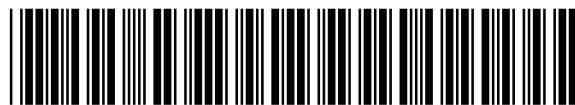


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The Current State of Evidence-Based Practice in Social Work: A Review of the Literature and Qualitative Analysis of Expert Interviews

Jennifer L. Bellamy, LMSW
Sarah E. Bledsoe, MSW
Dorian E. Traube, CSW

ABSTRACT. While there is recent movement toward Evidence-Based Practice (EBP) in social work, criticisms subsist regarding the profession's translation of research into viable practices. Evidence describing effective interventions exists, but research that addresses dissemination and implementation is generally lacking. This paper highlights existing

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literature on dissemination and explores the barriers, themes, and trends in EBP through eight expert interviews. The interviews reflect the issues described in the literature and provide additional insight to the process of implementation and dissemination of EBP. Findings from the literature and interviews are synthesized into research and practice recommendations.

While there is a call for Evidence-Based Practice (EBP) in social work and mental health services, there have also been a number of criticisms about the implementation of research findings into viable methods of practice. These barriers range from the egregious lag-time between research development to dissemination of evidence to practice settings to a veritable lack of support and training for community practitioners. There is a growing body of evidence describing effective interventions, but there is not a substantial body of work addressing the dissemination of these programs and other research findings for use in the field. This paper highlights some of the work around dissemination of EBPs in the field of social work with an emphasis on mental health services including an overview of the barriers to the use of evidence in practice and proposed models of conceptualization and implementation of EBP. To further highlight the current barriers, themes, and trends in EBP eight experts in the field of EBP were interviewed. The goal of the interviews was to survey the opinions of expert researchers in the area of EBP to supplement knowledge described in the literature. The experts' responses reflected many of the same issues described in the literature as well as additional information regarding their efforts toward determining the most viable options to address the barriers to implementing and disseminating EBP. Findings from the literature review and interviews are synthesized into recommendations for future research and practice efforts. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Dissemination, implementation, Evidence-Based Practice, research, practice

INTRODUCTION

Practice decisions based on research evidence have increasingly become an identified need in the treatment of mental illnesses. Three of

the most influential reports in recent years, The President's Report (2003), The White House Report on Mental Health (2001), and Merikangas et al. (1999), emphasize the importance of Evidence-Based Practices (EBPs) in mental health services, such as Healthy People 2010, Healthy People 2000, and Healthy People 1990. Health and Human Services (HHS) is investing in new knowledge in this arena. The President's Report (2003) recently released a recovery focused intervention strategy. The National Institute of Mental Health (NIMH) Goal five of the President's Report (2003) is to improve health care by accelerating prevention, and a cure practice dissemination, providing evidence-based care in mental health disparities, and acute care.

These national and international reports are important to social work policy thought, but also as a source of funding. Federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and Agency for Healthcare Research and Quality (AHRQ), are beginning to link grant funding to research-based interventions as well as hosting conferences. Federal agencies are also outlining strategies for implementation. For example, the SAMHSA and SAMHSA recent report on evidence-based prevention programs and the SAMHSA ratings of 150 different agencies (2002).

According to Thomas et al. (2002) of the National Institute of Mental Health, social work treating individuals with mental illness, report, the current practice of social work consisting of

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the most influential reports on mental health services policy in recent years, The President's New Freedom Commission on Mental Health Report (2003), The World Health Organization Report on Mental Health (2001), and Mental Health: A report of the Surgeon General (1999), emphasize the need for research and evidence-based practices (EBPs) in mental health services. Even more broad health policy reports, such as Healthy People 2010 (2000) from the U.S. Department of Health and Human Services (DHHS), point to "an emphasis on translating new knowledge into clinical applications" in the mental health arena. The President's New Freedom Commission on Mental Health (2003) recently released a final report calling for evidence based and recovery focused interventions in the treatment of mental illness; and the National Institute of Mental Health echoes this approach (Insel, 2003). Goal five of the President's New Freedom Commission on Mental Health Report (2003) stresses the need to deliver excellent mental health care by accelerating research to promote recovery, resilience, prevention, and a cure for mental illness, advancing evidence-based practice dissemination and demonstration, expanding the workforce providing evidence-based practices, and developing a knowledge base in mental health disparities, long term medication effects, trauma, and acute care.

These national and international health and mental health reports are important to social work, not only as signposts of current trends in policy thought, but also as frameworks for future policy and funding activity. Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Healthcare Research and Quality (AHRQ), and National Institute on Drug Abuse (NIDA) are beginning to link grants and contracts to EBP themes such as research-based interventions and the translation of research into practice as well as hosting conferences dedicated to EBP. These and other agencies are also outlining science-based program standards and rating systems. For example, the Center for Substance Abuse Prevention (CSAP) and SAMHSA recently constructed a comparison matrix of science based prevention programs examining the standards and effectiveness ratings of 150 different programs sponsored by five different federal agencies (2002).

According to Thomas Insel (2004), director of the National Institute of Mental Health, social workers are doing the majority of front line work treating individuals with mental illnesses. Citing a 1998 SAMHSA report, the current psychotherapy workforce is dominated by social work consisting of 192,814 social workers, 73,014 psychologists,

33,486 psychiatrists, and 17,318 psychiatric nurses (Insel, 2004). Despite social worker dominance in the field of mental health and the National Association of Social Workers (NASW) code of ethics emphasis on research based service, the majority of social workers do not appear to draw on research findings to inform their practice (Gibbs & Gambrill, 2002; Kirk & Rosenblatt, 1981; Mullen & Bacon, 2004; NASW, 1996; Rosen, 1994). Social workers, including researchers, educators, agency administrators, and practitioners, are therefore challenged with an important question: "How can the profession 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?" This paper contains a review of the current literature around the dissemination of EBP, current social work models for dissemination of EBP, interviews with experts in the field, and a synthesis of this combined knowledge into recommendations for future dissemination of research and EBP efforts.

LITERATURE SEARCH METHOD

For this project, research was conducted through a review of the literature, including both books and scholarly articles, on EBP in mental health services in social work as well as other relevant professions and by interviewing a convenience sample of experts currently conducting research related to the development and dissemination of evidence based interventions for mental illnesses. Relevant literature was identified through a search of local social work and public health library holdings and by searching electronically using the following databases: Social Work Abstracts, PsychLit, and Medline. Additional citations were collected via the reference lists of identified sources and through the draft reference list of EBP dissemination literature collected by the Research Unit for Research Utilization (RURU), a part of the Evidence Network of Great Britain (RURU, 2003). This review was limited to published literature that directly describes the use of research in social work practice specifically.

LITERATURE REVIEW

The Call for Evidence-Based Practice

The first widespread push for EBP in social work came out of a series of studies that began to appear in the 1970s and called into question the

effectiveness of existing (1994). The 1970s and evidence based models of development of well researched behavioral, cognitive, the biological and biopsychiatry (1991). Evidence-based models used in social work social work. In the late regarding the treatment highlighted by the publication Institute of Mental Health Research Program (Elkin, 1994), the proportion of EBP in professional journals in health services, health care. For a more detailed description of EBP in social work

Today, New York State has implemented a progressive program by New York State allowing EBP for adults. Interventions include: Assertive case management, intensive family psychoeducation, substance abuse and mental health services, and post-discharge support services, and post-discharge services. New York State Office of Mental Health and Addiction (2003) for the treatment of mental illness. Therapies for depression, serious emotional disturbance, and trauma (MST), parent management in primary care. Practices including: community re-entry program, wraparound services, and systems of care for children and families (New Freedom

tric nurses (Insel, 2004). Despite mental health and the National code of ethics emphasis on real workers do not appear to draw practice (Gibbs & Gambrill, 2002; on, 2004; NASW, 1996; Rosen, hars, educators, agency adminis- challenged with an important r disseminate the rich and grow- interventions in social work and providing direct services to indi- per contains a review of the cur- n of EBP, current social work ews with experts in the field, and into recommendations for future ts.

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VIEW

social work came out of a series 70s and called into question the

effectiveness of existing social work interventions (Fisher, 1973; Reid, 1994). The 1970s and 1980s witnessed a movement to develop evidence based models of practice in mental health and further the development of well researched psychosocial intervention models such as the behavioral, cognitive, interpersonal, and social approaches, as well as the biological and biopsychosocial theories of mental illness (Turnbull, 1991). Evidence-based researchers in many disciplines pioneered models used in social work practice including: psychology, psychiatry, and social work. In the late 1980s and early 1990s substantial evidence regarding the treatment of common mental health disorders were highlighted by the publication of the results of studies such as the National Institute of Mental Health Treatment of Depression Collaborative Research Program (Elkin, Shea, Watkins et al., 1989). Over the past decade, the proportion and number of articles referring to EBP published in professional journals has risen in the disciplines focused on mental health services, health, and social welfare (Shlonsky & Gibbs, 2004). For a more detailed description of the history of the development and use of EBP in social work see Kirk and Reid (2002).

Today, New York State's Office of Mental Health, identified as a progressive program by NIMH (Insel, 2003), is promoting the use of the following EBP for adults with serious mental illnesses. These EBP interventions include: Assertive Community Treatment (ACT), supported employment, intensive case management, wellness self-management, family psychoeducation, integrated treatment for co-occurring substance abuse and mental health disorders, medication (and guidelines for practitioners to promote optimal prescribing practices), self-help and peer support services, and post-traumatic stress disorder (PTSD) treatment (New York State Office of Mental Health, 2001). The President's New Freedom Commission (2003) report identified the following additional EBPs for the treatment of mental health disorders: cognitive and interpersonal therapies for depression, preventive interventions for children at risk for serious emotional disturbances, treatment foster care, multi-systemic therapy (MST), parent-child interaction therapy, and collaborative treatment in primary care. The commission also recommended emerging best practices including: consumer operated services, jail diversion, and community re-entry programs, school mental health services, trauma-specific intervention, wraparound services, multi-family group therapies, and systems of care for children with serious emotional disturbances and their families (New Freedom Commission, 2003).

Translation and Implementation

The wider field of social science knowledge utilization is just beginning to build a theoretical framework that explains why research evidence, such as the EBPs listed above, is or is not utilized in social work practice (Landry, Amara, & Lamari, 2001). While researchers have identified evidence-based mental health services, the translation and implementation of these services into practice has been problematic. One of the greatest complaints has been the lag of nearly 15 to 20 years between the identification and incorporation of EBP interventions into routine care (Balas & Boren, 2000). Moreover, social work is a profession that claims expertise and specialized knowledge, values, skills, and professional ethics aimed at addressing difficult human problems, including mental illness (Gambrill, 1999); however, licenses, experiences, and training are not supported by evidence as necessarily related to helping clients through the use of evidence (Dawes, 1994).

Gambrill (1999) describes two different strategies for addressing the problem that social work is a profession based on "claimed rather than demonstrated effectiveness" in assisting clients in obtaining targeted outcomes. The first strategy, and arguably the most common historically, has been to ignore the contradiction between claims and reality and to censure this information from the academic and practice community (Gambrill, 1999). The second strategy is to 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). Social workers can, in this way, become integral participants in the process of shaping and delivering supported and needed interventions for clients and communities.

Barriers

Perhaps the most common subject described in the EBP literature has been the concrete and psychological barriers that impede dissemination and implementation of EBPs. These barriers, outlined by practitioners, researchers, and administrators alike, have generally revolved around four major themes: knowledge, lack of fit, suspicion, and resources.

Knowledge barriers are those that speak to the general lack of awareness of available EBPs and the difficulty in processing or understanding research findings when they are identified (Anderson, Cosby, Swan, Moore, & Broekhoven, 1999; Mullen & Bacon, 2004). This includes practitioners' lack of knowledge about how to best access, critically

evaluate, and translate. Gray, one of the foremost policy, likens research available but of little use through traditional outlets (Kirk & Reid, 2002) to easily digested or Moore, & Broekhoven when evidence is identified to four-years-old by knowledge also including of what constitutes social work is already a matter of personal choice questions social workers

Even if practitioners may still discredit why practitioners feel helpful. Some feel broad and do not serve clients (Bartels, H Mullen & Bacon, treatment may not For example, many materials is not appropriate Bacon, 2004). More recent policy are often once findings are practices are aligned with requirements and technologies (Anderson, Cosby, Gambrill, 2002). For social work has been evidence in practice (

Related to the identified practice is the theme of evidence, based on object Gibbs sites a natural the main barriers of practitioners feel that politically motivated

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evaluate, and translate evidence for appropriate use with their clients. Gray, one of the foremost thinkers in evidence based healthcare and policy, likens research-based facts to uncut diamonds, which are valuable but of little use in their raw form (1997). Few practitioners access traditional outlets for research findings, such as scholarly journals (Kirk & Reid, 2002) and the information found in these journals is not easily digested or translated into practice (Anderson, Cosby, Swan, Moore, & Broekhoven, 1999; Bartels, Haley, & Dums, 1998). Even when evidence is identified in journals, much journal evidence is three- to four-years-old by the time it is published (Thyer, 2004). The lack of knowledge also includes arguments that are based on a misunderstanding of what constitutes an EBP. For example, some have argued that social work is already using and teaching EBP, that effectiveness is a matter of personal opinion, or that no clear evidence is available for the questions social workers pose (Gibbs & Gambrill, 2002).

Even if practitioners are able to identify and understand research they may still discredit its value. The *lack of fit* theme includes the reasons why practitioners feel that available evidence or research is not often helpful. Some feel that the EBPs are cookbook approaches that are too broad and do not speak to the unique contextual or cultural needs of clients (Bartels, Haley, & Dums, 1998; Gibbs & Gambrill, 2002; Mullen & Bacon, 2004). Others have noted that the methodology of treatment may not be applicable within the confines of their practice. For example, many EBPs emphasize short-term treatment, but this format is not appropriate to all clients across diverse settings (Mullen & Bacon, 2004). Moreover, practitioners have noted that research and current policy are often at odds. Research findings are slow to develop, and once findings are presented, it may take considerable time before policies are aligned with new knowledge. As a result, policy and agency requirements and technology frequently do not support current evidence (Anderson, Cosby, Swan, Moore, & Broekhoven, 1999; Gibbs & Gambrill, 2002). Finally, the culture of knowledge transmission within social work has been historically unsupportive of the use of research evidence in practice (Barratt, 2003).

Related to the idea of the lack of fit between research findings and practice is the theme of *suspicion*. This includes a basic distrust for evidence, based on objections related to political, ethical, or control issues. Gibbs sites a natural resistance to innovation (including EBPs) as one of the main barriers of teaching EBP to practitioners (Gibbs, 2003). Some practitioners feel that research evidence is simply a cost-cutting tool, politically motivated, guided by efficiency, or otherwise influenced by