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SCIENTIFIC AND SOCIAL CHALLENGES FOR CLINICAL PSYCHOLOGY

The article is an attempt to reflect on the current tasks faced by clinical psychology as a field of science and practice. These tasks stem from the constant need to improve the scientific level of this discipline and to solve problems connected with intensive social changes.We have considered the issues of globalization and the challenges it implies for clinical psychology, presenting selected theories of globalization and the patterns of reaction to these changes. We see evidence-based practice in psychology as a reflection of these transformations in science and clinical practice. In the article, we discuss the positive influence of this approach on the improvement of assessment practice standards and psychotherapy effectiveness, drawing attention to some negative consequences of universalization, particularly those that threaten human agency. Addressing and responding to these challenges requires close cooperation of researchers and practitioners, which was called for at the 1st National Clinical Psychology Conference in 2014.

Keywords: theory and practice of clinical psychology; globalization and culture; evidence-based practice; new challenges for assessment and therapy.

Introduction

The scientific level of clinical psychology is determined by creating a theory, adhering to methodological assumptions, and conducting modern research. Therefore, interrelations between theory and practice constantly constitute a subject for

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reflection and an area with new tasks to undertake. These reflections were the subject of the 1st National Clinical Psychology Conference after the political transformation in Poland. Analyzing the sources and nature of challenges to clinical psychology in the 21st century, we considered the key moments of its development that determined its theoretical basis and identity in the past fifty years.

In the present article, we reflect on the thesis that the most important problems regarding the individual's mental health and the mental condition of the population in many countries are related to the globalization processes taking place in various domains as well as to the preservation of natural and cultural identity. In science, globalization processes seem to be reflected in the ideas of evidence-based practice (EBP). In the early 1990s, Gordon Guyatt (1991, as cited in Spring, 2007) used the expression "evidence-based medicine" (EBM), pointing out the necessity of taking into account, above all, the results of scientific research rather than, as previously, the results of clinical research to justify the choice of the treatment procedure for a particular patient. The model of evidence-based psychological practice (EBPP) was officially recommended in 2005 by a team of experts of the American Psychological Association (APA, 2006). Since that time, just like in medicine (Rzepiński, 2013), evidence-based practice in psychology has been used in two different senses. First, it may refer to a certain way in which a psychologist engages in clinical practice in the areas of assessment and therapy. Activities in these areas can be evaluated as either meeting or failing to meet the criteria of evidence-based practice, with an indication of the degree to which the assessment-related and therapeutic decisions made by the psychologist possessing proper clinical skills and experience rely on the best results of scientific research, taking into account the values and preferences important for the patient (APA, 2006, p. 273). Second, it may refer to the general conception of evidence-based practice, in which assumptions are formulated and principles are established concerning the evaluation of assessment conceptualization reliability and in which the rules of determining the evidence value of various studies on psychotherapy effectiveness in specific mental disorders are formulated. In this perspective, EBP becomes a new, metaparadigmatic theory, which we recognize to be a manifestation of the trend towards the globalization of rules of evaluating the reliability and quality of assessment and therapeutic procedures in psychology, which has both positive and negative consequences for science as well as for clinical practice.

The ideas and assumptions underlying studies following the EBP approach, which were supposed to meet the criteria of the highest possible internal and external validity, evoked great hopes, but the ways in which they were used insti-

tutionally and individually in clinical practice brought not only positive outcomes. These studies were meant, above all, to improve the quality of medical services and contribute to the universalization of the standards of treating patients somatically ill and suffering from various mental disorders. In medicine and clinical psychology, many assessment and therapeutic procedures to follow in the case of various somatic diseases and mental disorders have been standardized thanks to EBP ideas. It turned out, however, that – just like in medicine – the phenomenon of universalization of assessment and therapeutic mental health services can lead to certain negative consequences for patients and for the effects of treatment.

In the current article we present clinical psychology as a science and social practice, taking into account the significance of EBP to the conceptualization of mental health. We not only focus on presenting the phenomenon of globalization as a social context influencing the mental health of individuals and social groups, but also attempt to point to the use of the evidence-based practice procedure in creating a universal model describing and explaining the determinants and mechanisms of mental health. Finally, we analyze the positive and negative consequences of translating the results of research in the EBP perspective into clinical practice, especially the consequences of the universalization of assessment and therapeutic procedures.

The theory and practice of clinical psychology

Like other disciplines of applied psychology, clinical psychology, is defined as a field of research and social practice directly related to achievements in various fields of scientific psychology (Lewicki, 1969; Sęk, 2000; Brzeziński, 2014a). It is currently assumed in the EBP perspective that the clinician is a researcher and a practitioner who translates psychological theories into practice – and the other way around, that his or her practice becomes a source of new research and conceptions explaining the determinants of mental health and effective therapy. The objective of clinical psychology is to describe mental health and disorders, to explain the intrapsychic mechanisms of health maintenance and disorders in accordance with the assumptions of psychological theories and the results of research on human nature, and to identify the determinants of these mechanisms in the context of knowledge about the significance of biological, psychological, and sociocultural factors. This knowledge is the basis for the clinical psychologist's assessment activity and the background for the formulation

of assumptions about effective procedures of psychological help in the form of preventive or psychotherapeutic interventions.

It is commonly believed that psychology as a science has a global character and – as opposed to extrascientific cognition, as emphasized by Brzeziński (2014a), citing Ajdukiewicz's propositions – is an intersubjectively communicable and verifiable discipline. Although the issues of knowledge accumulation methodology in psychology do not arouse much controversy, there is no agreement as to whether psychology is a universal science – namely, as to whether it explains human functioning above the sociocultural context. Some academics see it as a discipline accumulating knowledge that is highly supracultural and suprareligious (Łukaszewski, 2014), others view it as more local, derived from research conducted at a particular time and in a particular social and cultural context (Grzelak, 2014); still others regard it as a discipline that is, to various degrees, burdened with the cultural and national factor (Brzeziński, 2014a, 2014b). What is universal in psychology is research methodology, and what is more local is research on the mental health of individuals or local communities.

The issues of globalness and universality in clinical psychology are considered both at the descriptive level and at the level of explaining the sources of human experience and behavior. In psychopathology it is the universalistic approach that dominates, as it is pointed out that mental disorders – such as psychoses, personality disorders, or mood disorders – occur in the entire population. In every classification of mental disorders, for example in the current ICD-10 (WHO, 1997) and DSM-5 (APA, 2013), it is stressed that these systems have a universal and supracultural character. At the same time, these very classifications contain annexes in which specific mental disorders are presented that are strictly connected with a particular sociocultural environment and the beliefs found in it – for instance, koro anxiety disorder (the Chinese culture, Indonesia, Malaysia, Taiwan) or taijink yofusho (China, Japan, Korea; WHO, 1997, ICD-10).

At the level of explaining the determinants of mental health development, clinical psychology – just like developmental and personality psychology – is based on the fundamental assumption that this development is an outcome of the influence (interaction) of biological factors and specific sociocultural factors. In the light of the globalization and universalization of culture, the so far unquestionable thesis about sociocultural relativism in the understanding of mental health and disorders should be reconceptualized in psychology. In the radically universalistic biological model of the determinants of disorders, the influence of culture on mental health is considerably minimized. In contrast, the radically relativistic point of view posits that cultural influences are visible not only in

various symptoms of mental disorders but also in the development of pathomechanisms of disorders that can be shaped mainly by specific sociocultural communities. The two approaches gave rise to somewhat different research methodologies, procedures, and instruments (Stypuła, 2012). If we assume that globalization is the universalization of phenomena in various dimensions of reality, does this mean it abolishes the necessity of establishing the specific, individualized impact of social and cultural factors on the development of the individual's psychological structure? Or does the globalistic approach propose a new perspective in the understanding of the significance of sociocultural factors in the development of mental health? These questions are the subject of reflection below.

The cultural context and globalization processes – selected issues from the clinical psychologist's perspective

Globalization processes permeate various domains of the life of groups and individuals. They lead to the unification and interdependence of economic, political, and sociocultural processes on a global scale. These changes may have a positive and negative character. Positive phenomena include creating conditions for creative dynamism and mobility, opportunities for competition and cooperation as well as fast dissemination of new discoveries in the fields of science, technology, and information systems, the high speed of communication, and wide access to knowledge thanks to the constantly improving Internet. These changes stimulate the development of cognitive domains and some competencies in individuals (Friedman, 2000). The negative influences of globalizaton are analyzed, among other areas, in the theory of culture shock and its consequences (Nieman, 2011).

Globalization processes have also become an object of reflection in psychological publications. This can consist in a modification of the existing theories by introducing globalization phenomena into thinking about the patterns of human reactions to universalistic tendencies in economy, politics, ecology, language, culture, and individual self-regulatory development of personal identity and lifestyle, additionally characterized by a high potential for unification and obligation (cf. Bandura, 2001, 2002; Kowalik, 2015a, 2015b; Oleszkowicz & Senejko, 2013; Oleś, 2011; Salzman, 2001; Wosińska, 2007). Some authors propose new concepts and theories, making it possible to present the relationships between changes in the organization of social life and psychological reaction patterns. Kowalik (2015a) believes that new reciprocal influences should be revealed between macrosocial existence, which globalization amounts to, and individual

existence. For this purpose, he proposes a new concept of context, which, as opposed to environment, includes human actions – namely, the context of action such as work, education, family life, recreation, etc. A concept even more crucial and important for the clinical psychologist is contextualization. Its basic function is to give meaning to one's own behavior in terms of freedom of choice and in terms of maintaining the direction of one's activity in relation to the identified external macrosocial conditions (Kowalik, 2015a, p. 25). Such an understanding is consistent with the theory of self-regulating human agency as related to globalization, proposed by Bandura (2001).

A preliminary analysis of these phenomena can be based on the types of evaluations that people attribute to various aspects of globalization, but it is necessary to take positive, negative, as well as ambivalent evaluations into account (Oleszkowicz & Senejko, 2013; Łoś & Senejko, 2013). The attempt made below takes into account these evaluation and various behavioral consequences.

1. Positive evaluation and acceptance of globalization-related changes can take two forms: (a) the pattern of identification with globalization ideas accompanied by a rejection or denial of one's own cultural identity, and (b) the pattern of balancing globalization ideas with local and individual values.

1a. This pattern probably occurs in groups of people who are beneficiaries of positive changes in many life domains (prosperity, freedom, success, mobility, unrestricted enjoyment of neoliberal values). However, this positive pattern of reaction may be only apparent, since a weakening of social bonds may set in with time in families, groups of friends, and local communities. Excessive identification with the general systemic requirements of globalization can also lead to a decrease in the stable sense of personal identity and in the sense of personally created meaning in life. A phenomenon that can also occur among people involved in coping with the challenges of the globalizing social order is the self-exploration of personal resources and resignation from activities aimed at comprehensive development.

1b. The pattern of balancing, with self-regulating agency and with a tendency to resolve the conflict between universalization and the values of local culture. It is found in people who integrate globalistic values in their judgments with the values of the local sociocultural context. These are probably rational, realistic, pragmatic people, effective in achieving agentic and prosocial life goals. At the same time, they protect close relationships with family and friends as well as care for the development of personal emotional and coping resources and the sense of meaning in life.

The patterns of reacting positively to the universalization of life are not well known. This may stem from the fact that a vast majority of conceptions and studies in clinical psychology analyze negative consequences.

2. Negative evaluation of globalization-related changes can also take two forms: (a) the pattern of negation and rigid defense of local traditional values, and (b) the pattern of negation and struggle against globalistic tendencies.

2a. The pattern of *status quo* defense can take various forms of avoiding confrontation with globalization; this can be the cultivation of traditional rituals of family, religious, or social life with tendencies to exclude oneself from the changes taking place. These tendencies can be accompanied by processes of external exclusion. A consequence of this may be a sense of inadequacy or not being understood, a sense of harm, a sense of being under threat, as well as resentments, loneliness, etc.

2b. In the pattern of negation and struggle with globalistic tendencies, the dominant attitude will be rebellion as well as various forms of opposition and aggression. This pattern has been observed mainly in young people, socioeconomically disadvantaged and experiencing strong frustration and helplessness against the system (e.g., against injustice and harm). In the climate of neoliberal social changes and global market economy, there appears a large group of well-educated people who have no stable jobs, cannot do the kind of work they have been trained to do, and do not have access to state-guaranteed privileges, health or retirement insurance, etc. They are "precarians" (Standing, 2014), who experience a lack of work-related identity and a lack of belonging to a loyal community of employees. The lack of permanent employment and existential security leads to a variety of negative social and health-related consequences. The frustration of the activities one has engaged in evokes anger and aggression, a tendency to protest, and susceptibility to populist and nationalistic influenses.

As regards the thesis that globalization not only is significant to the problems faced by scholars but also influences clinical theory and practice via the EBP perspective, we referred to two examples. The first one is supposed to illustrate how the phenomenon of struggle with globalization processes is conceptualized in the cognitive-behavioral approach; the second one is meant to illustrate how the recommendations of EBP are used, EBP being a perspective promoting a certain ideal pattern of building psychological models that explain, for example, the determinants of mental health for resolving social problems.

This, however, requires an informed choice or creation of theoretical constructs within a psychological orientation – constructs concerning the determinants and mechanisms underlying the patterns of behavior in confrontation with

the demands of globalization. Such an attempt was made by the already mentioned Bandura (2001, 2002). He proposes that the cognitive-behavioral and self--regulating agency conceptions should embrace such a "changing face of psychology" (Bandura, 2001, p. 12) in the globalization era that would enhance the most humanistic tendency in human motivation and behavior, namely, the maintenance of agentic control over one's own life and action. In this connection, he analyzes educational activity, work, and health-related lifestyle. He mentions an increase in chance and incidental phenomena as well as the impact of the Internet and the erosion of intimacy as risk factors for developmental pathologies. He puts emphasis on self-regulation in coping with the stress involved in globalization, which promotes the formation and development of proactive tendencies and general resistance resources such as resiliency and positive emotions. This paradigmatic proposal requires further theoretical work to meet the conditions of EBP.

An attempt to develop a new model of psychological theory based on the research procedure derived from EBP was also proposed by a team of health psychologists from the United Kingdom (Michie et al., 2005). The procedure they applied was supposed to ensure a high internal and external validity of the model of individual's health determinants, arrived at through a consensus between theorists, researchers, and practitioners. The participants in the program were 18 renowned scholars investigating the mechanisms of health behavior change, a group of 13 people evaluating health care services, and a group of 30 practicing health psychologists. The group of theorists generated areas of knowledge about health behavior and theoretical constructs. Next, the group evaluated the interrelations between them and the importance of health behavior change for intervention issues. This conceptual work yielded 17 key constructs derived from 33 psychological theories. The interdisciplinary team and a group of practitioners evaluated the usefulness of these constructs in examinations consistent with EBP in health care. The group of health care theorists and researchers operationalized these constructs and together formulated questions for a questionnaire that served as the basis for pilot and standardization studies.

Challenges for clinical psychology in the areas of assessment and psychotherapy

The issues raised in the course of discussions at the conventions of the Polish Psychological Association (PPA) and at national scientific conferences in Poland focused on three important problems: (1) the low level of knowledge and pro-

fessional standards among psychologists using psychological tests and the low level of expectations regarding the psychometric parameters that psychological instruments should have (Paluchowski, 2010), (2) the low level of adherence to standards of conducting psychotherapy in accordance with the requirements of particular therapeutic schools, which leads to a situation in which, at best, various "signature" integrative therapies dominate in the Polish market (Szymańska, Dobrenko, Grzesiuk et al., 2014), and, as a result, (3) the need to appoint teams of experts to function at various institutions that would initiate research projects on assessment and therapy as well as promote professional and ethical standards for psychologists of various specialties (Brzeziński, 2014c; Cierpiałkowska & Sęk, 2015).

Three types of clinical assessment are usually distinguished in psychology: differential assessment, structural-functional assessment, and epigenetic assessment (Brzeziński & Kowalik, 2000; Sęk, 2000; Cierpiałkowska, 2007). Because there is not simply one clinical assessment, we cannot refer to one way of case conceptualization and, consequently, to the same principles and criteria of assessment reliability.

Generally, diagnosis has either a more or less descriptive character, in which case it presents the individual's functioning in various life domains in psychological or psychopathological terms (*case assessment*), or a more explanatory character, in which case it focuses on explaining, in accordance with the chosen paradigm in psychology, the salutogenic or pathogenic intrapsychic processes and mechanisms (*case formulation*) that sustain adaptive or maladaptive behaviors. Case conceptualization is the basis of therapy planning. As shown by Groenier, Pieters, Hulshof, Wilhelm, and Witteman (2008), clinical psychologists formulate explanatory diagnosis much less often than it seemed they did, particularly in the context of decision regarding the planned therapy. If they engage in such activity, they often do so in less complicated cases, in which empirical evidence on the effectiveness of various treatment programs is available (Groenier Pieters, Witteman, & Lehman, 2013). Therefore, the challenge for clinical psychology is to learn and establish the rules and ways of formulating explanatory diagnosis.

Studies on the reliability and validity of differential and structural-functional assessment, especially in the context of research instruments, were conducted before the emergence of the idea of EBP. Although assessment is something more than merely using techniques of measuring the patient's various traits and attributes, the greatest amount of attention in the model of evidence-based assessment is devoted to the validity, reliability and standardization of instruments.

When determining the directions of EBA development in adult psychopathology, Hunsley and Mash (2005) indicated, among other things, that the psychometric properties of measures are not absolute but vary depending on the clinical group, the context, and the aim of the study. For this reason, some of them are more reliable for screening purposes, others for assessment, and still others for treatment planning or monitoring (Soroko, 2016). At present, just like in medicine, thanks to studies conducted in accordance with the assumptions of EBA, specific techniques and strategies are recommended for assessing particular mental disorders, such as personality disorders (Widiger & Samuel, 2009), anxiety disorders (Antony & Rowa, 2005), posttraumatic stress disorder (Speroff et al., 2012), or alcohol addiction (Maisto & Connors, 2007). These procedures and instruments were useful until the introduction of the most recent DSM-5 classification (APA, 2013), which brought profound changes regarding the assessment criteria for some mental disorders. It turned out that the introduction of new categories of mental and behavioral disorders as well as the use of the hybrid dimensional-categorical model, for instance in the classification of personality disorders, requires a verification of assessment procedures and instruments (Cierpiałkowska & Soroko, 2014; Miller, Few, Lynam & McKillop, 2015). This is probably the greatest challenge facing EBA, especially as publications concerning the new version of ICD11 (iCAT, 2011), which is to appear soon, suggest that it is modeled on some solutions proposed in DSM-5 (APA, 2013). The dimensional approach in psychopathology poses a considerable challenge to scholars, which is to create sufficiently algorithmized and reliable differential assessment procedures. This is especially important as the dominant kind of patients is people with dual diagnosis, suffering from two or more mental disorders. Algorithmized operations involve at least a potential danger of ignoring individual patient characteristics not fitting into the algorithm.

A great challenge for EBA is to formulate the rules of conceptualizing paradigmatic structural-functional clinical assessment at the stage of qualifying a person for therapy and at various stages in the course of therapy. This assessment covers the process and effects of therapy, and its essence consists in continually repeating the evaluation of change in the patient – the significance of that change to the achievement of the effect that has been specified together in the contract. It amounts to continually evaluating the validity of successive interventions and the patient's responses to these interventions, which are evaluated as clinically significant or nonsignificant from the point of view of important therapeutic objectives, aimed at mental health. Therapeutic interventions are a kind of variant of the specific therapeutic strategy adopted during one session;

they constitute the entire therapeutic procedure followed in successive stages of the therapeutic process. While there are recommendations – including those inspired by EBP – regarding comprehensive models of the assessment procedure, which comprise successive stages of assessment, usually from the problem being reported by a person to checking the effectiveness of the psychological intervention after it has been completed, such as the integrative model by Fernández-Ballesteros and colleagues (2001) or the integrative and paradigmatic models by Ingram (2006), it is nevertheless difficult to find – apart from some attempts in the form of descriptions of therapeutic sessions – a model of the therapy assessment process in the context of specific interventions and intervention strategies.

Apart from data about the patient and the context of assessment, what is also taken into account in each type of assessment procedure is the clinician's reaction to the patient and his or her examination results (e.g., conscious and unconscious reactions) as well as the clinician's competence (e.g., in using the instruments) and characteristics (e.g., the preferred theoretical approach, cognitive structures, self-monitoring and self-control abilities; Trull & Prinstein, 2013; Cierpiałkowska & Soroko, 2015). Despite clinicians' belief in a significant positive influence of clinical experience on assessment validity, the results of meta-analyses show that the size of this effect ranges from $d = 0.12$ (Spengler et al., 2009) to $d = 0.15$ (Spengler & Pilipis, 2015). This is not a particularly strong effect in the context of other factors, whose significance to assessment validity is not fully known. It turned out that, despite the introduction of various changes and improvements to the training of clinical psychologists in recent years, high stability has been observed in both the size and the variability of this effect since 1999. The causes of this phenomenon may be different and are not very well known, since we do not know much about the process and the rules governing the formation of the empirical and theoretical model of the patient in the assessment psychologist's mind.

Current research indicates that what may be of special importance to assessment reliability is two groups of factors. The first group is factors connected with the clinician's ability to reflect on and monitor the course of the assessment process, enriched with the experience gained during diagnostic supervision, which broadens his or her self-awareness and provides instruments for self-control (Garb, 2010). Reflecting on the procedure will be particularly important in assessment based on the dimensional-categorical model of mental disorders (Barlow & Carl, 2014). The second group is factors concerning the time and level of the relationship between the clinician and the patient during assessment,

especially when assessment precedes decision on the program of therapy. The diagnostic relationship, which may become a therapeutic relationship (alliance), offers greater possibilities of reliable assessment because the patient provides more diverse – not only factual but also dynamic – information about the changing functioning in different life domains and in various social contexts (Tufekcioglu & Muran, 2015).

By the time the conception of EBP developed in the field of psychotherapy, results of studies on its effectiveness conducted in natural settings (*effectiveness* studies) and in laboratory conditions (*efficacy* studies) had already been known. Efficacy studies proved the effectiveness of cognitive-behavioral, psychodynamic, humanistic, and interpersonal psychotherapy in the treatment of various mental disorders. Finally, the controversy that had lasted for many years came to an end, and the verdict of the Dodo bird was: "Everybody has won, and all must have prizes" (as cited in Duncan, 2002, p. 12). But was that really the case? Fairly soon it turned out that therapists not only refused to use the therapeutic strategies described in handbook therapy based on sessions conducted during efficacy studies, but also pointed out their low usefulness for the patients they treated. Whereas the participants in therapy conducted in laboratory conditions were young, educated, and motivated patients with one mental disorder in acute condition, in natural conditions patients often had a dual diagnosis, were middle-aged, and did not have a particularly high motivation to participate in therapy (Nathan, Stuart, & Dolan, 2000; Lambert & Ogles, 2004).

Meta-analyses of many studies, including that by Lipsey and Wilson (2001), revealed that it is difficult to increase the effectiveness of therapy by manipulating specific healing factors, but it is possible to improve it by influencing common factors connected with the therapeutic relationship and alliance (Cooper, 2010). This finding triggered research on the influence of personality and situational factors on the level of therapeutic alliance both in the patient and in the therapist, which yielded many interesting results.

Today no one doubts that psychotherapy is an effective method of treating a variety of mental disorders. Yet, questions about its outcomes should be asked in a different way. For instance, is behavioral-cognitive therapy effective for a 50-year-old married woman with higher education, addicted to alcohol and also diagnosed with narcissistic personality disorder? It is becoming increasingly obvious to experts that various sources of information should be used in such a situation in order to find out if a particular treatment method is effective (Dozois, 2013). Experts of the EBP team of APA did not define the concept of evidence in psychological counseling and psychotherapy; therefore, experts and scholars

in many countries develop their own hierarchies of evidence value of studies on psychotherapy effectiveness in specific cases.

A hierarchy of various types of studies on effectiveness of therapeutic procedure according to their evidence value has been developed by experts of the Canadian Psychological Association (Dozois, Mikail, Bourgon et al., 2014). They arranged these types from the lowest to the highest evidence values (cf. Figure 1).

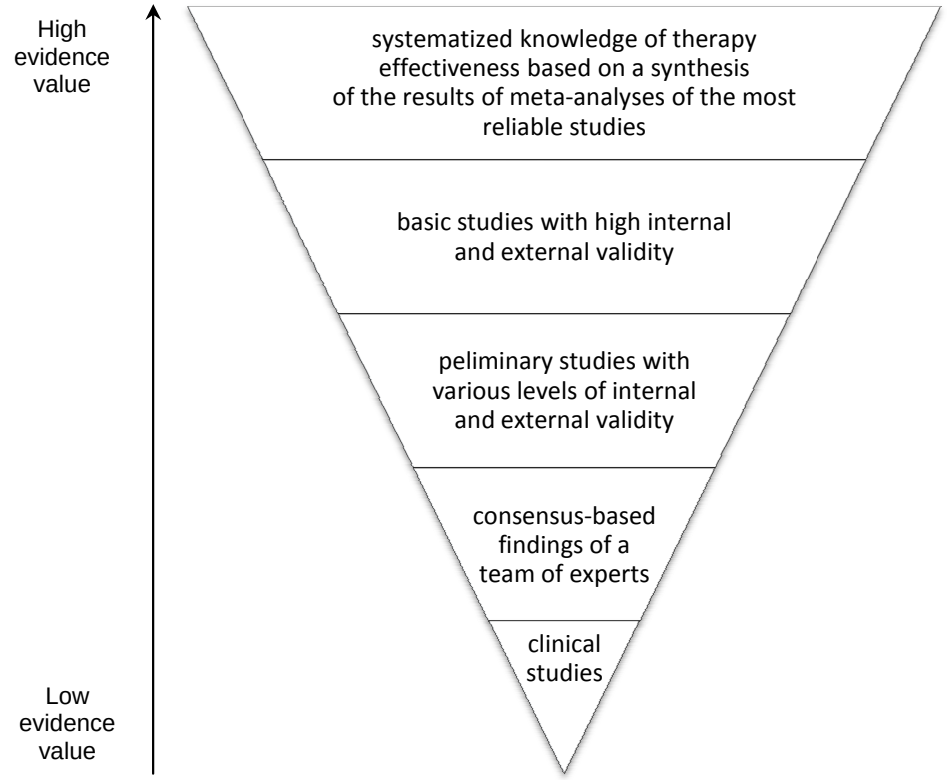

Figure 1. The hierarchy of evidence value of studies on psychotherapy effectiveness (based on Dozois, Mikail, Bourgon et al., 2014).

Barlow and Carl (2014) argue that studies with high evidence value have already become the basis for the creation of psychological procedures and strategies, particularly in cases of dual or triple diagnosis of mental disorders. The

verified effectiveness of these procedures contributed to the development of so-called transdiagnostic psychological intervention modules, which in turn are disseminated and attain the status of a standard in the treatment of mental disorders. It is predicted that the classic form of psychotherapy will dominate in nonpublic medicine and evidence-based psychological procedures will dominate in public medicine.

Knowledge derived from EBP research should have a significant impact on the assessment procedure and on the choice of the type of treatment to be recommended to patients with specific or multiple mental disorders, with patient preferences taken into account. At the same time, the therapist should monitor the effectiveness of therapy with regard to each individual patient and make changes to the therapeutic procedure when the expected positive effects are not achieved.

Conclusion

Summing up the main ideas of the article, we come to the conclusion that the challenges for clinical psychology concern both scientific and practical aspects. The scientific challenges are: to enhance the relations between theory, scientific research results, and clinical practice as well as the other way around, to constantly expand knowledge in accordance with the latest achievements in various areas of psychology, as well as to develop rules enabling the application of research results in practice. The challenge for clinicians is to prepare for cooperation in research teams solving problems of importance to individuals and social groups.

It more and more often happens that clinical psychologists also address the problems of the globalization era in the context of national and cultural movements. They conduct research on the meaning of global unification to the description and understanding of mental health and disorders. General patterns of positive and negative reactions to globalization-related changes in various domains of human life have been presented. Referring to the EBP perspective, scholars have proposed a paradigmatic approach to the individual's struggle with the globalization process and made attempts to apply its assumptions to the creation of health promotion conceptions.

The main aim of the EBP perspective is to increase the reliability of clinical assessment and the effectiveness of psychotherapy. In the field of clinical assessment, the results of research in this perspective has yielded many important findings making it possible to improve the psychometric properties of research instruments and the validity of differential diagnostic inference (case as-

sessment). What constitutes an enormous challenge is the creation of foundations for the assessment of mental disorders in the dimensional-categorical approach. Less has been done with regard to case formulation, the diagnosis indispensable for taking effective action in psychotherapy. Although the framework and principles of constructing an explanatory diagnosis have been defined in different schools of therapy, only learning the ways and rules of processing knowledge about the patient in the clinician's mind will make it possible to identify a more or less valid case formulation.

"Efficacy" research on the effectiveness of therapy, conducted in accordance with EBP recommendations, have not only yielded evidence that different therapeutic schools have similar effectiveness, but also led to the writing of numerous psychotherapy handbooks. The most effective therapeutic strategies and procedures have been presented in these handbooks, but therapists evaluated them as not very useful in practice. It turned out that patients selected for research on efficacy differ from the general population of patients. There is a shortage of studies and knowledge concerning patients resistant to standard treatment strategies in every school of psychotherapy as well as knowledge about the necessary conditions and rules of changing the therapeutic procedures. Another challenge for further research is to determine the significance of the healing factors common to different schools of psychotherapy, which are present and active to the greatest extent in the therapeutic relationship. Research consistent with the EBP perspective should answer the question of what psychological strategies should be used with regard to patients suffering from multiple mental disorders.

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