: 1. The clinic-based treatment development model. *Clinical Child Psychology Newsletter*, 15(1), 1-3, 10.

In a very thoughtful article, John Weisz, whose reviews of the results of outpatient treatment with children over the past ten years have been very influential in emphasizing the gap between what we know works under highly controlled conditions and what we know works in real day-to-day clinical practice, shares his new insights on this issue. Much of his new insights are based on his current research, which involves taking empirically-tested cognitive-behavioral treatments for youth anxiety and depression into community clinics in Los Angeles, and training and supervising clinic therapists as they try to apply these treatments with children referred through normal channels.

Weisz reports that while the therapists with whom they are working are dedicated and hard-working, they find it hard to fit manualized treatments into their clinic routines, their demanding workloads, and, perhaps most important, into the complex array of life circumstances their clients present. Previously Weisz has pointed out that youngsters served in typical community settings are often different from those seen in many university studies. For example, they have more co-occurring conditions, and they and their families are under greater financial and social stress. Now, based on his current work, Weisz indicates that, my colleagues and I were wrong, some years ago, when we wrote about difference between lab and clinic...we under-estimated the differences. As a result, Weisz indicates that treatment protocols that have been developed through research in specialized settings with volunteer populations can face big challenges when used in typical clinical practice.

Weisz advocates moving from the Biomedical Intervention Testing Model, which originated in drug treatment research, to guide the process of developing treatments that are effective under real world conditions, to a Clinic-Based Treatment Development Model. In this model, while original work may be done under controlled conditions, the treatments are studied in single-case applications in practice settings with progressive adaptations to the protocol before full-scale tests of their effectiveness are conducted. The use of single-case pilot tests with children referred through normal channels represents an important addition to traditional models, and, Weisz argues, provides important information for subsequent modification of the protocol.

Weisz concludes by asking whether we are more likely to obtain valid answers about treatment outcome from research with recruited samples seen under lab conditions, or from samples of individuals referred through normal channels seen under genuine clinical practice conditions. He indicates that we may find that the most useful information, and ultimately the most useable and effective treatments, will come from immersing our treatment development and research in the complexity of real life.

While this conclusion may not seem surprising to individuals accustomed to working under genuine practice conditions, it represents an important statement from a highly-respected researcher who has specialized in treatment efficacy and effectiveness issues.