

# ASSOCIATION FOR THE ADVANCEMENT OF PHILOSOPHY & PSYCHIATRY CALL FOR ABSTRACTS

22nd ANNUAL MEETING  
May 22 & 23, 2010  
New Orleans, LA  
Theme: PHILOSOPHICAL ISSUES IN  
EVIDENCE-BASED PSYCHIATRY

Conference Co-Chairs:

David Brendel, M.D., Ph.D., Harvard Medical  
School  
Peter Zachar, Ph.D. Auburn University  
Montgomery



The movement toward Evidence-Based Psychiatry has generated a broad range of philosophical, ethical, and practical challenges. As a medical discipline charged with diagnosing, preventing, and treating mental disorders, psychiatry depends on established knowledge and emerging empirical data from the neurosciences, genetics, psychology, and other areas of scientific inquiry. Evidence-Based Psychiatry (EBP) refers to the application of well-supported scientific knowledge to clinical problems affecting mind, brain, and behavior. EBP provides a framework for integrating the current best evidence, clinical expertise and patient values and preferences into clinical practice. A plethora of conceptual and practical questions underlie EBP. Can psychiatrists use empirical data alone to select the best diagnostic constructs? Can evidence for psychiatric treatments be trusted when much of it comes from data obtained by clinical researchers and pharmaceutical companies with a financial stake in the outcome of the studies they conduct? What happens when expertise conflicts with patient values and preferences?

This conference will consider these and related controversies in current psychiatric research and practice. Papers pertaining to Evidence-Based Psychiatry and Evidence-Based Practice in clinical and counseling psychology are welcome.

Possible topics include, but are not limited to:

- What counts as valid evidence for making diagnostic and treatment decisions?*
- Can clinical expertise be empirically-based?*
- Do political and moral issues affect the definition of successful treatment outcome?*
- What are the ethical issues in the use of treatment manuals/algorithms?*
- If the best current evidence pertains primarily to patients with single disorders, how should the scientifically –informed clinician respond to multiple, complex, co-morbid disorders?*
- What is the relationship between science and humanism in EBP?*
- Does ‘best evidence’ vary across cultures?*
- How do guild interests (psychiatry versus psychology) influence the articulation of standards of care?*

Presentations will be strictly limited to 20 minutes, followed by 10 minutes for discussion.

Abstracts will be blind reviewed, so the author's identifying information should be attached separately.

Abstracts should be 500-600 words and should be sent via email by November 15, 2009 to both David Brendel ([dbrendel@partners.org](mailto:dbrendel@partners.org)) and Peter Zachar ([pzachar@aum.edu](mailto:pzachar@aum.edu)). Notices of acceptance or rejection will be distributed in early January.