



EVIDENCE-BASED PRACTICE:

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Annotated Bibliography

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CHILD WELFARE PRACTICE

Barth, R., Landsverk, J., Chamberlain, P., Reid, J., Rolls, J., Hurlburt, M., Farmer, E., James, S., McCabe, K., & Kohl, P. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to servicing biological parents. *Research on Social Work Practice, 15*(5). 353-371.

Child welfare service agencies provide parent training as part of their legally mandated responsibility to provide services to assist families to keep their children at home or to achieve reunification. The use of parent-training programs for families in the child welfare system has undergone relatively little examination. Mental health, special education, & juvenile justice have been identifying evidence-based approaches that have demonstrated effectiveness with children & families with conduct disorders & other behavioral problems, although few of these interventions have been tested with child welfare services clientele. This article brings together evidence about the most promising programs from other child service sectors with information about the current parent training approaches in child welfare & generates a range of proposals about next steps to enhance the capacity of parent training & fulfill the high expectations set in law & practice.

Cahn, K. (2004). Getting there from here: Variables associated with the adoption of innovation in public child welfare. *Dissertation Abstracts International, A: The Humanities and Social Sciences, 65* (3), 1114-A-1115-A.

Over one million children per year come to the attention of child welfare authorities in the US. Social work researchers and practitioners have developed innovative, evidence-based practices to serve children and their families, but have found the child welfare bureaucracy frustratingly impervious to change. New empowering practices are rarely taken up to scale. The intent of this study is to expand and elaborate on existing theories of the adoption of innovation as they might apply to child welfare. The researcher used qualitative methods to examine variables present in two urban child welfare offices in which an innovation called 'Strengths/Needs Based Practice' had been adopted. Aspects of current theory illuminate both the challenge of, and pathways to, diffusion of innovation in public child welfare. Unique aspects of the world of child welfare must be taken into account, including the amount of pressure workers feel daily, and the related need for an innovation to provide immediate relief, an increase in the experience of competence and control, and a variety of concrete structural supports for staff. Community context, both political and cultural, is much more important in public child welfare than previous

innovations research would suggest. This leads to the need to articulate two new roles, community mobilizer and external advocate. Middle adopters benefit more from coaching than training, and are often neglected in implementation. This highlights the importance of the role of the supervisor or other staff as coach for the innovation. The structure of a bureaucracy, though daunting, can be powerfully mobilized behind the innovation. An innovation is more likely to be adopted when executives and managers create an authorizing environment, serve as champions, and exercise leadership in reshaping agency culture and community connections to align with the innovation. Agency structures such as paperwork, contracting, and budgets must be altered to align with the desired practice. The dance of the adoption of innovation is a balanced choreography of support and accountability; steps are identified that a social worker can take at many points in the system to improve the likelihood a desired innovation will be taken up to scale.

Calonge, N. (2005). Community interventions to prevent violence: Translation into public health practice. *American Journal of Preventive Medicine*, 28(2,Suppl1). 4-5.

This supplement to the "American Journal of Preventive Medicine" presents evidence reviews and recommendations from the Task Force on Community Preventive Services (the Task Force) regarding three intervention areas for the prevention of violence: firearms laws, early childhood visitation, and therapeutic foster care. Of the interventions evaluated by the Task Force, two are recommended for implementation on the basis of evidence of effectiveness: early childhood home visitation to prevent child maltreatment and program-intensive foster care for chronically delinquent juveniles. With strong evidence of effectiveness and sufficient evidence (for therapeutic foster care), federal, state, and local policymakers should consider the implementation of these interventions in their specific jurisdictions. Translating evidence-based community health interventions into public health practice is a logical role for state government to play. Successful policy creation, even for proven interventions, requires a great deal of work and depends on the successful interaction of many factors and factions. Once programs are implemented, maintenance becomes the next big issue and requires ongoing evidence of benefit and continuing commitment of policymakers. For now, Colorado families are benefiting from the successful implementation of a prevention program with proven effectiveness.

Chaffin, M., & Schmidt, S. (2006). An evidence-based perspective on interventions to stop or prevent child abuse. In Lutzker, J.(Ed). *Preventing violence: Research and evidence-based intervention strategies*. (pp. 49-68). Washington, DC: American Psychological Association.

In this chapter, we focus on treatment and prevention interventions targeted at one particular facet of violence—that directed against children by their parents or caretakers. The first section of the chapter summarizes outcome research for selected interventions. These are grouped by the maltreatment category within which the intervention has most often been tested. The next section looks at distinctions between physical abuse prevention and sexual abuse prevention interventions. The final section provides a summary and future directions focusing on building an evidence-based approach to child abuse and intervention.

Chaffin, M., & Friedrich, B. (2004). Evidence-based treatments in child abuse and neglect. *Children & Youth Services Review*, 26(11), 1097-1113.

This article summarizes the background & basic concepts of evidence-based practice (EBP), contrasts EBP with traditional approaches, & examines how EBP fits within child welfare & child maltreatment related service systems. The emerging recommendations of best practice workgroups are reviewed, along with evidence across a range of child welfare target areas, including prevention, treatment & foster care settings. The article concludes with a review of challenges & possible solutions for implementing EBP's in child welfare & child maltreatment related service systems.

Daro, D. (2000). Linking research to practice: Challenges and opportunities. *Journal of Aggression, Maltreatment & Trauma, 1*(7). 115-137.

While most agree on the need for empirical evidence in determining best practice standards, little consensus exists on how best to build an effective, ongoing linkage between research & practice. This article examines how one prevention effort has sought to better integrate research & practice through the promotion of diversified research methodologies & structures designed to ensure the ongoing exchange of empirical evidence & clinical practice. Healthy Families America (HFA) is a national initiative to develop the infrastructure necessary to sustain a universal support system for all new parents. Initiated in 1992 by the National Committee to Prevent Child Abuse (NCPA), the program is grounded in a belief that the most effective prevention efforts are those shaped by empirical realities & an ongoing commitment to using research to shape program development. The article begins with an overall discussion of HFA's theoretical framework & the role of research in its initial conceptualization. It then reviews emerging research on HFA's home visitation component & how these findings compare to other evaluation efforts examining programs & policies designed to enhance child development & parental capacity. The article concludes with the implications of both the findings & the HFA planning approach on developing empirically sound & clinically effective future prevention initiatives.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*(2). 293-317.

Successfully engaging clients in the helping process is a critical task for child welfare practitioners. Dropout & noncompliance rates in child welfare services are high & lead to high rates of removal of children from their families & to eventual termination of parental rights. Although no known interventions guarantee treatment compliance, this review of the empirical literature delineates critical components of engagement in child welfare services. Effective engagement strategies, including service components & caseworker qualities & behaviors, are identified as contributing to the positive case outcomes of treatment compliance, family preservation, & placement prevention. The unique needs of neglectful parents are also examined, with recommendations for practice.

Devaney, J. (2003). The Fifth National Congress of the British Association for the Study and Prevention of Child Abuse and Neglect. *Child Care in Practice. Special Issue: Cross-Border, 9*(4). 336-338.

Presents a report entitled "Child Maltreatment: Strengthening the Links-Research, Policy and Practice," which was presented at the The Fifth National Congress of the British Association for the Study and Prevention of Child Abuse and Neglect (BAPSCAN), July 20-23, 2003 in York, England. BASPCAN was founded in 1979 to promote the ethos of multi-disciplinary working in the area of child abuse and neglect. The central theme of this years Congress was the need to strengthen the links between research, policy and practice in order to provide effective evidence based interventions for children and their families. The Congress was inevitably dominated by the Report of the Inquiry into the death of Victoria Climbié, the eight-year-old victim of one of Britain's worst child abuse cases. The author reports on the various symposia and poster presentations offered at the congress, and he makes suggestions for future policy and practice directions in the area of child abuse.

Johnson, M., Wells, S., Testa, M., & McDonald, J. (2003). Illinois's child welfare research agenda: An approach to building consensus for practice-based research. *Child Welfare, 82*(1). 53-75.

This article presents a consensus-building initiative to develop a statewide research agenda that responds to the needs of IL child welfare community. Researchers conducted this process through a university community partnership to engage those interested in child welfare services. The process & findings resulted in a living document that will guide child welfare research throughout the state. Findings of the inquiry suggest that the development of best practice models may be one of the most important contributions research can make to practice.

Kalichman, S. (1999). When professional hunches become reasonable suspicions In S. Kalichman (Ed.), *Mandated reporting of suspected child abuse: Ethics, law, & policy (2nd ed.)*. (pp. 65-92). Washington, DC: American Psychological Association.

Discusses mandated reporting from the professionals' perspective and reviews deliberation processes as well as the factors that influence the decision to report. Utility, evidence-based, and threshold decision-making models offer different perspectives on how professionals determine when to report suspected abuse. All 3 are synthesized to provide a more comprehensive view of report decision making. First, utility models stress the relative costs and benefits of making critical decisions. In mandated reporting, professionals weigh perceived pros and cons when determining whether to report suspected child abuse. In evidence-based models, professionals are influenced by the quality of evidence for abuse and the degree to which the available evidence matches legal standards for reporting. Finally, threshold models suggest that mandated reporters set internalized standards for when they will report. Evidence for abuse is placed on a subjective continuum of indicators of abuse. Cases of both reporting and not reporting suspected child abuse illustrate decision-making processes across professional settings.

Kessler, M., Gira, E., & Poertner, J. (2005). Moving best practice to evidence-based practice in child welfare. *Families in Society*, 86(2). 244-250.

Increased emphasis is being placed on improving outcomes for abused and neglected children served by the child welfare system. To achieve this goal, the notion of "best practice" is widely embraced. Unfortunately, there is no consensus on its definition. Various interpretations include (a) practice wisdom, (b) emulating other systems, (c) expert consultants, (d) professional guidelines, and (e) evidence-based practice. In this article, the authors describe the advantages and disadvantages of each of these definitions. While all of them have a role to play in improving results of child welfare interventions, the authors argue that best practice is optimally defined as evidence-based practice. At the same time, there are many difficulties in employing this form of best practice, including a lack of evidence, the transfer of information, and the organizational culture in which the worker operates. Suggested solutions to these difficulties are discussed.

Lindsey, D., & Schwartz, I. (2004). Advances in child welfare: Innovations in child protection, adoptions and foster care. *Children and Youth Services Review*, 26(11). 999-1005.

Introduces the special issue that focuses on advances & remaining challenges for the child welfare system, specifically in the areas of child protection, adoptions, & foster care. The contributions consider new adoption strategies, the impact of the Adoption & Safe Families Act (ASFA), the privatization of adoption, the uncertainty facing children who "age out" of foster care, policy & practice approaches to family violence, innovative uses of computational science in child abuse risk assessment, & the increasing importance of evidence-based practice.

Lundgren, L., Schilling, R., & Peloquin, S. (2005). Evidence-based drug treatment practice and the child welfare system: The example of methadone. *Social Work*, 50(1). 53-63.

This article examined the extent to which methadone maintenance (MM) is considered a treatment alternative for drug-dependent parents, as reflected in the social work & child welfare literature & in child welfare policies. Findings were derived from a review of 15 social work journals published from 1996 through 2002 & from a review of child welfare policies in 27 states in regard to treatment recommendations for substance-abusing parents. These reviews found that 23 articles focused on child welfare-substance abuse issues; no article specifically discussed MM as a treatment option for heroin-using parents; & of the 27 states, only three included methadone as a treatment option in their child welfare policy recommendations. Practice & policy recommendations are discussed.

MacDonald, G. (1998). Promoting evidence-based practice in child protection. *Clinical Child Psychology and Psychiatry*, 3 (1). 71-85.

This article argues for the adoption of an evidence-based approach to decision-making in child protection. Such a change hinges upon the availability of good quality, up-to-date evidence that is readily accessible to practitioners and policy-makers. Following a resume' of the arguments for recognizing controlled trials as methodologically superior to other forms of methodology in evaluating professional interventions, the article presents the case for adopting a similarly rigorous approach to synthesizing research findings. It then identifies a range of obstacles to promoting evidence-based practice and makes recommendations for changes in training, research, and practice which might facilitate improvement in both primary research and in reviews of the literature.

Ritchie, C. (2005). Looked after children: Time for change? *The British Journal of Social Work*, 35(5). 761-767.

At a time of increasing focus on evidence-based practice, this paper invites readers to question the basis of our public care system & to evaluate the increasing move towards kinship care in the light of the evidence.

Shackelford, K., & Payne, N. (2003). AL-MS Child Protective Service Casework Supervision. *Professional Development: The International Journal of Continuing Social Work Education*, 6 (1-2). 40-46.

The U of Alabama & the U of Mississippi presented the project design & first-year activities regarding their joint Child Protective Service Casework Supervision Project. Each state child protection agency chose intervention groups & control groups of supervisors for research regarding the effect of the learning labs on staff turnover, client outcomes, organizational culture, & social worker self-efficacy. The Alabama-Mississippi project has been designed to promote evidence-based practice & to help supervisors understand their role in effecting organizational change.

Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review*, 27(4). 409-427.

Assessment in child welfare involves at least two distinct processes: an assessment of risk (prediction of future harm) & a contextual assessment of child & family functioning used to develop case plans. Both types of assessment are critical decision aids, yet there has been confusion in the field about their respective uses. Actuarial risk assessment instruments clearly have the greatest potential to reliably & accurately estimate the recurrence of child maltreatment. This type of risk assessment, however, does not indicate which clinical factors are most important to address & certainly does not indicate which services are most likely to be effective. The structured decision making (SDM) approach is an example of an effort to integrate predictive & contextual assessment strategies into child welfare practice. Clinical decision makers complete both an actuarial risk assessment & an objective assessment of family strengths & needs. Both assessments incorporate clinical input in their design & completion. Yet this is still not enough. Clinicians must translate information from both forms of assessment into the choice of a set of effective service interventions. The process of evidence-based practice & the establishment of structural supports for this practice model may be the next step in the evolution of child protective services.

Thomas, L. (2003). Physical abuse or physical discipline, how do clinicians decide? *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 64(6- B). pp. 2944.

More than two decades after Kempe and colleagues (1962) identified child maltreatment as a major threat to the health and welfare of children in the United States, states are still struggling with how to legally protect the nation's children. While all 50 states have mandatory reporting laws, these statutes have been

criticized, for their ambiguity, over reliance on physical factors to the exclusion of emotional abuse or neglect and for failing to provide reporters with sufficient guidance in determining what constitutes abuse. Despite these criticisms, the effect of legal definitions on reporting behavior has not been systematically studied. The present study employed a 2 (overt versus subtle symptoms) x 2 (broad versus narrow law) factorial design to investigate two components of an evidence-based decision making model. There were three main hypotheses regarding the outcome of the study: (a) A main effect was expected for evidence of abuse; (b) a main effect was expected for type of law; and (c) a significant interaction between type of law and evidence of abuse was expected. A mail survey was sent to 500 members of the American Psychological Association, which contained a legal definition of abuse and a hypothetical case describing potential indicators of abuse. A two-way factorial analysis of variance was employed to assess whether responses to the following variables (a) likelihood that abuse was occurring, (b) legal duty to report and (c) likelihood of reporting the case to child protective services, varied as a function of evidence of abuse and type of law. A main effect was found for evidence of abuse. Participants whose hypothetical scenario contained more overt symptoms of abuse were more likely to report that abuse was occurring, $F(1, 157) = 12.20, p < .01$ rate their legal duty to report as more definite, $F(1, 156) = 60.25, p < .001$, and indicate a more definite duty to report the abuse to child protective services $F(1, 157) = 60.88, p < .001$. No main effect was found for type of law and there was no significant interaction between evidence of abuse and type of law.

Thomlison, B. (2003). Characteristics of evidence-based child maltreatment interventions. *Child Welfare, 82(5)*. 541-569.

This project summarizes, using a treatment protocol review technique, characteristics of effective interventions from nine studies of child maltreatment that examined recovery from abuse or the effects of maltreatment on child & parent outcomes. Results suggest that stronger effects are yielded by targeting parents & the parent-child interaction context in home-based settings during early childhood, designing multicomponent interventions delivered by professionals for teaching parenting competency skills, & targeting families of higher-risk children.

Usher, C., & Wildfire, J. (2003). Evidence-based practice in community-based child welfare systems. *Child Welfare, 82(5)*. 597-614.

The immaturity of the evidence base in some areas of child welfare practice demands that practitioners approach the development & refinement of practice in a systematic way that explicitly seeks to build on & learn from experience. The efforts of public child welfare agencies in Boston & Cleveland show that it is possible to draw on a broader base of knowledge & experience while responding to unique conditions & circumstances in each agency's community.

IMPLEMENTATION ISSUES

Barratt, M. (2003). Organizational support for evidence-based practice within child and family social work: A collaborative study. *Child and Family Social Work, 8*. 143-150.

Research in Practice works in collaboration with over 50 English local authorities & voluntary child care organizations, to explore new & dynamic ways to increase the use of quality evidence to improve services to children & families. One Research in Practice initiative was a two-year collaborative project involving the social services departments of six local authorities. This paper reports the views of more than 100 professional staff, involved with the provision of services to children & families, which offer insight into how evidence-based practice can be supported or frustrated in social care organizations. The findings suggest considerable uncertainty about the nature of evidence in social care & its validity in relation to decision making, policy, & planning. Mechanisms essential for the dissemination, implementation, & adoption of research messages are underdeveloped, & tensions exist around the explicit use of research evidence in reports & reviews. Many practitioners & teams may be excluded from making decisions based on the best available research evidence through lack of access to Internet resources & adequate

information dissemination mechanisms. The paper concludes that numerous areas require further debate if evidence-based practice is to become a reality in work with children & families.

Fornili, K. (2005). Organizational readiness for implementing evidence-based practices. *Journal of Addictions Nursing. Special Issue: Issue-Contributions of the Transtheoretical Model: 1984-2004*, 16(1-2). 87-89.

This article addresses the organizational factors that influence the adoption of innovative, evidence-based practices. Adoption of evidence-based practices involves more than dissemination-focused activities. It involves effective technology transfer, or incorporation of state-of-the-art knowledge that leads to individual and systemic change. Evidence-based prevention and treatment services are intended to use the best evidence to guide cost effective interventions that will benefit clients, enhance the quality of care, and produce positive outcomes. "Change agents" assume leadership roles in the strategic management of change in substance abuse prevention and treatment programs. Effective change agents are comfortable in assuming different roles at different times; are effective in expanding boundaries and advocating for clients; are experienced in providing direct services; and have strong communication and facilitation skills and supervisory experience.

Gira, E., Kessler, M., & Poertner, J. (2004). Influencing social workers to use research evidence in practice: Lessons from medicine and the allied health professions. *Research on Social Work Practice*, 14(2). 68-79.

This study sought to identify lessons for social workers from the health care research on influencing practitioners to use evidence-based practices (EBP). Research reviews of strategies to influence providers to use EBP are summarized. Among the findings are that printed educational materials, the use of local opinion leaders, & continuous quality improvement are weak interventions. Educational outreach visits & audit & feedback showed weak to moderate effects, whereas certain types of continuing education & use of computers showed moderate effects. Although much needs to be learned about providing social workers with the latest research knowledge, a combination of strategies is more likely to be effective.

Lawler, J., & Bilson, A. (2004). Towards a more reflexive research aware practice: The influence and potential of professional and team culture. *Social Work & Social Sciences Review*, 11(1). 52-69.

This article reflects on the debates about evidence-based practice & suggests a new approach to implementing a more reflexive & research-aware social work practice in professional teams. We show that there has been a substantial focus on the responsibility of individual professionals for using best evidence to guide their practice & on the organization to provide an environment & policies suited to EBP. We argue that there is a need to balance this by an increased focus on the professional & team culture in which social work takes place. We draw on the literature on organizational change & social work research to suggest a new direction for encouraging greater reflexivity & developing a more open participative approach to the use of evidence to shape new practices in social work at the local level.

Marshall, T., Solomon, P., & Steber, S. (2001) Implementing best practice models by using a consensus-building process. *Administration and Policy in Mental Health*, 29(2). 105-116.

The Family Education Project is an example of how the consensus-building model can be used to gain acceptance of evidence-based practice, and adapt and implement it on the local level. The authors describe the consensus-building process and the lessons learned from implementing family education in one community in order to show how this process may be used to adapt best practice models to meet unique needs within local communities.

McNeece, C., & Thyer, B. (2004). Evidence-based practice and social work. *Journal of Evidence-*

Based Social Work, 1(1). 7-25.

The essential features of contemporary evidence-based practice (EBP) are outlined, with specific reference to the applications of this model to various areas of social work, micro through macro. EBP is seen as a welcome addition to our field, representing a fuller & more comprehensive development of earlier & related positions such as empirical clinical practice within social work, & the delineation of empirically supported therapies within psychology. Social work should proactively adopt EBP as its preferred conceptual model, reorient BSW & MSW training programs along the lines advocated by EBP, & inculcate these principles into the delivery of social work services. This is seen as both a professional & ethical imperative necessary for the survival of the field.

Newman, T., & McNeish, D. (2002). Promoting evidence based practice in a child care charity: The Barnardo's experience. *Social Work and Social Sciences Review, 10 (1).* 51-62.

Barnardo's, the UK's largest child care charity, has a long-standing interest in, & commitment to, evidence-based practice (EBP) in social care. This article discusses some of the dilemmas, both ideological & practical, that challenge social care organizations trying to implement EBP, defends EBP on grounds of both morality & utility, & describes how Barnardo's has sought to translate theory into practice.

Nutley, S., Walter, I., & Davies, H. T. O. (2003). From knowing to doing: A framework for understanding the evidence-into-practice agenda. *Evaluation, 9(2).* 125-148.

The past decade has witnessed widespread interest in the development of policy and practice that is better informed by evidence. Enthusiasm has, however, been tempered by recognition of the difficulties of devising effective strategies to ensure that evidence is integrated into policy and utilized in practice. There is already a rich but diverse and widely dispersed literature that can be drawn upon to inform such strategies. This article offers a guide to this literature by focusing on six main interrelated concerns: (1) the types of knowledge relevant to understanding research utilization/evidence-based practice (RU/EBP) implementation; (2) the ways in which research knowledge is utilized; (3) models of the process of utilization; (4) the conceptual frameworks that enable us to understand the process of RU/EBP implementation; (5) the main ways of intervening to increase evidence uptake and the effectiveness of these; (6) different ways of conceptualizing what RU/EBP means in practice.

Proctor, E. K. (2004). Leverage points for the implementation of evidence-based practice. *Brief Treatment & Crisis Intervention, 4(3),* 227-242.

Adoption of evidence-based practice (EBP) is an increasingly advocated yet formidable challenge. Much work on EBP has implied simplistic solutions: if researchers would produce practice-relevant evidence-based approaches, practitioners would find, adopt, and use them. Blaming researchers for problems in supply, and practitioners for resistance in adoption, will only thwart progress at improving the quality of service. The dissemination and implementation of evidence-based practice requires a more discerning analysis of issues in agency, research, and professional cultures. Drawing on literatures on knowledge diffusion, innovation, and quality improvement, this paper proposes a conceptual framework for the multiple tasks, participants, and leverage points required for the adoption of EBP. Evidence-based practice requires attainment of four intermediate outcomes--access, adoption, implementation, and assessment--each with distinct interventions required for attainment. The framework reveals action points and leverage points for researchers, agency administrators, educators, and individual practitioners. Implementation of EBP requires supportive research, training, and organizational infrastructures.

Rosen, A. (2003). Evidence-based social work practice: Challenges and promise. *Social Work Research, 27 (4).* 197-208.

Following an outline of basic promises that lend meaning to and support evidence-based practice (EBP), this article discusses three obstacles that challenge implementation of EBP in routine practice: (1) the

uncritical transfer and use of lay decision heuristics, (2) espousal of epistemologies that are inhospitable to EBP, and (3) the dilemma that is inherent in idiographic application of empirical generalizations. The author presents a conception of practice guidelines for intervention (PGI), in which principles and procedures drawn from single-system design and systematic planned practice are integrated. The PGI culminates with an outline of an algorithm for implementation of empirically supported interventions that reconciles its uncertain fit to an individual client through a recursive adaptation-application-evaluation process to maximize outcome attainment. Implications for research and for professional education are drawn.

Webb, S. (2002). Evidence-based practice and decision analysis in social work: An implementation model. *Journal of Social Work, 2* (1). 45-63.

This article on evidence-based practice and decision analysis develops an implementation model for social work. Thus far no detailed attempt has been made to formulate a systematic implementation framework for evidence-based practice in social work. The social and cultural, the professional and practice-based, and the educational and training contexts are highlighted. The emergence of evidence-based practice is placed within the context of risk society and the development of new expert systems that contribute to a radical re-shaping of social work practice. In the inevitable shift towards an actuarial practice, direct and therapeutic involvement with service users becomes less significant for social work. Following the work of L. Trinder (2000) two key approaches to evidence-based practice are discussed: the experimental and pragmatic perspectives. By drawing on the latter, a systems approach is developed via nine key related structures which constitute an implementation framework for evidence-based practice.

SOCIAL WORK EDUCATION

Howard, M. O., McMillen, C. J., & Pollio, D. F. Teaching evidence-based practice: Toward a new paradigm for social work education. *Research on Social Work Practice, 13*(2). 234-259.

The scientific literature relevant to social work practice has grown expansively in recent years. Corollary developments, including the widespread availability of electronic bibliographic databases, improved indexing services, and increased acceptance of systematic reviews and evidence-based practice guidelines, have made research findings increasingly accessible to practitioners. For the first time in the history of the profession, social work educators are confronted with the challenges posed, and opportunities afforded, by this accumulating body of practice-relevant scientific information. Evidence-based practice is a new paradigm that promotes more effective social interventions by encouraging the conscientious, judicious, an explicit use of the best available scientific evidence in professional decision making. Pedagogically, evidence-based practice involves teaching students the values and skills they need identify, critically appraise, and apply practice-relevant scientific evidence over the course their professional careers. This article describes the potential benefits of evidence-based social work professional education and ongoing efforts of a school of social work to implement curriculum-wide changes supportive of evidence-based professional practice education.

Pollio, D. E. (2002). The evidence-based group worker. *Social Work with Groups, 25*(4). 57-70.

Evidence-based group work is defined as the conscientious and judicious use of evidence in current best practice. In operationalizing this definition, the evidence-based group worker (a) appraises critically systematically-collected evidence from all sources; (b) acquires knowledge through reading professional journals, attending conferences and presentations, and writing/presenting knowledge that he/she develops; (c) evaluates the outcomes of practice, using consistent methods; (d) implements models, either existing or developed by the practitioner, consistently and rationally; (e) attends to the impact of individual differences in making evidence-based practice decisions; and (f) incorporates evidence in understanding group process, leadership, and development. These principles lead to four behaviors associated with being an evidence-based group worker: (1) willingness to communicate evidence behind

treatment decisions and techniques chosen with group members; (2) building consistently into practice time to learn; (3) practicing from a developmental perspective, building knowledge through incorporating outside learning and results of his/her own practice evaluations; (4) adapting existing evidence to each practice situation. Implications for teaching group work are discussed.

Shlonsky, A., & Gibbs, L. (2004). Will the real evidence-based practice please stand up? Teaching the process of evidence-based practice to the helping professions. *Brief Treatment and Crisis Intervention, 4* (2). 137-153.

"Evidence-based practice" (EBP) is in danger of becoming a catchphrase for anything that is done with clients that can somehow be linked to an empirical study, regardless of the study's quality, competing evidence, or consideration of clients' needs. The EBP process, on the other hand, involves a well-built practice question, an efficient search for best evidence, a critical appraisal of that evidence, and action based on the interchange between client preferences, practice experience, and the best evidence. This article defines elements in the EBP process through examples taken from our own disciplinary work with students in two separate graduate and undergraduate programs. We also discuss practical concerns that have arisen while teaching EBP and explore a number of trends in discipline-specific databases.

Skinner, K., & Whyte, B. (2004). Going beyond training: Theory and practice in managing learning. *Social Work Education, 23*(4). 365-381.

The establishment of new bodies to replace the Central Council for Training & Education in Social Work (CCETSW) & to regulate the social work profession provides the opportunity to establish an improved progressive system of qualifications & continued professional development in the coming years. With the current pressure on social work agency budgets it is imperative that precious training resources- staff & money - are used to make the maximum impact on service delivery. Our involvement in the provision of a range of training programs leads us to believe that much of the staff development & training effort invested by agencies in their staff often seem to have a limited impact on effectiveness. A change in approach is needed so that learning is placed at the heart of organizational processes to maximize the benefits of affirmation & growing professional confidence. This is essential if we are to continue to nurture valuable professional staff & ensure that services remain flexible, creative, & responsive in meeting ever-rising public expectations. This paper examines some of the challenges of evidence-based practice & the demands for routine evaluation & objective-setting. The advantages & disadvantages of a competence specification approach within the development of service & occupational standards as the basis for professional education are discussed. The paper argues that strategies for practice learning require the development of learning organizations & a better academic & agency partnership to support more effective professional education & continued professional development.

Zayas, L. H., Gonzalez, M. J., & Hanson, M. (2003). "What do I do now?": On teaching evidence-based interventions in social work practice. *Journal of Teaching in Social Work, 23*(3-4), 59-72.

Recent advances made by medicine & psychiatry in the development of practice guidelines & evidence-based interventions are spreading to social work & other helping professions. As the movement toward evidence-based practice grows, more demands for the use of tested interventions will be placed on practitioners. In this paper, we argue that social work practice education must change to respond to this demand. Specifically, evidence-based interventions must be incorporated into the teaching of the middle phase of social work practice more than it is now. Social work training has traditionally relied on untested interventions that have come from the tacit knowledge of accumulated practice wisdom. Although tacit knowledge has an important place in social work practice, instructing students about evidence-based, empirically derived interventions provides them with critical knowledge & skills they will need to enter the competitive world of social work practice. Moreover, this approach amplifies

the importance of launching practitioners with skills of evidence-based thinking; that is, the identification, evaluation, & selection of interventions with demonstrated effectiveness.

THEORY/POLICY

Ainsworth, F., & Hansen, P. (2002). Evidence-based social work practice: A reachable goal? *Social Work & Social Sciences Review*, 10 (2). 35-48.

In New South Wales, the heads of Depts of Social Work in Teaching Hospitals support evidence-based practice. Likewise, in 2002, the Assoc of Children's Welfare Agencies biannual Sydney conference will have the theme "What-Works? Evidence Based Practice in Child and Family Services" There are debates about what constitutes evidence & how evidence should shape practice interventions. Some community-focused services are able to prosper through advocacy of a cause, issue, or social problem. This is not enough in health care & child & family service settings where other disciplines have developed evidence about their effectiveness. Social work must do the same. Social workers need to put aside old maxims & favorite theories. They need to develop a readiness to examine research evidence & to modify direct practice. The challenge is how to build a stronger research orientation into professional education & social work practice.

Blome, W. W., & Steib, S. (2004). Whatever the problem, the answer is "evidence-based practice"-or is it? *Child Welfare*, 83(6), 611-615.

Briefly discusses the growth of evidence-based practice (EBP) in child welfare programs. Issues discussed include EPB's effectiveness & implementation, the need to conduct organizational assessments to see if a program may benefit from EBP, and the relationship between theory and practice.

Gambrill, E. D. (2003). Evidence-based practice: Sea change or the emperor's new clothes? *Journal of Social Work Education*, 39(1). 3-23.

Evidence-based practice (EBP) implies a philosophy of practice as well as a distinct set of steps & related technological innovations intended to help practitioners to integrate evidentiary, ethical, & implementation concerns. However, this philosophy & technology of EBP described in health care is typically not described in the social work literature. The author discusses some troubling gaps among ethical, evidentiary, & application concerns.

Gibbs, L., & Gambrill, E. (2002). Evidence-based practice: Counterarguments to objections. *Research on Social Work Practice*, 12(3). 452-476.

Evidence-based practice (EBP) is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of clients. The authors describe and offer counter-arguments to objections to EBP. These objections could result in premature dismissal of this new form of practice and education that offers potential benefits to social work and its clients. Objections to EBP fall into six categories: (1) arguments from ignorance about the nature of EBP, (2) misinterpreted professional standards, (3) arguments appealing to tradition, (4) ad hominem arguments, (5) arguments on ethical grounds, and (6) philosophical arguments. Reviewing objections to EBP may help us to increase our understanding of barriers to use of practice-related research findings in the helping professions and honoring related requirements described in our code of ethics.

Gilgun, J. F. (2005). The four cornerstones of evidence-based practice in social work. *Research on Social Work Practice*, 15(1), 52-61.

The purpose of this article is to place evidence-based practice within its wider scholarly contexts and draw lessons from the experiences of other professions that are engaged in implementing it. The analysis is based primarily on evidence-based medicine, the parent discipline of evidence-based practice, but the

author also draws on evidence-based nursing and evidence-based social work in the United Kingdom. It was found that the experiences of other practice professions have a great deal to offer social work practice. Similar to medicine, nursing, and our British colleagues, U.S. social work practice will benefit from increased research activity, more widespread availability of reviews of research, on-line resources, and many more training opportunities. Similar to nursing administrators, social work administrators have the responsibility to allow social work practitioners the time and training to become familiar with research relevant to their practice.

MacDonald, G., & Sheldon, B. (1998). Changing one's mind: The final frontier? *Issues in Social Work Education*, 18 (1). 3-25.

Discusses an evidence-based approach to policy, practice, & training in social care that emphasizes the quality of original research & reviews of research & the organized dissemination of findings. Organizational & psychological obstacles to achieving such aims in social work are considered. Implications for the organization & management of social work training are also reviewed.

Schoenwald, S., & Henggeler, S. (2004). A public health perspective on the transport of evidence-based practices. *Clinical Psychology: Science and Practice*. Vol 11(4). 360-363.

A public health perspective on the dissemination of empirically supported treatments is articulated, and the implications of this perspective for the foci of dissemination efforts and research are discussed. Strategies targeting multiple levels of the practice context, including payers and policy makers, will likely be needed to cultivate and sustain the demand for evidence-based treatments and to support the implementation of such treatments with fidelity. A continuous quality improvement system is recommended to document and improve the implementation and outcomes of evidence-based treatments delivered in community practice settings.

GENERAL

Briggs, H. E., & Rzepnicki, T. L. (2004). *Using evidence in social work practice: Behavioral perspectives*. Chicago: Lyceum Books.

The chapters in this book comprise findings from original research, arguments from theoretical papers, and thoughts on the current and future directions of social work practice. The range of topics considered in this book spans the developmental spectrum, from parent training to work with the elderly, and touches on a wide array of social issues. This book focuses on the art and science of using evidence to help people change. It provides a framework for considering the relationship of ethics, evidence, and theory to behavioral social work practice, a discussion of some of the technical aspects of implementation, and illustrations of evidence-based behavioral practice in a range of settings and with a variety of client problems. As an anthology, it is not meant to be comprehensive. Instead, the chapters in part 1 raise questions and provoke discussion about ethics, the nature of evidence, and the role of theory. The chapters in part 2 serve as models for developing practice to address particular problems and client populations on the basis of empirical evidence and behavioral theory. The chapters in part 3 raise practical issues in implementation.

Carr, A. (2000). Evidence-based practice in family therapy and systemic consultation: I: Child-focused problems. *Journal of Family Therapy*, 22(1). 29-60.

Examines evidence for the effectiveness of family therapy and family-based interventions from literature reviews and controlled trials of families with children and adolescents who present with various difficulties. The evidence supports family therapy as an effective treatment either alone or as part of a multimodal or multisystemic treatment program for child abuse and neglect, conduct problems (oppositional behavioral difficulties, attentional and overactivity problems, pervasive conduct problems in

adolescence, adolescent drug abuse), emotional problems (anxiety, depression and grief), and psychosomatic problems (common childhood psychosomatic complaints, anorexia nervosa). Implications for practice, training, and continuing professional development in the field of family therapy are discussed. Treatment resources are listed.

Gambrill, E. (2003). A client-focused definition of social work practice. *Research on Social Work Practice, 13*(3). 310-323.

The 1958 working definition of social work practice highlights past & current paradoxes, competing interests, confusions, & mystifications in social work. Outcomes are not mentioned in this definition, reflecting the lack of attention to describing variations in services & their outcomes. This, as well as not clearly distinguishing between objectives selected based on what is good for society & what is valued by individual clients, reveals this definition not to be client focused. The definition downplayed social control functions of social work & controversies concerning how problems are defined. A definition that encourages practitioners to focus on their key responsibility - providing services most likely to help clients attain goals they value while considering others' interests - is needed. Current interest in describing variations in practice & their outcomes, attending to populations & individuals in the distribution of scarce resources, & increased Internet access to practice- &/ or policy-related research findings may encourage such a definition.

Petticrew, M., & Roberts, H. (2004). Child public health and social welfare: Lessons from the evidence. *Child: Care, Health and Development, 30*(6). 667-669.

Child public health is potentially the most important - and most effective - activity in improving outcomes for children, encompassing as it does work in health, welfare, education, housing and public policy. In terms of the public policy agenda in the UK and internationally, child health is a key part of public investment in improving current well-being and later outcomes. There is a growing body of research evidence on child health and welfare, but there are still gaps. Many parents, children and practitioners are all too willing to use research evidence, but the evidence base remains relatively thinly populated. The papers in this issue demonstrate that 'evidence- based research' is not a monolithic biomedical edifice, but encompasses a wide range of methodological approaches and disciplines. Two papers on life course research are included in this issue as well as an article on the social and economic consequences of childhood asthma across the life course which examines the consequences of asthma for different social groups, and the impact of this social patterning on the pathways leading to health and social inequalities in adulthood. The effects of income inequality and macro social policy on important outcomes such as death are by any standard important evidential questions. Building an evidence base in child public health and social welfare is going to take time, but the opportunities to do so, and to engage all the stake-holders have never been better.

Taylor, B. J., Dempster, M., & Donnelly, M. (2003). Hidden gems: Systematically searching electronic databases for research publications for social work and social care. *British Journal of Social Work, 33*(4), 423-439.

Electronic bibliographic databases are an important source for professional publications about social work and community care more generally. This article describes and evaluates a method of identifying relevant articles as part of a systematic review of research evidence. Decision making about institutional and home care services for older people is used as an example. Four databases, which abstract publications relevant to health and social services, were searched systematically to identify relevant research studies. The items retrieved were appraised independently using a standard form developed for the purpose. The searches were compared in terms of sensitivity, precision, overlap between databases and inter-rater reliability. The search retrieved 525 articles, of which 276 were relevant. The databases retrieved 116, 73, 24 and 15 unique relevant articles respectively, showing the need to use a range of databases. The development of an international, indexed database dedicated to literature relevant to social

services is a priority to enable progress in evidence-based policy and practice in social work. Editors and researchers should consider using structured abstracts in order to improve the retrieval and dissemination of research.

Webb, S. (2001). Some considerations on the validity of evidence-based practice in social work. *British Journal of Social Work*, 31(1). 57-79.

Critically examines underlying presuppositions and assumptions entailed in evidence-based practice and their implications for social work. Following a consideration of the background to the development of evidence-based practice, the paper shows that evidence-based practice proposes a particular deterministic version of rationality which is unsatisfactory. It is derived from ideas based on optimal behavior in a planned and systematically organized environment. By concentrating on 'epistemic processes' involved in planning and psychological inference it is claimed that cognitive heuristic devices are the determinants of decision making and not evidence. The heuristic model suggests that decision making is indeterminate, reflexive, and based on a limited rationality. It is argued that social workers engage in a reflexive understanding and not a certainty based decision-making process. The tendency undermines professional judgement and discretion in social work. Finally, the connection between method and ideology in evidence-based practice is examined. This framework restricts social work to a narrow ends-means rationality such that only certain forms of action are considered legitimate.