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10. The Initial Evaluation and Treatment of Schizophrenia and Related Psychotic Disorders; Commentary; Response; 11. A Contextual Approach to Dementia Care in Alzheimer's Disease; Commentary; Response; PART V: Personality and Dissociative Disorders; 12. Borderline Personality Disorder; Commentary; Response; 13. The Treatment of Dissociative Identity Disorder: Questions and Considerations; Commentary; Response; PART VI: Other Adult Disorders; 14. The Use of Family and Individual Cognitive Behavioral Therapy with a Patient with Anorexia Nervosa; Commentary; Response; 15. Chronic Pain; Commentary; Response; 16. Pedophilia: A Case Study in Empirically Supported Treatment; Commentary; Response; Index; A; B; C; D; E; F; G; H; I; K; L; M; N; O; P; Q; R; S; T; U; V; W; X; Y; Z

Sommario/riassunto

In the past few decades clinical science has emerged as a prominent model for training and practice in clinical psychology. This model emphasizes evidence derived from high-quality research and is consistent with the increasingly influential evidence-based movement in medicine, which is a vital step toward making psychotherapy more effective, efficient, and safe. Despite this trend, much current psychological practice is not evidence-based; moreover, there is a marked dearth of resources available to train students and assist practitioners with the challenging goal of translating science into
