Chapter 1 : Evidence-based practice - Wikipedia

Evidence-based practice is a movement deriving from medicine to measure the effectiveness or the outcome of practical interventions. This concept has been transferred to social work at a time when the profession is under pressure from - managerialism.

Under the terms of the applicable license agreement governing use of the Encyclopedia of Social Work accessed online, an authorized individual user may print out a PDF of a single article for personal use, only for details see Privacy Policy and Legal Notice. This entry identifies definitions of EBP and traces the evolution of EBP from its origins in the medical profession to its current application in social work. Essential steps in the process of EBP and challenges associated with applying EBP to social work practice, education, and research are noted. At its most basic level, EBP seeks to systematically integrate evidence about the efficacy of interventions in clinical decision-making. Adhering to EBP, however, is a complex process that requires practitioners to be skilled at posing practice-relevant questions and proficient at accessing evidence that answers these questions. Importantly, practitioners must have the requisite methodological skills to evaluate evidence about the efficacy of interventions from clinical trials, systematic reviews, and meta-analyses. Finally, to teach the process of EBP, social work educators must be competent in tasks associated with information retrieval and interpretation of evidence. A recent surge of interest in EBP is raising awareness about the importance of considering empirical evidence in selecting interventions among practitioners who may not have considered such evidence in the past. At the same time, the sudden growth of EBP gives rise to a cautionary note about the many different ways that EBP is being defined in published works and taught in the classroom. A consistent definition of EBP and an educational commitment to the process steps required in EBP are critical at this juncture to prevent the misuse or misunderstanding of this new paradigm. Definitions and Evolution of EBP EBP appeared in the medical profession in the s as a process to help physicians select effective treatments for their patients. The introduction of EBP in medicine was viewed by many scholars and practitioners as an effective way to bring research findings to medical practice decisions. The rapid diffusion of EBP since then has been attributed to advances in knowledge about the prevention and treatment of medial conditions and to economic forces that emphasize the selection of efficacious treatments as a strategy to reduce health care costs Gray, The growth of EBP in medicine has also been a product of an increasingly active and well-informed patient population. The sophistication of medical consumers has required physicians to become more skilled at evaluating and applying evidence to medical practice decisions Gambrill, ; Gray, ; Wennberg, Definitions and perceptions of what EBP isâ€"and what it is notâ€"vary widely. In this definition, EBP is implied to be a process characterized by specific steps and actions. The introduction of EBP in medicine has created considerable interest in the process of applying evidence to medical practice decision-making. Importantly, scholars also believe that EBP has moved the medical profession away from its long-standing reliance on authority-based decision-making processes that fail to adequately consider empirical evidence Gambrill, , Converting Practice Information Needs into Answerable Questions An important first step in the process of EBP requires practitioners to define information needs about a particular client problem. Further, they recommend that questions identify the client population, intervention type, and anticipated outcomes. Several scholars have brought elements of this first step in the EBP process to social work. In an important book on the subject of EBP, Gibbs identified a framework for posing questions that emphasizes the need for practicality. According to Gibbs, questions must be client-oriented and they must be specific enough to guide a search for evidence using electronic resources. Gambrill summarized effectively the types of questions that are generally posed in EBP processes. Her synopsis includes the following question types: Framing practice-relevant questions is the foundation of the EBP process. Questions must be specific and posed in terms that lead to a rational search for evidence. An illustration of an effectiveness question may be helpful in understanding the importance of this point. Suppose a practitioner in a substance abuse program is

interested in knowing whether a cognitive-behavioral intervention is more effective than a step treatment program for addressing alcohol abuse in adults. In this case, a logical practice question might be: Is a structured cognitive-behavioral intervention more effective than a self-help program in treating alcohol abuse in adults? In a second example, suppose practitioners and teachers in a local elementary school are concerned about the negative effects of bullying behaviors in the classroom. In this example, a school social worker might pose a question about the best way to address aggression. A typical question might be: Is a universal prevention approach aimed at changing social norms about aggression more effective than a skills training approach that seeks to reduce aggression by targeting only high-risk youth? Posing answerable questions requires precision and practice. Students and practitioners must be trained to pose different types of practice-relevant questions and learn ways to retrieve evidence that is critical in answering such questions. Locating Evidence to Answer Questions Step 2 requires practitioners to search for and locate evidence pertaining to the questions they pose. At least four sources are available currently to search for empirical evidence: Books and Journals Books and journals represent a traditional approach to answering practice-relevant questions identified in step 1. Printed books and journal articles are readily available and have traditionally been helpful information sources. However, practitioners must also be aware of the limitations inherent in books and journals. For example, there is often a significant time lag between the submission and subsequent publication of a book or journal article. Practitioners must also have the skills to identify and discern published findings that pertain to their questions. This requires knowing how to select and search appropriate databases for information. In addition, practitioners must be trained to recognize that findings reported in book chapters and other outlets are quite likely not subject to peer review processes. A final limitation of books and journals as information sources relates to the types of articles commonly published in social work. The lack of outcome studies poses a limitation to practitioners searching for evidence pertaining to the efficacy of interventions. Systematic Reviews Systematic reviews are comprehensive evaluations that examine evidence about the effectiveness of interventions targeted to a range of client populations and problems. Leadership in disseminating knowledge of effective prevention and treatment approaches through the publication of systematic treatment outcome reviews has come from international interdisciplinary teams organized under the Campbell Collaboration , http: Each of these groups disseminates the results of systematic reviews to inform practitioners about the effects of interventions in health, behavioral, and educational settings. The agency identifies promising, effective, and model programs on the basis of methodological rigor and client outcomes. At least one group concerned with the effects of school-based educational programs for high-risk youth has also published lists of effective interventions Collaborative for Academic, Social, and Emotional Learning, The Task Force was established by the APA Society of Clinical Psychology Division 12 to identify efficacious treatments across a range of mental health disorders and problems. Task Force members with expertise in diverse therapeutic approaches and populations developed criteria for treatments deemed to be well established and empirically validated and for treatments considered to be probably efficacious. Well-established treatments were those therapies that evidenced efficacy in at least two independent and rigorous experimental studies. The Task Force recognized randomized clinical trials as the most rigorous and acceptable method of producing empirically supported treatments. In lieu of randomized trials, findings from a large series of single case design experiments were accepted as criteria. The Task Force initiated a search for efficacious and probably efficacious treatments in Task Force on the Promotion and Dissemination of Psychological Procedures, The subsequent list of efficacious therapies has since been updated twice Chambless et al. Compilations of effective programs allow practitioners to access considerable information about the efficacy of interventions targeted to a wide range of client groups and problems. Credible lists such as those identified above use rigorous selection criteria to identify effective programs. For example, to be included on the program list compiled by the CSPV at the University of Colorado, intervention studies must use strong research designs and demonstrate sustained effects. Replication of effects is also required to meet criteria for the highest level of evidence. Similarly, APA criteria clearly

identify the levels of research rigor that are necessary to meet standards for efficacious or probably efficacious treatments. Lists of EBPs lead practitioners to potentially effective interventions. However, such lists cannot simply be accepted uncritically. In all cases, practitioners should scrutinize the criteria used to identify effective programs and interventions when they consider selecting and implementing programs from lists of EBPs. Practice Guidelines Practice guidelines are a fourth method of disseminating knowledge of efficacious interventions to practitioners. Guidelines offer specific treatment protocols for practitioners that, when followed, mirror the strategies used in efficacious interventions with similar types of clients. Clinical practice guidelines were introduced in medicine and have recently spread to psychology and social work. Summary Sources of information and evidence have proliferated widely in recent years. Practitioners must possess a range of information retrieval skills to identify appropriate sources of credible evidence. The appraisal of such evidence, discussed next, is a critical next step in the EBP process. Appraising and Applying Evidence to Practice and Policy Decisions EBP requires practitioners to use their knowledge of research design and methodology to evaluate and apply evidence to practice situations. These steps require familiarity with research methodology and the ability to draw conclusions about the utility of information on the basis of levels of evidence. The scientific community recognizes findings produced by randomized controlled trials as the most rigorous and acceptable level of evidence. However, results from studies using correlation, single-subject, quasi-experimental, experimental, and meta-analytic designs must also be considered and evaluated in steps 3 and 4 Thyer, Evaluating the rigor of studies and selecting interventions that meet high research standards require advanced training in methodology and intervention research. Unfortunately, current standards for research training in most Master of Social Work programs fall short of assuring the advanced skills necessary to critically evaluate the validity and applicability of research reports. Additional course work in evaluating evidence should be included in the graduate social work curriculum. A second concern in appraising and applying evidence to practice situations comes from studies suggesting that practitioners fail to routinely consult research evidence when selecting interventions. The flurry of activity associated with EBP is not confined to selecting and implementing well-tested programs. This is a promising development in view of findings suggesting there is a dearth of intervention studies in social work Fraser, ; Jenson, ; Rosen et al. More intervention research by social work investigators is needed to contribute to the knowledge base of efficacious prevention and treatment approaches. However, the process of EBP requires knowledge of current literature about the onset, prevention, and treatment of client or social problems, the ability to search for relevant information and data, and skills to evaluate and apply knowledge obtained in systematic searches. Gibbs summarizes effectively the process of EBP: Most scholars would agree that the social work profession is in the beginning stage of implementing the process defined by Gibbs in practice, and education and research settings. Challenges and Implications The promotion of EBP in social work was attributed initially to individual scholars and small groups of researchers e. These early efforts were aimed largely at exposing social workers to definitions of EBP and to concurrent developments in evidence-based medicine. Discussion of the process of applying EBP principles to social work practice and policy soon followed for example, Bilson, ; Gambrill, , ; Gibbs, A significant number of social work researchers and educators have since acknowledged the importance of EBP. The Austin conference led to the publication of a special issue of Research on Social Work Practice that summarized the viewpoints of presenters at the symposium. An increase in attention to EBP by social work educators is indisputable. However, EBP is not without its critics. Others point to the lack of an effective knowledge base for certain client problems and populations, which hinders the advancement of EBP in the field. EBP is at an important turning point in social work. To some, it reflects a new and revolutionary practice approach that holds great promise for building stronger bridges between science and social work Gambrill, ; Jenson,

Chapter 2 : Evidence-Based Practice - Encyclopedia of Social Work

Evidence-based practice is a movement deriving from medicine to measure the effectiveness or the outcome of practical interventions. This concept has been transferred to social work at a time when the profession is under pressure from «managerialism».

Bibliography expanded and updated to reflect recent research. Updated on 3 September The previous version of this content can be found here. Under the terms of the applicable license agreement governing use of the Encyclopedia of Social Work accessed online, an authorized individual user may print out a PDF of a single article for personal use, only for details see Privacy Policy and Legal Notice. History and Evolution Abstract and Keywords Social work is a profession that began its life as a call to help the poor, the destitute and the disenfranchised of a rapidly changing social order. It continues today still pursuing that quest, perhaps with some occasional deviations of direction from the original spirit. It is impossible to overstate the centrality or the importance of social work practice to the profession of social work. Much of what is important about the history of the profession is the history of social work practice. We must consider both social work practice per se the knowledge base, practice theories and techniques and the context for social work practice. The context of practice includes the agency setting, the policy framework and the large social system in which practice takes place. Social work practice is created within a political, social, cultural and economic matrix that shapes the assumptions of practice, the problems that practice must deal with and the preferred outcomes of practice. Over time, the base forces that create practice and create the context for practice, change. Midgley correctly notes that practice created in one social order is often inappropriate for work in another social order. Since the social order changes over time, practice created at one point in time may no longer be appropriate in the future. As Garvin and Cox note, industrialization led to the factory system, with its need for large numbers of concentrated workers, and subsequently created mass immigration, urbanization, and a host of consequent problems. Social work was a response to many urban problems such as mass poverty, disease, illiteracy, starvation, and mental health challenges. Both movements were imported from Great Britain and supplemented the efforts of religious groups and other associations, as well local and state governments in dealing with the problems of urbanization and industrialization. The Charities Organization Society and the Settlement Houses were important forces in shaping the development of American social work practice and the professionalization of social work. The Charities Organization Society COS represented the cause of scientific charity, which sought to introduce more rational methods to charity and philanthropy Trattner, There were also Councils of Social Agencies, which coordinated the efforts of social services agencies. It can be argued that the paid investigators were probably the precursors of caseworkers while the Councils of Social Agencies gave rise to social planning in community practice. Perhaps the final contribution made to social work practice by the COS was the mark it made on social work education through its role in creation of the New York School of Philanthropy. As Austin notes, the scholar practitioner model, where faculty come from a social work practice as opposed to a traditional academic model , is our prevailing mode of preparing social workers today. The Settlement House Movement aimed at the innercity and created houses as community centers in urban area. This was a completely different approach from that used by the COS. The settlement house workers used social group work to help socialize new immigrants to the city. They offered adult education for their urban neighbors and provided help and advice. They worked on community problems together with the other residents of poor urban neighborhoods. The Settlement House Movement is often most thought of for its social action efforts Trattner, Jane Addams was well known in this regard. Because many of the Settlement house workers were social scientists who worked in conjunction with university-based academic social scientists, they began important research into urban problems. Between these two movements lies the foundation of much of the practice we see today, accounting for casework, social group work, community development, social planning, and social action. The beginning of research supporting social

policy is also here. These new specialties allowed the creation of practice methodology refined for certain populations and many other practices specialties emerged. All of this occurred during the process of professionalization described by Lubove This included the creation of professional organizations, a code of ethics, professional agencies, and the creation of professional schools and a knowledge base. In Abraham Flexner questioned whether social work was actually a profession because of what he saw as the lack of a scientific knowledge base. This created an underlying theme in the profession that has occasionally led to unfortunate results Austin, ; Eherenreich, This quest continues to this day. As the profession developed and changed, so did society. As America became more conservative, social action activities decreased. This was especially true during the first three decades of the 20th century. Eherenreich observes that the rediscovery of poverty and the changing national mood toward social programs created a crisis for the profession. It did not, on balance, lead to much in the way of changes in social work practice. Freud and psychoanalysis became very influential in social work from the early part of the 20th century until the sixties. While social work created its own variants that brought more social factors into the mix ego psychology and psychosocial treatment , psychodynamic treatment became fashionable. Psychoanalysis was popular with psychiatrists, which facilitated the creation of strong bonds with the medical profession and the emerging mental health movement see Eherenreich, Although, it is not completely clear whether the profession as a whole endorsed Freud or just its leadership see Alexander, The impact of psychoanalysis cannot be discounted. The individually centered nature of psychodynamic theory also served to push the profession further from social action. Although one can debate whether psychoanalysis was the cause or consequence of a disengagement from social action and the poor, it is clear that this extraordinarily individualistic practice method closed off many avenues of engagement. Casework was the dominant practice method, a trend that can be seen throughout the history of the professional, and this was, perhaps, its most individualistic form. The Milford Conference â€" came to an agreement on the importance of casework to the profession Eherenreich, There were dissenting voices in direct practice however. A group of social workers formed the Functionalist School, providing a challenge to psychoanalysis. Functionalist theory, based on the work of Otto Rank, advocated an agency-based view of practice, which was different from the psychodynamically based diagnostic school. The Functional-Diagnostic Debate continued, with the more psychodynamically based diagnostic school maintaining the upper hand. There were also social workers who bucked both the more conservative national mood and the conservative orientation of the social work profession and engaged in social action. They advocated more progressive politics and a movement away from casework Eherenreich, The response of the profession was less than positive and the conservative mood that characterized social work reflected a conservative political mood. Until the end of the s, social work was a far more unified profession. Disagreements had been worked out and the profession presented a singular face to the world. That was about to change as the nation and the profession encountered the s. The Profession Changes in the Sixties The sixties changed the social policy, and the forces changing the context of practice changed the nature of professional social work practice and ultimately the profession. The politically and culturally conservative fifties gave way to a new national mood and a series of social movements that changed the political agenda for a nation. Poverty was part of the national debate in a way that it had not been since the Depression. This time, the results were different for social work and social work practice. There were major changes in social work practice during the s. Those changes continued at least for the next four decades and will likely continue into the future. The most momentous change was the erosion of the psychodynamic influence in social casework. This does not mean that social workers no longer do psychodynamic practice, nor does it mean that social work schools no longer teach psychodynamic practice theory. The hold that Freudian and neo-Freudian approach had on social casework was, however, broken. In the macro area, politically oriented community action reemerged. Involvement in social planning was facilitated by the Model Cities Program and the regional planning agencies such as the Appalachian Regional Commission. This was less than 10 years before the Lurie, writing in the Boehm Report, had questioned the lack of integration in the field. It is fair to say that

the s began a pattern of fundamental change in the profession and within social work practice. This change continues even today. The Changing Face of Social Work Practice In the three decades that followed the s there were a great many changes in the way that social work practice was described, conducted, and taught. This reflected an adaptation to changes in the context of practice, as well as the efforts of social workers to move beyond the older agreement. Micro practice has taken advantage of models and approaches from the social sciences and from other helping groups. While some practitioners still use psychodynamic approaches, social workers also use behavioral and phenomenological approaches. Theories such as task-centered treatment, cognitive behavioral approaches, reality therapy, and so forth provide options for the social work micro practitioner. Turner and Payne describe a vast variety of clinical approaches that move beyond the single theory approach of the profession prior to Macro practice has matured since the s and will continue to develop as time goes forth. Community practice has developed new approaches that encompass a wide variety of strategies and techniques. Political organizing, locality development, and social planning have matured and developed. Administration frequently referred to as Social Administration once had an unclear place in social work practice, but is now clearly established as a method of social work practice. This began with a series of reports and projects in the s and evolved into eventual recognition of the approach. Recognition of policy practice as a practice field is also established in most of the profession. This brings in policy analysis and policy change advocacy, lobbying, and so forth together in a single social work role. These are developments that would have been unthinkable in the past but, in many ways, the profession still lags behind other fields in the training of practitioners for macro practice. Going beyond the macroâ€"micro divisions, the growth of generalist practice theory is noteworthy. Generalist social work means using an essentially constant set of approaches at multiple levels. Generalist practice has developed a robust set of theories and approaches to inform this perspective. Ecological systems theory and the Life Model, the Strengths Perspective and Empowerment practice, as well as Feminist Social Work Practice Theory, provide explanations at multiple levels that can encompass several types of techniques. These are, in many ways, recognition of the limitations of earlier approaches. The use of research findings to guide practice is an attractive theory and one that promises further improvement in the quality of practice. Also important are the developments in technology-based practice, including e-therapy, telemedicine, electronic advocacy, and other techniques that use high technology. These have grown in importance as the technology evolves, the online environment become more important and experience and research push the development of practice toward further refinement.

Chapter 3 : Social Work Practice: History and Evolution - Encyclopedia of Social Work

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Young Children with Challenging Behavior is funded by the U. Department of Education, Office of Special Education Programs to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices. Their mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children, including policy makers, program providers, foundations, and the media. Founded in , Child Trends helps keep the nation focused on children and their needs by identifying emerging issues; evaluating important programs and policies; and providing data-driven, evidence-based guidance on policy and practice. Its work is supported by government, foundation, and private sector funders. Child Welfare Information Gateway http: They provide access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more. Evidence-Based Practice CSWE recognizes that teaching social work students how to access, analyze, interpret, and appropriately employ evidence is critical to effective social work practice. CSWE is collaborating with the Austin Initiative to begin providing more resources for teaching evidence-based practice. Professionals from the major health disciplines are collaborating to learn, teach, and implement evidence-based behavioral practice EBBP. Evidence-Based Group Work This site is intended to be a link to research-based evidence about group work. The purpose is to make research evidence available to those who want to make group work demonstrably more effective and beneficial to participants. The goal is to provide resources for the diverse stakeholders with interest in EBP. The Discussion Tool is divided into 7 sections that cover 4 paths programs can follow. The resource includes worksheets that help agencies evaluate capacity, templates for evaluation and implementation planning along with resources for programs to use while they explore existing evidence-based programs and practices. MedlinePlus also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and latest health news. National Association of State Mental Health Program Directors Research Institute NRI NRI has useful information about defining evidence-based practices, a directory of resources that describe criteria for defining which practices are evidence-based, and important information regarding the implementation of evidence-based mental health practices. The National Implementation Research Network The mission of the National Implementation Research Network NIRN is to close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices. The site also provides information on NIMH research, publications, and activities. National Working Group on Evidence-Based Health Care The National Working Group on Evidence-Based Health Care represents consumers, caregivers, practitioners, and researchers committed to promoting accurate and appropriate evidence-based policies and practices that improve the quality of health care services in the United States. The tool is also designed to increase scientific literacy skills of faculty â€" and thus, students â€" with respect to finding, understanding, and applying empirical research to social work practice. Roundtable on Evidence-Based Medicine www. June 16th, at 3:

Chapter 4 : What Are Evidence-Based Practice Models? - Social Solutions

Equivalent recommendations apply to the Canadian equivalent of these associations. Pressure toward EBP has also come from public and private health insurance providers, which have sometimes refused coverage of practices lacking in systematic evidence of usefulness. Areas of professional practice, such as medicine, psychology, psychiatry , rehabilitation and so forth, have had periods in their pasts where practice was based on loose bodies of knowledge. Some of the knowledge was lore that drew upon the experiences of generations of practitioners, and much of it had no valid scientific evidence on which to justify various practices. In the past, this has often left the door open to quackery perpetrated by individuals who had no training at all in the domain, but who wished to convey the impression that they did, for profit or other motives. As the scientific method became increasingly recognized as the means to provide sound validation for such methods, the need for a way to exclude quack practitioners became clear, not only as a way of preserving the integrity of the field particularly medicine , but also of protecting the public from the dangers of their "cures. The notion of evidence based practice has also had an influence in the field of education. Here, some commentators[who? Opponents of this view argue that hard scientific evidence is a misnomer in education; knowing that a drug works in medicine is entirely different from knowing that a teaching method works, for the latter will depend on a host of factors, not least those to do with the style, personality and beliefs of the teacher and the needs of the particular children Hammersley Some opponents of EBP in education suggest that teachers need to develop their own personal practice, dependent on personal knowledge garnered through their own experience. Others argue that this must be combined with research evidence, but without the latter being treated as a privileged source. Its goal is to eliminate unsound or excessively risky practices in favor of those that have better outcomes. EBP uses various methods e. Where EBP is applied, it encourages professionals to use the best evidence possible, i. The core activities at the root of evidence-based practice can be identified as: Random Reflections on Health Services. It is now assumed that professionals must be well-informed and up-to-date with the newest knowledge in order to best serve their clients and remain professionally relevant Gibbs, ; Pace, ; Patterson et al. It recognizes that care is individualized and ever changing and involves uncertainties and probabilities. EBP develops individualized guidelines of best practices to inform the improvement of whatever professional task is at hand. Evidence-based practice is a philosophical approach that is in opposition to rules of thumb , folklore , and tradition. Examples of a reliance on "the way it was always done" can be found in almost every profession, even when those practices are contradicted by new and better information. However, in spite of the enthusiasm for EBP over the last decade or two, some authors have redefined EBP in ways that contradict, or at least add other factors to, the original emphasis on empirical research foundations. For example, EBP may be defined as treatment choices based not only on outcome research but also on practice wisdom the experience of the clinician and on family values the preferences and assumptions of a client and his or her family or subculture. The theories of evidence based practice are becoming more commonplace in nursing care. None of the articles specify what their biases are. Evidence based practice has gotten its reputation by examining the reasons why any and all procedures, treatments, and medicines are given. This is important for refining practice so the goal of assuring patient safety is met. In psychiatry and community mental health , evidence-based practice guides have been created by such organizations as the Substance Abuse and Mental Health Services Administration and the Robert Wood Johnson Foundation , in conjunction with the National Alliance on Mental Illness. Evidence-based practice has now spread into a diverse range of areas outside of health where the same principles are known by names such as results-focused policy, managing for outcomes, evidence-informed practice etc. This model of care has

been studied for 30 years in universities and is gradually making its way into the public sector. EBPs are being employed in the fields of health care, juvenile justice, mental health and social services among others. The theories of evidence based practice are becoming more commonplace in the nursing care. One obvious problem with EBP in any field is the use of poor quality, contradictory, or incomplete evidence. Evidence-based practice continues to be a developing body of work for professions as diverse as education , psychology , economics , nursing , social work and architecture. Criteria for empirically supported therapies have been defined by Chambless and Hollon Accordingly, a therapy is considered "efficacious and specific" if there is evidence from at least two settings that it is superior to a pill or psychological placebo or another bona fide treatment. If there is evidence from two or more settings that the therapy is superior to no treatment it is considered "efficacious". If there is support from one or more studies from just a single setting, the therapy is considered possibly efficacious pending replication. Following these guidelines, cognitive behavior therapy CBT stands out as having the most empirical support for a wide range of symptoms in adults, adolescents, and children. In reality, not all mental health practitioners receive training in evidence-based approaches, and members of the public are often unaware that evidence-based practices exist. However, there is no guarantee that mental health practitioners trained in "evidence-based approaches" are more effective or safer than those trained in other modalities. Consequently, patients do not always receive the most effective, safe, and cost effective treatments available. It should be noted that "evidence-based" is a technical term, and there are many treatments with decades of evidence supporting their efficacy that are not considered "evidence-based. ESTs have been defined as "clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population. From the latter perspective, ESTs are understood to place primary or exclusive emphasis on the first "leg," namely, research evidence. Research evidence does not fall simply into "evidence-based" and "non-evidence-based" classes, but can be anywhere on a continuum from one to the other, depending on factors such as the way the study was designed and carried out. The existence of this continuum makes it necessary to think in terms of "levels of evidence", or categories of stronger or weaker evidence that a treatment is effective. To classify a research report as strong or weak evidence for a treatment, it is necessary to evaluate the quality of the research as well as the reported outcome. These included both the need for lower but still useful levels of evidence, and the need to require even the "gold standard" randomized trials to meet further criteria. A number of protocols for the evaluation of research reports have been suggested and will be summarized here. Some of these divide research evidence dichotomously into EBP and non-EBP categories, while others employ multiple levels of evidence. As the reader will see, although the criteria used by the various protocols overlap to some extent, they do not do so completely. The Kaufman Best Practices Project approach did not use an EBP category per se, but instead provided a protocol for selecting the most acceptable treatment from a group of interventions intended to treat the same problems. This protocol also requires absence of evidence of harm, at least one randomized controlled study, descriptive publications, a reasonable amount of necessary training, and the possibility of being used in common settings. Missing from this protocol are the possibility of nonrandomized designs in which clients or practitioners decide whether an individual will receive a certain treatment , the need to specify the type of comparison group used, the existence of confounding variables, the reliability or validity of outcome measures, the type of statistical analysis required, or a number of other factors required by some evaluation protocols. To be classified under this protocol, there must be descriptive publications, including a manual or similar description of the intervention. This protocol does not consider the nature of any comparison group, the effect of confounding variables, the nature of the statistical analysis, or a number of other criteria. Interventions are assessed as belonging to Category 1, well-supported, efficacious treatments, if there are two or more randomized controlled outcome studies comparing the target treatment to an appropriate alternative treatment and showing a significant advantage to the target treatment. Interventions are assigned to Category 2, supported and probably efficacious treatment, based on positive outcomes of nonrandomized designs with some form of control, which may involve a non-treatment group. Category 3, supported and

acceptable treatment, includes interventions supported by one controlled or uncontrolled study, or by a series of single-subject studies, or by work with a different population than the one of interest. Category 4, promising and acceptable treatment, includes interventions that have no support except general acceptance and clinical anecdotal literature; however, any evidence of possible harm excludes treatments from this category. Category 5, innovative and novel treatment, includes interventions that are not thought to be harmful, but are not widely used or discussed in the literature. Category 6, concerning treatment, is the classification for treatments that have the possibility of doing harm, as well as having unknown or inappropriate theoretical foundations. A protocol for evaluation of research quality was suggested by a report from the Centre for Reviews and Dissemination, prepared by Khan et al. The Khan et al. This protocol did not provide a classification of levels of evidence, but included or excluded treatments from classification as evidence-based depending on whether the research met the stated standards. An assessment protocol has been developed by the U. The NREPP evaluation, which assigns quality ratings from 0 to 4 to certain criteria, examines reliability and validity of outcome measures used in the research, evidence for intervention fidelity predictable use of the treatment in the same way every time , levels of missing data and attrition, potential confounding variables, and the appropriateness of statistical handling, including sample size. A protocol suggested by Mercer and Pignotti [16] uses a taxonomy intended to classify on both research quality and other criteria. In this protocol, evidence-based interventions are those supported by work with randomized designs employing comparisons to established treatments, independent replications of results, blind evaluation of outcomes, and the existence of a manual. Evidence-supported interventions are those supported by nonrandomized designs, including within-subjects designs, and meeting the criteria for the previous category. Evidence-informed treatments involve case studies or interventions tested on populations other than the targeted group, without independent replications; a manual exists, and there is no evidence of harm or potential for harm. Belief-based interventions have no published research reports or reports based on composite cases; they may be based on religious or ideological principles or may claim a basis in accepted theory without an acceptable rationale; there may or may not be a manual, and there is no evidence of harm or potential for harm. Finally, the category of potentially harmful treatments includes interventions such that harmful mental or physical effects have been documented, or a manual or other source shows the potential for harm. Protocols for evaluation of research quality are still in development. So far, the available protocols pay relatively little attention to whether outcome research is relevant to efficacy the outcome of a treatment performed under ideal conditions or to effectiveness the outcome of the treatment performed under ordinary, expectable conditions. Production of evidence[edit] A process has been specified that provides a standardised route for those seeking to produce evidence of the effectiveness of interventions. This can be an important contribution to the establishment of a foundation of evidence about an intervention. In other situations, facts about a group of study outcomes may be gathered and discussed in the form of a systematic research synthesis SRS. The results lead to a rank ordering of the 48 treatment modalities included and provide a basis for selecting supportable treatment approaches beyond anecdotes, traditions and lore. Social policy[edit] There are increasing demands for the whole range of social policy and other decisions and programs run by government and the NGO sector to be based on sound evidence as to their effectiveness. This has seen an increased emphasis on the use of a wide range of Evaluation approaches directed at obtaining evidence about social programs of all types. A research collaboration called the Campbell Collaboration has been set up in the social policy area to provide evidence for evidence-based social policy decision-making. This collaboration follows the approach pioneered by the Cochrane Collaboration in the health sciences. It is a UK-wide network that promotes the use of high quality evidence to inform decisions on strategy, policy and practice. The concept of Evidence-based policy and practice within international development is similarly being emphasized. For instance, in a literature review focused on development, an integrated, participatory, structured and enpowering approach to using evidence and data in decision-making to inform development decisions was tied to improved results.

Chapter 5 : Evidence-Based Training Methods: Toward a Professional Level of Practice

Evidence-based practice is a movement deriving from medicine to measure the effectiveness or the outcome of practical interventions. This concept has been transferred to social work at a time when the profession is under pressure from managerialism.

Introduction Does professionalism have a future in social work or is de-professionalization the leading trend? Throughout the world social welfare and social work are subjects of challenging trends and developments, which are critical to the concept and the opportunities of professionalism in social work. This situation raises theoretical as well as practical and political questions. Starting with this number, Social Work and Society presents a series, that aims to contribute to a critical understanding of the underpinnings and prospects of professionalism in social work in the face of current challenges: The transformation of the welfare state: How do social service workers cope with being expected to act as executers of sanctions instead of experts of empowerment? Are there opportunities for advocacy in a context of coercion and sanctions? How can they be used? Evidence-based knowledge and evidence-based practice are held to become a new corner stone of professionalism in social work. Social service organizations as well as individual social workers are increasingly expected to follow certain practices and programs labeled to have empirically proofed as efficient and successful. On the one hand they seem to bear opportunities to enforce the accountability of social services, to improve professional practice, and to highlight the often underestimated relevance of research in social work; on the other hand they seem to have considerable potentials to limit legitimate courses of action in social work practice, to narrow legitimate forms of knowledge as well as legitimate ways of using knowledge and to simplify the task of making choices in uncertain and unpredictable contexts. Does the evidence-based-practice agenda enhance tendencies to a standardization of social work? Are they leading to a loss of professional autonomy? Will they improve the public recognition of social work as a profession? Is there evidence that evidence based social work improves practical outcomes? Tendencies of de-professionalisation of social service work have been witnessed in many welfare states and in many areas of social services. Professionally qualified social workers are increasingly directed and supervised by administrative positions or by professionals belonging to other professions. There are also tendencies to replace professionally qualified social workers by para-professional workers and to declassify professional social work positions. Where professionally qualified social workers still are in charge, an erosion of opportunities to professional discretion has become a frequently reported subject of experience. To where do these tendencies lead? What is the impact on the quality of services? What will be the consequences in terms of the future profile of social work as a profession? How do social work academics and practitioners respond to these developments? Is there a paradigm shift in social work professionalism? Is what constitutes professionalism in social work subject of change? If there is a future for professionalism in social work â€" what is its core? What conditions and contexts are needed that give the opportunity to bring it out and to make it fruitful? What are the consequences for Social Work Education? These questions are critically discussed against the background of a comprehensive analyses of the relations between professionalized Social Work and societal developments. The series collects articles presented at an international conference on "New Professionalism in Social Work", held in October in Bielefeld Germany.

Chapter 6 : Evidence-based Social Work: Towards a New Professionalism? - Google Books

Evidence-Based Practice - Encyclopedia of Social Work Evidence-based practice (EBP) is a five-step process used to select, deliver, and evaluate individual and social interventions aimed at preventing or ameliorating client problems and social conditions.

Social Solutions Case Management , Evidenced Base Case Management , Social Services , Social Work Case Management Due to vast technological advances, our ability as social service providers to collect and assess evidence has improved dramatically throughout the late 20th and early 21st century. As a result, evidence-based practice models are becoming more widespread. Furthermore, funders, both private foundations and governmental organizations , are starting to insist more and more on the use of evidence-based practices in social work fields. As a result, it is becoming increasingly important for anyone working in the social services sector to have a solid understanding of evidence-based practice models. What is Evidence-Based Practice? Before we look at the types of models out there, it is important to first understand what constitutes evidence-based practice. According to the Social Work Policy Institute: Evidence-based practice EBP is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. However, evidence-based practice implies more than simply acquiring data. According to the Council on Social Work Education , there are five important steps involved in any evidence-based practice model. Formulating a client, community, or policy-related question; 2. Systematically searching the literature; 3. Appraising findings for quality and applicability; 4. Applying these findings and considerations in practice; 5. As a result, each new case should be considered additional evidence and should be analyzed along with the pre-existing data. This kind of perspective helps our social service practices continue to keep pace with a changing world. The Models While much could be written about evidence-based practice models, we are just going to touch on a few key concepts and models, as well as resources where you can obtain additional information. Like other evidence-based practice models, it allows for evidence to be considered and taken into account regularly throughout the process. There is an inherent feedback loop that considers the patients needs and progress. Parents as Teachers PAT: This model is one of the performance models that accompanies ETO software. PerformWell is a website that helps provide information about performance management to nonprofit professionals. The site includes information on a number of different evidence-based practice models that organizations can avail themselves of. While not a model, per se, there are also numerous tools available to organizations looking to implement Evidence-Based Practice models. For example, the Annie E. Similarly, TRASI or Tools and Resources for Assessing Social Impact, from the foundation center, can help organizations learn what tools are out there to aid them in measuring outcomes and utilizing evidence. Conclusion On a national level, the social services world is just beginning to understand what evidence-based practice models can look like and how they will help our organizations. More models are sure to emerge over the next few years that will offer better standards for implementing evidence-based approaches. Resources like this one from the Promising Practices Network are helping organizations begin to look at how to create evidence-based practice models that meet the highest standards currently set in the industry. Furthermore, with the widespread use of software like Social Solutions ETO Software , our ability to collect and analyze data will continue to improve drastically, enabling even better outcomes for clients and constituents through the use of evidence-based case management and other evidence-based practices.

Chapter 7 : Introduction: New Professionalism in Social Work | Dewe | Social Work & Society

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Chapter 8 : EVIDENCE-BASED Practice | Social Work Policy Institute

Evidence-based knowledge and evidence-based practice are held to become a new corner stone of professionalism in social work. Social service organizations as well as individual social workers are increasingly expected to follow certain practices and programs labeled to have empirically proofed as efficient and successful.