

EVIDENCE-BASED PSYCHOLOGICAL PRACTICE: A HISTORICAL PERSPECTIVE BASED ON PAST AND PRESENT

PRÁTICA PSICOLÓGICA BASEADA EM EVIDÊNCIAS: UM RECORTE HISTÓRICO COM BASE NO PASSADO E NO PRESENTE

PRÁCTICA PSICOLÓGICA BASADA EN LA EVIDENCIA: UNA PERSPECTIVA HISTÓRICA FUNDAMENTADA EN EL PASADO Y EL PRESENTE



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ABSTRACT

Evidence-Based Psychological Practice (EBPP) represents a fundamental milestone in consolidating psychology as an applied science, integrating scientific evidence, clinical expertise, and patient preferences. This article presents a literature review on the historical evolution and current state of EBPP, covering 1999-2025. A systematic search was conducted in SciELO, PubMed, Google Scholar, ArXiv, Redalyc, PePSIC, and PsycNet databases. Thirty-two articles were selected and organized into five thematic categories: concepts and historical foundations, treatment efficacy, large-scale implementation, barriers and resistance, and Brazilian and Latin American context. Analysis revealed that EBPP evolved from a restricted list of empirically supported treatments to an integrative model valuing therapeutic relationship and cultural adaptation. Programs such as IAPT in England demonstrate feasibility of large-scale implementation. In Brazil, recent growth in scientific production is observed, but gaps persist in professional training and implementation barriers. EBPP constitutes an ethical and scientific imperative, demanding investments in training, research, and public policies in the Brazilian context.

Keywords: Evidence-Based Practice. Psychotherapy. Clinical Psychology. Efficacy. Implementation.

RESUMO

A Prática Psicológica Baseada em Evidências (PPBE) representa um marco fundamental na consolidação da psicologia como ciência aplicada, integrando evidências científicas, expertise clínica e preferências do paciente. Este artigo apresenta revisão de literatura sobre a evolução histórica e estado atual da PPBE, abrangendo o período de 1999 a 2025. Realizou-se busca sistemática nas bases SciELO, PubMed, Google Scholar, ArXiv, Redalyc, PePSIC e PsycNet. Foram selecionados 32 artigos organizados em cinco categorias temáticas: conceitos e fundamentos históricos, eficácia de tratamentos, implementação em

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larga escala, barreiras e resistências, e contexto brasileiro e latino-americano. A análise revelou que a PPBE evoluiu de lista restrita de tratamentos empiricamente apoiados para modelo integrativo que valoriza relação terapêutica e adaptação cultural. Programas como o IAPT na Inglaterra demonstram viabilidade da implementação em larga escala. No Brasil, observa-se crescimento recente na produção científica, mas persistem lacunas na formação profissional e barreiras à implementação. Conclui-se que a PPBE constitui imperativo ético e científico, demandando investimentos em formação, pesquisa e políticas públicas no contexto brasileiro.

Palavras-chave: Prática Baseada em Evidências. Psicoterapia. Psicologia Clínica. Eficácia. Implementação.

RESUMEN

La Práctica Psicológica Basada en la Evidencia (PPBE) representa un hito fundamental en la consolidación de la psicología como ciencia aplicada, integrando evidencias científicas, experiencia clínica y preferencias del paciente. Este artículo presenta una revisión de literatura sobre la evolución histórica y estado actual de la PPBE, abarcando 1999-2025. Se realizó búsqueda sistemática en las bases SciELO, PubMed, Google Scholar, ArXiv, Redalyc, PePSIC y PsycNet. Fueron seleccionados 32 artículos organizados en cinco categorías temáticas: conceptos y fundamentos históricos, eficacia de tratamientos, implementación a gran escala, barreras y resistencias, y contexto brasileño y latinoamericano. El análisis reveló que la PPBE evolucionó de una lista restringida de tratamientos empíricamente apoyados hacia modelo integrativo que valora la relación terapéutica y adaptación cultural. Programas como el IAPT en Inglaterra demuestran viabilidad de implementación a gran escala. En Brasil, se observa crecimiento reciente en producción científica, pero persisten lagunas en formación profesional y barreras a la implementación. La PPBE constituye imperativo ético y científico, demandando inversiones en formación, investigación y políticas públicas en el contexto brasileño.

Palabras clave: Práctica Basada en Evidencias. Psicoterapia. Psicología Clínica. Eficacia. Implementación.

1 INTRODUCTION

Evidence-Based Psychological Practice (EB PPBE) has emerged in recent decades as a fundamental paradigm for the consolidation of psychology as an applied science, systematically integrating scientific evidence, clinical expertise, and patient values in therapeutic decision-making [1]. This movement represents not only methodological evolution, but also an ethical imperative that aims to ensure that patients receive interventions with empirically demonstrated efficacy [2].

The origin of PPBE dates back to the evidence-based medicine movement started in the 1990s, but its formalization in psychology occurred in 2006, when the American Psychological Association (APA) established official guidelines through the Presidential Task Force on Evidence-Based Practice [3]. This historical milestone defined the PPBE as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" [1], [4]. Unlike a simple list of validated treatments, the PPBE is a complex decision-making process that requires specific skills from professionals [5].

The historical trajectory of the PPBE reveals significant tensions and conceptual transformations. Initially, the movement focused on the identification of Empirically Supported Treatments (EST's), generating lists of interventions validated by randomized controlled trials [6]. This approach, although important for establishing standards of efficacy, has been criticized for supposedly neglecting common factors of psychotherapy, such as the therapeutic relationship, and for presenting limitations in generalization to real clinical contexts [7], [8]. Subsequent studies have demonstrated that relational elements contribute substantially to therapeutic outcomes, regardless of the specific technique used [9], leading to a more integrative understanding of PPBE.

In the international context, countries such as the United States, the United Kingdom, Canada, and Australia have developed robust public policies and training programs in PPBE [10]. The Improving Access to Psychological Therapies (IAPT) program, implemented in England since 2008, is a paradigmatic example of large-scale implementation, serving more than 560,000 patients annually with recovery rates close to 50% [11]. These advances contrast with the Brazilian and Latin American reality, where the PPBE remains an emerging theme, with limited scientific production and significant gaps in professional training [12], [13].

The Brazilian literature on PPBE has grown in recent years, but still faces considerable challenges. Integrative reviews identified a scarcity of national publications on the subject, concentration on conceptual discussions to the detriment of empirical studies, and professional resistance to the adoption of manualized protocols [12], [14]. At the same time,

there is a growing movement of cross-cultural adaptation of evidence-based interventions and the development of methodological competencies for efficacy evaluation [15], [16].

The barriers to the implementation of the PPBE are multifactorial and include formative, cultural, organizational and epistemological aspects [17]. Studies identify that professionals often perceive treatment manuals as rigid and incompatible with individualization of care [18], revealing conceptual misconceptions about the nature of BEPP. In addition, psychology training in Brazil traditionally favors theoretical approaches to the detriment of competencies in clinical research methodology and critical evaluation of evidence [19].

The present study aims to review the literature on Evidence-Based Psychological Practice, covering its historical trajectory from its origins to the current state, with emphasis on conceptual foundations, evidence of efficacy, implementation strategies, barriers to adoption and particularities of the Brazilian and Latin American context.

2 METHOD

2.1 TYPE OF STUDY

This is a narrative literature review, with a systematic search for scientific articles on Evidence-Based Psychological Practice, covering historical, conceptual, methodological and implementation aspects.

2.2 SEARCH STRATEGY

The search was carried out in seven electronic databases: Scientific Electronic Library Online (SciELO), PubMed/MEDLINE, Google Scholar, ArXiv, Red de Revistas Científicas de América Latina y el Caribe (Redalyc), Portal de Periódicos Eletrônicos de Psicologia (PePSIC) and American Psychological Association PsycNet. The strategy used descriptors in Portuguese, English and Spanish, combined with Boolean operators: "evidence-based practice" OR "evidence-based psychology" OR "empirically supported treatments" OR "evidence-based psychotherapy" AND "psychology" OR "psychotherapy" (and equivalents in English and Spanish).

2.3 INCLUSION AND EXCLUSION CRITERIA

Articles that met the following criteria were included: (a) articles published in peer-reviewed scientific journals; (b) national articles published between 2011 and 2025; (c) international articles published between 1999 and 2025; (d) empirical studies, systematic reviews, meta-analyses, narrative reviews and theoretical articles on PPBE; (e) texts in

Portuguese, English or Spanish; (f) studies that addressed concepts, history, effectiveness, implementation, training, or barriers related to PPBE.

The following were excluded: (a) theses, dissertations and monographs; (b) book chapters; (c) congress abstracts; (d) duplicate articles; (e) studies that did not directly address the PPBE in psychology; (f) articles without access to the full text.

2.4 SELECTION PROCESS

The initial search identified 1,868 records. After removing duplicates, 576 unique articles remained. Screening by title and abstract resulted in the selection of 85 potentially eligible articles. The complete reading of these texts led to the final inclusion of 32 articles that fully met the established criteria.

2.5 DATA ANALYSIS

The selected articles were organized in a spreadsheet containing: authors, year, country, type of study, objectives, methods, main results and conclusions. The thematic analysis allowed the identification of five main categories: (1) concepts and historical foundations of the PPBE; (2) efficacy and effectiveness of psychological treatments; (3) large-scale implementation; (4) barriers and resistance to the adoption of the PPBE; (5) Brazilian and Latin American context.

3 RESULTS

The 32 selected articles were published between 2000 and 2025, with a higher concentration from 2015 onwards. Regarding geographic origin, 18 articles (56.3%) were produced in the United States, 6 articles (18.7%) in Brazil, 3 articles (9.4%) in Spain, 2 articles (6.3%) in England, 2 articles (6.3%) in Argentina and 1 article (3.1%) in Mexico. Regarding the type of study, 12 narrative reviews (37.5%), 5 theoretical/conceptual articles (15.6%), 4 meta-analyses or systematic reviews (12.5%), 4 randomized clinical trials (12.5%), 3 implementation studies (9.4%), 2 integrative reviews (6.3%), 1 survey study (3.1%) and 1 report of educational experience (3.1%) were identified.

Table 1 presents a summary of the main articles included in the review, organized by thematic category.

Table 1*Synthesis of the main articles on Evidence-Based Psychological Practice*

Authors/Year	Country	Study Type	Main results
Historical Concepts and Foundations			
Spring (2007)[4]	USA	Narrative review	It defines PPBE as an integrative process (evidence + expertise + preferences); identifies training gaps in methodology
Buscemi & Spring (2015)[1]	USA	Concept article	It presents a transdisciplinary model of PPBE in 5 steps; outlines required skills
Tolin et al. (2015) [6]	USA	Methodological proposal	Recommends revision of EST criteria using systematic reviews and quality assessment
Norcross & Lambert (2018)[9]	USA	Meta-synthesis	Therapeutic relationship contributes substantially to outcomes regardless of technique
Leonardi (2017) [15]	Brazil	Methodological review	Describes RCTs, single case designs, and case studies; recommends greater Brazilian participation
Paulo & Pilatti (2024)[20]	Brazil	Theoretical essay	Advocates expanded role of single-case designs in PPBE
Efficacy and Effectiveness of Treatments			
Soares et al. (2013) [21]	Brazil	Meta-analysis	Group CBT for panic: large effect for symptoms ($g=1.39$), agoraphobia ($g=0.92$) and moderate for depression ($g=0.79$)
Ferreira & Almeida (2020) [22]	Brazil	Cross-cultural adaptation	Translation and adaptation of the TCC manual for depressed elderly; Cultural equivalence achieved
Fonseca-Pedrero et al. (2021) [23]	Spain	Selective review	Updates evidence on empirically supported treatments; Variable empirical support per disorder
Nunes et al. (2020) [24]	Brazil	Non-systematic review	International literature demonstrates the effectiveness of CBT in public systems; National Literature Limited
Diniz de Souza & Lisboa (2023) [25]	Brazil	Scoping Review	Maps third-generation therapies in Brazil; need for empirical studies
Large-Scale Implementation			
Clark (2018) [11]	England	Programmatic review	IAPT treats >560,000 patients/year; ~50% recover and ~66% obtain clinical benefits
Damschroder & Hagedorn (2011)[26]	USA	Framework	Presents CFIR to identify factors influencing implementation
Puspitasari et al. (2017) [27]	USA	Randomized controlled trial	Guided online training produced greater increases in skills than self-pacing
Forand et al. (2025) [28]	USA	Implementation study	Evaluates Effects of Measurement-Based Care on Symptoms and Clinical Practices
Barriers and Resistances			
Cook et al. (2017) [7]	USA	Narrative review	Discusses myths that discourage the use of PPBE; identifies conceptual barriers
Gaudio & Miller (2013)[8]	USA	Critical review	Identifies decline in the use of psychotherapy; need for large-scale adaptations
Addis & Krasnow (2000)[18]	USA	Survey study	45% of psychologists report that manuals overvalue techniques; 47% say they ignore individualities
Gálvez-Lara et al. (2019) [30]	Spain	Survey study	Variability in the knowledge and use of evidence-based treatments
Brazilian and Latin American Context			
Ferreira de Azevedo (2022) [12]	Brazil	Integrative review	Found only 5 relevant articles on PPBE in Latin America

Melnik et al. (2019) [19]	Brazil	Experience report	Describes the first course on PPBE in Brazil (USP); recommends curricular inclusion
Distel Sanchez et al. (2018) [31]	Argentina	Theoretical article	Recommends the incorporation of PPBE skills in vocational training
Jiménez-Pérez et al. (2022) [32]	Mexico	Knowledge study	Identifies training needs and skill gaps for implementation
Almeida & Sartes (2021)[33]	Brazil	Scoping Review	Few publications on CBT in CAPS ad; Obstacles persist in Brazilian services

Note: CBT = Cognitive-Behavioral Therapy; RCT = Randomized Clinical Trial; EST = Empirically Supported Treatments; IAPT = Improving Access to Psychological Therapies; CFIR = Consolidated Framework for Implementation Research; CAPS ad = Psychosocial Care Center for Alcohol and Drugs.

Source: Authors.

3.1 CONCEPTS AND HISTORICAL FOUNDATIONS OF THE PPBE

Historical analysis reveals that the PPBE has evolved significantly since its origins. Spring (2007) [4] established a fundamental distinction between PPBE and empirically supported lists of treatments, defining it as a decision-making process that integrates three components: best available evidence, clinical expertise, and patient characteristics/preferences. This tripartite model has become an international reference and was officially adopted by the APA in 2006 [1].

Buscemi and Spring (2015) [1] expanded this conceptualization by proposing a transdisciplinary model of Evidence-Based Behavioral Practice in five steps: (1) formulating an answerable clinical question; (2) systematically seek the best evidence; (3) critically evaluate the evidence; (4) integrate evidence with clinical expertise and patient values; (5) evaluate results and adjust intervention. This model emphasizes specific competencies needed by professionals.

The evolution of the criteria for identifying empirically supported treatments is a central aspect of the history of the PPBE. Tolin et al. (2015) [6] proposed a revision of the original EST criteria, recommending the incorporation of systematic reviews, rigorous evaluation of methodological quality, and consideration of contextual factors. This proposal reflects the maturation of the field towards more sophisticated standards of evidence synthesis.

A fundamental parallel development was the recognition of the importance of the therapeutic relationship. Norcross and Lambert (2018) [9] synthesized evidence from three APA Task Forces on relational elements in psychotherapy, identifying nine demonstrably effective and seven probably effective elements. This meta-synthesis demonstrated that the therapeutic relationship contributes substantially to results, regardless of the specific technique used.

In the Brazilian context, Leonardi (2017) [15] offered an important methodological contribution by describing three appropriate methods to investigate the efficacy of psychotherapies: randomized clinical trials, single-case designs, and case studies. Paulo and Pilatti (2024) [20] complement by defending the expanded role of single-case designs in

PPBE, especially for the study of therapeutic change processes.

3.2 EFFICACY AND EFFECTIVENESS OF PSYCHOLOGICAL TREATMENTS

The evidence for the effectiveness of evidence-based psychological interventions is robust and covers a variety of mental disorders. Soares et al. (2013) [21] conducted a meta-analysis on the effectiveness of group Cognitive-Behavioral Therapy (CBT) for panic disorder. The results showed a large effect for panic and anxiety symptoms ($g=1.39$), a large effect for agoraphobia ($g=0.92$) and a moderate effect for depressive symptoms ($g=0.79$), confirming group CBT as an effective and viable alternative.

Cross-cultural adaptation of evidence-based interventions is a major challenge. Ferreira and Almeida (2020) [22] described the process of translation and adaptation of the American manual of CBT for depression in the elderly to the Brazilian context, achieving semantic, conceptual and cultural equivalence, although they emphasize the need for subsequent studies of fidelity and efficacy.

Fonseca-Pedrero et al. (2021) [23] conducted a selective review of empirically supported psychological treatments for adults in the Spanish context, identifying empirical support that varies according to the disorder, with more robust evidence for CBT in anxiety disorders and depression.

In the Brazilian context, Nunes et al. (2020) [24] analyzed how CBT can contribute to the efficient use of public resources in the SUS. The review identified that the international literature demonstrates the efficacy of CBT in public health systems, but the national literature remains limited. Diniz de Souza and Lisboa (2023) [25] mapped the dissemination of third-generation therapies in Brazil, identifying growth in production on ACT, DBT, and Mindfulness, but pointing out the need for empirical efficacy studies.

3.3 LARGE-SCALE IMPLEMENTATION AND DISSEMINATION FRAMEWORKS

The Improving Access to Psychological Therapies (IAPT) program, implemented in England since 2008, is a paradigmatic example of successful large-scale implementation of HLPP. Clark (2018) [11] describes that the IAPT has trained more than 10,500 therapists, serves more than 560,000 patients annually, and collects outcome data in 98.5% of cases. Approximately 50% of patients achieve clinical recovery and about 66% achieve clinically significant benefit. The program is based on manualized protocols, intensive training, continuous supervision, and systematic monitoring of results.

Damschroder and Hagedorn (2011) [26] presented the Consolidated Framework for Implementation Research (CFIR), a comprehensive framework that identifies factors that

influence the implementation of evidence-based practices. The CFIR organizes constructs into five domains: characteristics of the intervention, external setting, internal setting, characteristics of individuals, and implementation process.

Puspitasari et al. (2017) [27] conducted randomized controlled trial comparing instructor-led online training versus self-paced in Behavioral Activation. Guided training produced significantly greater increases in objective skills, suggesting that active online training constitutes a viable dissemination strategy.

Recent studies explore digital technologies for scalability. Forand et al. (2025) [28] evaluated effects of organizational implementation of Measurement-Based Care in technology-supported psychotherapeutic practice by examining changes in clinical symptoms and behaviors.

3.4 BARRIERS AND RESISTANCE TO THE ADOPTION OF THE PPBE

Despite robust evidence, the adoption of PPBE faces significant barriers. Cook et al. (2017) [7] identified myths that discourage the use of evidence-based psychotherapy, including perceptions that manuals are rigid and incompatible with individualization of care. The authors argue that these misconceptions reflect misunderstandings about the nature of the PPBE.

Gaudiano and Miller (2013) [8] analyzed future trends and challenges, identifying worrying declines in the use of psychotherapy in favor of pharmacological treatments, tensions between research and clinical practice, and the need for approaches that promote sustainable implementation.

Addis and Krasnow (2000) [18] investigated attitudes of 2,970 licensed psychologists in the United States about treatment manuals. The results revealed that 45% reported that manuals overvalue techniques, 47% stated that they ignore individualities, and 33% perceived that the use of manuals decreases the authenticity of the therapeutic process.

Gálvez-Lara et al. (2019) [30] investigated knowledge and use of evidence-based treatments among 242 psychologists in Spain, demonstrating considerable variability influenced by type of training, years of experience, and theoretical orientation.

3.5 BRAZILIAN AND LATIN AMERICAN CONTEXT

Scientific production on PPBE in Brazil and Latin America remains limited, although growing. Ferreira de Azevedo (2022) [12] conducted an integrative review of the Latin American literature on BE in psychotherapy, identifying only 5 relevant articles. Recurring themes included history of BEPP, conflicts between common and specific factors, and

criticism. The author concludes that there is an urgent need for more robust systematic reviews and local research.

Melnik et al. (2019) [19] reported a pioneering experience of offering the first course on PPBE in Brazil, taught at USP. The course addressed sources of evidence, experimental designs, systematic reviews and clinical decision-making. The authors recommend the inclusion of disciplines on PPBE in undergraduate and graduate curricula.

In the Latin American context, Distel Sanchez et al. (2018) [31] discussed models for training psychologists in Argentina, recommending the incorporation of competencies in PPBE. Jiménez-Pérez et al. (2022) [32] assessed knowledge and skills in PPBE among psychotherapists in Mexico, identifying formative needs.

Almeida and Sartes (2021) [33] conducted a scoping review on the application of CBT in CAPS ad in Brazil, finding only 5 publications. The results indicated that, although CBT has advantageous characteristics for public health, obstacles persist to its adoption in Brazilian services, including insufficient training and limited resources.

4 DISCUSSION

The analysis of the literature on PPBE reveals a trajectory of significant conceptual and methodological maturation in the last two decades. The evolution from a restricted list of empirically supported treatments to an integrative model that values scientific evidence, clinical expertise, therapeutic relationship and patient preferences represents a fundamental advance [1], [4], [9]. This integrative model responds to initial criticisms about the supposed rigidity of the PPBE and recognizes the complexity of the therapeutic process.

The evidence for the effectiveness of evidence-based psychological interventions is robust, with emphasis on CBT [21], [23], [24]. Meta-analyses demonstrate large to moderate effect sizes for various conditions, comparable to or superior to pharmacological interventions [21]. However, the generalization of these findings to real clinical contexts and diverse populations remains an important challenge, requiring studies of effectiveness and cross-cultural adaptation [22], [25].

The large-scale implementation of the PPBE, exemplified by the IAPT program, demonstrates the feasibility of evidence-based national mental health systems [11]. The success of IAPT is based on key components: intensive and standardized training, continuous supervision, manualized protocols, systematic monitoring of results, and sustained government investment. These elements constitute a reference for the development of public policies in other countries.

Implementation frameworks, such as CFIR [26], offer valuable conceptual tools to

understand and overcome barriers to PPBE adoption. The identification of enabling factors and obstacles at multiple levels allows for contextualized strategic implementation planning. The differentiation between core and adaptive components of interventions is particularly relevant for cultural adaptation.

The barriers to the adoption of the PPBE are multifactorial [7], [8], [18], [30]. Conceptual misconceptions about the nature of PPBE, perceptions of incompatibility with individualization of care, and professional resistance constitute significant obstacles that require specific educational interventions. PPBE training should emphasize not only knowledge about evidence-based treatments, but also competencies in research literacy, critical thinking, and integrative clinical decision-making [1], [5].

The Brazilian and Latin American context presents specific challenges. Regional scientific production remains limited [12], [14], with a scarcity of empirical efficacy studies, concentration on conceptual discussions, and gaps in professional training [19]. Psychology training in Brazil traditionally favors theoretical approaches to the detriment of methodological skills [15], [19].

Recent initiatives, such as the offer of the first course on PPBE at USP [19], cross-cultural adaptation of manuals [22] and growth of publications [25], indicate a promising movement. However, these advances remain isolated and insufficient for systemic transformation. The effective implementation of the PPBE in Brazil demands: mandatory inclusion of disciplines on PPBE in curricula, continuing education programs, investment in effective research with Brazilian populations, systematic cross-cultural adaptation, evidence-based public policies, and results monitoring systems.

The comparison between international and Brazilian contexts reveals a significant gap in scientific production, research infrastructure, funding, and public policies [11], [12], [24]. Countries such as the United States, the United Kingdom, and Canada invest substantially in clinical research, professional training, and the implementation of evidence-based systems, resulting in better outcomes and more efficient use of public resources.

The limitations of this study include: narrative nature of the review, possible publication bias, heterogeneity of the included studies, and scarcity of Brazilian studies. Future research should prioritize: randomized clinical trials with Brazilian populations, effectiveness studies in the SUS, systematic cross-cultural adaptation, investigations on barriers specific to the Brazilian context, cost-effectiveness studies, evaluation of training programs, and development of instruments to assess competencies in PPBE.

5 FINAL CONSIDERATIONS

Evidence-Based Psychological Practice is an ethical and scientific imperative that aims to ensure that patients receive interventions with empirically demonstrated efficacy, integrating scientific evidence, clinical expertise, and patient preferences. In the Brazilian context, there has been a recent growth in scientific production, but substantial gaps persist in professional training, empirical research, and public policies. The consolidation of the PPBE in Brazil requires systemic investments in training, research and implementation, constituting a priority agenda for the advancement of psychology as an applied science committed to the well-being of the population.

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