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Conclusions: This therapeutic tool proves to be useful, beneficial, and clinically effective in a psychotherapeutic context, as its high contribution to the mental health of individuals becomes evident.

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Closing the Gap: Integrating Science and Practice in Psychotherapy

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Introduction: The science-to-practice gap in psychotherapy is a prominent topic of discussion that hinders the seamless integration of research findings into clinical settings. This divide seems, among others, to stem from conflicting views on the practical relevance of evidence-based mental health (EBMH).

Objectives: This study aims to provide a comprehensive overview of the existing narratives that define the science-to-practice gap, develop an inclusive definition that reflects the complexities of this issue, and identify the factors influencing and strategies for mitigating this gap. **Methods:** We conducted a systematic literature review with a qualitative, thematic synthesis approach including 131 articles. Themes were identified and synthesized to outline the science-to-practice gap. Additionally, we included a historical analysis to examine how the prevalence of certain codes and themes has evolved over time, reflecting shifts in the academic and clinical landscape.

Results: Based on our findings, we refined the definition of the science-to-practice gap, capturing its multifaceted nature. Key themes influencing this gap include the educational background of psychotherapists, orientation towards specific psychotherapeutic schools, and personal inclinations of psychotherapists. Contextual factors such as institutional support and incentives for employing EBMH were also found to be positive influences. However, critiques regarding the rigidity of research methodologies and their applicability to diverse clinical scenarios were prevalent, with observable variances in thematic emphasis over the decades. Strategies identified for bridging the gap emphasized increased dialogue and collaboration between researchers and practitioners.

Image 1:

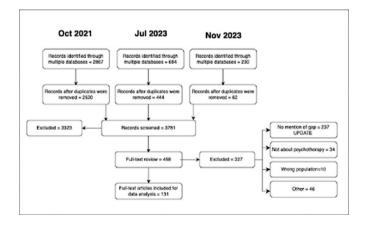


Image 2:

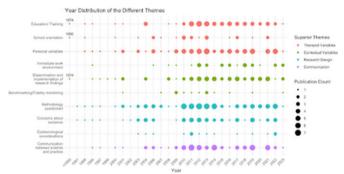
Table 1

Summary of the Reasons for the science-to-practice gap as Mentioned in the Literature

Therapist Variables	Contextual Variables	Research Design	Communication
Education/Training	Immediate work	Methodology	
Insufficient education:	environment	questioned	Communication
 critical thinking, research training 	Influences at the	 rigidity of RCTs 	between science
 scientific theories 	workplace:	 difficulty applying 	and practice
 practical training on application of 	 supervisors 	research results	 insufficient
EBMH	 colleagues 	 rigidity in diagnostic 	 lacking
	 social environment 	and inclusion criteria	 unidirectional
School orientation	 practical support 	 rigidity of manuals 	 little
 EBMH more favorable in CBT in 	 technical support 	 nomothetic results 	opportunity for
contrast to psychoanalytic,	 providing materials 	applied to individual	exchange
humanistic, existential, and	 providing 	cases	
eclectic approaches	infrastructure	 overreliance on 	
	 employer attitudes 	efficacy studies	
Personal variables		 overreliance on 	
EBMH is associated with	Dissemination and	outcome research	
 younger therapists 	implementation of		
 openness towards EBMH 	research findings	Concerns about	
 knowledge about EBMH 	Influences:	evidence	
 confidence about EBMH use 	 implementation 	 EBMH interventions 	
 believes about effectiveness, 	guidance	ineffective or harmful	
importance and usefulness of	 implementation 	 variability not 	
EBMH	planning	represented	
	 context specificity 	 limited awareness of 	
Less FBMH is associated with	of implementation	ineffective treatment	
 no access to interventions or 	 ILack of incentives 	 publication bias 	
literature	for EBMH		
 evaluation fear when using EBMH 	implementation for	Epistemological	
 cultural preferences of not using 	therapists to	considerations	
EBMH	 implement EBMH 	 differences in thinking 	
 mismatch of intervention with 	 engage with 	between	
patient culture	research	positivism/empiricism	
 difficulties understanding EBMH 		and	
 dislike/resistance towards EBMH 			
 placing much value on clinical 			
expertise or artistry			

Note: RCT = randomized controlled trials; EBMH = evidence-based mental health; CBT = cognitive-behavioral therapy.

Image 3:



Conclusions: This work sets the stage for future research that should prioritize the clinical perspective on evidence usefulness, broaden the research focus beyond intervention efficacy, and validate diverse methodologies. By proposing practice-focused research guidelines and emphasizing the need for robust dialogue between science and practice, we aim to enhance the applicability of research findings in clinical settings. Ultimately, our findings advocate for policies that facilitate the exchange of ideas and experiences, aiming to bridge the gap between scientific evidence and psychotherapeutic practice effectively.

Disclosure of Interest: None Declared