

The Current State of Evidence Based Practice in Social Work: A Review of the Literature and Qualitative Analysis of Expert Interviews

A presentation based on the work of Jennifer L. Bellamy, Sarah E. Bledsoe, and Dorian E. Traube

UNC School of Social Work

Slides by Matt Toth

Introduction

This presentation is based on meta- and qualitative analyses of research concerning the implementation and dissemination of Evidence Based Practices (EBP). It highlights the barriers, themes and trends in EBP and provides additional insight to the process of implementation and dissemination of EBP.

Background

- Practice decisions based on research evidence have become an identified need for treatment of mental illness
- There has been a national trend in emphasizing the need for research and evidence based practice (EBP)
 - The President's New Freedom Commission on Mental Illness (2003)
 - Goal 5 of this report stresses the need to deliver excellent mental health services by researching ways in which to advance EBP practice dissemination and demonstration, expand workforce providing EBP, and develop a knowledge base in mental health disparities.
 - The World Health Organization Report on Mental Illness (2001)
 - Mental Health: A report of the Surgeon General (1999)

Background cont.

- Social workers need to be concerned about the current trends in EBP dissemination and application
 - Social workers are doing the ‘frontline’ work with the mentally ill population (Insel, 2004)
 - Most social workers do not appear to draw upon research based practice (Gibbs & Gambrill, 2002; Kirk & Rosenblatt, 1981; Mullen & Bacon, 2004; NASW, 1996; Rosen, 1994)

Purpose of Study

- Explore how the profession can better disseminate the rich and growing body of research and evidence based interventions in social work and mental health services to practitioners providing direct services to individuals with mental illnesses
- Purpose to be met by completing the following:
 - 1) A review of current literature on dissemination of EBP
 - 2) A review of current social work models of dissemination of EBP
 - 3) Interviews with experts in the field
 - 4) A synthesis of the combined knowledge into recommendations for future dissemination of research and EBP efforts

Method

- Integrated journals and scholarly articles from social work and other professions using electronic databases and local social work and public health library holdings
- Interviewed a convenience sample of eight experts doing work on EBP issues

The Call for Evidence Based Practice

- Began in 1970's after a series of studies questioned the effectiveness of social work interventions (Fisher, 1973; Reid, 1994)
- The 70's and 80's involved a move towards well researched psychosocial intervention models (Turnbull, 1991)
- By the 90's there was a great rise in articles in professional publications referring to EBP in mental health, health, and social welfare

The Call for Evidence Based Practice

cont.

- Today, some state offices of mental health are promoting the use of EBPs for adults with serious mental illnesses.
 - Examples
 - Assertive Community Treatment (ACT)
 - Family Psycho-education
 - Medication Management
- The President's New Freedom Commission identifies additional EBPs for treatment of mental health disorders
 - Examples
 - Multi- Systemic Therapy
 - Cognitive and Interpersonal Therapy for depression
 - Parent-child interaction therapy

Translation and Implementation

- Limited research concerning why research evidence is or is not utilized in social work practice (Landry, Amara, & Lamari, 2001)
- Translation and implementation is problematic
 - 15-20 year lag between the identification and implementation of EBP into routine practice (Balas & Balas, 2000)
 - Licenses, experiences, and training are not shown by research to be necessarily related to helping clients through the use of evidence based practices (Dawes, 1994)

Translation and Implementation

cont.

- Two strategies to address problem of effectiveness of social work practice
 - Ignore the contradiction between claims and reality and to censure this information from the academic and practice community (Gambrill, 1999)
 - Investigate the values, skills, and knowledge needed to achieve certain outcomes and then to identify who has these resources and the capability to provide them (Gambrill, 1999)
- With this second strategy, social workers can be integral in shaping and delivering effective interventions for clients and communities

Barriers

- Concrete and psychological barriers impede dissemination and implementation of EBP
 - Knowledge
 - Lack of fit
 - Suspicion
 - Resources

Barriers cont.

- Knowledge
 - Lack of awareness, or understanding and processing, of research findings on EBP (Anderson et al., 1999; Mullen & Bacon, 2004)
 - Lack of access to data, and ability to process research findings into effective practice (Anderson et al., 1999)
 - Journal evidence may be 3 to 4 years old by publish date (Thyer, 2004)
 - Ambiguity on what constitutes EBP practice (Gibbs & Gambrill, 2002)

Barriers cont.

- Lack of Fit
 - Some practitioners feel that EBPs are ‘cookbook’ approaches that do not respect unique contextual and cultural needs of client (Bartels, Haley, & Dums, 2002; Gibbs & Gambrill, 2002; Mullen & Bacon, 2004)
 - EBP methodology may not be appropriate for some practice settings
 - Policy and agency requirements and technology do not support current evidence (Anderson et al., 1999; Gibbs & Gambrill, 2002)
 - Culture of knowledge transmission (Barrett, 2003)

Barriers cont.

- Suspicion
 - Distrust of evidence based on political, ethical, or control objections
 - See EBP as pragmatic cost cutting tool, not for client's best interest (Anderson et al., 1999; Gibbs & Gambrill, 2002)
 - Concern about researcher's bias towards own research model (Barrett, 2002)
 - See disconnect between goals of practitioners and researchers
 - Need for generalizability in research versus inventions tailored to client (Landry, Amara, and Lamari, 2001)

Barriers cont.

- Suspicion cont.
 - Belief that EBP excludes values, expertise, and judgment of practitioner (Gibbs & Gambrill, 2002; Mullen & Bacon, 2004)
 - While practitioners might participate in the creating and testing of new interventions, they are limited in terms of building and sharing knowledge, increasing the gap between research dissemination and practitioner use (Kirk & Reid, 2002)

Barriers cont.

- Resources
 - Despite willingness to employ EBP, there may be a reluctance to ask more from an overextended staff (Barratt, 2003)
 - Lack of technology
 - Conflict as to who can have access to resources
 - Poor funding, as well as utilization of available funds to put towards EBP

Growing Body of Evidence Based Services, Programs, and Research Supporting EBP

- Despite barriers outlined, social workers have identified several reasons to implement EBP
 - EBP helps to:
 - Conceptualize, plan, and guide treatment
 - Increase knowledge and skills
 - Improve treatment outcomes for clients
 - Integrate and supplement (not replace) clinical judgment and knowledge
 - Comply with current practice, values, and professional consensus
 - Satisfy grant or managed care reimbursement requirements
- While the basic purpose of EBP is to bring to the client the best technology and skills available, the question of how to best disseminate and implement EBP needs to be addressed

Current Strategies for Dissemination and Implementation

- Traditionally, EBP has been disseminated via journals, scholarly articles, or training (Gibbs & Gambrill, 2002)
 - Including implementing EBP courses in Masters programs
- Yet, this approach has shown to be ineffective in disseminating and implementing EBP practice into the community (Gibbs & Gambrill, 2002; Kirk & Reid, 2002; Kirk & Rosenblatt, 1981; Mullen & Bacon, 2004; NASW, 1996; Rosen, 1994)
- Explicit, active, broad-based, and carefully targeted strategies are needed to disseminate and implement EBP into the communities (Barratt, 2003; Walter, Nutty, & Davies, 2003)
- Researchers have begun developing new frameworks and mechanisms in delivering research to practice

Anderson and Colleagues

- Relationship between researcher and community
 - Awareness
 - Both researcher and community based organization are aware of the needs of one another (Anderson et al., 1999)
 - Communication
 - Mechanisms are formulated to facilitate the transfer of information
 - Workshops
 - Databases
 - Open Houses
 - Interaction
 - Share and negotiate mutual activities toward common goals
- Focus on relationship building and working together

Gambrill and Gibbs

- EBP is a conscientious, explicit, and judicious use of current best evidence to make decisions about the care of clients (Gibbs & Gambrill, 2002)
- EBP is a process that includes a synthesis of individual experience, best evidence, and client values and expectations (Shlonsky & Gibbs, 2004)
- EBP is characterized by:
 - Motivation to apply evidence to practice
 - Individual assessment and well formulated questions
 - Electronic search for practice findings related to practice questions
 - Decision making regarding fit of evidence to client's needs
 - Individual expertise integrated with best practice evidence
 - Evaluation of outcome
 - Sharing what is learned

Gambrill and Gibbs cont.

- Obey individual conscious and judgment
- Three guidelines
 - Consider quality and applicability of evidence
 - Consider context and organizational environment
 - Consider process of implementing change (Gibbs, 2003)
- However, no clear procedure or design is offered

Rosen and Proctor

- Introduces Systematic Planned Practice (SPP)
 - Relieves practitioners of the burden of finding relevant research, assembling information, evaluating validity of implementation, and adapting knowledge to fit client's needs (Rosen et al., 1993)
- SSP is a tool for treatment planning and evaluation including planning and recording of critical elements of practice.
- Application is guided by forms that serve two functions
 - Guide workers in laying out the treatment plan and rationale for decisions made
 - Provide documentation for treatment planning decisions, implementation, and outcomes (Rosen et al., 1993)

Rosen and Proctor cont

- Dissemination plan combines SPP with practice guidelines to facilitate use and knowledge of evidence in practice (Rosen, 2002)
- What is necessary for EBP
 - Identifying and accessing EBPs
 - Accepting and adopting EBPs
 - Implementing EBPs and evaluating EBPs (Procter, 2004)
- EBP requires multiple, distinct outcomes, requiring work at multiple levels of influence (Procter, in press)

Tool Kit Method

- Kits constructed from original research and translated for use by practitioners, agencies, or institutions.
- Resources, like the Sociometrics Program Archives, analyze research and develop helpful tools
 - User's guides
 - Teacher or facilitator manuals
 - Workbooks
 - Media
 - Homework or exercises (Card, 2001)
- Kits are available from for profit or non-profit groups in a easily applicable, user-friendly format, ready for implementation (Card, 2001)

Practice Guidelines

- Another method for dissemination of EBP is instituting practice guidelines.
 - Practices would be determined by a professional body responsible for surveying, evaluating, and choosing interventions
- However, criticisms of this method include (Howard & Jenson, 1999)
 - Little research needed to support good guidelines
 - Ambiguity as to what constitutes evidence
 - Little flexibility for practitioners
 - Little agency support
 - Fear of *de facto* standards used in litigation against practitioners
- Despite criticisms, Howard and Jenson (1999) argue that practice guidelines can be very helpful to improving social work interventions.

Other Models

- Efforts to link research to practice grew out of industrial and technology beginning in the 60's and 70's
(Kirk & Reid, 2002)
 - Research Development and Diffusion
 - Design and Development
- Research and practice can inform each other in a constant feedback loop
- Yet, these methods need to improve to be more flexible and useful in the social work context

General Recommendations

- Several researchers offer further recommendations for improvement of dissemination of EBP
 - Secure organizational and practitioner buy in (Anderson et al., 1999)
 - Both must agree that EBP is beneficial and worth time, effort, and resources.
 - Leadership from administration or agencies with authority (Barrett, 2003)
 - Protecting practitioner time for research and training
 - Monitoring and following up on implementation
 - Establish network of local organizations and practitioners to pool resources, establish mutual goals and objectives (Anderson et al., 1999; Howard & Jenson, 1999)

Qualitative Interviews

- Research on the efficacy of previous methods for dissemination and implementation of EBP has been scarce
- As such, qualitative interviews were conducted with experts in the field of EBP
 - Explore current strategies, struggles, and observations about EBP to supplement and speak to the themes described in the literature

Method

- Sampling
 - Open ended questions, regarding evidence based practice, dissemination, and implementation, were given to eight expert researchers in mental health services and evidence based clinical interventions
- Human Subject Protections
 - Participation was voluntary and confidential, protecting identification

Method cont.

- Transcription
 - Major themes were highlighted, and each author transcribed interviews separately.
- Assertions Analysis
 - Frequency in which certain objects are characterized in a certain way
- Objects
 - *Past experience* in EBP
 - *Levels* of dissemination
 - *Barriers* to dissemination
 - *Gaps* to dissemination
 - *Methods* of addressing barriers
 - *Results* of not using EBP
 - *Future* of EBP

Results

- *Past Experience with EBP*
 - Most had significant experience with EBP including program design, developing evidence based interventions, teaching EBP in the classroom, or developing tool kit models
- *Levels of Dissemination*
 - Participants had a range of experience in methods of dissemination
 - Examples include:
 - Developing programs in the community
 - Inclusion of practitioners in design
 - Literature
 - Training
 - National networks

Results cont.

- *Barriers*
 - Training time and funding policies
 - Consumer and practitioner input
 - Agency environment
 - “EBP isn’t part of the culture”
 - Translation of research and Masters level training

Results cont.

- *Gaps*
 - Limited research and ambiguous methods of training EBP contributed to gaps in dissemination
 - Also,
 - Lack of consumer input
 - Transferring research to practice
 - Education and stakeholder buy in

Results cont.

- *Addressing Barriers*

- Participants identified several ways to address barriers to dissemination and implementation of EBP.

- Ongoing training
- EBP education in masters level curriculum
- Stakeholder and consumer buy-in

Results cont.

- *Results of Not Using EBP*
 - Not using EBP can affect efficacy of interventions, as well as reimbursement of services
 - Social work will continue to be viewed as a ‘second-class’ citizen in comparison with other helping professions that embrace research based practice

Results cont.

- *Future of EBP*
 - Several varying responses
 - Eventually there will be more funding for EBP
 - EBP is a ‘buzz word’ and will eventually die out
 - EBP will incorporate more qualitative methods
 - Increase in sophistication of practice, research, implementation and dissemination

Discussion

- The aim of this study was to build a framework for the dissemination of EBP for social workers through a review of the literature and interviews with experts in the field
- Similarities in themes between interviews and literature
- Participants had greatest agreement concerning gaps and barriers to dissemination and implementation
 - Poor funding
 - Lack of training and support
 - Lack of consumer involvement
 - Translation of research into practice
 - Lack of EBP education at the masters level

Discussion cont.

- If social work does not meet these challenges, practitioners and community organizations will not be best serving the client, and began to lose funding
- Misconceptions of EBP need to be addressed
 - EBP offers efficacious treatments for the mentally ill
 - However, further testing is needed validate findings of EBP for mental disorders and different cultural groups
 - Empirically validated EBP is not recommended as ‘Magic Bullet’ for all mental illnesses

Implications

- Research is needed in testing and validating implementation and dissemination of EBP in social work
- Researchers are challenged to develop collaborative relationships with agencies, practitioners, communities, and clients
- Success in dissemination of EBP must address the barriers of knowledge, lack of fit, suspicion, and resources
- A multifaceted approach that incorporates stakeholder and customer buy in, and is guided by strong leadership, is needed to ultimately effect change

Implications cont.

- Existing frameworks do not provide a united and comprehensive approach to improving the dissemination of EBP
 - However,
 - Anderson et al (1999) highlights the importance of relationship building between researchers and the community, potentially addressing all four barriers
 - However, more detailed approaches are needed in efforts to translate research to practice
 - Gibbs and Gambrill offer further useful approaches
 - Utilizing social work education and helping practitioners to be flexible and skilled in applying research
 - General methods such as tool kits and practice guidelines can supplement other models
- Each approach offers unique and important insights, but neither can stand alone

Conclusions

- To encourage the implementation of EBP in a way that unifies the above strategies and addresses the major barriers:
 - Increase EBP education as well as access to continuing education based on EBPs
 - Build partnerships, and share resources, between agency and practitioners
 - Facilitate buy in at all levels (researcher, policy maker, practitioner, agency)
 - Translate research into usable approaches, providing tools like tool kits, guidelines, and technical support
 - Improve communication between practitioner and researcher
 - Increase the quantity of EBPs in the field
 - Evaluate different methods of dissemination to organize future research

Conclusions cont.

- The most important factor in determining change toward the use of EBP is whether or not the profession wants to change (Naylor, 1995)
- EBP is not a trend, but consistent with social work code of ethics (NASW, 1996)
- Adequate training, resources, technical assistance and other infrastructure support is necessary to deliver evidence based interventions in the mental health field
- Finding research evidence is difficult, but demonstration projects, research and policy efforts addresses the need to deliver research to the community can address this and other barriers

Strengths, Limitations, and Future Research

- Sample size and lack of professional variation limits this study
- However, the results indicate that experts in the field are aware of gaps and barriers to EBP dissemination
- Future research ought to include a greater variety and quantity of participants including members from other professions, clients, policy makers, and community members

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